

It's Time to Act!

Declaration for a Better Life

APPROACH TO CHRONIC DISEASES THROUGH PREVENTION

Today the existence of high levels of health and wellness is accepted, as the basis for the development of the various dimensions of citizenship, namely, the democratic participation, the social integration and cultural diversity, the education, as well as the productive participation in active life and healthy ageing.

Ensuring the health of the population represents not only an ethical imperative, but also a prerequisite for economic success in such a global and competitive world.

Health is equivalent to wealth and prosperity. Investing in health means investing in people and economy.

In Europe, it is estimated that over 80% of deaths are caused by chronic diseases, such as cardiovascular, oncologic, liver, kidney and respiratory diseases, as well as diabetes. Many of these diseases can be treated, though not always be cured, thus resulting in a decrease of life quality, in huge spending with long-term therapeutics and, consequently, in low productivity.

With the adoption of appropriate measures to promote health and prevent disease, it would be possible to change this picture. In Europe, however, 97% of health spending is due to treatment and only 3% to prevention.

A change in order to strengthen the prevention will thus enable not only gains in health, but obviously also, economic gains.

Investments in prevention are always less expensive, than those spent with the management and treatment of diseases, thus meaning, more favourable. Moreover, prevention avoids suffering and promotes the quality of life of individuals, families and communities.

This is the main reason why, in Portugal, a movement was created, aiming at introducing innovative measures, considered essential, in order to protect the future health of the Portuguese.

In line with the trend throughout the world, one of the prerequisites of this initiative is to bring together organizations of both health professionals and citizens. This is meant to gather efforts leading to the urgent development of policies and measures, as to reverse the alarming growth of chronic diseases that, in the European context, already affect more than one third of the population.

Presently, there are already important partnerships with that same aim. To be stressed are, among others, the *Non Communicable Disease Alliance* and the *Global Alliance against Chronic Respiratory Diseases*, worldwide, and the *Chronic Disease Alliance*, at European level; these structures comprise a large number of either nongovernmental or health professionals organizations. As a result of their action, the UN will hold a Summit on Chronic Diseases, in September 2011.

The World Health Organization established in 2008 a Global Action Plan for Chronic Diseases, the so-called *WHO 2008-2013 -- Action Plan for the Global Strategy for the Prevention and Control of Non Communicable Diseases*, which gave a strong contribution to the development of initiatives related to the prevention of chronic diseases.

The "*Europe 2020 Strategy*" aims to cover 75% of all workers. It advocates that only by promoting the prevention of chronic diseases, will it be possible to achieve sustainability and participation in the building up of a stronger, more competitive and more inclusive Europe. Preventing chronic diseases will enable longer, healthier lives, but also to stay longer in the labour market, thereby helping to reverse the alarming decrease in the labour force expected for 2020.

In keeping the European community healthy, it will increase its productivity as well. In developed regions, 28% of DALY¹ are attributed to risk factors common to chronic diseases (smoking, alcohol abuse, low consumption of fruits and vegetables, and lack of physical activity), a number that increases up to 35%, when including obesity and overweight.

The challenge that the fight for chronic diseases poses to Europe and Portugal goes far beyond the public health sector, since many health determinants are outside the scope of the health systems. Therefore, it is quite understandable that strategies, crosscutting the entire society, are needed.

In this context, it is of utmost importance to set up a broad and robust social movement, with both public expression and visibility, so that it will be possible to appeal, in a more vigorous way, to the EU citizens and institutions, in a way as to demand policies, aiming at their well-being.

Apart from Health, other sectors are of particular relevance, such as research, education, physical activity and leisure, urban planning, housing, transports, food regulation, agriculture, environment or fiscal policy.

¹ DALY – Disability Adjusted Life Years: number of life years lost due to premature death and number of productive years lost due to disability and premature retirement.

The political will must be motivated in order to promote this agenda, turning the "impact on public health" into an essential aspect in decision-making, and further creating a political environment that prioritizes the achievement of improvements in health, with regard to chronic diseases.

Families with low income, poor citizens, the unemployed and the socially excluded are particularly vulnerable to chronic diseases. A concrete intervention designed for these specific social strata will, therefore, be a decisive factor to reduce health inequalities. The equitable access to Health Systems and to preventive measures should be one of the pillars of the action plan, in terms of prevention.

The current picture

The available scientific evidence identifies four major risk factors for chronic diseases: smoking, poor diet, alcohol abuse and lack of physical activity. These risks are co-factors in the genesis of most chronic diseases and mortality in Europe. Therefore, it is essential to develop preventive strategies and methodologies to eliminate those risk factors, following a holistic, crosscutting perspective to a wide range of activities, from the change of the agricultural policy, up to the price raise of those products considered unhealthy, including legal measures for food control, reduction of economic barriers to healthy food products, as well as urban planning and safety.

Cardiovascular diseases

Circulatory diseases account for *circa* 38% of the causes of death among the Portuguese population. Although the social and economic burden thereof resulting is quite significant, a consistent declining trend in mortality is actually felt. This phenomenon often leads to enhancing the practical usefulness and the importance of an integrated intervention at several fronts. The improvement, though still insufficient, recorded over the past few years, results from three main vectors: 1 - The combined effect between the dissemination and the application of preventive measures based upon changes in lifestyles, with the adoption of healthy behaviours; 2 - The huge increase in the effectiveness of the therapeutic measures of primary and secondary prevention, achieved through the control of modifiable risk factors, such as hypertension and dyslipidemia; 3 - The increase of effectiveness in the treatment of acute conditions as myocardial infarction, *stroke* (CVA), or death caused by cardiac dysrhythmia.

However, some lifestyles - particularly smoking in adolescence, lack of physical activity and poor diet, which lead to obesity and diabetes - are increasing the incidence of cardiac diseases in young people. A 10% reduction of major risk factors, in terms of population, could save thousands of lives.

Respiratory diseases

Respiratory diseases represent a significant burden in terms of chronic diseases. Everyone recognizes that the most important risks for chronic respiratory diseases are smoking, both through the act of smoking and the exposure to environmental tobacco smoke, as well as poor quality of the indoor and outdoor air. Recent studies have also document a relation between asthma, obesity and physical activity.

Among the most frequent chronic respiratory diseases, we highlight the asthma and respiratory allergies, chronic obstructive pulmonary disease (COPD), lung cancer, occupational lung diseases, sleep apnoea syndrome and pulmonary hypertension. These pathologies are responsible for a great number of deaths and they also imply high costs, resulting from health expenditure and lost workdays.

Asthma is one of the most common childhood chronic diseases, affecting 11-12% of young people in Portugal. Nowadays asthma affect 7% of general population and COPD around 14% of adult population.

Liver disease

The main risk factors for the chronic liver disease are alcohol abuse, viral hepatitis and non-alcoholic fat liver. Health budgets include a high component of costs for the treatment of this disease, which is largely preventable, through the adoption of healthy eating patterns.

With regard to alcohol abuse, there are a few policies that have already proven to be effective in reducing its consumption, namely, through the application of regulatory measures to the price and to the alcohol trading environment. On the other hand, the increase in the number of selling places, together with the extension of opening hours, as well as the reduction of prices, caused a significant raise in the consumption of alcoholic beverages.

Yet, in the opposite direction, measures like, community-based interventions, "*drinking and driving*" policies, behavioural therapies, compulsory treatment in certain cases, and the use of chemical inhibitors and antagonists have proven to be quite useful in reducing alcohol dependency.

Hepatitis B and hepatitis C can evolve into chronic diseases. It should be stressed that, in Portugal, the vaccine against hepatitis B, proven to be quite effective, is integrated since 2000 in the National Immunization Programme (NIP), which registers a coverage rate over 95% among the child population.

For hepatitis C, strongly associated to the use of intravenous drugs, no vaccine is yet available, thus meaning, that preventive measures are really essential. Hepatitis C affects around 40 to 70% of (*intravenous*) drug addicts. Like hepatitis B, about 20% of cases evolve into cirrhosis of the liver and, at a later stage, into liver carcinoma. It is estimated that, in Portugal, there may be around 150,000 to 200,000 infected patients

with these two types of viruses.

Diabetes

In Europe, and in terms of the burden for Health Systems, diabetes accounts for more than 10% of the total budget.

Reaching about 10% of the population (over one third is still undiagnosed) diabetes is the most common cause of lower limbs' amputation, blindness and kidney failure. Vascular complications also mean that diabetes is one of the major risk factors, responsible for other diseases with high morbidity and mortality rates, such as, cardiovascular disease and cerebrovascular accident (CVA).

Studies have shown that the risk of stroke in older people with diabetes is five times higher (when compared to elderly without diabetes). Unhealthy eating habits and inactivity are the main determinants of increasing diabetes, which has nowadays reached an epidemic expression. The treatment of its complications generates high costs for the Health System.

It is undeniable that many cases of diabetes are preventable through changes in lifestyles, both in terms of food and physical activity. The development of preventive actions in these areas would result in significant health gains, but also in a true reduction of treatment costs. The implementation of urgent preventive actions is imperative, so that the increasing prevalence of diabetes might be controlled.

In relation to secondary and tertiary prevention, numerous intervention studies have shown that preventive and educational measures in diabetes are highly favourable, even from an economic point of view. The accessible, integrated, multidisciplinary and motivational monitoring of self-control is considered as fundamental.

Cancer

This designation covers approximately 100 different types of malignant tumours of various organs. The high mortality of cancer is accompanied by a high morbidity and a significant economic burden.

With a prevalence of 3 - 4% among the general population and of 10 - 15% among the elderly, cancer has become a disease that requires permanent surveillance and long-term treatment.

If, nowadays, the management of pain and the quality of life is much better than before, the same does not apply to the costs of treatment and to the long-term side effects, which dramatically increased throughout Europe, due to the growing availability of new drugs.

Approximately 30 - 40% of malignant tumours are preventable. Among the risk factors they are associated with, we highlight smoking, which causes 25 - 30% of diagnosed cases, in developed countries.

Overweight, obesity and physical inactivity are other significant risk factors for developing cancer. It is estimated that obesity accounts for about 4% of cancers in men and around 7% in women. Obesity is also particularly associated with an increased risk of breast, oesophagus, colon and rectum tumours, as well as of endometrial and kidney tumours.

Alcohol abuse is also linked to a major incidence of various types of cancer. Physical exercise, in addition to contributing for the reduction of weight excess, has, by itself, a most favourable effect on the prevention of various cancers.

Other disease determinants, such as exposure to carcinogenic agents in the workplace (responsible for about 5% of cancers), sun exposure, as well as exposure to infections by hepatitis B virus and human papilloma virus, are, in the same way, preventable, and therefore, should be treated as central issues of public health.

Secondary prevention, through the implementation of screening programmes for the population and adequate referral of detected cases – namely breast, colon, rectum and cervical cancers – also represents an area of intervention, with a relevant impact on the reduction of the burden caused by oncologic disease.

Chronic kidney disease

In industrialized countries, chronic kidney disease has a great impact on public health (with an estimated prevalence of 8% among the adult population), what is reflected in their respective budgets. This disease presents different stages of severity. The most severe stage, *i.e.*, kidney failure (2% of cases develop into this situation), requires dialysis or transplantation for the patient to survive. These programmes (dialysis and transplantation) consume up to 2 - 3% of the total spending with health.

Chronic kidney disease is also associated with the increased risk of cardiovascular diseases. In this framework, prevention represents a strategic way. Healthy lifestyles, by preventing diabetes, hypertension and obesity, are in the same way also preventing chronic kidney disease. Good therapeutic practices in chronic kidney disease, as well as in related problems, obviously reduce the probability of kidney failure.

Overweight and obesity

Health systems in European countries, including Portugal, are facing an exponential increase of costs, caused by unhealthy eating patterns and lack of physical activity, which result in overweight and obesity. By 2020, the prevalence of this pathology will be able to eliminate all health gains achieved, in the meantime, with the success of antismoking campaigns.

Obesity is a major risk factor for several chronic diseases, namely *type 2* diabetes and

hypertension, thus meaning, a chronic disease, in itself, with considerable costs in terms

of health budgets. Moreover, obesity is also a risk factor for children and adolescents, with respect to the development of the same chronic diseases. This trend is further aggravated by the fact that obesity discourages the practice of physical activity, thus contributing to a gain in weight, what creates a vicious circle.

The increasing prevalence of child obesity is particularly alarming, insofar as it will result in an adult life with that same disease. There are more and more obese children and adults, at a high risk of reduced life expectancy, thus reversing the trend of improvement, which is registered in average life expectancy of the remaining population.

The strategy

Epidemic chronic diseases are highly influenced by four risks, which require, more than ever, some control measures by the citizens themselves:

- Unbalanced diet in calories and composition;
- Lack of physical activity;
- Smoking;
- Alcohol abuse.

Epidemics of chronic diseases can be reduced, since they depend on the population behaviour. In order that primary and secondary prevention of chronic diseases become successful, the strategy to be developed should include a set of fundamental requisites, set out below.

If an immediate and robust intervention to combat chronic diseases is not ensured, the recovery of labour force, envisaged in the *EU 2020 Strategy*, may not even take place. Time is passing by. **It's time to act!**

Health in all policies

It is essential to promote a coordinated intervention of the various sectors of governance upon the main socio-economic and environmental health factors, by means of implementing the EU Recommendations contained in the document "*Health in all Policies*": www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf

SIX URGENT MEASURES

1 - Reducing health inequalities, through the development of initiatives, extended to the various sectors of society, aimed at decreasing disparities associated with ethnic and economic matters, as well as other issues, like social exclusion, gender, age and literacy.

2 – Improving citizens’ literacy aiming at the prevention of chronic diseases, by producing appropriate teaching material and creating websites and other means of dissemination of proven efficiency.

A Manual, to be published without delay, with a view to strengthen health information and education of children, adolescents and adults, in what regards to the negative effects caused by the lack of physical activity, by cigarette smoking and poor diets, as well as by alcohol abuse.

3 - Reducing the consumption of tobacco products, through the implementation of those measures outlined in the *Framework Convention on Tobacco Control*, according to the Law No. 37/2007 of 14 August, namely the following:

- a) Improving health information and education about the adverse effects of smoking, by promoting powers of resistance to peer pressure, as well as alternatives to the emotional regulation, without resort to tobacco smoking;
- b) Including the topic of prevention and tobacco control as part of the *curricula* and as part of the ‘*education for citizenship*’, both at primary and secondary educational levels;
- c) Increasing taxes on tobacco products and promoting the control of illicit trafficking;
- d) Monitoring the compliance with the legislation banning smoking in public places of collective use, and further encouraging the creation of ‘smoke free’ environments;
- e) Promoting and supporting smoking cessation;
- f) Improving information to consumers, through the adoption of health warnings with colour photographs/illustrations printed on the unit packet or outside packaging of tobacco products, in accordance with Directive 2001/37/EC;
- g) Promoting the enforcement of tobacco sale to minors (prohibition to those under 18) and the selling in places prohibited by law, as well as the restriction of the number of vending cigarette machines;
- h) Monitoring and supervising the prohibition of direct and indirect advertising of tobacco products;
- i) Reviewing the Portuguese law according to the results of its assessment.

4 - Encouraging a balanced diet:

- a) Promoting the inclusion of low sugar, salt and fat (namely ‘trans’ fat acids) food in the alimentary chain and the reduction of food with a high content of these components, by controlling their supply and sale, namely in hospital cafeterias and school canteens;

b) Multiplying the spots of water supply, in order to facilitate its ingestion in all public and work places (indirect measure to prevent obesity);

c) Promoting the consumption of vegetable products, especially fruits and vegetables of local and seasonal origin, and reducing barriers to their access to the market;

d) Raising awareness and improving health education, in terms of the negative impact of advertising unhealthy food products, besides promoting consumption competences, resistance to peer pressure and alternatives to emotional regulation, without resort to overeating or unhealthy diets.

5 - Encouraging the practice of regular physical exercise:

a) Improving conditions for the practice of regular physical exercise, both in schools and universities, during and after school hours;

b) Promoting physical activity in public institutions;

c) Providing urban environments with the features that will encourage the practice of a safe physical activity at all ages, and that will also enable to give priority to the mobility of those citizens, who travel by bicycle or other similar means of transport.

6 – Decreasing the negative impact of the excessive consumption of alcoholic beverages, through:

a) Initiatives, not only in terms of information and supervision (and not limited to road prevention), but also in terms of reducing the sale of alcoholic beverages in the neighbourhood of schools;

b) A new boost as regards the pre- and post-graduate training, related to the early detection of signs of alcohol abuse, as well as to all other aspects connected with alcoholism;

c) Planned actions for health information and education, with respect to the negative impact of advertising alcoholic products, by promoting the development of skills in terms of consumption and of resistance to peer pressure, together with other alternatives in terms of socialization and emotional regulation.

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