

Combating lifestyle diseases can make a big difference in the lives of older people

9 October 2020, by Razak M. Gyasi



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Noncommunicable diseases account for about 71% of the 57 million deaths reported around the world every year. Most of these deaths are caused by diabetes, cancers, heart disease and lung disease. Over [85%](#) of these "premature" deaths occur in low- and middle-income countries.

A big concern is the growing prevalence of these conditions in [older populations](#). This is especially true in low- and middle-income countries where populations are currently [aging rapidly](#).

Noncommunicable diseases are, to some extent, preventable and manageable. But it is estimated that by 2030 they will cause 75% more deaths than malnutrition and infectious diseases. They also create a burden of ill health and disability, particularly among older people. Mortality data don't always reflect the true personal and family impacts and costs of [noncommunicable diseases](#).

In sub-Saharan African countries, older people often play crucial roles in their families and communities. They care for younger relatives, for example, and contribute to [household income](#)

through small-scale agriculture and petty trading. Addressing the health challenges of older people benefits the society as a whole.

The United Nations set sustainable development goals in 2015. One of these aims to [reduce premature deaths from noncommunicable diseases](#) by a third by 2030. It also aims to promote mental health and well-being through effective prevention and treatment.

In our [recent paper](#), my colleague and I looked into the burden and impact of these diseases. We found that many countries in sub-Saharan Africa are falling short of meeting the noncommunicable disease global targets. Governments, [civil society](#) and individuals need to do a lot more to care for and to improve the health of older people.

Noncommunicable disease burden

The growing burden of noncommunicable diseases in low- and middle-income countries is largely driven by [cardiovascular risk factors](#). They include rapid population aging, lifestyle and social behavior changes.

Sedentary behavior or physical inactivity, unhealthy diets, tobacco use, harmful drinking and air pollution all contribute to growth in noncommunicable diseases.

Many older people in sub-Saharan Africa's urban informal settlements live in poor socioeconomic conditions and have unhealthy lifestyles. These settlements are common in major cities such as Nairobi in Kenya, and Accra in Ghana.

Older people living in these conditions are generally poor, and have little social protection and support. They are unlikely to receive regular [health checks](#) which would reveal early signs of noncommunicable diseases and risk factors. These communities may also lack [access to information](#)

about lifestyle diseases. And they may not know what to do to keep healthy.

In addition, older people in these challenging settings suffer [a great deal](#) from [less readily acknowledged](#) noncommunicable diseases. These include dementia and the long-term physical and psychological effects of injuries and violence.

The [economic burden of noncommunicable diseases](#) in poor sub-Saharan African settings is expected to double from about US\$6 trillion in 2010 to over US\$13 trillion by 2030. In addition, every 10% increase in noncommunicable [disease](#) prevalence will cause a 0.6% decline in the annual economic growth in low- and middle-income countries.

For individuals and families, the burden is more than economic. It's about quality of life for older adults. Sub-Saharan Africa faces a higher pace of demographic aging and attendant noncommunicable diseases. It's essential to rethink how these conditions are dealt with.

Recommendations

Based on [my research](#) on aging and health in sub-Saharan Africa, I propose a number of interventions.

The conversation should start with up-to-date and reliable epidemiological data about noncommunicable diseases and their risk factors. This should inform prevention and control strategies.

Second, governments and civil society should increase awareness and recognise the role of healthcare professionals in managing these diseases. There should be a special focus on [long-term care](#), palliative and end-of-life care for older people.

Third, a focus on universal health coverage would improve access to healthcare services for vulnerable older adults. This group is noted for [delaying and avoiding](#) healthcare because of the higher cost of treating chronic conditions.

Fourth, there is the need to change behavior through persistent public education about these conditions in rapidly aging populations. Communication has to be linguistically and culturally appropriate if it's to change behavior.

Government policies should promote healthier diets and regular physical activity. Laws should ban, reduce, or monitor risk behaviors such as heavy alcohol consumption, tobacco smoking and exposure to indoor air pollution. The production and distribution of products such as alcohol, tobacco, and sugary foods should be taxed appropriately because of their [relationship](#) with noncommunicable diseases.

Noncommunicable diseases are [expected](#) to have greater impacts in countries where poverty, malnutrition, poor sanitation, infections, and weak health and education systems persist. Unfortunately, many low- and [middle-income countries](#) including those in sub-Saharan Africa show such characteristics. Communities and families in these countries must make integrated efforts to address the challenges of noncommunicable diseases and improve the lives of older people.

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