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ABSTRACT

Non-communicable diseases (NCDs) have claimed more lives than others diseases combined with mortality rate in the millions yearly. Contrary to popular opinion, available data demonstrate that nearly 80% of NCD deaths occur in low- and middle-income countries. Despite their rapid growth and inequitable distribution, much of the human and social impact caused each year by NCD-related deaths could be averted through well-understood, cost-effective and feasible interventions. Of the 57 million deaths that occurred globally in 2008, 36 million – almost two thirds – were due to NCDs, comprising mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases. The combined burden of these diseases is rising fastest among lower-income countries, populations and communities, where they impose large, avoidable costs in human, social and economic terms. About one fourth of global NCD-related deaths take place before the age of 60. NCDs are caused, to a large extent, by four behavioral risk factors that are pervasive aspects of economic transition, rapid urbanization and 21st-century lifestyles: tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol. The greatest effects of these risk factors fall increasingly on low- and middle-income countries, and on poorer people within all countries, mirroring the underlying socioeconomic determinants. Among these populations, a vicious cycle may ensue: poverty exposes people to behavioral risk factors for NCDs and, in turn, the resulting NCDs may become an important driver to the downward spiral that leads families towards poverty. As a result, unless the NCD epidemic is aggressively confronted in the most heavily affected countries and communities, the mounting impact of NCDs will continue and the global goal of reducing poverty will be undermined.

CHAPTER ONE

1.1 INTRODUCTION

A Non-Communicable disease (NCD) is a non-infectious disease and non-transmissible medical condition that gradually develops from mild to severe or acute to chronic state or death. Globally known NCD includes: Alzheimer's disease, stroke, cataracts, heart diseases etc. majority of these disease go under the heading "chronic disease" i.e. the arthritis, asthma, diabetes and viral diseases. The distinguishable factor of NCDs is by their non-infectious cause, not necessarily by their duration. There is need for care management/prevention measures as majority of them are referred to as "lifestyle" disease. Greater number of death in relation to diseases globally is as a result of NCD.

1.2 WHAT ARE NCDs?

They are associated with economic development and were so-called a "diseases of the rich", but wealthy and poor countries alike face a growing incidence of non communicable disease. There are about four main NCDs. They are; CVS diseases, cancers, chronic respiratory diseases and diabetes. The common causes include tobacco use (smoking), alcohol abuse, poor diets (high consumption of sugar, salt, saturated fats and Trans fatty acids) and physical inactivity. Currently, NCD kills 36 million people in a year, a number that by some estimates is expected to rise by 17-24% within the next decade. New WHO report: deaths from non-communicable diseases are on the rise, with developing world hit hardest.

1.3 RISK FACTORS OF NCD's

The risk factors of NCD's are numerous and are interlinked at different rate /stages in their manifestations; some are controlled to manage one or two NCD's. The major known risk factors of NCD's includes: poor diets, physical inactivity, alcohol consumption, obesity, tobacco consumption, while others may include High BP and elevated blood glucose and cholesterol levels, sunlight, pollution, and lifestyle choices, even spontaneous genetic mutation.

1.4 NCDs IN MODERN SOCIETY

NCD's are currently the leading causes of death globally, mostly in women. In recent times, it has been attributed to the manufactured goods, ready to consume goods that stops people from acquiring natural requirements or ingredients that the body needs on daily basis. NCD's has manifested in various forms and the returns are youth and workers on the go that can not afford traditional meal. Recreational activities are also to blame as people are continuously looking for something new and trendy to try out. As NCD does not manifest immediately leads to manifested diseases in the future of the individual. NCD's is more rampant now in the modern society to the modern way of life.

CHAPTER TWO

2.1 CAUSES OF NCDS

The causes of NCD's varies from environmental-related factors to spontaneous genetic mutation and even lifestyles but the resulting diseases are numerous with hazardous effects of their factors also their metabolic and physiological conditions mediate their effects and have been established in prospective cohort studies and randomized trials. This knowledge, together with data from risk factor surveillance, has helped to establish the mortality and disease burden attributable to risk factors globally and by region and country. There is less information on risk factor trends, which makes it difficult to assess how they have affected population in the past or how they may do so in the future.

2.2 POOR DIETS

Malnutrition caused by too little food, poor eating, the wrong kinds of food (example scurvy from lack of vitamin c and even the food and beverage industry directly and significantly contributes to diet related chronic illness. There is an association of specific foods and nutrients or overall dietary patterns with cancers, CVS diseases and diabetes and with an intermediate outcome such as weight gain, High BP and insulin resistance and hyperglycemia.

Although dietary patterns are shaped by cultural, environmental, technological, and economic factors, they can also be modified through mechanisms that range from broad food and agricultural policies to targeted pricing and regulatory interventions related to specific harmful or beneficial dietary components.

2.3 PHYSICAL INACTIVITY

Physical inactivity at work-absenteeism or absence from work because of illness and productivity lost from staff coming to work and performing below normal standards. Physical activity at work, walking, and, in some populations, bicycling used to be major contributors to total energy expenditure but have declined dramatically in industrial and urban societies. Physical dormancy contributes to NCDs. The limited available global data nonetheless show low levels of activity and long periods in sedentary conditions in high income and urbanized countries and higher activity levels in rural populations that engage in agricultural activity and walk or bicycle long distances for daily activities.

2.4 OTHER RISK FACTORS

2.4.1 SMOKING

From a public health perspective, smoking is currently the most policy-responsive behavioral risk factor, with major successes in tobacco control in a number of high and middle- income countries but with a shifting burden to low- and middle-income nations. The hazardous effects of smoking on mortality from cancers, diabetes, and tuberculosis, cardiovascular and respiratory

diseases have been known for decades. Moreover, exposure of women, children and non-pregnant adults to second hand smoke at home and in public places is associated with adverse outcomes, childhood respiratory diseases and many of the same diseases associated with active smoking.

2.4.2 ALCOHOL CONSUMPTION

It is associated with numerous diseases and injuries. Moderate alcohol consumption has been inversely associated with risk of CVS diseases and diabetes, although the benefits may be greater for persons with existing CVS risk factors than for those without such risk factors.

2.4.3 EXCESS WEIGHT AND OBESITY

There is a measure of adiposity and excess body weight with increased total mortality and increased risks of diseases or death from diabetes, ischemic disease and ischemic stroke, cancers, chronic kidney disease and osteoarthritis and atherosclerosis.

2.4.4 SPONTANEOUS AND INHERITED GENETIC MUTATION

These are error in genetic information through spontaneous errors or mutations to the genome example Down syndrome, cystic fibrosis, chimerison or heterochromia or inherited genetic errors from patients such as dominant or recessive genetic diseases.

CHAPTER THREE

3.1 CHALLENGES

In combating NCDs, a lot of challenges are hindering the progress of successful NCD eradication. Challenges are encountered in different areas and sectors. They include; awareness, education of the masses, sponsorship by private and government, research facilities, availability of drugs and help to those that need immediately, time frame to embark on finding a reasonable solution.

3.2 MEASURES TO ELIMINATE THE RISKS

It has been estimated that if the primary risk factors were eliminated, 80% of the cases of heart disease, stroke and type 2 diabetes and 40% of cancers could be prevented. Efforts focused on better diet and increased physical activities have been shown to control the prevalence of NCDs.

-Reducing the levels of salt in foods, limiting inappropriate marketing of unhealthy foods and non-alcoholic beverages to children, imposing controls on harmful alcohol use, raising taxes on tobacco, and curbing legislation to curb smoking in public places.

-Leading health organizations and experts from around the world in order to fight against diseases such as cancer, cardiovascular diseases, and diabetes.

NCD/disease national plans for all:

- a tobacco free world
- improved lifestyles
- strengthened health systems
- global access to affordable and good quality medicines and technologies
- human rights for people with NCDs

3.4 EDUCATING THE PUBLIC ON NCDs

Patient education, understanding, and participation is vital for the eradication of NCDs. Public health safeguards must increase the availability of affordable healthy choices and discourage consumption of unhealthy foods. Government could use economic tools such as subsides to counter the marketing of cheaper processed goods.

CHAPTER FOUR

4.1 CONCLUSION

The major Avenue for the reduction of NCDs will come from a population-wide intervention, such as in tobacco, physical activity and alcohol control measures and salt reduction. Inadequate political commitment, insufficient engagement of non-health sectors, lack of resources, vested interests of critical constituencies, and limited engagement of key stakeholders has greatly affected implementation of effective of control of NCDs in modern society. Improved health care, early detection, the education of the masses and timely treatment will effectively reduce the impact of NCDs.

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