Non-communicable diseases: Act or pay heavily

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In 2012, 56 million deaths occurred globally and 68% of these were due to noncommunicable diseases (NCDs).[1] Most of these deaths were due to cardiovascular diseases, cancers, respiratory diseases and diabetes mellitus. It is estimated that 80% of chronic disease deaths occur in low and middle income countries.[2]In this issue, the journal publishes articles on NCDs with particular reference to Nigeria. In a community based study of 2807 participants in South East Nigeria, Chukwuonye and colleagues[3] studied the relationship between obesity and systemic hypertension. Although the study revealed a weak relationship between obesity and hypertension, it documented a high prevalence of obesity in the community. Using body mass index, waist circumference and waist to hip ratio, obesity had a prevalence of 16.7%, 27.2% and 42.3% respectively. Egbi and co-workers[4]using body mass index, reported that nearly half of the workers in a tertiary hospital in South South Nigeria are obese. In this study, being female, married, and hypertensive were independent predictors of obesity.

In the last decade, chronic kidney disease (CKD) has become established as an important NCD as it is a possible end point of both conventional NCDs and communicable diseases. In an audit of the prevalence of chronic kidney disease (CKD) risk factors in diabetes mellitus in Benin-City, South South Nigeria, Oluseyiet al[5] painted a grim picture. In this study, 38.8% of these patients obese, 67.4% were hypertensive and 70.8% had the metabolic syndrome and 30.6% had CKD. Ogiator and associates[6] in Jos, North Central Nigeria reports a spousal concordance of CKD. In this study, 21% vs. 6% of spouses of patients with CKD stages 4 and 5 and spouses of patients without have CKD. This spells doom for the affected families.

CKD is expensive, leading to end stage kidney failure (ESKF) and death with the most commonly available form of treatment being haemodialysis. In a country where the majority of people pay out of pocket for health, haemodialysis costs a minimum of 100 USD per session[7]. Kidney transplantation is even more expensive as it's only established in very few centers with its cost (and that of immunosuppressive therapy) prohibitive.

It is now the time to act or the burden of NCDs would continue to overstretch the already lean health care budgets of developing world. The general public needs to be enlightened on the burden of NCDs and their effects. Physicians everywhere owe the public this duty. Healthy lifestyle needs to be promoted among the both the sick and the well. The rush towards the adoption of western lifestyles in our communities must be discouraged. Secondary prevention of NCDs must be embarked upon with vigor. The health systems should be strengthened. There is the need to extend the coverage of the National Health Insurance Scheme in Nigeria to the general populace and not the restricted approach being practiced currently. The question is: are we willing to act?

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