Tutorial: NCDs (student’s sheet)

Theme: Ischemic heart disease

***Question 1:***

**Compare communicable diseases to non-communicable diseases, in terms of age groups, natural history of disease, socioeconomic determinants and prevention measures.**

|  |  |  |
| --- | --- | --- |
|  | **Communicable** | **Non-communicable** |
| Age group at risk |  |  |
| Natural history of disease |  |  |
| Prevention |  |  |
| Socioeconomic determinants |  |  |

***Question 2:***

**A 55 year old male comes to your clinic for a regular checkup. He has high blood pressure, is a smoker, and his father died of a Myocardial infarction about 15 years ago. Considering all his issues what advice would you like to offer him, so as he would lead a healthy life ahead. Talk in terms of risk factors for ischemic heart disease in general and in this specific case (modifiable, non-modifiable, cultural, political and environmental)?**

**Question 3:**

**You are working in the Ministry of Health and would like to plan and prevention and control program to address the rising prevalence of Ischemic heart disease in KSA. With regards to the framework of NCD prevention, how would you like to proceed?**

**Question 4:**

**Discuss the strategies/programs in place for hypertension, or Non communicable diseases control that are currently available in the region. What others methods of prevention do you suggest?**

**KEY (Facilitator’s Guide):**

Theme: Ischemic heart disease

***Question 1:***

**Compare communicable diseases to non-communicable diseases, in terms of age groups, natural history of disease, socioeconomic determinants and prevention measures.**

|  |  |  |
| --- | --- | --- |
|  | **Communicable** | **Non-communicable** |
| Age group at risk | Children and reproductive age groups | All age groups (obesity can affect children, cancers, injuries) |
| Natural history of disease | Incubation period : time from exposure to infectious agent to appearance of symptoms | Latency period: time from exposure to risk factor till disease development |
| Prevention | **Primary prevention:**High risk strategy: vaccination, education about avoiding exposure. **Secondary prevention:**Early detection of disease, surveillance and appropriate treatment.Tertiary  | **Primary prevention:**High risk strategy: smoking, obesity, family historyPopulation strategy: education, lifestyle changes, promoting healthy behavior.**Secondary prevention:**Early detection and treatment, screening programs for cancers and other NCDs.**Tertiary prevention:**Rehabilitation and improving quality of life. |
| Socioeconomic determinants | All socioeconomic levels, but different diseases (malaria, gastroenteritis, HIV) | All socioeconomic levels, but different diseases (Obesity, CHD, HTN, DM, Cancers) |

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 ***Risk factors :***

*Modifiable causes:*

Tobacco, alcohol, poor diet, lack of physical activity, or being overweight, control of dyslipidemia, hypertension, diabetes

 *Non-modifiable:*

Older age , gender, family history

*Environmental, political and cultural causes:*

 *Stressors, industrialization, urbanization*

**Question 3:**

**You are working in the Ministry of Health and would like to plan and prevention and control program to address the rising prevalence of Ischemic heart disease in KSA. With regards to the framework of NCD prevention, how would you like to proceed?**

**Primary prevention measures:**

1- Population strategy:

* + Mass education of population regarding ( complications of uncontrolled hypertension, dyslipidemia, diabetis, healthy life habits, importance of exercise, tobacco cessation, alcohol cessation….etc)
	+ Using different methods for mass education (media: TV, newspapers, magazines; radio; schools; lectures and seminars in public places; publications: books, brochures)

2- High risk strategy:

* + Measures directed towards those who have family members who smoke, are obese, have dyslipidemia, hypertesion (education, healthy life style)
	+ Intervention in colleges and schools, Universities
	+ Screening programs such offering blood pressure monitoring since childhood

**Secondary prevention measures:**

* + Measures directed towards those who are hypertensive, dyslipidemic, (education, healthy life style, compliance with diet, medication, excercise). Had a previuos episode of MI, or angina
	+ Regular follow-up and advise, monitoring for development of complications
	+ Education on smoking cessation strategies

**Tertiary prevention:**

 Rehabilitation of patients who have had a MI, Stroke, open heart surgery ect

**Question 4:**

**Discuss the strategies/programs in place for hypertension, or Non communicable diseases control that are currently available in the region. What others methods of prevention do you suggest?**

**Key:** Talk about availability of cigarettes, manufacturing industries, legislations, people’s acceptance to accept it as a taboo, organizations which are working to decrease the prevalence of smokers. ect….

MOH / social services website ect….

Screening facilities in the kingdom and acceptability by the community. Training of doctors to identify, and adequately treat the patients suffering from hypertension.

Awareness campaigns in hospitals and schools/universities.

Cancer registries