

Combating Chronic Disease: Role Of The Family Practitioner

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Abstract

Chronic diseases are diseases of long duration and generally slow progression. These diseases include illnesses such as cardiovascular disease, stroke, cancer, diabetes and chronic pulmonary disease. Apart from these conditions, infections such as HIV, inflammatory/autoimmune diseases like rheumatoid arthritis and endocrine conditions like hypothyroidism are also included in the definition of chronic disease.

Chronic diseases are now the leading cause of mortality, world wide. They cause 60% of all deaths, and their burden is increasing rapidly. These diseases occur at a younger age, and affect the economically productive segment of society.

Keeping this in mind, the World Health Organization has focused on non-communicable disease (NCD). A 2008-2013 action plan for the global strategy for the prevention and control of NCD is underway. The major targets are four diseases- cardiovascular disease, diabetes, cancer and chronic respiratory disease, as well as four shared risk factors- tobacco use, physical inactivity, unhealthy diet and excessive alcohol use. [1]

Family physicians play a major role in handling these diseases and risk factors. The bulk of hypertension, diabetes and respiratory illness is managed by family doctors, not by specialists. Symptoms and signs of cardiovascular disease and cancer, such as chest pain, loss of appetite, and weight loss, are often noted by family physicians first.

The nature of family practice is such that counselling regarding healthy diet, physical activity, and substance (ab)use is an integral part of a family practitioner's work.

Keeping this in mind, the family physician should be a central stakeholder in the fight against NCD. The World

Health Organization, and its various partners, such as the International Diabetes Federation, World Heart Foundation, Union for International Cancer Control, and the International Union against Tuberculosis and Lung Disease, should work together with medical associations to strengthen family practice. This will improve both preventative and curative services being offered to the community. [2] These four organizations are spearheading public advocacy programmes, under the banner of the Non Communicable Disease Alliance, which will culminate in a United Nations High Summit on NCD, to be held in September 2011.

More than 30% of cancers can be prevented by modifying or avoiding risk factors. [3] Family doctors should be educated regarding, and sensitized to this important aspect of

medical practice. Early detection of cancer can help in reducing mortality. This can be done by making physicians aware of early signs and symptoms, and providing cost-effective screening methods, such as visual inspections with acetic acid (VIA) for cervical cancer, PAP test, and mammography.

Cardiovascular diseases (CVDs) are the number one cause of death globally now. These include coronary heart disease, cardiovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis and pulmonary embolism. Family doctors can help reduce the burden of CVD by helping their patients correct modifiable risk factors, diagnosing CVD earlier, and providing effective prophylaxis as well as management through medications. They can also liaise with specialists to ensure appropriate follow up for patients who need occasional expert intervention.

Diabetes mellitus is the current pandemic, and prevalence of this disease is increasing rapidly. The nature of this disease

is that it is best managed at the family practitioner level. Regular diet, physical activity, healthy lifestyle, and medication use can prevent or delay the chronic consequences of this condition, and avoid acute complications. This reduces morbidity and mortality both.

Chronic pulmonary disease is the fourth NCD target by the World Health Organization. It is a life threatening condition which can easily be prevented and managed by simple methods. The incidence of chronic pulmonary disease can be reduced markedly by avoiding tobacco, reducing atmospheric pollution and maintaining healthy life style. The family practitioner has an important role to play in preventing and managing chronic lung disease, so that its life threatening complications can be avoided.

Capacity-building in family practice is essential if we have to combat chronic disease successfully. Family physicians need to be empowered with communication skills and motivational strategies to help their patients adopt healthy lifestyles and avoid modifiable risk factors for NCD.

Physicians also need to upgrade knowledge about

management of chronic disease, including NCDs, so that they can partner with specialist experts to provide the best possible medical care and follow up.

The NCD Alliance is a concerted effort by various national and local organizations to achieve focus on chronic disease, and combat these illnesses. Family practitioners should be involved actively in such alliances, by joining their Common Interest Group, to achieve these aims. Doing so will help ensure that chronic diseases are given the importance they deserve, by society, by physicians, and by policy makers.

A concerted effort on part of all stakeholders, especially family physicians, will ensure success in our combat against chronic disease.

References

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