Counseling to reduce risk factors

The CDIA is proud to welcome Dr Zelra Malan, whose research involves examining the development, implementation, and evaluation of a brief behaviour change counseling method, to be used by nurses and doctors in primary care.

Dr Malan spent 22 years working as a GP in different areas of South Africa, before deciding to pursue a more specialist course.

After some reflection, she enrolled at the University of Pretoria, and obtained her master's degree in family medicine. Her thesis focused on the counseling (and lack thereof) of overweight and obese patients in private general practice. With the completion of her master's qualification she relocated to Cape Town and became involved in the Division of Family medicine at Stellenbosch University.

Her supervisor at the time, Professor Bob Mash, was involved with a trial on diabetes and counseling, and during a meeting about this with the CDIA, she met Dr Kathy Everett-Murphy, who through the CDIA is developing a project called *Put Prevention into Practice.*

Dr Everett-Murphy has completed her PhD on smoking cessation counseling for pregnant women – and Dr Malan's research will follow on from this.

The risk factors to be addressed are smoking, lack of physical activity, nutrition and alcohol misuse; all of which lead to non-communicable diseases. The counseling method is based on the best evidence gathered from developed countries, although Dr Malan says that they will have to adapt it to suit South Africa's unique needs and context.

"The study has been approved by the PhD and ethical committees, and if this counseling is implemented successfully, post-doctoral work will focus on the patients with risk factors, and whether they actually change their behaviour after being counseled. We are currently in the first phase of the field work, with an aim to complete the study in 2014."

Malan says that the research conducted thus far was presented at the international congress of motivational interviewing in Venice to positive reaction.

PROFILES

Increasing community awareness

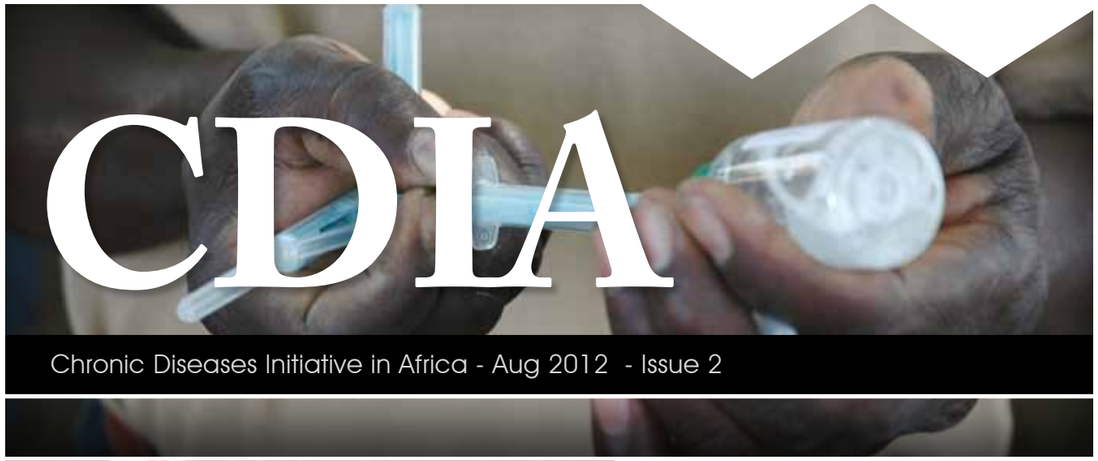
The CDIA is pleased to have on board UWC PhD student Lungiswa Tsolekile, who with her supervisor, Professor Thandi Puoane, is working on the Community Health Worker Project.

Tsolekile's first encounter with research was in 2002, after obtaining a BSc in dietetics, and took the form of a chronic poverty study that was conducted in urban and rural areas. "While involved in this study as a research assistant I enrolled for a master's in Public Health at the University of the Western Cape. My mini-thesis was titled: "Urbanisation and lifestyle changes related to non-communicable diseases: An exploration of experiences of urban residents who have relocated from the rural areas to Khayelitsha, an urban township in Cape Town". It focused on the influences of urbanisation on dietary intake and physical activity of urban residents who relocated from rural areas," she says.

Since joining the School of Public Health she has worked with Professor Puoane, who first introduced her to primary prevention of non-communicable diseases (NCD). "While working with Professor Puoane, I was involved in designing a programme to increase community awareness of risk factors and prevention of NCDs through physical activity using community health workers," she says.

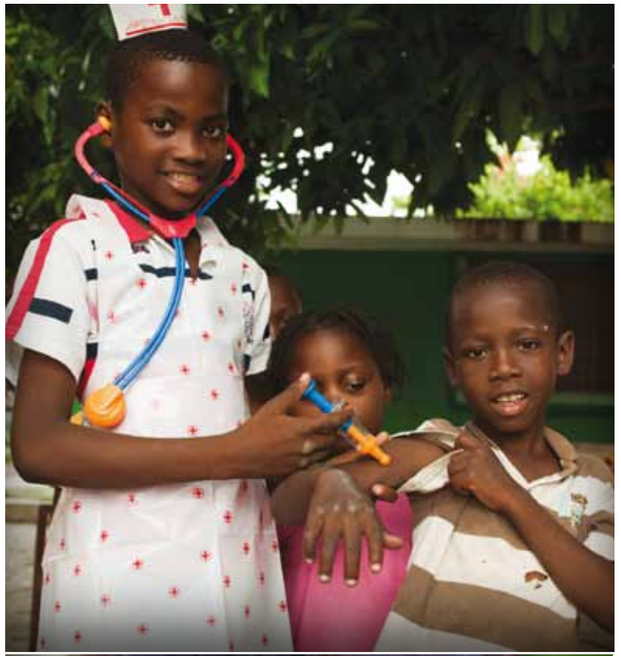
Being involved in the work around the prevention of NCDs at community level led Tsolekile to pursue a PhD focusing on developing and implementing an integrated training programme for working community health workers with chronic NCDs.

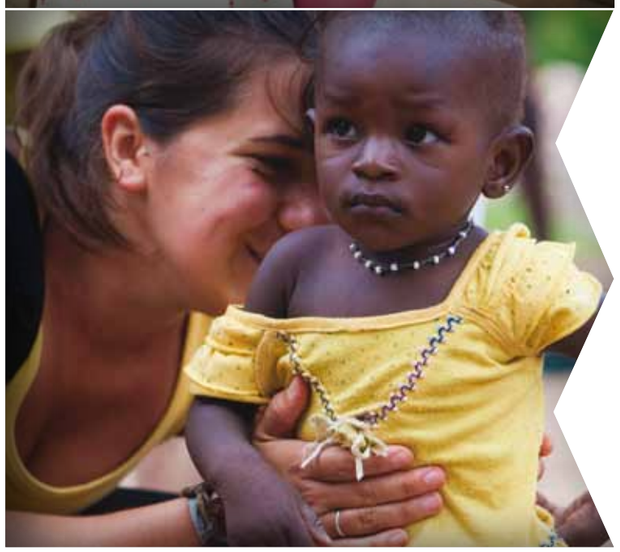
The Provincial Department of Health in the Western Cape and the university research and ethics committee have given ethical approval to the project, and phase one of data collection has begun. In this phase Tsolekile explores the current roles and activities of community health workers working in resource-poor settings, serving clients who have non-communicable diseases.



CDIA

Chronic Diseases Initiative in Africa - Aug 2012 - Issue 2





Spreading the word

In striving to improve the CDIA's lines of communication with funders, media and other stakeholders, we are proud to welcome you to this, our second newsletter for 2012.

CHRONIC DISEASES INITIATIVE IN AFRICA

Can text messages help manage high BP?

Patients with high blood pressure are invited to assist researchers in testing whether SMS messages can help with medicine control.

The *StAR Study, or SMS-text Adherence Support Study, is looking for people who have high blood pressure and who attend Vanguard Community Health Centre to participate in a clinical trial to see whether adherence support SMS-texts are helpful. The study will also test whether there is an improvement in people's blood pressure if they receive regular messages of support by SMS. The study will last for one year during which participant's blood pressure will be checked to see if there is any improvement after six months and again after 12 months.

"It's very easy to participate and it's free," says Dr Kirsty Bobrow, one of the doctors working on the study. "We will take your blood pressure and other measurements at the same time as your usual clinic appointment - we won't keep you any longer. Nothing will change in terms of the care you usually receive and you don't have to come back any more often than usual. We will use text SMSs to stay in touch with you and support you in taking your medicine for the next 12 months. We do not charge you for the SMSs we send you and you can stay in touch with us using free 'please call me' messages," says Dr Bobrow.

The SMSes will be personalised – in other words, the *StAR study will send SMSs specifically to you and especially for you. The messages could be reminders to take medication, or tips on how to live a healthy lifestyle, or even reminders when to visit the clinic for your next appointment. They might be interactive (you will be able to reply) or just one-way (to you). "It is important to remember that although everyone will get some SMS-text messages, not everyone will get the same number or type of messages. This is so that we can test which messages are more effective in giving people support," Dr Bobrow says. "It is important that people understand that we need to send different kinds of support to different groups of people, because if everyone gets the same messages, we won't be able to tell which groups get better results in their blood pressure readings."

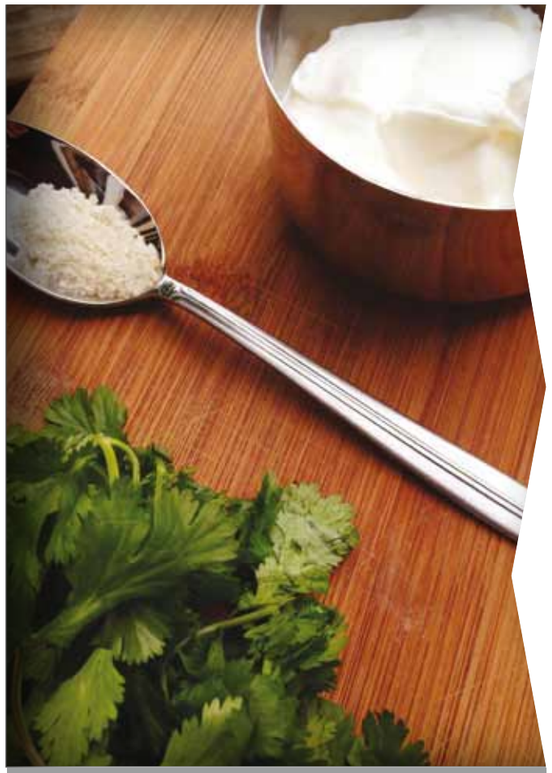
Participants will be divided into random groups, to keep the study absolutely fair, says Dr Bobrow. Everyone will receive a detailed information pack and be able to give their consent in their home language.

To qualify for the study, patients must:

- be older than 21 years
- have high blood pressure and be taking or about to start taking blood pressure control medication
- be a patient at Vanguard Community Health Centre
- have access to a cellphone and know how to use SMSs
- be the only person in their household participating in the study
- not be pregnant (or have been pregnant within the last three months) and not be breastfeeding
- live in the area served by Vanguard Community Health Centre and be planning to stay there for 18 months.

To participate or for more information, enquire at the Vanguard Centre. The recruitment drive runs from 30 June 2012 to 25 November 2012.

"Look out for our bright green T-shirts," says Dr Bobrow. The study is being managed by the University of Cape Town and Oxford University, in association with the CDIA (Chronic Diseases Initiative in Africa).



Cutting salt can save lives

New regulations aimed at reducing the amount of salt added to processed foods could prevent 7 000 deaths per year due to cardiovascular disease, research has revealed.

The study, conducted by researchers from the Wits School of Public Health and the CDIA, shows that reducing the sodium content of bread by 50%, along with other foodstuffs, could decrease salt intake by 0.85 grams a day. As it stands about 60% of the salt consumed by South Africans comes from processed foods, with bread being the single biggest contributor to dietary sodium. The government wants South Africans to meet the World Health Organisation target of just 5g of salt a day, which would mean on average, halving what is currently consumed.

Risking our health

South Africans are getting unhealthier: We're fatter, less active, and at greater risk than ever for chronic diseases. What can be done to reverse the trend? A hard-hitting strategy of government intervention plus population-wide behaviour change, say researchers, and it's urgent.

A new paper by the Chronic Diseases Initiative in Africa (CDIA) and the Burden of Disease Research Unit (BDRU), reports that South Africa is facing a quadruple burden of disease. We are improving the health and the longevity of those with HIV/Aids, but to what end if patients survive only to die of other causes? The country's incidence of chronic and non-communicable disease is increasing and the associated risk factors – generally lifestyle-related – are getting worse.

The statistics are worrying: Hypertension rates have shot up in the last 10 years and diabetes and high cholesterol levels are rising. Physical activity is on the decrease, fat consumption is increasing and there is still a high incidence of hazardous alcohol use. Limited policy action, for example increasing excise tax on alcoholic drinks, has not resulted in any improvement, and in terms of diet and exercise, the country is not even close to a solution. Today, obesity is at an all-time high, with over 70% of South African women over the age of 35 overweight or obese. In a recent study of physical activity among school learners, 60% had not had sufficient exercise in the week prior to the survey. And, as things stand, statisticians are predicting an increase in strokes and heart attacks in the years to come – owing to the inadequate prevention, diagnosis and control of raised blood pressure.

The answer lies in harder-hitting intervention programmes rather than limited legislation, believe Debbie Bradshaw and Krisela Steyn, authors of the report "Non-communicable diseases: A race against time". According to the report, the only area to date in which there has been a positive impact on the high-risk behaviours associated with chronic disease is in the decrease of tobacco use. Extensive government interventions, including the ban on advertising, higher taxes and the compulsory health warnings on cigarette packaging, have led to a significant reduction in smoking.

The conclusion one can draw from this is mixed: On one hand, the good news is that such interventions can really work. On the other, the concern is that there are currently not enough such interventions.

The high content of salt and trans fats in manufactured foods have led medical bodies – from the National Department of Health to the CDIA and other research networks – to call for restrictions on the amount of salt used in manufactured foods. Currently, South Africans are getting most of their salt intake from bread which, considering that most bread recipes call for equal amounts of salt and sugar, means they are being exposed to unacceptable levels of refined sugar as well. And those watching their waistline have more cause for concern: According to data from the Food and Agriculture Organisation, the fat supply in the country has leapt from 69% in 1992 to a whopping 82% in 2007. Increasingly, South Africans are eating lots of fat, animal protein and sugar, and passing on the unrefined carbohydrates and fibre. And, despite the Food-based Dietary Guidelines developed in 2001 and the recently-implemented food labelling regulations, current food manufacturing standards mean that even health-conscious South Africans have only limited control over what they eat.

Expanding existing government interventions is critical at this stage, believe Steyn and Bradshaw, adding that these interventions should be two-fold: balancing standards and regulations with behaviour change on an individual level. "An effective chronic disease policy has two aspects," they write, "namely, population-wide interventions and healthcare interventions. Population-wide interventions that change behaviours of the whole population can be cost-effective, but these must be combined with cost-effective primary care interventions which target high-risk individuals."

Only this will result in a successful prevention strategy, they argue – and prevention is essential, as "South Africa has some way to go to provide integrated primary healthcare. As such, early diagnosis as a preventative measure is especially key as a health care intervention. Consider non-symptomatic conditions, such as high blood pressure, high blood sugar levels and high blood cholesterol levels – if caught early, these are easily treatable. At a more developed stage, where hardening of the arteries has occured, heart attacks and strokes can possibly follow. Anyone over the age of 30 should have these levels tested at least once every five years."

"Effective management of chronic diseases, particularly focusing on managing the main risk factors – tobacco use, poor diet, lack of exercise and excessive alcohol use – is required at the primary level."

Based on the findings of their research the authors' proposals to government include:

- Strengthening tobacco control, particularly for young people and the exposure to second-hand smoke in the home;
- Supporting quitting smoking programmes;
- Promoting healthy eating patterns;
- Reducing the amount of salt and trans fats in foods;
- Restricting access to alcohol;
- Promoting physical activity in schools and workplaces;
- Reducing the exposure to bio-mass pollutants through electrification;
- Media and communication strategies for disease prevention.

Government action or not, it's time to take change.