

The Role of Primary Health Care in Identifying the Risk Factors of Non-communicable Diseases in Albania

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Introduction

Primary health care (PHC) is an effective way to identify risk factors that impact people's well-being and health and contribute to the development of non-communicable diseases (NCDs).¹

Due to the progressive evolution of non-communicable diseases, individuals at-risk are often asymptomatic, so the first manifestation of a serious health event may be a heart attack or stroke.²

As PHC is the first link in the health care system, identifying and screening risk factors, even among asymptomatic persons, is a very important aspect of non-communicable diseases prevention.

Against this background, the study on which this policy brief is based aims to address the following question: "Is primary health care an effective tool for determining the magnitude of the population exposed to NCDs risk factors?"³

The epidemiological transition in Albania is characterized by a significant increase in the burden of NCDs with the major contributors some of the risk factors such as tobacco use, heavy alcohol consumption, physical inactivity, and unhealthy diet.⁴

The identification of modifiable NCDs risk factors, at the PHC level, is the first step

towards the adoption of additional counseling and preventive measures, in the framework of primary prevention.

Basic health screening at PHC in Albania

Population health risk management, NCDs prevention, identification of NCDs risk factors, informing and educating on these factors are the responsibility of primary health care providers, integrated into the duties of the primary care physician or nurse.⁵

At the end of 2014, a national check-up program, which aims to screen the population for the most prevalent risk factors and morbidity, was launched for people 40–65 years and later extended to people 35–70 years old in 2017.⁶

As a result, there has been noticed an increase in population attendance in PHC and a positive approach to the use of preventive services, by marking a large number of visits to health centers, an average of 3 contacts per person per year in 2018, and more than 1.4 million health checks performed up to the end of 2019.⁷ The check-up program has shown effective results in early detection of NCDs and identification of associated risk factors, evidencing a higher prevalence of these factors in the population than prior to program implementation.⁸

A proposed global framework targets 90% of patients using PHC should be assessed and screened for major modifiable risk factors such as tobacco use, alcohol consumption, hypertension or diabetes (using simple tests) etc, to improve the primary care response to NCDs.⁹

Methods

A cross-sectional study was conducted among a primary care population. 500 consecutively approached individuals, who were exiting the PHC centers after attending the service, were interviewed face-to-face about their socio-demographic characteristics, the presence of NCDs, the presence of any modifiable risk factors (smoking, alcohol consumption, physical activity, fruit and vegetable consumption, and salt consumption) as well as if they had been asked, informed, or tested respectively about each risk factor by their primary health care providers during the medical visit or after the check-up. An adapted WHO STEPS questionnaire was used as a survey instrument. Descriptive statistics and chi-squared tests were used to analyze data.

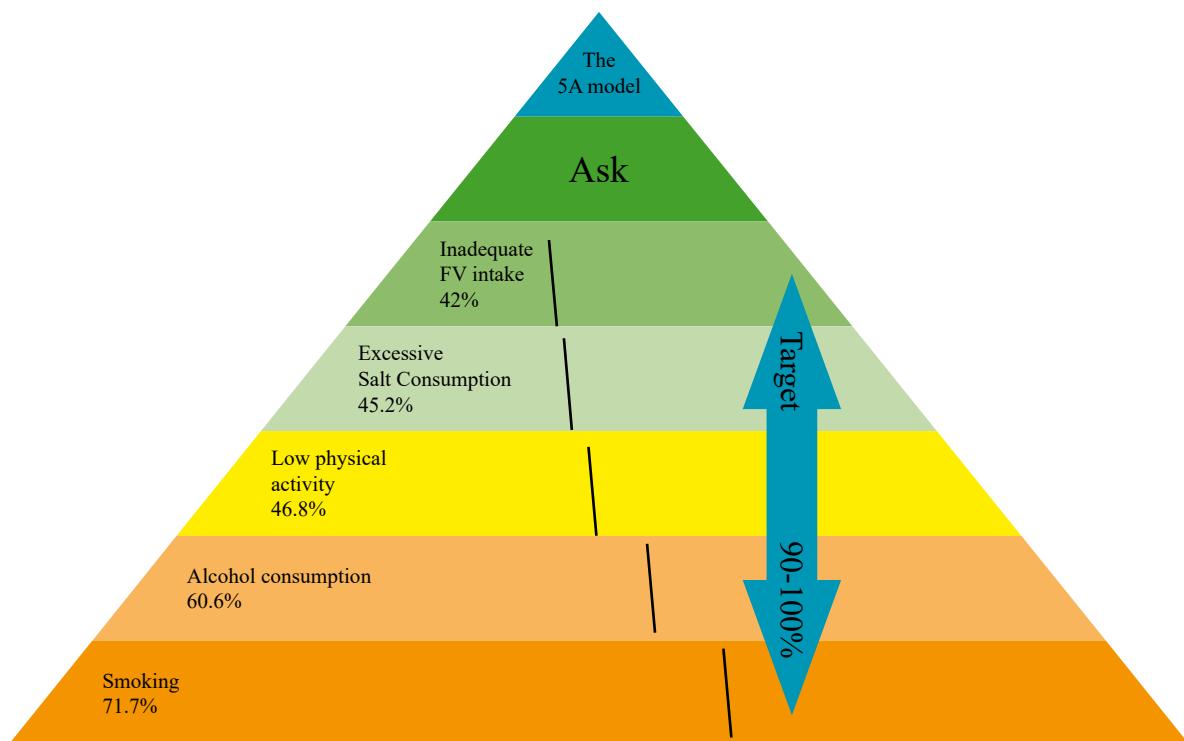
Key findings

- Primary health care faces a large population with chronic conditions and associated risk factors. In total, only 3.4% of primary health care users were completely free of any of the five established NCDs risk factors
- PHC providers had asked 71.7% of current smokers, 60.6 % of current alcohol users, 42 % of individuals who eat inadequate servings of fruits and/or vegetables per day, 45.2% of excessive salt consumers, and 46.8% of individuals who engage in low physical activity, respectively, about

each lifestyle risk factor. Based on this range of data, PHC providers are screening NCDs risk factors at moderate rates.

- PHC users with at least one chronic condition were more likely than those without a chronic condition, to be asked by PHC providers about smoking, alcohol consumption, salt consumption and any of the risk factors after the “check-up” control.
- In general, PHC users tends to be more informed than asked about NCDs risk factors by PHC staff, possibly due to the prior identification of individuals at risk.
- The basic health screening program “check-up” plays an important role in identifying NCDs risk factors. 30% of PHC users had done a “check-up” control last year.
- However, the age groups under 35 are not selected as part of “check-up” control, even though the risk factors of NCDs are present at a younger age in the Albanian population.
- The risk factors least considered by PHC providers are insufficient fruit and vegetable intake, excessive salt intake, and low physical activity.





Percentages of individuals with a present risk factor “asked” respectively about each risk factor by PHC providers.
(Towards the goal of the full coverage framework of asking PHC users about NCDs risk factors)

Summary of recommendation

The identification of NCDs risk factors is the first step leading to the next steps in the development of intervention programs to address these risk factors.

The role of primary health care in identifying NCDs risk factors, through asking individuals on some of the harmful lifestyle factors as the first “A” component of the 5As Behavioral Intervention Strategy should be increased until full coverage of screening all individuals “at-risk”.

The population groups with the highest proportion of NCDs that can be targeted for PHC screening programs are males, the elderly population, the unemployed and retirees, individuals with low education levels, individuals who are formerly married, individuals living in urban areas and individuals with poor/very poor economic status.

The Check up program can include screening for NCDs risk factors in the young population (<35 years), who may have various risk factors contributing to the onset of NCDs.

PHC providers should ask more of the population without chronic diseases to identify risk factors prior to chronic disease installation.

Through ongoing training and continuing education of primary care staff, in addition to identifying risk factors, it is possible to advance further stages of intervention, that focus on advising, evaluating and assisting individuals at risk, until the complete elimination of these risk factors.

Our conclusions could be useful to policy makers and primary health care staff to better respond to non-communicable disease prevention.

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Disclaimer

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