

PUBLIC HEALTH

Doubling the burden: chronic disease

Chronic diseases such as cardiovascular disease (CVD), diabetes, obesity, cancer and respiratory diseases cause more than half of the 58 million deaths that occur each year, worldwide.¹

Contrary to popular belief, these chronic diseases are not more typical of wealthy countries: 80% of this burden falls on low- and middle-income countries.¹ For example, two-thirds of the 177 million people with diabetes live in the developing world.² Importantly, one-quarter of chronic disease occurs in people younger than 60 years.¹ The resulting long-term morbidity and premature death often pushes affected individuals and their families into poverty or keeps them there through loss of work opportunities and health care costs.

For middle- and low-income countries, where the battle against early death from infectious diseases is ongoing, the rising toll from chronic disease represents a double burden. The economic implications are enormous: China will forgo an estimated US\$558 billion national income in the next 10 years because of premature



WHO/Chris de Bode

deaths caused by heart disease, stroke and diabetes.¹

The shift from acute to chronic disease is the result of many interrelated factors. One of these has been dubbed the “nutrition transition.” Instead of traditional diets based on vegetables and fruits, people are consuming more energy-dense foods that are high in sugar, saturated fats and salt.^{2,3} Some of these changes in diet have been attributed to globalization^{2,3} and the resulting push of imported, processed food into new markets and mouths. This changing dietary profile has been linked with reduced physical activity, leading to more than 1 billion adults worldwide who are overweight and another 300 million who are clinically obese.^{1,2}

Improving the global risk profile of chronic disease is a target of the World Health Organization (WHO; see Box 1). In its recent report, *Preventing Chronic Disease: A Vital Investment*,¹ a goal was set to reduce deaths from chronic disease by 2% annually over the next 10 years. Achievement of this goal by 2015 with the use of scientific information that is already available would prevent 36 million premature deaths. For example, improved diet, physical activity rates and tobacco control could prevent up to 80% of cases of coronary artery disease and 90% of diabetes.²

Preventive activities are not simply the domain of the individual. Governments have an important role to play to

support healthy choices.³ Tobacco pricing control and smoking bans, which can be legislated at the government level, have a strong influence on tobacco use. Food marketing aimed at children and food label claims are also under legislative scrutiny (see www.who.int/dietphysicalactivity/en). Also required is government support for promotion of health-related behavioural interventions effective at reducing rates of CVD, cancer and diabetes,² along with access to socialized medicine and implementation of supportive public policies. Pharmacological interventions for hypertension, diabetes and raised cholesterol are cost-effective and recommended at the primary health care level.²

The rising worldwide burden of disease demands sustained action to prevent countless future deaths. The risk factors are well known. It is now up to the global community to turn rhetoric on prevention into action.

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REFERENCES

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2. WHO. Facts related to chronic diseases. Available: www.who.int/dietphysicalactivity/publications/facts/chronic/en (accessed 2006 Jan 20).
3. WHO. *Health and the millennium development goals*. Geneva: WHO; 2005.

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Box 1: The Global Strategy on Diet, Physical Activity and Health

Adopted by the World Health Assembly in 2004, this strategy outlines policy options addressing:

- Unhealthy diet and physical inactivity related to provision of health services
- Food and agriculture policies
- Fiscal policies
- Surveillance systems
- Regulatory policies
- Consumer education and communication, including marketing, health claims and nutrition labelling
- School policies as they affect food and physical activity choices

See www.who.int/dietphysicalactivity/en for more information.