

Editor's comment

A very public problem



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This final issue of *CME* for 2009 focuses on public health and concentrates on what are traditionally thought of as public health issues, such as assessment for disability grants, work-related respiratory diseases and so on.

But another aspect of public health is a population's burden of disease – and this is increasingly becoming a burden of lifestyle diseases, even in the developing world. Here, infectious diseases remain important and costly, both in human and financial terms. But what is becoming increasingly apparent is that the burden of chronic diseases of lifestyle is going to have to be dealt with alongside what are thought of as more traditional disease patterns in countries such as South Africa.

And diabetes is one of these. 14 November is, internationally, World Diabetes Day, and if ever there was a chronic disease of lifestyle that is a public health issue, it is type 2 diabetes. For the period 2009 to 2013 the theme of World Diabetes Day is education and prevention. According to a recent article in *The Lancet*, diabetes affected an estimated 171 million people around the world in 2000 and this figure is projected to rise to 366 million by 2030. One of the reasons for this is an ageing population, but obesity and urbanisation also play a large role. Unfortunately, obesity seems to be more and more prevalent with

age – almost to the point where gaining substantial amounts of weight with age is being accepted as the norm. I was watching an otherwise heart-warming filler on soccer-playing 'gogos' the other evening – a team put together somewhere in a rural area of Limpopo. Not one of the gogos was what you would call a normal weight. Every single woman in the two teams who were playing each other was overweight, some of them grossly so. And this seems to be the norm. There is research that shows that overweight is being accepted as normal simply because we are surrounded by overweight people.

At least these women were active – and the interviewees all said that since they started to play soccer regularly they felt better, had fewer arthritic pains and were finding it easier to control their blood pressure. And this is where the recent *Lancet* article concurs – lifestyle changes do at least as much as metformin to delay the onset of type 2 diabetes – by an average of up to 10 years.

Participants in the study were randomly assigned to one of three groups: intensive lifestyle changes that were designed to help participants to achieve and, almost more importantly, to maintain 7% weight loss along with 150 minutes per week or more of physical activity, 850 mg metformin twice a day and placebo. The

latter two groups were masked, but this part of the trial was stopped because it fast became apparent that lifestyle intervention reduced the incidence of diabetes by 58% and metformin by 31%.

A reduction of 58% using lifestyle intervention is remarkable. Type 2 diabetes is a particularly devastating disease – people with the condition suffer cardiac disease, peripheral vascular disease, problems with their sight, problems with sexual function – the list goes on. The full effects of the disease often take several years to manifest – and as a result people with diabetes find it easy to assume that it doesn't really matter if they are overweight and unfit, until they are in their 70s or 80s and find that their quality of life suffers greatly.

There is a major public health message here. We all need to start taking responsibility for our health. It's not OK to put on all those kilograms as we age. It's not OK to never take any exercise. This is not a puritanical viewpoint. Most of us will live to a greater age than our parents and grandparents – let's make sure that we can enjoy our old age.

As this is the last issue of *CME* for 2009 the team wishes all its readers an excellent holiday season and the very best for 2010.

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