



## Non-Communicable Diseases and its Prevention in Health Care

Abe Yukio \*

*Department of Health Care, University of Tsukuba, Ibaraki, Japan*

### DESCRIPTION

Non-Communicable Diseases (NCDs) are illnesses that cannot be spread from one person to another directly. Parkinson's disease autoimmune disorders, strokes the majority of heart and cancer illnesses diabetes, chronic kidney disease, osteoarthritis, osteoporosis, cataracts and other conditions are examples of NCDs. NCDs can be acute or chronic. Although some non-communicable infectious diseases, such parasitic illnesses in which the parasite's life cycle does not directly involve host-to-host transmission, exist the majority of diseases are not contagious. Non Communicable Diseases (NCDs) kill more people than all other causes combined. The management of their many long-term problems, along with the common presence of multimorbidity will increase the complexity of care in the future. Aging, improved medical remedies, demographic transition, lifestyle changes, globalization and urbanization are all significant factors to the rising prevalence, severity and complexity of NCDs.

A mix of policy, population and individual interventions should be the most cost-effective ways for attaining the goals. Effective individual health-care interventions in primary care are seen to have a high potential for reducing the burden of NCDs. Primary health care features that are beneficial in the prevention of NCDs include "Comprehensive care" refers to treatment for a wide range of health issues that span all phases of a patient's life cycle. Comprehensive care ensures that the major common risk factors for no communicable diseases (physical inactivity, obesity, poor nutrition and tobacco use) are addressed and that any health disparities in populations and their predisposing factors such as socioeconomic status are taken into account. The treatment which includes all levels of preventive from health promotion to rehabilitation is given for the general public as well as high-risk and priority populations in all locations where community members may be located. "Coordinated care" ensures that a patient's needs are satisfied by combining health services and expertise. The term "continuous care" refers to the comprehensive delivery of care by one individual or team of healthcare professionals which is supplemented by the effective

and timely maintenance and communication of health information. No communicable illnesses are chronic ailments that need continual treatment over an extended period of time. Health-care workers must be able to deliver the complete range of health-care services from clinical prevention through rehabilitation and end-of-life care. The term "integrated care" refers to the provision of comprehensive, coordinated and ongoing services that provide a smooth care process. To enable shared information across locations, providers and time, chronic diseases in NCDs require integrated care (from the initial patient contact, onward). Integration also entails coordinating financing across various arms of health care (for example, inpatient, outpatient, and pharmacy services) as well as preventative initiatives and incorporating community resources that help utilize total health care services. The result of integrated services is greater health and well-being, reduced waste, inefficiency and a less irritating patient experience.

Integrated NCD management is required for the following reasons i.e Most patients have more than one risk factor or type of NCD (e.g., hypertension and obesity, diabetes and obesity) most NCDs place similar demands on health workers and health systems, comparable ways of organizing care and managing these conditions are similarly effective regardless of etiology and finally most NCDs have common primary and secondary risk factors that could be addressed in a single integrated effort. "Accessible care" refers to the ease with which a patient can initiate an interaction with a health care professional for any health problem and includes efforts to remove barriers such as those caused by geography, administrative hurdles, financing, culture and language. The benefits of a PHC-centered approach include its proximity to patients' homes, which reduces travel costs health care personnel's familiarity with individual patients, families and local communities the ability to care for populations which makes coverage and follow-up easier to assess and monitor and better continuity of care including that for comorbid illnesses. The fundamental principles of basic health care are seen to be ideally adapted to addressing the burden of no communicable illnesses.

**Correspondence to:** Abe Yukio, Department of Health Care, University of Tsukuba, Ibaraki, Japan, E-mail: abyukio@gmail.com

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