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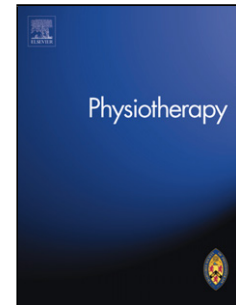
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**Physiotherapists have a vital part to play in combatting the burden of noncommunicable diseases**

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The burden of noncommunicable diseases (NCDs) has been described as “a public health emergency in slow motion” by the United Nations (UN) Secretary General Ban Ki-moon,<sup>1</sup> and the World Economic Forum considers chronic diseases in both high and low resource countries to be a major risk to the global economy.<sup>2</sup> However, all NCDs can either be prevented or, if identified early, treated and managed in a way that significantly reduces disability, financial and societal costs, and prolongs healthy years of life.<sup>3</sup>

The four main NCDs leading to the highest incidences of mortality are cardiovascular disease, chronic respiratory disease, diabetes, and cancer. These account for around 80% of all deaths from NCDs, of which there are more than 36 million each year. Cardiovascular disease accounts for 17.3 million deaths, followed by some forms of cancer (7.6 million), respiratory diseases (4.2 million), and diabetes (1.3 million). These diseases share four risk factors: tobacco use, physical inactivity, harmful alcohol use, and unhealthy diets. These in turn are associated with four key metabolic/biometric changes that increase the risk of NCDs: raised blood pressure (the leading NCD risk factor), overweight/obesity, hyperglycemia, and hyperlipidemia. There are 3.2 million deaths annually that are attributed to insufficient physical activity alone.<sup>4</sup>

NCDs are not diseases confined to high resource countries; 80% of NCD-related deaths occur in low and middle income countries. They are the leading cause of death in all regions except Africa where the largest increase in NCD-related deaths is predicted to occur by 2020. Further, by 2030 deaths from NCDs in Africa are predicted to exceed the combined deaths from communicable and nutritional diseases and maternal and perinatal deaths. Of 9 million premature deaths (< 60 years) annually that are attributed to NCDs, 90% occur in these low and middle income countries.<sup>4</sup> In addition, by 2030, low income countries are predicted to have eight times more NCD-related deaths than high income countries.<sup>5</sup>

While the risk factors are prevalent in both high and low income groups those on higher incomes can access services and products to help in prevention and treatment. Individuals in high income countries are four times more likely to have NCD services covered by health insurance than low income countries. The personal health costs associated with NCDs can quickly drain the resources of those in low resource settings, driving families into poverty.<sup>4</sup> [Tracy1]

Some of the most effective interventions for behavioural change result from population-level interventions and legislation, as evidenced for example by the dramatic reduction in tobacco use resulting from national integrated policies. Critical to success in most areas are multi-faceted, multi-sectorial, multi-disciplinary, and culturally relevant strategies. Low cost solutions exist that target reduction of the modifiable risk factors and map NCD prevalence.<sup>6</sup> Given the high costs associated with treating the consequences of NCDs, adolescence has been described as the “last best chance” to build positive health habits and limit damaging ones.<sup>7</sup> To address NCDs as a society-wide issue, requiring comprehensive and inclusive action, a lifespan approach needs to be adopted by all involved.

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