The Threat of Noncommunicable Diseases in South Asia

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The burden of noncommunicable diseases (NCDs) is increasing with the rapid urbanization, modernization and the lifestyle changes that are taking place in Asia, leading to the double burden of disease. Low- and middle-income countries currently account for 80% of all NCDs related mortality and exceeding those due to communicable diseases, maternal, neonatal, and injury-related deaths combined. The sociobehavioral risk factors of NCDs are common characteristics of Asian countries facing the economic transition and the changing lifestyles, and this is affecting the achievement of the Millennium Development Goals focusing on health and the social determinants.

Cardiovascular disease (CVD) was the leading cause of NCD deaths in 2012 and was responsible for 17.5 million deaths. Four major NCDs (cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes) are responsible for 82% of NCD deaths. Of the 17.5 million deaths due to CVDs in 2012, an estimated 7.4 million were due to heart attacks and 6.7 million were due to strokes. More than 80% of cardiovascular deaths occur in low- and middle-income countries. In 2012, heart disease and stroke were among the top 3 causes of years of life lost due to premature mortality globally. Metabolic syndrome is a significant predictor of CVDs and it was shown that better knowledge and health practices were associated with decrease in CVD risk-markers in Sri Lankan urban adults with metabolic syndrome.

In Asia, the risen prevalence of diabetes is a cause of public health concern. The global prevalence of diabetes in 2014 was estimated to be 9%. Diabetes was responsible for 4% and other NCDs were responsible for approximately 24% of NCD deaths in those younger than 70 years. Diabetic complications are escalating and the understanding of patient’s help-seeking behavior in terms of health promotion is warranted. It has been shown that social influences play a significant role in help-seeking process and depends not only on the capacity of the individual but also on the social networks within the health system.

Raised blood pressure is estimated to have caused 9.4 million deaths and 7% of disease burden, as measured in disability-adjusted life years (DALYs) in 2010. In 2014, the global prevalence of raised blood pressure in adults aged 18 years and older was around 22% and higher in low- and middle-income countries. Psychosocial determinants of hypertension have also been linked to the pathogenesis of hypertension. Among others, stress related to work is one of them. The risk of hypertension was found to increase with high levels of overcommitment and the prevalence of effort-reward imbalances among managerial and administrative officers. In another study, there were significant sociodemographic correlates with prehypertension, such as upper socioeconomic status, obese individuals, male gender, those who smoked and consumed alcohol, and had low physical activity.

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Insufficient physical activity contributes to 3.2 million deaths and 69.3 million DALYs each year.\textsuperscript{1,8} People who are insufficiently inactive have a 20\% to 30\% risk of all-cause mortality.\textsuperscript{9} In a cross-sectional study of physical activity among population aged 15 to 65 years in north Kerala, India, it was shown that the level of physical activity was associated with those with unskilled labor and unmarried individuals. The study concluded that more behavioral change activities are warranted to increase recreational physical activity.\textsuperscript{10}

Noncommunicable diseases are preventable through various health education and promotional activities and the reduction the sociobehavioral risk factors, such as physical inactivity, tobacco use, harmful use of alcohol, and unhealthy diet and other lifestyle changes. Further research is needed to develop more innovative preventive strategies, early detection, improved health care, and timely services and also to evaluate the effectiveness of population-based interventions to prevent NCDs from escalating in Asia.

References