

Editorial

Exercise and non-communicable diseases in Africa- the challenge is here

Welcome to this first issue of *African Health Sciences* of 2013.

We dedicate it to non-communicable diseases which have hitherto received little attention in Africa, where infections dominate the health scene!

Maruf and colleagues¹ report on the effects of aerobic exercise and drug therapy on blood pressure in Nigeria. They demonstrate a tendency of aerobic dance to enhance blood pressure control.

Karani Magutah² studied cardio-respiratory fitness markers among Kenyan university students and found that the more sedentary university students become the higher their heart rate rises, while those who were involved in exercise had significantly lower heart rates: underscoring the value of exercise “even at suboptimal level.”

Keeping with the physical activity theme, Frantz and Ngambare studied physical activity and health promotion strategies among physiotherapists in Rwanda³, while Prof. Amosun and colleagues discuss perceived and experienced restrictions in participation and autonomy among stroke survivors in Ghana⁴.

We have included several papers on nutrition in this issue of *African Health Sciences*⁵. Mwaniki⁶ describes the nutrition status and associated factors among children in primary schools in Nairobi Kenya, while Yazimalar reports on seasonal disease activity and serum vitamin D levels in arthritis.⁷

Ekanem⁸ found a disturbingly high (47%) prevalence of hypertension in a semi-urban county in Nigeria echoing Ige’s finding that more than 25% of an urban University community had already developed a non-communicable disease while over 90% were on unhealthy diets⁹. Disturbing facts indeed!

Mental ill health is also neglected in a way. In a seminal paper, Igwe¹⁰ describes factors associated with depression and suicide among patients with diabetes mellitus and hypertension in Nigeria. Obbo¹¹ on the other hand describes the effect of brief training on reliability and applicability of global assessment of function scale by psychiatric clinical officers in Uganda. In two linked papers, Rukundo describes psychological distress among patients on wards in Uganda¹² In the second paper they report psychiatric morbidity among physically ill patients in a Uganda regional referral hospital¹³.

And from China we have 120 cases of Henoch Schonlein purpura¹⁴ while renal insufficiency is reported in Ghanaian HIV-infected patients¹⁵. We get a glimpse of gastritis and *Helicobacter pylori* from Cameroonian and Finnish scientists¹⁶.

Ibeuikwe et al report on meningiomas in South Africa¹⁷ while Kenyan and US authors report on oesophageal cancer awareness in Kenya¹⁸. De javu? Recently *African Health Sciences* published a paper on acute intoxications in Burkina Faso¹⁹, and now another one from India²⁰. Indian workers have studied oxidative damage, in acute organophosphate poisoning. Chinese authors report²¹ results of their study on influence of indoor formaldehyde pollution on the respiratory health, while Nigerian scientists²² write for us on allergy sensitization and asthma.

Gall stones in the Sudan²³, a chest wall tumour²⁴, giant fibroadenoma²⁵, inguinal hernia²⁶ and tardive hip disease²⁷ completes the treatise.

We conclude with two letters to the editor²⁸, on paraoxonase-1 activity and disease²⁹. We wish you fruitful reading and feedback on any of the topics and on other issues of *African Health Sciences*.

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