CHRONIC NONCOMMUNICABLE DISEASES: A REFLECTION FOR CARE PRACTICE

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Chronic non-communicable diseases (CNCDs) are multifactorial and tend to be long-lasting. Among them are cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and mental disorders, these are pathologies that result from the combination of genetic, physiological, environmental and behavioral factors. It is a set of diseases that compromise the quality of life of patients by allowing sequelae, in addition to causing a strong social impact and high costs to the health system.

Data from the World Health Organization (WHO) show that 70% of the world population dies as a result of CNCDs, with the largest representation of middle and low income countries. Poorer populations are more vulnerable due to greater exposure to risks (physical inactivity, smoking, harmful use of alcohol and unhealthy diets) in addition to less access to health services and health promotion and disease prevention practices.

In Brazil, CNCDs correspond to 72% of the causes of death. In addition, data from the National Health Survey - PNS (2013) show that more than 45% of the adult population - 54 million individuals - reports at least one CNCD.

The evidence of CNCDs reflects some negative effects of the globalization process, rapid urbanization, sedentary life and high-calorie food, in addition to tobacco and alcohol consumption. Such behavioral risk factors impact on the main metabolic risk factors, such as overweight/obesity, high blood pressure, increased blood glucose, lipids and cholesterol, which can result in diabetes, cardiovascular diseases, stroke and cancer , among other diseases.

In 2011, world leaders discussed the impact of CNCDs and defined actions to address them in the Assembly of the United Nations (UN). In 2013, the World Health Assembly sets out a comprehensive global monitoring framework with 25 indicators and nine global voluntary targets for 2025, in addition to approving the 2013-2020 Noncommunicable Disease Prevention and Control Plan.

Among the indicators to be monitored, there is a 25% reduction in mortality from CNCDs, a reduction in risk factors (tobacco, alcohol, salt, physical inactivity) and access to medicines, access to assistance (medical consultations, care in primary care, access to medicines, laboratory tests, clinical practice).

Coping with risk factors for the development of CNCDs becomes essential for the long-term control of the number of patients and for planning and optimizing the use of equipment and managing vacancies in the health system.

The reorganization of practices in Primary Health Care (PHC) is one of the main goals in Brazil for the control of CNCDs. In this context of health promotion and disease prevention, PHC practices meet the instrumentalization of service users to change behaviors, in addition to encouraging self-care.

The elaboration of Public Policies becomes essential for the strengthening of healthy habits and facilitator of new behaviors. As an example, we have the significant reduction of smoking in Brazil in the last 30 years, after the ban on smoking in certain places and, mainly, the placement of advertisements. The control of CNCDs shows the need for new individual and collective behaviors, but also the construction of Public Policies that contemplate the changes of modern society, strengthening the Unified Health System (SUS) offering quality care.

I conclude by reflecting on the 30 years of the Unified Health System (SUS), which portrays an important demographic and epidemiological transition in the country, oscillating from a picture of infant mortality resulting mainly from malnutrition, to a reality of obesity, sedentary lifestyle and high mortality rates by CNCD. ■