Noncommunicable diseases

The United Nations has identified cardiovascular disease, chronic respiratory disease, diabetes, and some forms of cancer, and their concomitant risk factors (tobacco, harmful use of alcohol, unhealthy diet, insufficient physical activity, overweight/obesity, raised blood pressure; raised blood sugar; and raised cholesterol) as the noncommunicable diseases (NCDs) leading to the highest incidences of mortality around the world. However, other NCDs including, but not limited to, musculoskeletal (e.g. osteoarthritis, osteoporosis), neuromuscular (e.g. Parkinson’s disease, multiple sclerosis), and mental (e.g. dementia, schizophrenia) contribute to the high incidence of disability around the world. The effectiveness of physical therapy in preventing and managing NCDs and risk factors is well evidenced.

The World Confederation for Physical Therapy (WCPT) believes that physical therapists are equipped through their education to meet the needs of people with or at risk of NCDs. Physical therapists provide evidence based interventions that can reduce the incidence of NCDs and associated disability and mortality. They play a vital role in preventing and managing NCDs by:

- providing evidence based primary and secondary prevention programmes;
- promoting health and quality of life; and
- improving and maintaining physical activity levels and functional independence.

WCPT recognises that:

- the increasing incidence of NCDs imposes a burden on individuals, societies and health systems;
- measures to prevent NCDs are vital;
- NCDs and their risk factors have an impact across all populations in all geographic areas regardless of income level;
- prevention of NCDs and risk factors will decrease rates of mortality; and
- prevention of NCDs and risk factors will decrease the prevalence and severity of disability.

WCPT encourages and supports its member organisations to:

- advocate for exercise and physical activity as the low cost and universally available means of reducing the risk factors for NCDs;
- advocate that physical therapists are well placed to advise on appropriate and effective physical activity programmes for individuals and targeted populations, such as the elderly or those with disability (including intellectual disability);
- advocate that sufficient resources should be allocated to confronting those NCDs that can be prevented and treated by physical therapists;
- advocate for equality of opportunities and rights when it comes to the allocation of resources to physical therapy to prevent and treat NCDs;
• advocate for national policies, programmes, services and systems that enable physical therapy services to be delivered effectively to people with NCDs and/or their risk factors;

• advocate for physical therapist involvement in the development and delivery of evidence based, affordable, cost effective, population-wide physical activity programmes across health and related service systems (eg social, education, and community services);

• advocate for the involvement of physical therapists in research which contributes to understanding effective interventions, including prevention, for NCDs and their risk factors;

• promote the involvement of physical therapists in the development and implementation of national NCD plans;

• advocate for public policies and practices that empower individuals, families, and communities to make healthy choices and lead healthy lives;

• support global initiatives on NCDs and emphasise the evidence for the efficacy of physical activity in the prevention of NCDs and their risk factors;

• support interprofessional collaborative practice and person-centred integrated service delivery that are necessary for successful prevention and management of NCDs and their risk factors;

• promote the use of the best evidence in preventing and managing NCDs and their risk factors by:
  o utilising existing databases and evidence-based literature on clinical and cost effective interventions;
  o publicising funding sources for research on the efficacy of physical therapy in the prevention and management of NCDs and their risk factors;

• educate health professional communities, service users, and the public about the crucial roles of physical therapists and the benefits of their interventions in combating the NCD epidemic through:
  o publishing information in professional publications;
  o raising awareness of the important role of physical therapists in the prevention of disability and mortality associated with NCDs and their risk factors;
  o promoting and using a health promotion approach to empower people and involve them in decisions about health behaviours to reduce their NCD risk;
  o exchanging information within the physical therapy community (eg through websites and forums) on the prevention and management of NCDs and their risk factors, including a focus on reducing inactivity and sedentary behaviours.

Glossary

Disability — is the ‘umbrella term for impairments, activity limitations, and participation restrictions’. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors). Personal factors are the particular background of an individual’s life and living, and comprise features of the individual that are not part of a health condition or health states, such as: gender, race, age, fitness, lifestyle, habits, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character style, individual psychological assets and other characteristics, all or any of which may play a role in disability in any level. Environmental factors are external factors that make up the physical, social and attitudinal environment in which people live and conduct their lives.
Disability can be described at three levels: body (impairment of body function or structure), person (activity limitations) and society (participation restrictions). 4-6

**Noncommunicable disease (NCD)** — The four main types of noncommunicable diseases are cardiovascular diseases, cancer, chronic respiratory diseases and diabetes with the highest incidence of morbidity and mortality and these share four main modifiable risk factors: unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. There are other important NCDs, such as renal, endocrin, neurological (eg epilepsy, autism, Alzheimer’s and Parkinson’s diseases), haematological (eg haemoglobinopathies such as thalassemia and sickle cell anaemia), hepatic, gastroenterological, musculoskeletal, skin and oral diseases, and genetic disorders which may affect individuals either alone or as comorbidities. Consideration also needs to be given to mental health disorders, visual and hearing impairments, and long term consequences of communicable diseases, violence and other injuries. 7, 8

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**References**


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