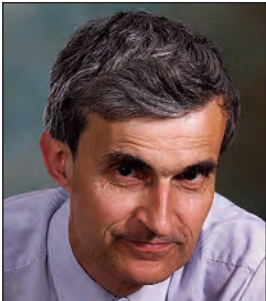


A new alliance against diabetes and chronic disease



Top: David Matthews.
Above: Stig Pramming.

The Oxford Health Alliance (OxHA) states that over half the deaths in the world today are due to four chronic diseases (diabetes, cardiovascular disease, lung diseases and some cancers), which are caused by three risk factors (smoking, poor diet and lack of physical activity). For more information, please visit: www.oxha.org

David Matthews is Professor of Diabetes Medicine at Oxford University, and Chairman of the Oxford Centre for Diabetes, Endocrinology and Metabolism. Stig Pramming is Executive Director of the Oxford Health Alliance.

A recent World Health Organization (WHO) report, *Preventing Chronic Disease: A Vital Investment*, draws attention to the 388 million deaths from chronic disease, including diabetes, that will occur worldwide over the next 10 years (WHO, 2005). Thirty-nine million of these deaths could be prevented, in particular by addressing three major risk factors of smoking, poor diet and lack of physical activity. Failure to take action now is likely to lead to a full-blown catastrophe, particularly in the developing world, where healthcare systems will be unable to cope with the increasing pressures.

The 'Alliance' approach

The WHO report recognises that it is not enough simply to treat patients once diseases manifest themselves, nor is it sufficient to educate people of the dangers of unhealthy lifestyles. The environment in which we all live must be made more conducive to chronic disease prevention. The Oxford Health Alliance (OxHA), which aims to unite public, private and social organisations with the aim of policy development, not only encourages further research into the risk factors and chronic disease, but facilitates positive action at local levels (through a Community Action to Prevent Chronic Disease programme), and advocates for action at national and international levels.

OxHA brings together people from diverse backgrounds: healthcare practitioners, world-leading academics, government representatives, non-governmental organisations, banks and, importantly, businesses. The actions taken by companies, the

media, food, insurance and pharmaceutical industries can have a profound effect on the health of employees and the public. Designers and town planners can also assist in creating an environment in which the healthy choices are the easy choices. Real change in lifestyles can come from unexpected sources – a young 'celebrity chef' may seem to be an unlikely champion, but Jamie Oliver's television series on school lunches created awareness and led to rapid, decisive government action.

The role of primary healthcare professionals

In our view, the role of primary healthcare professionals in this area is to concentrate on messages to reduce the three risk factors: the advice must be straightforward and consistent.

- Smokers need to know that, on average, they will lose 10 years of life and that one in two will be killed by their habit (Doll et al, 2004).
- Even moderate-intensity physical activity for 30 minutes, 5 days a week, is effective in preventing the progression from impaired glucose tolerance to type 2 diabetes (Knowler et al, 2002).
- Encouraging people to eat less is likely to be more beneficial than concentrating on fat or salt reduction. The message should be: 'Try to eat to the point at which you've had enough, rather than clearing your plate.'

Engaging healthcare workers in prevention is vital, as they bring experience and knowledge of the realities of local lifestyles. Broadening professional involvement from more traditional forms of *sick* care, and into preventative *health* care, requires the development of new communication skills to allow healthcare professionals to understand, assess and address the psychosocial needs of people with diabetes and other chronic conditions (see *Table 1*) – and the needs of those who have not yet become ill, but whose lives would benefit from assistance in changing potentially unhealthy lifestyles. ■

Table 1. Addressing psychosocial barriers to health

The global DAWN (Diabetes Attitudes, Wishes and Needs) study – a Novo Nordisk initiative in collaboration with the International Diabetes Federation and an international advisory board including the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) – demonstrated the importance of addressing psychosocial barriers for optimal diabetes care. Collaborative efforts involving both DAWN and OCDEM put these insights into practice. For more information, see the websites for DAWN (www.dawnstudy.com [accessed 08.12.2005]) and OCDEM (www.ocdem.ox.ac.uk [accessed 08.12.2005]).

- Doll R, Peto R, Boreham J, Sutherland I (2004) Mortality in relation to smoking: 50 years' observations on male British doctors. *British Medical Journal* **328**:1519
- Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA (2002) Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine* **346**: 393–403
- World Health Organization (WHO; 2005) *Preventing Chronic Disease: A Vital Investment*. WHO, Geneva. Available at http://www.who.int/entity/chp/chronic_disease_report/full_report.pdf (accessed 08.12.2005)