



WIDESPREAD MISUNDERSTANDINGS ABOUT CHRONIC DISEASE – AND THE REALITY



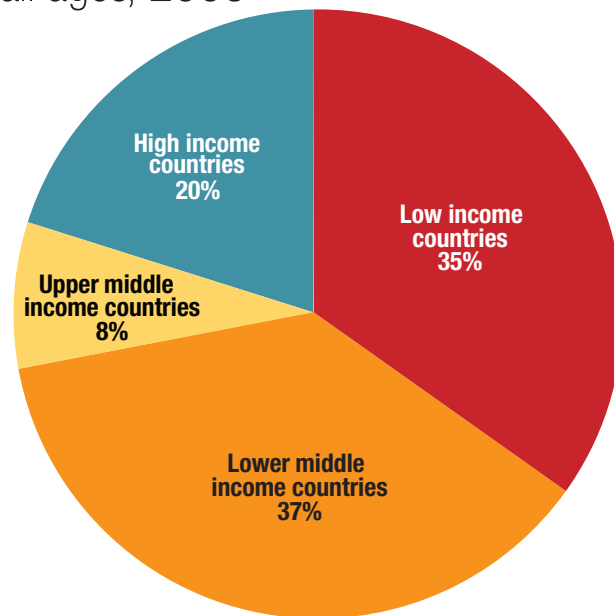
MISUNDERSTANDINGS ABOUT CHRONIC DISEASES HAVE CONTRIBUTED TO THEIR GLOBAL NEGLECT

MISUNDERSTANDING #10

Whereas the common notion is that chronic diseases affect mostly high income countries, the reality is that four out of five chronic disease deaths are in low and middle income countries.

Projected global distribution of chronic disease deaths

by World Bank income group, all ages, 2005



MISUNDERSTANDING #9

Many people believe that low and middle income countries should control infectious diseases before they tackle chronic diseases. In reality, low and middle income countries are at the centre of both old and new public health challenges. While they continue to deal with the problems of infectious diseases, they are in many cases experiencing a rapid upsurge in chronic disease risk factors and deaths, especially in urban settings.

MISUNDERSTANDING #8

Many people think that chronic diseases mainly affect rich people. The truth is that in all but the least developed countries of the world, poor people are much more likely than the wealthy to develop chronic diseases, and everywhere are more likely to die as a result. Moreover, chronic diseases cause substantial financial burden, and can push individuals and households into poverty.

MISUNDERSTANDING #7

Chronic diseases are often viewed as primarily affecting old people. We now know that almost half of chronic disease deaths occur prematurely, in people under 70 years of age.

In low and middle income countries, middle-aged adults are especially vulnerable to chronic disease. People in these countries tend to develop disease at younger ages, suffer longer – often with preventable complications – and die sooner than those in high income countries.

MISUNDERSTANDING #6

Certain chronic diseases, especially heart disease, are often viewed as affecting primarily men. The truth is that chronic diseases, including heart disease, affect women and men almost equally.

MISUNDERSTANDING #5

Many people believe that if individuals develop chronic disease as a result of unhealthy "lifestyles", they have no one to blame but themselves. The truth is that individual responsibility can have its full effect only where individuals have equitable access to a healthy life, and are supported to make healthy choices.

This is especially true for children, who cannot choose the environment in which they live, their diet and their passive exposure to tobacco smoke. They also have a limited ability to understand the long-term consequences of their behaviour.

Poor people also have limited choices about the food they eat, their living conditions, and access to education and health care.

MISUNDERSTANDING #4

Adopting a pessimistic attitude, some people believe that there is nothing that can be done, anyway. In reality, the major causes of chronic diseases are known, and if these risk factors were eliminated, at least 80% of heart disease, stroke and type 2 diabetes would be prevented; over 40% of cancer would be prevented.

MISUNDERSTANDING #3

Some people believe that the solutions for chronic disease prevention and control are too expensive to be feasible for low and middle income countries. In reality, a full range of chronic disease interventions are very cost-effective for all regions of the world, including sub-Saharan Africa. Many of these solutions are also inexpensive to implement.

HALF-TRUTHS

Another set of misunderstandings arises from kernels of truth. Because they are based on the truth, such half-truths are among the most ubiquitous and persistent misunderstandings.

HALF-TRUTH #2

“My grandfather smoked and was overweight – and he lived to 96”

In any population, there will be a certain number of people who do not demonstrate the typical patterns seen in the vast majority. For chronic diseases, there are two major types:

- » people with many chronic disease risk factors, who nonetheless live a healthy and long life;
- » people with no or few chronic disease risk factors, who nonetheless develop chronic disease and/or die from complications at a young age.

These people inevitably exist, but they are rare. The vast majority of chronic disease can be traced back to the common risk factors, and can be prevented by eliminating these risks.

“**HALF-TRUTH**
Everyone
has to die of
something”

HALF-TRUTH #1

Certainly everyone has to die of something, but death does not need to be slow, painful, or premature. Most chronic diseases do not result in sudden death. Rather, they are likely to cause people to become progressively ill and debilitated, especially if their illness is not managed correctly. Death is inevitable, but a life of protracted ill-health is not.

Chronic disease prevention and control helps people to live longer and healthier lives.