# Natural History of Disease and Concepts of Prevention and Control

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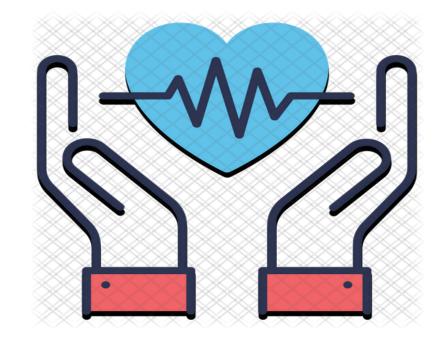
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## **Session Objectives**

- To describe theories postulated for the development of diseases
- 2. Explain the concept of iceberg phenomenon of diseases
- 3. Understand the **relationship** between host, environment and agent in disease causation
- 4. Define the term **prevention**
- Identify the level of prevention in relation to stage of disease development
- Identify the measures applied at each level of prevention regarding controlling the reservoir, interruption of transmission, and the susceptible host

## **Session Overview**

- Theories of Disease Causation.
- Natural History of Disease
- Iceberg of Disease
- Concept of Prevention
- Modes of Intervention



### Health

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

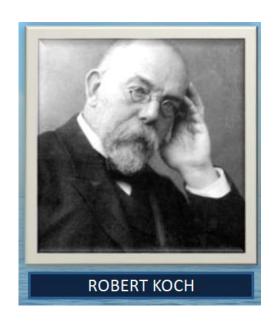
# Theories Of Disease Causation

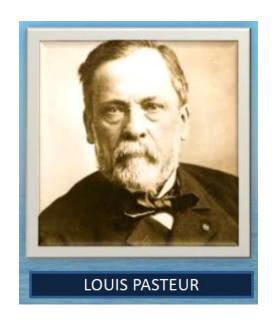


# **Germ Theory**



- In the second half of 19<sup>th</sup> century
- Proposed by Robert Koch and Louis Pasteur (discovery of bacteria).





# **Germ Theory**



Every human disease is caused by a microbe or germ, which is specific for that disease and one must be able to isolate the microbe from the diseased human being.

# **Germ Theory**



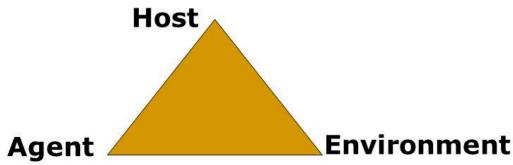
One to one relationship between causal agent and disease.

Disease agent — Man — Disease

# The Epidemiological Triad

## Epidemiologic triad

- Demographic characteristics
- Biological characteristics
- Socioeconomic characteristics



- ·Biological agents
- Physical agents
- Chemical agents
- Nutrient agents
- Mechanical agents
- Social agents

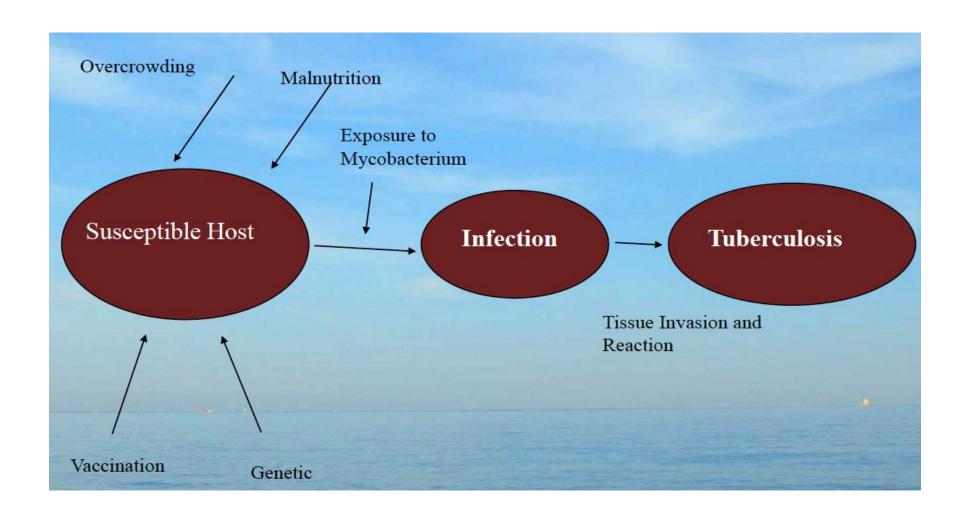
- Physical environment
- Biological environment
- Social environment

# The Epidemiological Triad

#### **Example**

Not everyone exposed to tubercle bacteria develops tuberculosis but the same exposure in an undernourished or immunocompromised person may result in clinical disease and exposure occurs more in overcrowding.

# The Epidemiological Triad



## The Theory of "Web of Causation"

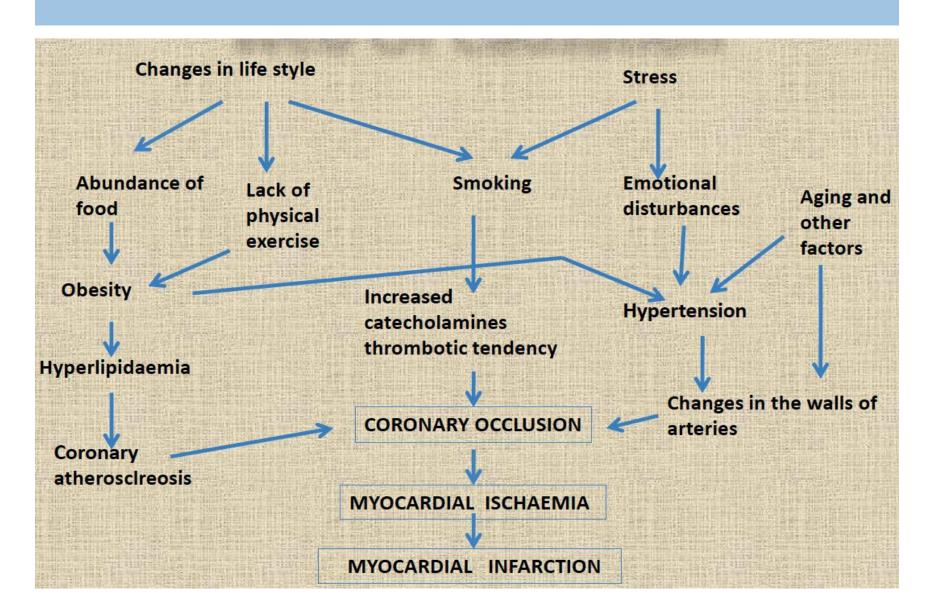
- Suggested by MacMohan and Pugh.
- The various factors are like an interacting web of a spider.
- Each factor has its own relative importance in causing the final departure from the state of health, as well as interacts with others, modifying the effect of each other.

## The Theory of "Web of Causation"

Ideally suited in the study of chronic disease, where the agent is often not known and disease is the outcome of interaction of multiple factors.

This model of disease causation considers all predisposing factors of any type and their complex interrelationship with each other.

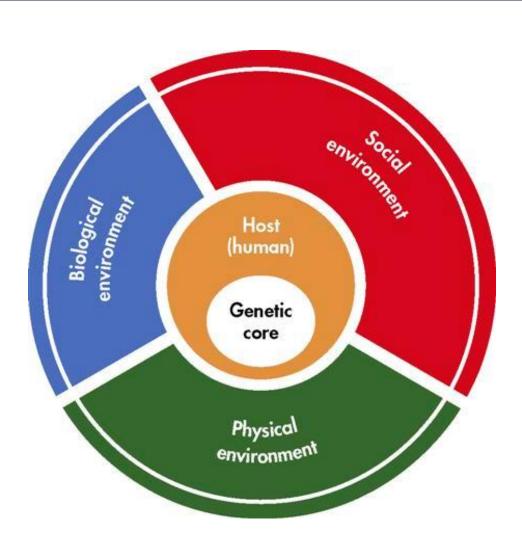
## The Theory of "Web of Causation"



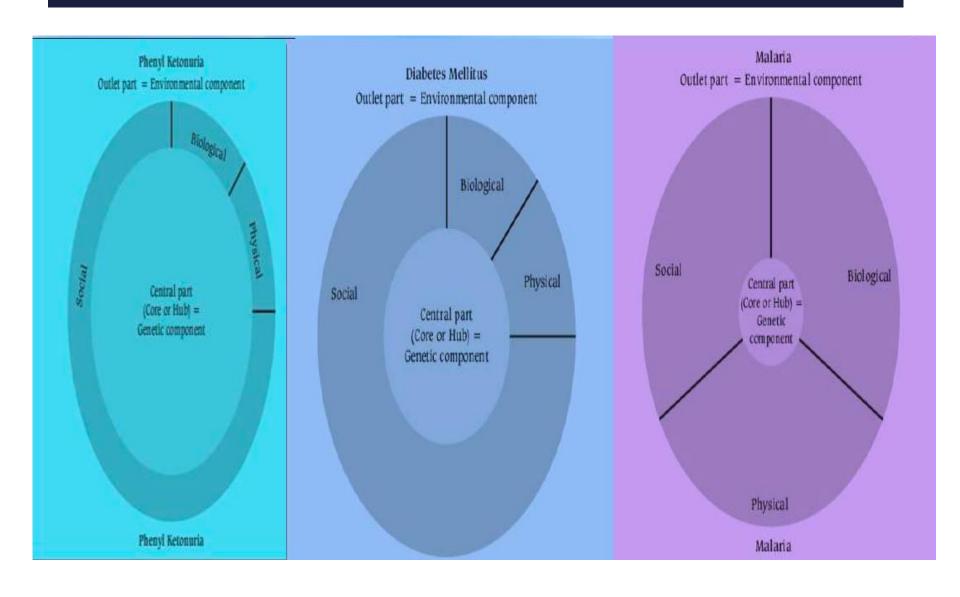
## Wheel theory

- As medical knowledge advanced, an additional aspect of interest that came into play is the comparative role of "genetic" and the "environmental" (i.e. extrinsic factors outside the host) factors in causation of disease.
- The "triad" as well as the "web" theory does not adequately cover up this differential.
- To explain such relative contribution of genetic and environmental factors, the "wheel" theory has been postulated.

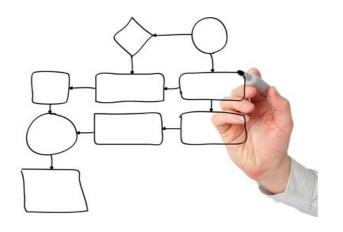
# Wheel theory



# Wheel theory



# **Natural History of Disease**



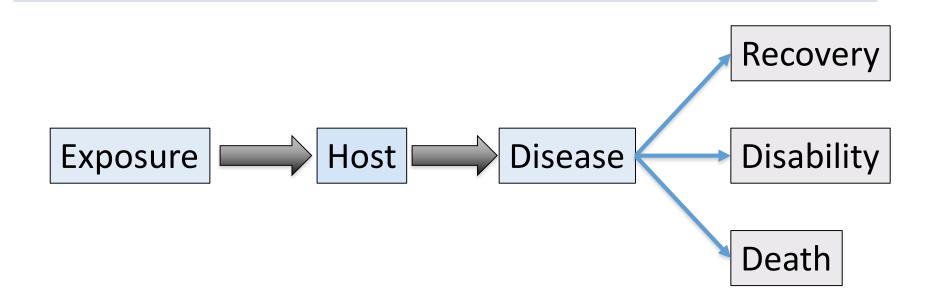
## **Definition**

Natural history of disease refers to the progress of a disease process in an individual over time, in the absence of intervention.

The process begins with exposure to or accumulation of factors capable of causing disease

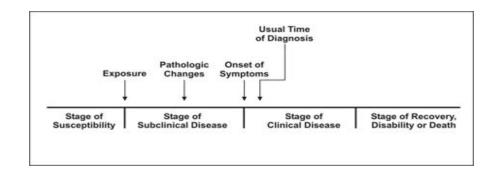
### Without medical intervention, the process ends with:

- Recovery
- Disability
- Death



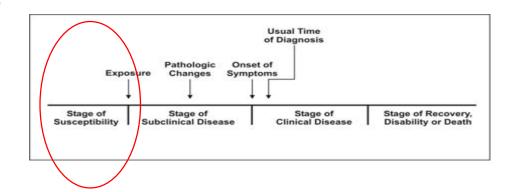
# The natural history of disease can be seen as having three stages:

- The pre-disease stage,
- The latent (asymptomatic) disease stage, and
- The symptomatic disease stage.



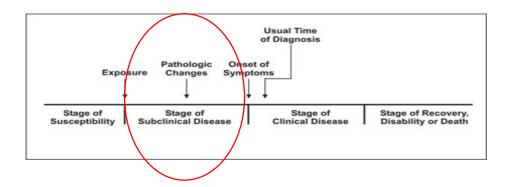
## The pre-disease stage

- Before a disease process begins in an individual
- The individual can be seen as possessing various factors that promote or resist disease.
  - Genetic makeup
  - Demographic characteristics (age)
  - Environmental exposures
  - Immunologic capability
  - Nutritional history
  - Social environment
  - Behavioral patterns



# The latent (asymptomatic) disease stage

- If the disease-producing process is underway, but no symptoms of disease have become apparent
- Screening may be feasible



# Symptomatic stage

- When the disease is advanced enough to produce clinical manifestations
- The earlier the condition is diagnosed and treated, the more likely the treatment will delay death or serious complications, or at least provide the opportunity for effective

Stage of

Susceptibility

f Diagnosis

Stage of Clinical Disease Stage of Recovery,

Disability or Death

Onset of

Symptoms

Pathologic

Changes

Stage of

Exposure

rehabilitation.

# **Natural History of Obesity** Leading to Type 2 Diabetes

Onset of diabetes

Genetic susceptibility **Environmental factors** Nutrition **Physical** inactivity

Complications

Disability

Obesity Insulin resistance

**IGT** 

Ongoing hyperglycemia

Death

Risk for Disease

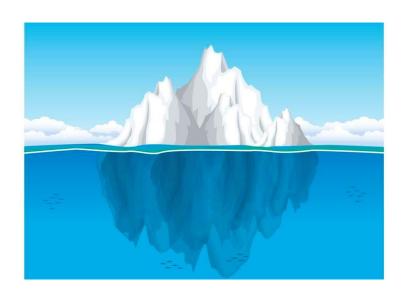
Metabolic Syndrome

**Atherosclerosis** Hyperglycemia Hypertension

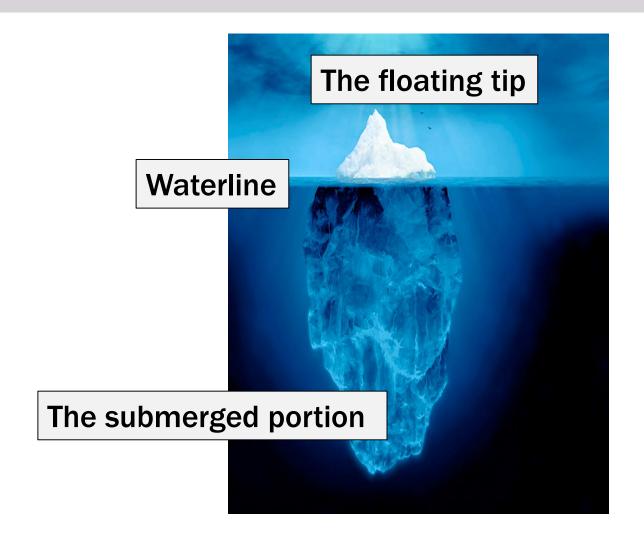
Retinopathy Nephropathy Neuropathy

Blindness Renal failure CHD Amputation

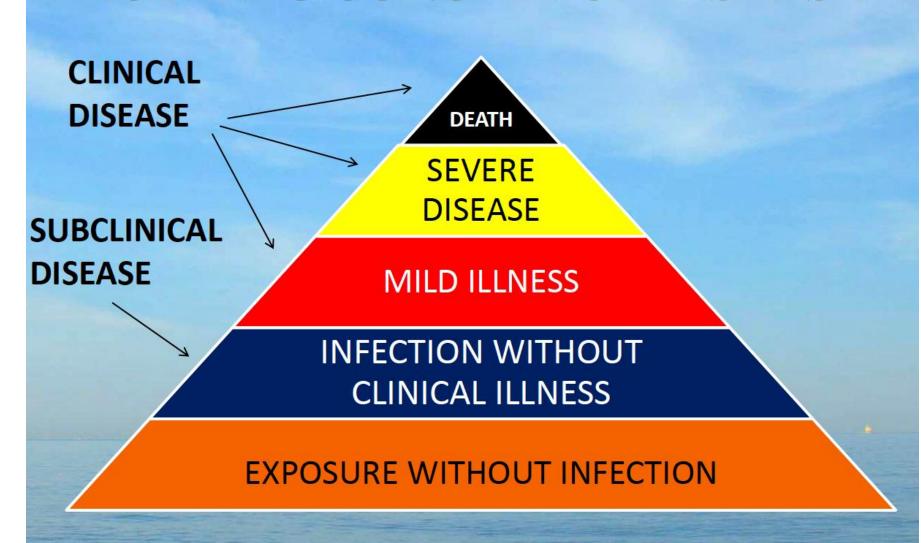
# **Iceberg Phenomenon**



# **Iceberg of disease**



## ICEBERG CONCEPT OF DISEASE



# **Concept of Prevention**



## **Disease Prevention**

Prevention is the process of intercepting or opposing the "cause" of a disease

### Successful prevention depends on:

- Knowledge of causation
- Dynamics of transmission
- Identification of risk factors and risk groups
- Availability of prophylactic
  - or early detection and
  - treatment measures
- Organization to apply these measures
- Continuous evaluation

## **Levels Of Prevention**

### There are three levels of prevention

- Primary prevention
- Secondary prevention
- Tertiary prevention

## **Primary Prevention**

- It can be defined as "action taken prior to the onset of disease, which removes the possibility that a disease will ever occur.
- keeps the disease process from becoming established by eliminating causes of disease or by increasing resistance to disease
- It signifies intervention in the pre-symptomatic phase of a disease.

## **Primary Prevention**

## Two types of strategies

- Health Promotion
- High risk strategy (Specific Protection)

## **Health Promotion**

 Health-promoting activities usually contribute to the primary prevention of a variety of diseases and enhance a positive feeling of health

- These activities consist of nonmedical efforts,
  - changes in lifestyle,
  - nutrition, and
  - the environment.

## **Health Promotion**

#### **Health Promotion in Infectious Disease**

- Reduced in frequency and seriousness of infectious Diseases
  - Clean water
  - Appropriate wastes disposal
  - Control the animal vectors of disease
  - Manage Crowding
  - Adequate housing and working environments

# **Example of Primary Prevention**

#### Primary Prevention of Cardiovascular Disease

We need to address modifiable risk factors:

- Smoking
- Unhealthy diet
- Physical activity
- Dyslipidemia
- Hypertension
- Diabetes Mellitus
- Obesity

## Secondary prevention

- Defined as "action which stop the progress of a disease at its initial stage".
- Interrupts the disease process before it becomes symptomatic
- It is applied in the latent stage of disease.

## Secondary prevention

- The specific interventions used is :
  - Early diagnosis and treatment.
- e.g., screening for disease for breast cancer (using mammography) and cervical cancer (using pap smear).

## **Tertiary prevention**

- limits the physical and social consequences of symptomatic disease
- These include all measures undertaken when the disease has become clinically manifest or advanced, with a view to
  - prevent or delay death,
  - reduce or limit the impairments and disabilities,
  - minimize suffering and
  - promote the subject's adjustment to incurable conditions.

# **Tertiary prevention**

- Tertiary prevention has two types of approaches
  - disability limitation
  - rehabilitation.

## **Tertiary prevention**

#### **Disability Limitation**

These include all measures to prevent the occurrence of further complications, impairments, disabilities and handicaps or even death.

#### **Examples**

- Complete rest, morphine, oxygen and streptokinase is given to a patient of Acute MI, to prevent death or complications like arrhythmias / CHF.
- Application of plaster cast to a patient who has suffered
  Colle's fracture, is done to prevent complications and further disability like mal-union or non-union.

# Levels of prevention

Table 14-1	Modified	Varsion of	2'llaveall'e	l avals of	Provention
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Stage of Disease and Care	Level of Prevention	Appropriate Response
Predisease Stage		
No known risk factors	Primary prevention	Health promotion (e.g., encourage healthy changes in lifestyle, nutrition, and environment)
Disease susceptibility	Primary prevention	Specific protection (e.g., recommend nutritional supplements, immunizations, and occupational and automobile safety measures)
Latent Disease		
"Hidden" stage; asymptomatic disease	Secondary prevention	Screening (for populations) or case finding (for individuals in medical care) and treatment if disease is found
Symptomatic Disease		
Initial care	Tertiary prevention	Disability limitation* (i.e., institute medical or surgical treatment to limit damage from the disease and institute primary prevention measures)
Subsequent care	Tertiary prevention	Rehabilitation (i.e., identify and teach methods to reduce physical and social disability)

