In September of 2011, the United Nations called a High Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (NCD). This was only the second time in the history of the United Nations that a high-level meeting on a specific health priority was held, the first being in response to HIV/AIDS epidemic. The outcome of the meeting acknowledged that the global burden and threat of NCD constitutes a major challenge for development in the 21st century. The hopes of many in the NCD community were that recognition of NCD as a global problem would result in more resources to fight NCD epidemics such as cardiovascular disease and diabetes.

The World Health Organization (WHO) identified globalization, urbanization, population aging, and the general policy environment as underlying determinants of chronic NCD—heart disease, stroke, diabetes, chronic respiratory disease, and cancer. The WHO (2009) also identified the top six most important chronic disease risk factors for mortality on a worldwide basis: high blood pressure, tobacco use, high blood glucose, physical inactivity, overweight and obesity, and high cholesterol. The evidence is compelling that chronic NCD, their complications, and risk factors themselves can be prevented in both younger and older adults. We also know that risk factors and behaviors that sustain them start early in life, thus necessitating interventions across the lifespan.

In 2011, the Preventive Cardiovascular Nurses Association International Committee coordinated a supplement on “Global Cardiovascular Disease Prevention: A Call to Action for Nursing.” This issue of the Journal of Cardiovascular Nursing (July/August, 2011) outlined nurse-based models for prevention, community-based and public health prevention initiatives, and policy initiatives. This document is important to all nurses, not only because cardiovascular disease is and will remain the leading cause of death on a worldwide basis but also because these same risk factors are also responsible for diabetes, chronic respiratory disease, and cancer.

Chronic NCD do not occur in isolation. One in four Americans experiences two or more chronic conditions, and the prevalence of comorbidity is substantially higher in older adults and individuals from racial and ethnic minority groups (National Research Council, 2012). Incidence and prevalence of chronic NCD is increasing, and it is therefore imperative that nurse researchers address the epidemics of NCD and multiple chronic conditions and do so from a global perspective.

Within the past year, Nursing Research has made a significant contribution to the global aspects of NCD prevention and management, publishing more than 20 articles on cardiovascular disease, diabetes, cancer, and asthma, along with depression. Depression has been classified by the WHO as an important “chronic condition,” which by 2020 will be second only to heart disease in terms of the disability it causes. These articles span a variety of methodological approaches—instrument validation, mixed-method designs, secondary analyses, cross-sectional surveys, prospective cohort studies, and randomized clinical trials. These investigations focus across the lifespan, including children, adults, and older adults and their caregivers. Importantly, they begin to provide us with a global perspective on prevention and management, with findings from more than nine countries as well as insights on immigrants and non-English-speaking individuals within the United States.

The presence of chronic NCD represents the failure across the lifespan to adequately control common, well-established, and treatable factors, making interventions across the lifespan imperative. Nursing Research looks forward to making a valuable contribution in addressing the global burden of NCD.

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