

Towards Behavioural Risk Factor Surveillance System: Georgian Experience

Chronic non-communicable diseases (NCD) linked by common risk factors are a main cause of premature mortality and the overall disease burden in Georgia. 73.7% of the disease burden (more than European average), as measured by Disability Adjusted Life Years (DALYs), is accounted by seven leading risk factors: high blood pressure (23.5%); high blood cholesterol (11.9%); overweight (11.9%); tobacco (9.2%); low fruit and vegetable intake (5.8%); alcohol (5.8%) and physical inactivity (5.6%). So, the improvement of individual risk profile by affecting biological risk factors (hypertension, abnormalities in lipid and overweight) ranking first three leading for total deaths and DALYs in the country as well behavioural risk factors ranking next four is essential for reducing of NCD burden. Developing of Risk Factor Surveillance System was defined as one of main priorities for implementation of new European Strategy on NCD prevention and in accordance of this the Risk Factor Survey was conducted and finished recently. The methodology has been used is based on the experience of the CINDI Health Monitor Surveys in 2001 and 2004, assessing the process of implementation of the surveys and to study feasibility, rapid survey for evaluation of the prevalence of arterial hypertension. There are high prevalence of risk factors. For example, almost half of the population aged from 25 to 64 is overweight, 13% are obese. Although positive trends of nutritional behavior changes also have been seen (number of eating less fat increased from 14 to 26%, more vegetables from 12 to 32%, less sugar from 11 to 21%, less salt from 9 to 21%, drink less alcohol from 7 to 26%). It seems reasonable to put Risk Factor Surveillance System in the state-based health information systems.

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