

## Sixtieth Anniversary – West Indian Medical Journal

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Heartiest congratulations to the Journal for 60 years of unbroken publication and at being at the vanguard of dissemination of clinical and research information to professionals, assisting young writers and being part of the continuing medical education of undergraduates and post-graduates. Information from the Journal has helped decision-makers to formulate policies that impact on quality health-care.

The Editorial Board and Editorial subcommittee wish the Journal well as it forges ahead to leave a legacy of excellence in academia and healthcare knowledge. The pages of the Journal over the last 60 years have, through its articles, followed that epidemiological transition from infectious diseases and diseases of poverty to chronic non-communicable diseases (CNCDs) that now impact not only the high income countries but also the middle and low-income nations. The CNCDs are the leading causes of morbidity and mortality in the Caribbean and with advocacy to Governments in the region, there was the “first-in-the-world” Summit of Heads of Governments on the CNCDs. This led to the Port-of-Spain Summit Declaration in Trinidad and Tobago which contained 27 specific commitments. The political engagement continued with strong lobbying from the Caribbean promoting the United Nations (UN) resolution 64/625 which will result in a UN High Level Meeting in September 2011 on the global problem of non-communicable diseases (NCDs). These are outlined in the editorial by Alleyne and Samuels and other papers. Alleyne and Samuels call for “sustained political leadership” to address the problem of NCDs (1).

It is thus fitting and timely that the 60<sup>th</sup> anniversary issue of the Journal should be devoted to discussion of the NCDs. The Journal adds its voice to the regional and global clamour for aggressive action on the NCDs. Therefore, in this issue of the Journal, there are congratulatory messages (1–3) to the Journal and papers outlining the Caribbean’s efforts to tackle the NCDs from the Port-of-Spain Declaration to the High Level UN Summit on NCDs (4, 5). The impact of the CNCDs on the economy and vice versa are detailed in the paper by Theodore. He proffered suggestions regarding the alignment of economic and health policies “to

support prevention and management imperatives” occasioned by the CNCDs (6). Ferguson *et al* reviewed the burden of CNCDs in the Caribbean and the Jamaican response. They offer recommendations to combat the epidemic and improve response to it (7). Cardiovascular diseases are the leading causes of morbidity and mortality globally and Owolabi gives an overview of the burden of stroke in Africa and proposes a stroke quadrangle involving research, community-based prevention programmes, acute stroke-care services and neuro-rehabilitation services that could give a coordinated, multidisciplinary response to the stroke epidemic (8). Ferguson *et al* in a second paper outlined the burden of cardiovascular disease risk factors in Jamaica and proffered recommendations to decrease such risk factors with lifestyle changes being a significant pivotal pillar (9).

Ferguson *et al*, in yet another paper, reported on the high prevalence of prehypertension in youth in Jamaica and pointed out that prehypertension is associated with greater than a threefold increase in the risk of hypertension over a four-year period. Prehypertension must be seen as an important public health issue with significant negative implications for control of cardiovascular disease, they warned (10). The emphasis must be on early recognition with appropriate interventions.

Obesity has increased significantly in adults and children worldwide and has contributed to chronic illnesses. Brathwaite *et al* and Schwiebbe *et al* report on the high obesity rates in adult Bahamians and in children of Bonaire, respectively (11, 12). This is particularly so in females. Henry argues that preventing obesity is a critical factor in controlling NCDs (13). All three authors recommend lifestyle changes, policies and environmental structural changes to reduce obesity. Henry particularly stressed trade and food policies, behaviour change and multisectoral collaboration engaging various government ministries closely collaborating with each other, the private sector and other stakeholders (13).

The fight against the NCDs must be taken to institutions of learning and the workplace, *eg* educating students and workers in companies on NCD risk factors. Morris *et al* relate the high prevalence of risk factors for NCDs among staff on a university campus and give “priority recommended evidence-based workplace wellness initiatives” for the staff (14).

Visual impairment has a deleterious effect on quality of life and Grosvenor and Harris, utilizing data from the

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Barbados Eye Studies, pointed to the epidemiology and public health importance of glaucoma in the Caribbean and suggested policies to improve detection and management (15). Of course, diabetes contributes significantly to eye disease.

Hypertension and diabetes mellitus are major contributors to NCDs but they are also the leading causes of chronic kidney disease (CKD) in the Caribbean. Soyibo *et al* opined the socio-economic impact of CKD and advocate buy-in to the Caribbean Renal Registry since information from it can be of value to policy-makers. The emphasis must be on primary and secondary prevention and slowing the progression to end-stage renal failure (16).

The largest growing segment of the population in the Caribbean is the 60 years and above age group and Eldemire-Shearer *et al* reviewed the burden of chronic diseases in the Caribbean and their relationship to ageing. They posit that the challenges require not only collaborative approaches at policy levels but political will as there are “inter-linkages between social determinants of health, poverty, ageing and chronic diseases” (17).

Violence is a major public health issue that has adverse socio-economic impact on a country. In Jamaica, it is estimated that violence utilizes 20% of the health budget. McDavid *et al* have called for a multidisciplinary approach to policy that integrates public health with behavioural sciences to give a sustainable solution to the problem of crime and criminal violence (18).

Neuropsychiatric disorders account for 25% of the global burden of chronic diseases. Abel *et al* reviewed the Jamaican experience of fully integrating mental health into primary care; the net result being removal of stigma from mental disease, improved prevention and detection of mental disorders, better treatment and health outcomes and in the long run, better utilization of limited resources (19).

Tobacco smoking is a major contributor to the CNCDS and Hagley outlined its connection to various NCDs and the global, regional and national response to prevention of smoking. He calls on non-governmental organizations to strengthen their educational voice to inform the public and enhance advocacy to the powers that be to fully implement the Framework Convention on Tobacco Control (20).

The poor and dispossessed have a right to accessible and adequate healthcare. The primary care model was seen as giving a holistic approach to improve a population's quality of life. Of course, financing healthcare is a major challenge to governments. Maharaj calls for urgency in dealing with healthcare for the indigent and, along with Paul, discusses ethical issues in healthcare financing. There must be a focus on poverty reduction strategies through availability of prevention services at primary care facilities (21, 22).

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