

The increasing early showing of non-communicable diseases in the health profiles of South Africans

To the Editor:

In a recent issue of your journal, Ntsompe et al¹ described the percentage and profiles of black hypertensive patients presenting to a medical clinic in Pudimoe, North West Province. Their study may carry a very relevant import in primary care as it highlighted the relevance, even in relatively young patients, of investigating hypertension. They conclusively note that "there is hypertensive (sic) in the age group 20 years to 40 years old and we need to be aware of that". We wondered whether the early showing of hypertension in clinical practice is more wide-spread and reflective of an emerging epidemiological trend of early showing of non-communicable diseases in the morbidity profile of patients in South Africa.

In the Eastern Cape province, as part of the provincial burden of disease study, we have recently undertaken to explore the morbidity profile of the population of the province.² Our findings from this work seem to support the findings of Ntsompe et.al. Presented below is a brief outline of our study and the findings there-of.

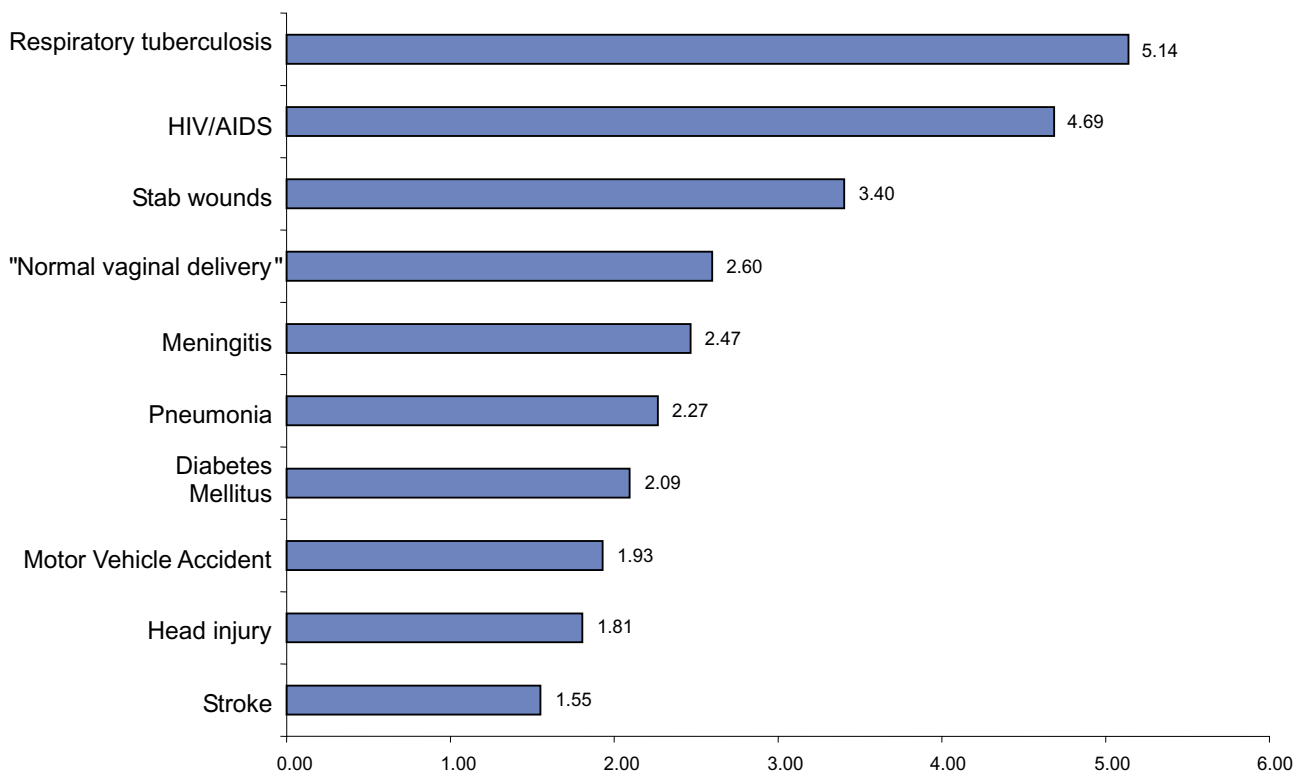
Our study entailed a descriptive cross-sectional survey of hospital inpatient registers in selected hospitals in the province in one calendar year (2004). The year

2004 was conveniently chosen, being only a year before the survey and in which hospital records availability was better. A sample of public hospitals for investigation was drawn, stratified by different district municipalities (2 hospitals per district municipality). All the regional and tertiary hospitals in the province were included viz. East London Hospital Complex (Frere and Cecilia Makiwane hospitals), Frontier hospital, St Elizabeth hospital, Mthatha Hospital Complex (Nelson Mandela Academic Hospital and Mthatha general hospital) and Port-Elizabeth Hospital Complex (Livingstone and Port- Elizabeth Provincial hospital).

Hospital managers were consulted and their support and cooperation in the process of data collection sought. Field workers were recruited and trained in data collection using a standard data capture schedule. The schedule included entries for the age, gender, place of residence, admission and discharge diagnoses, length of stay in hospital and outcome of patients.

Data was entered into MS Excel spreadsheets and descriptive analysis performed. The profile of patients admitted at the surveyed hospitals was described according to age, sex, discharge diagnosis, length of stay and level of care as well as by the 3 broad health regions in the province, inter alia; Central, Eastern and Western regions of the Eastern Cape Province. The

Fig.1: Leading causes of admissions among young adults (20-44yrs), Eastern Cape Province, 2004.



Percentage of total admissions among 20-44yrs age group (n=14 512)

study was ethically cleared by the Ethics Committee, Faculty of Health Sciences, University of KwaZulu-Natal.

It was possible to describe the profile of morbidity in the province based on a total of 31613 medical conditions seen in the sampled hospitals in 2004. The majority of patients were females accounting for 53% of all admissions while 44% were males. The gender of patients was not recorded in 3% of the data. The sex profile of our sample was not different from the population profile which had 58.8% females and 46.2% males³.

The majority of patients admitted were 60years of age and older, representing over 15% of all admissions. There was an equally high admission burden among the young adults with individuals 20-44years of age accounting for 39% of all admissions. The age groups with the least admission rate were the 5-14 years age groups and the 55-59years age group.

Analysis of the leading causes of admissions among the young adults (20-44years) revealed that the hospitals surveyed admitted a comprehensive blend of communicable and non-communicable (chronic) diseases as well as injuries. It is noteworthy that diabetes mellitus and cerebrovascular accident (stroke) enlists among the 10 leading causes of admission in this age group (Fig.1).

Our observation regarding an early showing of non-communicable diseases is in tandem with that of Ntsompe and colleagues¹. Given the large empirical data set (over 30000 admission cases) upon which our observation is based, it gives further support to the warnings of Ntsompe et al¹ on the need for greater attention to chronic conditions like hypertension in primary care. In fact, at population level, the South African Demographic and Health Survey (SADHS) revealed that hypertension prevalence ranges from 20.2% among black males to as high as 38% among white males⁴. Of concern is the very low level (7%) of blood pressure control especially among Black and Coloured males⁴.

Globally, a 10 percent rise in the proportion of non-communicable diseases from estimated values in 1990 has been reported for 2001 according to the recent global burden of disease estimates⁵. Non-communicable diseases now account for nearly half of the total global burden of disease⁵.

The early showing of non-communicable diseases in the South African morbidity profile demands intensified efforts at health education and promotion targeted at younger people against chronic diseases of lifestyle. In the long term, public health interventions are critically needed including re-orienting the public health

system to take greater cognizance of chronic diseases than it currently does.

Igumbor EU, BSc.(Hons), MPH

Buso DL, BSc. MBChB, DPH, DLSHTM, MMed., MSc, FCPHM(SA)

Department of Community Medicine

Faculty of Health Sciences

Walter Sisulu University

E-mail: ehiuche@yahoo.com

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