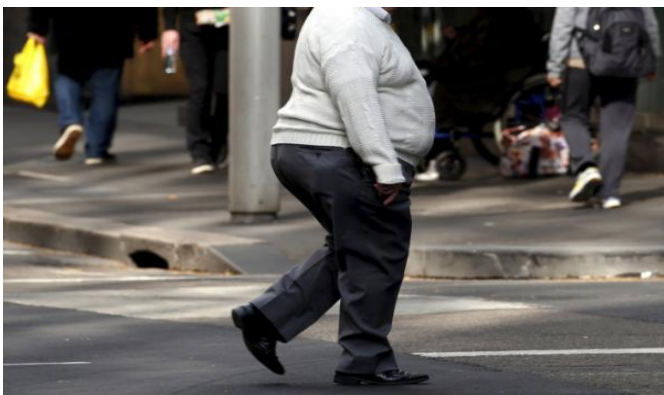


Public Health in the News

Obesity a new threat to South Africa

South Africa has an obesity epidemic on its hands - and it is women who are most at risk to develop diseases associated with carrying too much weight. Researchers at Priceless (Priority Cost Effective Lessons for System Strengthening South Africa) SA, a research unit hosted by Wits University School of Public Health, have warned that obesity-related diseases now rival HIV/Aids as the biggest killer of South Africans.



According to Professor Karen Hofman, director at Priceless, **13.8 percent of deaths in South Africa are caused by Aids complications, while 13.1 percent of deaths are now caused by “non-communicative lifestyle diseases” such as heart disease and diabetes.** “South Africa has the highest prevalence of obesity in sub-Saharan Africa,” Hofman said.

According to the 2012 SA National Health and Nutrition Examination, 39 percent of women are obese, compared to 11 percent of the male population.

KZN Health MEC Sibongiseni Dhlomo said: “Being obese is detrimental to good health.” Dhlomo said the country faced a danger as current efforts were concentrated on fighting HIV and tuberculosis, while non-communicable diseases were the new threat. “Already in this country some 66 percent of women and 33 percent of men are overweight and our health care facilities are observing an increase of relatively young people suffering from high blood pressure, coronary heart diseases, diabetes and several types of cancer,” he said...

Sources: *IOL News, 30 April 2016*

Context

The simultaneous prevalence of obesity, HIV and diabetes is becoming an increasing problem in South Africa. According to a recent study, conducted by the University of KwaZulu-Natal on more than 600 diabetic patients attending a Pietermaritzburg clinic between 2012 and 2013, HIV-positive diabetics are not achieving optimal control of their blood glucose – a condition that exposes these vulnerable patients to even greater risk of major diseases such as nephropathy (kidney damage) and tuberculosis.

In South Africa, a country grappling with the effects of HIV/Aids, diabetes, a complication of HIV, is on the rise. Antiretrovirals and the severity of HIV infection predispose patients to the development of diabetes. HIV-positive patients are twice as likely to develop type 2 diabetes compared with HIV-negative individuals. Researchers also found that HIV-negative patients were less likely to be obese than their HIV-positive counterparts while both groups were deficient in Vitamin B12 – a condition that could result in anaemia. In addition, the recent study found significant proportion of all diabetic patients (HIV-infected and uninfected) had high cholesterol. The study also showed that HIV-positive diabetic patients showed a higher prevalence of nephropathy, while their counterparts were found to have a significantly higher chronic renal disease and renal failure.

The HIV-infected cohort demonstrated a high incidence of obesity at almost 56% – prompting researchers to call for modification of lifestyle, irrespective of whether a patient is HIV-infected or not. Increased body mass index, waist circumferences and low CD4 counts were associated with increased risk of development of diabetes in HIV-positive patients.

Source: *IOL News, 28 April 2016*

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