



Trend in Non-communicable Disease Incidence and Prevalence in Iraq 2003-2019

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Abbreviations: NCD: Non-Communicable Diseases; GBD: Global Burden Of Diseases; CVD: Cardio Vascular Diseases (Cvds); ASPR: Age-Standardized Prevalence Rate.

Introduction

In the evolving landscape of Iraqi healthcare, the emergence of non-communicable diseases (NCDs) stands as a formidable challenge [1]. While strides have been made in combating infectious diseases, the escalating prevalence of NCDs demands immediate attention. Lifestyle shifts and post-conflict adversities have propelled diseases like cardiovascular diseases, diabetes, and cancer to the forefront of our healthcare concerns [2,3]. Utilizing data from the Global Burden of Diseases (GBD) study 2019 (<http://ghdx.healthdata.org/gbd-results-tool>), this analysis observed a nuanced trajectory of NCDs in Iraq from

2003 to 2019. While the age-standardized prevalence of all cancers exhibited a modest increase, cardiovascular diseases (CVDs) showed a marginal decline. Conversely, diabetes and kidney diseases demonstrated a worrisome escalation. These trends underscore the complex interplay of demographic shifts, lifestyle modifications, and healthcare access (Table 1). Regarding the age-standardized prevalence rate (ASPR), diabetes and kidney diseases ranked as the most prevalent in 2003 (13,979.47/100,000) and in 2019 (15,934.33/100,000). The ASPR of all cancers increased slightly from 9,454.53/100,000 in 2003 to 9,681.11/100,000 in 2019. However, the ASPR of cardiovascular diseases decreased slightly from 8,827.48 /100,000 in 2003 to 8,721.14/100,000 in 2019. In terms of age-standardized incidence rates (ASIR), excluding other non-communicable diseases, skin skin and substance diseases were the highest in both years, with 42,295.76/100,000 in 2003 and 43,301.38/100,000 in 2019. Followed by neurological disorders and all cancers.

Non-communicable diseases	Age-standardized Prevalence Rate		Age-standardized incidence Rate	
	2003	2019	2003	2019
All Cancers	9454.53 (7702.59-11536.18)	9681.11 (7935.89-11692.53)	616132 (5020.3-7596.59)	6205.06 (5011.24-7627.12)
Cardiovascular diseases	8827.48 (8503.24-9141.38)	8721.14 (8357-9094.71)	1182.42 (1117.15-1254.15)	1112.32 (10473-1189.28)
Chronic respiratory diseases	5286.39 (4778.99-5898.61)	4426.29 (3873.24-5168.34)	901.13 (784.26-1038.92)	886.28 (754.18-1055.86)
Diabetes and Kidney diseases	13979.47 (13435-14535.08)	15934.33 (15232.99-16658.61)	744.91 (703.55-783.53)	925.2 (872.52-980.97)
Digestive diseases			5583.03 (5009.56-6212.24)	5746.23 (5177.49-6360.49)



Mental disorders			5100.94 (4645.05-5614.44)	5798.88 (5084.98-6563.31)
Musculoskeletal disorders	15322.63 (14217.22-16514.19)	15853.44 (14582.69-17181.93)	4199.06 (3794.73-4644.6)	4184.97 (3789.59-4624.4)
Neurological disorders			9893.22 (8804.98-10971.8)	9902.57 (8818.84-10985.86)
Other non-communicable diseases			78682.48 (70840.81-861893)	79731.05 (72142.94-86876)
Sense organ diseases	73543.87 (71007.63-76006.02)	73347.45 (70744.67-75820.72)		
Skin and subcutaneous diseases	16429.29 (15681.57-17260.24)	15895.55 (15162.62-16658.18)	42595.76 (41272.32-44093.57)	43301.38 (41948.23-44830.63)
Substance Use disorders	19194.23 (18726.08-19722.45)	19821.61 (19328.72-20311.31)	363.93 (307.04-428.46)	353.25 (295.55-421.1)

Table1: The age-standardized prevalence and incidence rate of non-communicable diseases in Iraq 2003-2019.

Possible Reasons for Increases

Several factors contribute to the surge in NCD prevalence. An aging populace, coupled with changes in lifestyle behaviors such as dietary habits and tobacco consumption, exacerbates disease burdens [1] [3]. Furthermore, disparities in healthcare access exacerbate the plight of vulnerable populations, hindering timely interventions [4]. All these factors were observed in Iraq during the previous decade, which could be attributable factors to the increased prevalence of NCDs.

The comparison of ASPRs across Middle Eastern countries underscores a troubling pattern of escalating non-communicable disease (NCD) burdens [5]. However, in Iraq specifically, the absence of disease-specific data poses a formidable challenge in drawing definitive conclusions. While this analysis provides valuable insights into prevailing trends, its utility is constrained by the lack of disease specificity. Therefore, further research initiatives must prioritize the identification of risk factors and the evaluation of preventive measures and treatment modalities.

Addressing the Challenge

The transition towards NCD dominance necessitates a paradigm shift in healthcare policies. Prioritizing primary healthcare bolstering, advocacy for healthier lifestyles and addressing environmental determinants are pivotal in curbing this burgeoning crisis.

Conclusion

As Iraq navigates the complex terrain of trend in NCD patterns, proactive measures are indispensable. By fostering a holistic approach encompassing prevention, early intervention, and equitable healthcare access, we can surmount the escalating burden of NCDs while safeguarding public health achievements of the past. The time to act is now.

References

- Hussain M, Lafta RK (2019) Burden of non-communicable diseases in Iraq after the 2003 war. *Saudi Med J* 40(1): 72-78.
- Mawaw PM, Yav T, Mukuku O, Lukanka O, Kazadi PM, et al. (2019) Increased prevalence of obesity, diabetes mellitus and hypertension with associated risk factors in a mine-based workforce, democratic Republic of Congo. *Pan Afr Med J* 34: 135.
- Hussain AMA, Lafta RK (2021) Cancer trends in Iraq 2000–2016. *Oman Med J* 36(1): 1-8.
- Riley WJ (2012) Health disparities: gaps in access, quality and affordability of medical care. *Trans Am Clin Climatol Assoc* 123: 167-174.
- Sharma R (2024) Temporal patterns of cancer burden in Asia, 1990–2019: a systematic examination for the Global Burden of Disease 2019 study. *Lancet Reg Heal* 21: 1-26.