



Overview of Chronic Diseases in the Americas



The magnitude of chronic disease morbidity and mortality is staggering. Globally, chronic non-communicable diseases (CNCDs) account for 35 million deaths annually. In fact, of all deaths in a given year, a full 60% result from chronic diseases, double the combined number of deaths from infectious diseases, maternal and perinatal conditions, and nutritional deficiencies. Following current trends, deaths from chronic diseases will increase 17% by 2015. Cardiovascular diseases, cancers, and diabetes are among the most common, causing a majority of the chronic disease deaths and disabilities.

The majority of chronic disease deaths (80%) are caused by three main modifiable risk factors:

- **Unhealthy diet**
- **Physical inactivity**
- **Tobacco use**

Leading Causes of Death in Latin America and the Caribbean

Rank	Disease	% of total deaths
1	Ischemic heart disease	10.9
2	Cerebrovascular disease	6.2
3	Perinatal conditions	5
4	Diabetes mellitus	5
5	Lower respiratory infections	4.8
6	Violence	4
7	COPD	3
8	Road traffic accidents	2.7
9	Hypertensive heart disease	2.7
10	HIV/AIDS	2.5

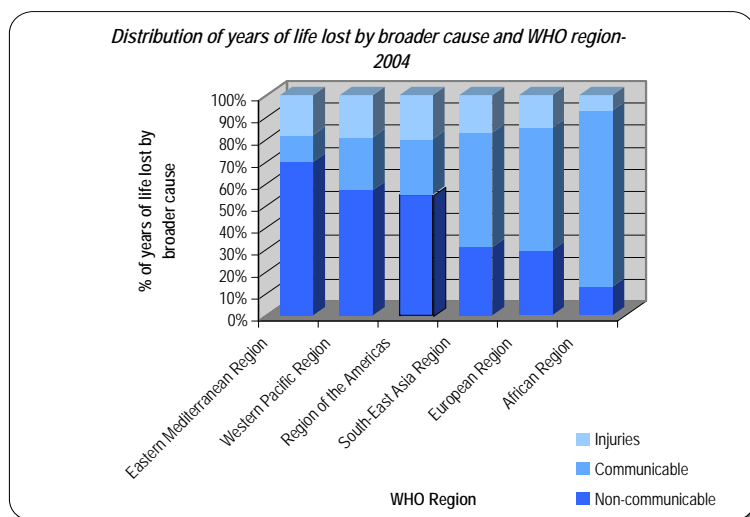
In the Region of the Americas

In the year 2000, approximately 67% of the 3.5 million deaths in Latin America and the Caribbean were caused by CNCDs, with ischemic heart disease and cancer accounting for the majority of deaths in those aged 20-50 years old. Not only do CNCDs cause 2 of every 3 deaths in the region but they also are responsible for almost half of deaths that occur before the age of 70.

The real story of chronic diseases extends far beyond the incidence however. The hidden toll of CNCDs can best be seen through their undue burden on individuals, families, and

communities. Chronic diseases account for the largest share of the total burden of disease in both men and women, accounting for over 12.5 million disability-adjusted life years (DALYs) worldwide.

Mounting data show that while many developing countries still face a large public health burden from malnutrition and communicable diseases, these same countries, emerging on the other side of nutritional and epidemiological transitions, bear a disproportionate burden of chronic diseases as well. Low- and middle-income countries are most affected by CNCDs, a fact that only makes the challenges of providing equitable, affordable healthcare and overcoming cycles of poverty that much more difficult. Health care costs associated with CNCDs are enormous and are a growing problem for individuals, corporations, and health insurance programs. The total costs associated with diabetes, for instance, were estimated at US \$65 billion in 2000 for the LAC region.



Risk Factors for CNCDS

Risk factors for the development of CNCDS include unhealthy diet (eg. low fruit and vegetable intake), physical inactivity, tobacco use, and unhealthy consumption of alcohol. Together, these risk factors cause over 80% of chronic disease deaths and contribute to escalating rates of obesity and hypertension, which increase risk of disease. The largest single risk factor accounting for the most preventable deaths worldwide is tobacco, which acts as a risk factor in 6 of the 8 leading causes of death. Obesity is continuing to be a growing, global epidemic. In Latin America, it is estimated that over 50% of women above the age of 30 are overweight and it is not uncommon in some countries of the region for that figure to top 75%.

Future Outlook

In the next 20 years, it is expected that ischemic heart disease, stroke, cancer and diabetes will be the leading causes of death globally, accounting for over 75% of total deaths. The incidence of ischemic heart disease and stroke alone is expected to triple. This signifies a widening gap between the proportion of global deaths due to chronic diseases compared to infectious. A corresponding increase in the prevalence of known risk factors is also anticipated. The proportion of overweight individuals in the LAC region, for example, is expected to reach 75% in all countries by the year 2015.

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