

Obesity and cardiovascular disease in developing countries: a growing problem and an economic threat

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Purpose of review

This review examines the rise of risk factors for cardiovascular disease, especially obesity, in developing countries and the implications for both health and economics.

Recent findings

In the majority of developing countries fertility and infant and child mortality have fallen markedly, and life expectancies have increased. Rapid urbanization, rising food prices, and globalization of economies have contributed to an increase in risk factors for chronic disease. Recent work indicates that the prevalence of these risk factors, including obesity, is rising faster than the historical experience of the West. The transition is affecting women in particular, and increases in risk factors are more marked among lower incomes in growing economies than among the wealthy. Rather than the stereotypical problem of the rich, chronic disease is now a problem for the poor.

Summary

Significant research in this area of global health has only been undertaken in the last decade. Additional field research is needed in every dimension of the transition, both to document the problem itself and to determine its economic and societal impact and cost-effective responses. Two critical factors are virtually absent from existing work and should be emphasized. First, the impact of rising risk factors for, and mortality from, cardiovascular disease in the work force may imply a growing threat to continued economic progress. Second, because risk factor reduction requires society-wide strategies, broad public-private coalitions will be needed to mobilize sectors beyond healthcare.

Keywords

cardiovascular disease, developing countries, economic development, obesity

Introduction

Behind the headlines of the tragedies in places like the Sudan and Haiti is another story of the developing world. This story never makes the front page and rarely is told at all. It is a story of economic growth, demographic advancement, and health progress. It is also a story with largely unrecognized consequences.

The developing world has bifurcated. Left behind are the few nations which in the last five decades have failed to grow economically, whose people remain yoked to poverty and die young from a range of communicable diseases. Now, these high mortality, high fertility 'least developed' countries (as designated by the United Nations Statistics Division on the basis of a combination of economic, social, and human condition indicators) account for only 4.4% of the world's population [1].

Simultaneously, a larger number of 'less developed' countries are pulling ahead. In 1950, 1.8 billion people lived in countries with a per capita daily intake of 2200 calories; today fewer than 450 million do [2]. By 2020 there will be more people in the developing world over the age of 65 years than under the age of 5 years, and the median age of much of the developing world will approach that of the West [1]. Since 1980, infant mortality has been halved, child mortality has fallen by 43%, and immunization coverage has risen from 20% to nearly 80% [1].

The pace of the demographic transition is faster than that experienced in the West. In the United States it took 70 years for the over-65 age group to increase from 5% to 12% of the total population; Latin America will have 35 years to accommodate the same growth, beginning a decade ago [1].

The consequence is that, combined with economic and cultural globalization, behaviors and living situations have also changed, and with them disease patterns. The rise of obesity and other risk factors in middle income countries is the leading edge of a wave of chronic disease, especially cardiovascular disease. That wave is breaking over economies which are still fragile, health systems that are poorly structured to respond, and nations inexperienced in the needed collaboration between public and private sectors.

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