

# A Shift in Paradigm of Disease Profile in Kenya: Should we be Cautious?

**Premanand Ponoth\***

Professor Cardiothoracic surgery, India

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**\*Corresponding author:** Premanand Ponoth, Chief of Cardiothoracic & Vascular Surgery, Professor Cardiothoracic surgery, India

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**Abbreviations:** NCD: Non-Communicable Condition; CAD: Coronary Artery Disease; COPD: Chronic Obstructive Pulmonary Disease; CABG: Coronary Bypass Surgery; WHO: World Health Organization

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## Opinion

As per the World Health ranking in 2014 Kenya stands 149<sup>th</sup> in the world in census of coronary artery diseases. 2.74% of the total death. The main cause of death in communicable disease are influenza, HIV/AIDS, diarrhea, malnutrition etc. The age adjusted death rate being 53.61/100,000 population. Kenya is experiencing epidemiological transition in disease burden from infection to non-communicable condition (NCD), which are a major health concern with significant social and economic implication. The increasing coronary artery disease (CAD) may be due to adoption of unhealthy lifestyle (lack of exercise, increase in take of fast food) etc. The major risk factors are: diabetes mellitus, hypertension, smoking, excessive alcohol intake, stress etc.

Cardiovascular disease amount to most of the NCD deaths around the world (17.5 Million annually). NCD in Kenya amount to 27% of the total death, more than 50% of total hospital admission in Kenya. The major NCD being cardiovascular conditions, cancer, diabetes, chronic obstructive pulmonary disease (COPD) and their sequel. A comprehensive study was therefore needed to examine the prevalence and the magnitude of common risk factors for NCDs in Kenya which is useful to the Ministry of Health, different government sectors and county governments to establish interventions that are based on local risk factor burden. Mortality due to CAD in Kenya is between 6.1%-8% while autopsy study suggest it is more than 13%. The risk factors has increased over the last 20 years. Rheumatic Heart disease constitutes a major cause of cardiovascular diseases both in children and adults in Kenya. The annual mortality rate decreased from 19.8% since 1990. Treatment of CAD both medical and surgical in Kenya can save a lot of money for the exchequer as most of the patients travel abroad for the treatment. It is time that we become self-sufficient in treatment of these patients. At Karen Hospital for the 9 months more than 100 open heart surgeries were performed with excellent outcomes. Of all patients, 52 cases were valve replacements while 19 were coronary bypass surgery (CABG) patients. A combine team approach for these NCD can give good outcomes and save money for the government exchequer.

The World Health Organization (WHO) estimates that NCDs will cause 73% of Global deaths and 60% of the burden of disease by 2020. Sixteen million of NCD Deaths occur before the age of 70 with 82% of these “premature” deaths occurred in low- and middle-income countries. Cardiovascular diseases account for most NCD deaths, or 17.5 million people annually, followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million). These 4 groups of diseases account for 82% of all NCD deaths with tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets all increase the risk of dying from an NCD significantly. Besides the burden of deaths and disability, non-communicable diseases pose a greater social and economic burden to the economy. NCDs threaten progress

in the post-2015 development agenda as poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner with NCDs than people of higher social positions.

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