Neglected Non-Communicable Diseases-Looking beyond the BIG FOUR

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Abstract

Neglected Non-Communicable Diseases (NNCD) in the near future. (2) Poor nations are already facing the heat of double burden of communicable and non-communicable illnesses (NCDs), often known as chronic illnesses, which are characterized by a protracted course and are multifactorial in causation. (3) Cardiovascular disorders, Cancers, Chronic Respiratory Diseases, and Diabetes are considered as the most common NCDs entitled as BIG FOUR. NCDs disproportionately impact persons in poor countries, where almost three-quarters (31.4 million) of all NCD-related fatalities occur. (2,4–6) The "BIG FOUR" NCDs (cardiovascular diseases, malignancies, chronic respiratory illnesses, and diabetes) are well-recognized as the leading causes of global health loss, in terms of morbidity and mortality. However, 55 percent of the worldwide burden of NCDs is caused by other NCDs, which are often overlooked in terms of increased premature mortality, increased Disability Adjusted Life Years (DALY) and reduced Quality-Adjusted Life Year (QALY). The share of disease burden caused by "Cancer, COPD, Cardiovascular disease, and Diabetes-the BIG FOUR" is the greatest among all NCDs. However, many additional non-communicable diseases cause a comparable fraction of disease burden but receive less attention than the "BIG FOUR." (2,6)

In this letter, we have briefly described the disease burden of few, yet important neglected NCDs. Other important unaddressed NCDs include Gout, Sickle Cell Disease, Alzheimer's and other Dementias, Cirrhosis of Liver, Chronic Kidney Disease (CKD), Alcoholism, Drug Abuse and many more. (2) From 1997 to 2012, the prevalence of gout grew by 64 percent, according to British research. (2) Another NNCD namely Sickle Cell Disease (SCD) also contributed the increased burden of NNCD, a study estimated that by 2050, due to improvements in screening and treatment for SCD might save the lives of nearly 10 million children. (2) Among mental health problems, it is anticipated that the prevalence of dementia in low- and middle-income nations would exceed 70 percent in the near future. Another spectrum of NNCD is CKD, presently the risk of mortality, vascular events, and hospitalization associated with CKD is two to five times higher that of the normal population. Regarding respiratory diseases, asthma is the leading cause of death among the elderly. (2) In hepatobiliary system, cirrhosis of the liver which is commonly caused by excessive alcohol intake, accounts for half of the global burden. Globally, 7 percent of young adults perish because of excessive drinking and substance misuse at present. (2)

As a public health expert, we must rethink about these "forgotten NCDs"/NNCDs nationally and globally. We must examine the long-term clinical impact of these diseases as well as the consequences of neglecting their medical significance, and economic cost to the countries (direct and indirect). Additionally, we need to consult that how they can be prioritized at the hierarchy of the Global Burden of Disease and how it can be addressed by the...
existing health programmes designed for NCDs, nationally as well as globally. We assume that it will help us to reduce the Global Burden of Disease, avert DALY, and improve the QALY by addressing these NNCDs under a single NCD programme nationally and globally. We think that it is the high time to incorporate the NNCDs within the existing NCD guidelines and reduce the burden of overall NCDs. It will be interesting to observe that what, when, in which level, how and by whom these NNCDs are being incorporated in the future course of action under the existing NCD programmes.

**Keywords**
Non-communicable diseases; Global Burden of Disease; DALY; QALY; Neglected Non Communicable Diseases

**References**