

1. OVERVIEW

1.1 Introduction

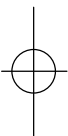
In the past forty years, life expectancy has improved more than during the entire previous span of human history. Although health has improved even in the poorest countries, progress has been uneven, not only in the different countries, but also among groups within the countries and within certain disease patterns, widening the gap in health status among social classes and in geographical areas.

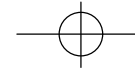
A reduction in mortality occurs mainly as a result of the control of infectious diseases especially among the younger age group, which results in a growing number of survivors, an increasing older population exposed to lifestyle disease risks and degenerative disease.

These non-infectious diseases - particularly cancer, circulatory disease, mental disorders, chronic respiratory conditions and musculoskeletal disease - now pose the greatest threat to health, in terms of lives lost and disability, in developed countries and in developing countries.

Chronic diseases are not easily cured, are less open to direct community action and do not spread from person to person. The development of these diseases is seldom, if ever, due to one single cause. They may be inherited, but many lifestyle and environmental factors such as smoking, inappropriate diet, sedentary lifestyle, heavy alcohol consumption, etc. are known to increase the risks. These are to an extent within the control of a well-informed individual, but the individual alone has little control over other factors such as poverty, undernutrition in infancy and genetic predisposition.

The mortality pattern is shifting to non-communicable diseases of lifestyle as urbanisation, industrialisation and a typ-





in all South Africans. At every stage, opportunities exist for prevention or treatment and for promoting healthy behaviour.

2.1 To increase equitable access to information, lifeskills formed choices concerning a healthy lifestyle.

2.2 To encourage innovative multidisciplinary and inter-sectoral collaboration to promote a healthy lifestyle.

2.3 To fully integrate the national guideline at all levels of health care and all types of services.

2.4 To empower the community/individual to promote informed decision-making and behaviour change.

2.5 To advocate and encourage public policies that will promote and support healthy lifestyles.

3.1 Important lifeskills including:

- Decision-making
- Problem-solving
- Critical thinking / understanding the ploys used by advertising and marketing
- Effective communication
- Interpersonal relationship skills
- Self-awareness / self-efficacy / assertiveness
- Coping with emotions, stress and peer group pressures
- Conflict resolution

Tobacco Products Control Act 83, of 1993 (as amended)

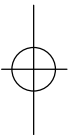
- Advocate never to start smoking
- Urge cessation of smoking
- Protect the rights of non-smokers

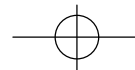
3.3 Modifiable risk factors: (Annexure A)

- Healthy food policy (for people with special dietary requirements, culturally and economically appropriate messages, legislative control, etc.)
- Weight control.
- Regular physical activity.
- Alcohol consumption control / anti-alcohol message.
- Do not drink and drive.
- Responsible sexual behaviour
- Oral health
- Stress prevention
- Healthy environment, e.g. running water, sanitation and refuse removal
- Hazardous use of drugs and other substances
- Change school and workplace environments to support modifiable risk factors

3.4 Awareness of early signs and symptoms of priority chronic diseases: (Annexure B)

- Hypertension
- Diabetes
- Rheumatic fever/Rheumatic heart disease
- Cancers
- Obstructive lung diseases, asthma.
- Angina
- Transient Ischaemic Attacks (TIA) - especially in old-age homes
- Depression
- Arthritis / Rheumatism (refer national guideline)





- Strokes
- Hypertension
- Diabetes
- Heart attack, particularly below 50 years in males and 55 in females
- Breast cancer.
- Depression
- Obesity

3.6 Self-screening:

- Breasts self-examination
- Weight control
- Physical self-examination: skin examination, mouth examination
- Visual inspection of excreta
- Testicle examination

3.7 Stress management with main thrust on prevention.

3.8 Early attendance at health facilities:

- Early diagnosis
- Effective management of CDL
- Benefits of treatment
- Compliance with drug and non-drug treatment

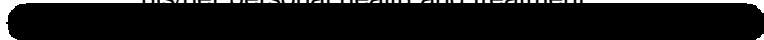
3.9 Support systems

- The family/friends
- The health worker
- Disease-specific community-based groups
- Workplace support groups
- NGOs
- Information desks in clinics, hospitals, grant pay points, etc.

4.1 Rights of the patient

tus, procedures/options available and the benefits, risks and consequences of each option.

- the right to participate in any decision affecting his/her personal health and treatment

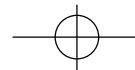


- the right to access his/her own health record or that of a person under his/her legal authority.
- the right to lay a complaint about the manner in which he/she is treated according to a prescribed procedure.
- the right to be treated with dignity.
- the right to the best quality of appropriate care.
- the right to privacy with no unfair discrimination.
- the right to become an active partner in his/her own care.

4.2 Obligations of the patient

- to care for, protect, and promote his/her own health
- to respect the rights of other users
- to observe the rules concerning the organisation and the operation of services and establishments
- to assume responsibility for the proper use of the benefits provided by the health system
- to ensure that he/she does not endanger the health, well-being and lives of other users and health-care providers
- to provide the health-care providers with accurate and all relevant information pertaining to the user's health status and to generally co-operate with health-care providers when using health services
- to treat health-care providers with dignity and respect
- to collaborate in maintaining health establishments in habitable condition





- to sign a discharge certificate if he/she refuses to accept recommended treatment

4.3 Responsibilities

The responsibility for prevention is shared. The parties include:

- n **Government** - to legislate (e.g. anti-tobacco advertising), develop and fund intervention programmes.
- n **Professional and non-governmental organisations** - to develop targets in conjunction with government, advise and provide educational resources to government and the community, educate health-care providers.
- n **Industry** - to support recommendations from government and professional bodies (e.g. tobacco advertising, food processing), health promotion, funding.
- n **Hospitals, health clinics, health practitioners and health-care workers** - for health-promotion, management and control of disease, risk assessment.

5.1 Production and dissemination of relevant health information regarding priority Chronic Diseases of Lifestyle on:

- primordial prevention to avoid the emergence and establishment of patterns of living that contribute to an elevated risk of disease
- population approach to reduce common risk factors
- individual approach for high-risk patients

5.2 Special information for persons with special health-promotion needs (hearing and visually impaired per-

5.3 Develop comprehensive culturally and economically appropriate provincial strategies to reach target groups.

5.4 Promote the priority issues to service providers - acute vs chronic care, skills to achieve modification of lifestyles, rights of patients, etc.

5.5 Training and reorientation of personnel. Inclusion of priority issues of management of CDL especially communication and counselling skills in curricula of health professionals, teachers, social workers.

Primordial prevention:

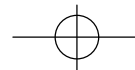
Lessons for developing countries

Primordial prevention is the avoidance of the emergence and establishment of the social, economic and cultural patterns of living that are known to contribute to an elevated risk of disease.

In some developing countries, coronary heart disease is becoming increasingly common, particularly in urban populations, which have already acquired high-risk behaviours.

Cigarette smoking is increasing rapidly in developing countries while the overall consumption of cigarettes in many developed countries is dropping. It has been estimated that by the year 2010 there will be over two million deaths each year in China from smoking-related diseases unless a major





effort is made now to reduce smoking.

The indirect impact on women will take the form of an increased number of widows.

MODIFIABLE RISK FACTORS ACTIONS

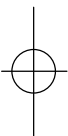
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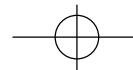
Signs and Symptoms of Priority Chronic Diseases

Hypertension

Diabetes

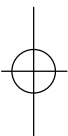
Adopt a healthy food plan	Cut off all visible fat
Drink adequate fluid	Read food content on labels of tinned food
Eat a variety of foods	Resist visible, obvious fatty food
Eat less fat, especially animal fat	Use low fat products
Eat less animal protein and more fruit and vegetables	Do not cook or bake in fat or oil
Eat less salt	Do not add any salt after cooking
	Resist obvious salty food or snacks
	Remove all visible salt from food when salt used for preservation
Eat more roughage	Unsifted meal
	Fresh vegetables and fruit - green leafy food
Weight control	Lose weight if overweight
	Use one's belt as a guide - if it needs to be adjusted to be wider, weight has been gained and one needs to eat less and become more physically active
Regular physical activity	Brisk walking for half an hour every second day
	Use stairs and not lifts
	Skipping with a rope
	With mobility problems, do exercises on chair/bed while sedentary/lying down
	Get off transport a block before work/shop and walk the extra block
Alcohol consumption/ anti-alcohol message (This is also applicable to other dangerous substances)	Do not drink and drive
	Do not take more than two units of alcohol in 24 hours
	Refrain from the habit of taking alcohol at work
	Do seek help if you experience a problem
	Abstain from any sexual activities outside the relationship

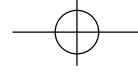




MODIFIABLE RISK FACTORS	ACTIONS	ANNEXURE
Responsible sexual behaviour	<ul style="list-style-type: none"> Avoid multiple sexual partners Use barrier methods, e.g. condoms If any discharge from sex organs, abstain from sex until condition is diagnosed and treated 	
Oral health	<ul style="list-style-type: none"> Brush teeth twice every day Ask a friend/family to assess one's mouth for any sores, abnormal spots, smells, etc. Visit a dentist once a year to have one's teeth examined 	
Stress prevention	<ul style="list-style-type: none"> Discuss problems with family, friends, the priest/minister Join a support group Live within your budget – don't use credit cards Allow yourself sufficient time to reach your destination without rushing Organise your day by writing things down in order of importance Change your routine; take up a hobby, read a book Exercise – take a long vigorous walk, play with (grand)children Take a deep breath in through the nose and let it out through the mouth. Repeat this a few times Lie flat in a quiet place with your eyes closed and breathe deeply for a while Talk to your employer about changing stressful working conditions Maintain a healthy balance between work, rest and play Never start smoking If you need support to stop smoking, ask for help 	

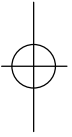
MODIFIABLE RISK FACTORS	ACTIONS	ANNEXURE
Anti-tobacco message	<ul style="list-style-type: none"> Wear a hat Use sunscreen Use shade 	
Protect oneself from UV exposure		

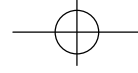




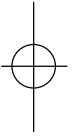
CHAIR EXERCISES

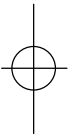
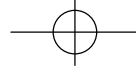
Rheumatic
fever

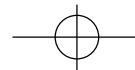




BED EXERCISES







ANNEXURE

Cancer	<ul style="list-style-type: none"> - No obvious early signs and symptoms - Frequent passing of urine - Thirst - Repeated skin and/or other infections - Poor wound healing - Pruritus vulvae - General weakness - Blurred vision
Asthma	<ul style="list-style-type: none"> - Previous sore throat not treated properly - One or more swollen painful joints -fleeting joint pains
Angina	<ul style="list-style-type: none"> - Fever
Transient ischaemic attacks (sudden lack of oxygen to brain)	<ul style="list-style-type: none"> - Involuntary movements of head, arms, tongue and neck
	<ul style="list-style-type: none"> - Chronic cough and hoarseness - Any sore that does not heal easily - Unusual bleeding or discharge - Change in normal bladder and bowel actions - Difficulty in swallowing - Any change in a mole or wart - A lump or thickening in the breast or else where
	<ul style="list-style-type: none"> - Recurring episodes of cough, wheezing and chest tightness - Allergies
	<ul style="list-style-type: none"> - Pain in chest/left arm normally when physically active

Signs and Symptoms of Priority Chronic Diseases

Depression	<ul style="list-style-type: none"> - Transient weakness and or sensory loss in arm and/or leg - Visual disturbance - Transient loss of vision and/or permanent loss in one eye - Loss may be in both eyes or double vision may be present - Speech disturbances - Aphasia, dysphasia and dysarthria - Balance distortion and/or vertigo
Obesity	<ul style="list-style-type: none"> - Disorientation - Restlessness - Decreased attention span - Difficulties with comprehension - Forgetfulness - Impaired judgement - Lack of motivation - Emotional difficulties, such as anxiety or mood swings - Disturbance of sleeping patterns and eating habits - Loss of concentration - Loss of interest or pleasure. Decrease in energy - Feeling of hopelessness and worthlessness - Social withdrawal - Observed emotions e.g. crying, irritability - Thoughts of death or suicide - Chronic aches and pains that do not respond to treatment - Increased weight according to height - Body mass index (BMI) $\geq 30,0$ - Very wide waste line (central obesity) - men ≥ 102 cm, women ≥ 88 cm

