



SEACO POLICY BRIEF 009

# Integrated primary health care to address non-communicable diseases

South East Asia Community Observatory  
(SEACO):  
Research for a Healthy Community

# This research-based evidence brief highlights potential policy options

## Who are the readers of this Policy Brief?

Policymakers and other stakeholders who are interested in addressing the problem based on research evidence

## Why was it prepared?

To inform stakeholders about health policies and interventions by summarizing the best available research-based evidence about the problem

## What is Research-Based Evidence Brief for Policy?

Research-Based Evidence Brief for Policy generates from the studies implemented by SEACO; an ISO accredited health and demographic surveillance site which acts as a research platform for health-related research

## Full Publication

The research-based evidence describes in detail in the SEACO publication

*Reidpath, D. D., Soyiri, I., Jahan, N. K., Mohan, D., Ahmad, B., Ahmad, M. P., ... Allotey, P. (2018). Poor glycaemic control and its metabolic and demographic risk factors in a Malaysian community-based study. International Journal of Public Health, 63(2), 193–202. <https://doi.org/10.1007/s00038-017-1072-4>*

<https://link.springer.com/article/10.1007/s00038-017-1072-4>

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## **The Problem:**

Malaysia is ranked among the top ten countries in the world for the prevalence of type 2 diabetes mellitus (T2DM) and is expected to hold this rank until at least 2030. The overall prevalence of diabetes mellitus (known and undiagnosed) among Malaysian adults of 18 years and above increased from 15% in 2011 to 18% in 2015. The recent National and Health Morbidity Survey also found an age-related trend in the prevalence from 13% in the 25-29 years age group to 39% among the 70-74 years age group. In the absence of a cure, the key to the long-term management of diabetes is individual glycaemic control. Poor glycaemic control increases the risk of all-cause mortality and morbidity including complications from cardiovascular disease, kidney disease, and eye disease. In this context, it becomes important to identify the demographic and metabolic risk factors for poor glycaemic control among people with T2DM. If identified risk factors are modifiable, there is the potential to develop targeted community-based interventions. If they are unmodifiable, they provide insights into likely future health services' demands.

## **Evidence to Support Policy Options:**

The study utilised data collected in 2013 as a part of the cross-sectional community-based health survey conducted in the South East Asia Community Observatory (SEACO) - a health and demographic surveillance site located in the Segamat district of Johor state. A total of 1844 (780 males and 1064 females) known diabetics aged 35 years and above were identified from the SEACO database for this study. The study found that 43% of the respondents had poor glycaemic control, and associated with age and ethnicity. The older respondents aged 65 years and above had better controlled than younger adults (45-54 years), and Malaysian Indians had an increased risk of uncontrolled diabetes compared with Chinese ethnicity. All three metabolic risk factors (blood pressure, waist circumference and BMI) were highly associated with the poor glycaemic control. Hypertension, high-risk waist circumference and being overweight, obese I or obese II carried an increased risk of poor glycaemic control over normotension, low-risk waist circumference and being normal weight respectively.

## **Recommendations:**

It becomes essential to implement the integrated system of primary health care to address the risk factors for non-communicable diseases like diabetes. Evidence suggests developing an appropriate intervention for the management of individuals with poor glycaemic control, mainly targeting younger adults and Malaysian Indians.