LEVELS OF PREVENTIONS

The goals of medicine are to promote health, to preserve health, to restore h ealth when it is impaired, and to mini mize suffering and distress.

These goals are embodied in the wor d "prevention"

Prevention; Definition and Concept

- Actions aimed at eradicating, eliminating or minimizing the impact of disease and disab ility, or if none of these are feasible, retardi ng the progress of the disease and disabilit y.
- The concept of prevention is best defined i n the context of levels, traditionally called p rimary, secondary and tertiary prevention. A fourth level, called primordial prevention, was later added.

Determinants of Prevention

Successful prevention depends upon:

- a knowledge of causation,
- M dynamics of transmission,
- identification of risk factors and risk groups,
- availability of prophylactic or early detection an d treatment measures,
- an organization for applying these measures to appropriate persons or groups, and
- continuous evaluation of and development of pr ocedures applied

Preventable Causes of Disease BEINGS Sielogical factors and Behavioral Factors Environmental factors

- Immunologic factors
- **Nutritional factors**
- Genetic factors
- Services, Social factors, and Spiritual factors

Leavell's Levels of Prevention

Stage of disease	Level of prevention	Type of response
Pre-disease	Primary Prevention	Health promotion and Specific protection
Latent Disease	Secondary prevention	Pre-symptomatic Diagnosis and treatm ent
Symptomatic Disease	Tertiary prevention	 Disability limitation for early symptomatic disease Rehabilitation for late Symptomatic disease

Levels of prevention

Primordial prevention

Primary prevention

Secondary prevention

Tertiary prevention



Primordial prevention

Primordial prevention consists of actio ns and measures that inhibit the emer gence of risk factors in the form of en vironmental, economic, social, and be havioral conditions and cultural patter ns of living etc.

Primordial prevention (cont.)

It is the prevention of the emergence or de velopment of risk factors in countries or po pulation groups in which they have not yet appeared

For example, many adult health problems (e.g., obesity, hypertension) have their early origins in childhood, because this is the tim e when lifestyles are formed (for example, smoking, eating patterns, physical exercise)

Primordial prevention (cont.)

In primordial prevention, efforts are dir ected towards discouraging children fr om adopting harmful lifestyles

The main intervention in primordial pr evention is through individual and ma ss education

Primary prevention

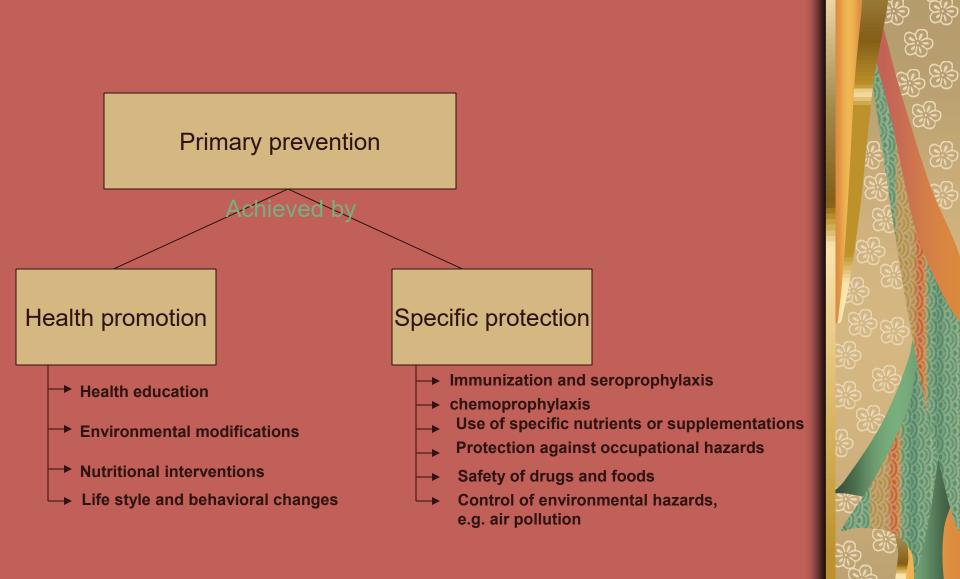
- Primary prevention can be defined as the a ction taken prior to the onset of disease, w hich removes the possibility that the diseas e will ever occur.
- It signifies intervention in the pre-pathogen esis phase of a disease or health problem.
- Primary prevention may be accomplished b y measures of "<u>Health promotion</u>" and "<u>spe</u> <u>cific protection</u>"



Primary prevention (cont.)

It includes the concept of "positive health", a concept that encourages achievement an d maintenance of "an acceptable level of h ealth that will enable every individual to lea d a socially and economically productive lif e".

Primary prevention may be accomplished b y measures designed to promote general h ealth and well-being, and quality of life of p eople or by specific protective measures.



Health promotion

Health promotion is "the process of e nabling people to increase control ove r the determinants of health and there by improve their health".

Approaches for Primary Prevention

The WHO has recommended the follo wing approaches for the primary prev ention of chronic diseases where the r isk factors are established:

a. Population (mass) strategyb. High -risk strategy

Population (mass) strategy

Population strategy" is directed at the whole popul ation irrespective of individual risk levels.

For example, studies have shown that even a sma Il reduction in the average blood pressure or seru m cholesterol of a population would produce a larg e reduction in the incidence of cardiovascular dise ase

The population approach is directed towards socio -economic, behavioral and lifestyle changes

High -risk strategy

The high -risk strategy aims to bring p reventive care to individuals at special risk.

This requires detection of individuals at high risk by the optimum use of clin ical methods.

Secondary prevention

- It is defined as "action which halts the progress of a disease at its incipient stage and prevents complications."
- The specific interventions are: <u>early diagnosis</u> (e.g. screenin g tests, and case finding programs....) and adequate <u>treatment</u>.
- Secondary prevention attempts to arrest the disease process , restore health by seeking out unrecognized disease and tre ating it before irreversible pathological changes take place, a nd reverse communicability of infectious diseases.
- It thus protects others from in the community from acquiring t he infection and thus provide at once secondary prevention f or the infected ones and primary prevention for their potential contacts.

Secondary prevention (cont.)

Secondary prevention attempts to arrest th e disease process, restore health by seekin g out unrecognized disease and treating it before irreversible pathological changes ta ke place, and reverse communicability of in fectious diseases.

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Early diagnosis and treatment

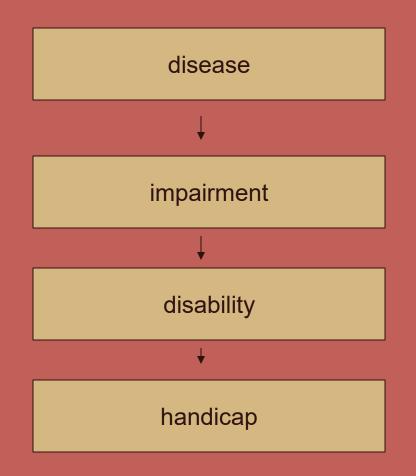
WHO Expert Committee in 1973 defined ea rly detection of health disorders as " the det ection of disturbances of homoeostatic and compensatory mechanism while biochemic al, morphological and functional changes a re still reversible."

The earlier the disease is diagnosed, and tr eated the better it is for prognosis of the ca se and in the prevention of the occurrence of other secondary cases.

Tertiary prevention

- It is used when the disease process has ad vanced beyond its early stages.
- It is defined as "all the measures available t o reduce or limit impairments and disabilitie s, and to promote the patients' adjustment t o irremediable conditions."
- Intervention that should be accomplished in the stage of tertiary prevention are <u>disabilit</u> <u>y limitation</u>, and <u>rehabilitation</u>.

Disability limitation





Impairment

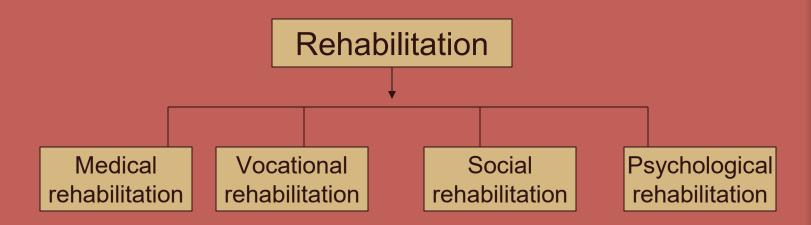
Impairment is "any loss or abnormality of psychological, physiological or anat omical structure or function."

Disability

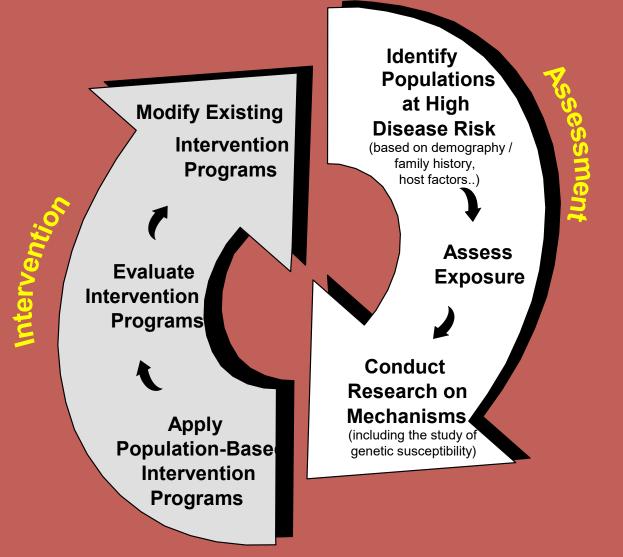
Disability is "any restriction or lack of ability to perform an activity in the ma nner or within the range considered n ormal for the human being."

Handicap

Handicap is termed as "a disadvantag e for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role in t he community that is normal (dependi ng on age, sex, and social and cultura I factors) for that individual." Rehabilitation is "the combined and c oordinated use of medical, social, edu cational, and vocational measures for training and retraining the individual to the highest possible level of functional ability."



Strategy for Prevention



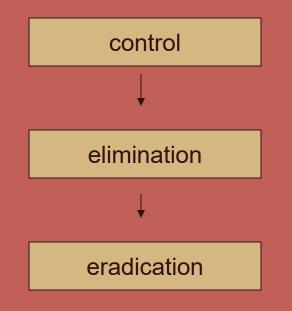
Epidemiology Division

(II) Control

Control

- Concept of control:
- The term disease control describes ongoing operations aimed at reducing:
 - **M** The incidence of disease
 - The duration of disease and consequently the ri sk of transmission
 - The effects of infection, including both the physi cal and psychosocial complications
 - The financial burden to the community.

Control activities focus on primary pre vention or secondary prevention, but most programs combine both.





Disease Elimination

- Between control and eradication, an interm ediate goal has been described, called "reg ional elimination"
- The term "elimination" is used to describe i nterruption of transmission of disease, as f or example, elimination of measles, polio a nd diphtheria from large geographic region s or areas
- Regional elimination is now seen as an imp ortant precursor of eradication

Disease Eradication

Eradication literally means to "tear out by roots".

- It is the process of "Termination of all transmission of infection by extermination of the infectious agen t through surveillance and containment".
- Eradication is an absolute process, an "all or none "phenomenon, restricted to termination of an infec tion from the whole world. It implies that disease w ill no longer occur in a population.
- To-date, only one disease has been eradicated, th at is smallpox.

Monitoring

Monitoring is "the performance and analysi s of routine measurements aimed at detecti ng changes in the environment or health st atus of population" (Thus we have monitori ng of air pollution, water quality, growth an d nutritional status, etc).

It also refers to on -going measurement of performance of a health service or a health professional, or of the extent to which patie nts comply with or adhere to advice from h ealth professionals.

Surveillance

Surveillance means to watch over with greater the subscription of the subscription

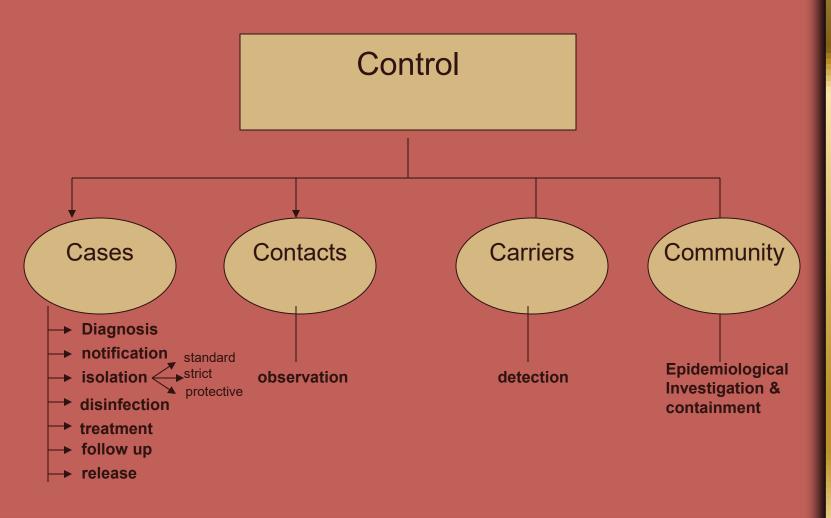
According to another, surveillance is define d as "the continuous scrutiny (inspection) o f the factors that determine the occurrence and distribution of disease and other condit ions of ill-health"

Objectives of Surveillance

The main objectives of surveillance are:

- (a) to provide information about new and changing trends in the health status of a population, e.g., morbidity, mortal ity, nutritional status or other indicators and environmenta I hazards, health practices and other factors that may affe ct health
- (b) to provide feed-back which may be expected to modif y the policy and the system itself and lead to redefinition of objectives, and
- (c) provide timely warning of public health disasters so th at interventions can be mobilized.

Control of infectious diseases (the 4 "C"s



Evaluation of control

- Evaluation is the process by which results are compared with the intended objectives, or more simply the assessment of h ow well a program is performing.
- Evaluation should always be considered during the planning and implementation stages of a program or activity.
- Evaluation may be crucial in identifying the health benefits d erived (impact on morbidity, mortality, sequelae, patient satis faction).
- Evaluation can be useful inidentifying performance difficulties
- Evaluation studies may also be carried out to generate infor mation for other purposes, e.g., to attract attention to a probl em, extension of control activities, training and patient mana gement, etc.

To summarize

- The goals of medicine are to promote health, to preserve he alth, to restore health when it is impaired, and to minimize su ffering and distress.
- These goals are embodied in the word "prevention"
- Successful prevention depends upon a knowledge of causati on, dynamics of transmission, identification of risk factors an d risk groups, availability of prophylactic or early detection an d treatment measures, an organization for applying these me asures to appropriate persons or groups, and continuous eva luation of and development of procedures applied
- The objective of preventive medicine is to intercept or oppos e the "cause" and thereby the disease process. This epidemi ological concept permits the inclusion of treatment as one of the modes of intervention

Quiz

- Match the following statements. Each option may be selected once, more than once, or not at all:
- (a) performing carotid endarterectomy in a patient with transient ischemic attack
- (b) recommending regular physical activity to a pat ient with no known medical problem
- (C) vaccinating a health care worker against hepat itis **B**
- (d) giving isoniazid for 1 yr to a 28-year-old medica Ì student with a positive PPD tuberculin skin test.
- 1. primary prevention
 2. secondary prevention
- 3. tertiary prevention
 4. health promotion



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