

Addressing the burdens of non-communicable and occupational diseases: now is always the time

This issue of the *MJA* presents a broad mix of content. All of the articles warrant in-depth discussion, both in the pages of the Journal and in other forums. Three articles in particular highlight the ongoing need, and means by which, to address non-communicable diseases.

Schutte and colleagues (<https://doi.org/10.5694/mja2.52373>) describe a roadmap to achieve 70% blood pressure control in Australia by 2030, under the auspices of the National Hypertension Taskforce of Australia (<https://www.hypertension.org.au/the-national-hypertension-taskforce/>). Blood pressure is one of the leading causes of morbidity and premature mortality in Australia. Currently, blood pressure is effectively controlled (blood pressure < 140/90 mmHg) in only 32% of people with hypertension in Australia, an underwhelming figure compared with those of other countries with a high income economy. In response, the Taskforce has set a goal of achieving a world-best 70% blood pressure control by 2030. They propose to achieve this through a model whereby 90% of cases are diagnosed, 90% of those diagnosed receive treatment, and 90% of those treated meet blood pressure targets; actioned through three pillars focusing on prevention, screening and detection, and effective treatment. The target and timeline are ambitious, but unbridled ambition is not unwarranted when dealing with one of Australia's greatest current health challenges.

A key risk factor for hypertension is obesity; however, the health implications of obesity extend beyond the individual. There is growing awareness that maternal obesity is not only associated with higher risk of complications of pregnancy, including diabetes of pregnancy and preeclampsia, but also potentially of longer term cardiometabolic health consequences for the offspring. Within this context, the findings of Baker and colleagues (<https://doi.org/10.5694/mja2.52387>) reported in this issue become more concerning. They sought to map the changing prevalence of maternal obesity in Victoria over the decade from 2010 to 2019 and found that the proportion of births to women with obesity increased, while the proportion of births to women with a healthy weight decreased. These patterns were present in metropolitan areas, but were most pronounced in regional areas. This is consistent with the increase in population prevalence of obesity over the same time period and is concerning for the broader implications for the health of women and children. Combating the increasing rates of obesity within the Australian population, including maternal obesity, is a key goal of the National Obesity Strategy 2022–2032 (<https://www.health.gov.au/resources/publications/national-obesity-strategy-2022-2032>). As with the hypertension roadmap, success in achieving meaningful reductions to the burden of this disease will be difficult but are of the highest priority.

The prevention of hypertension and obesity are both complicated by their complex multifactorial aetiologies. While addressing diseases caused by a single causal agent should be more straightforward, the history of industrial lung diseases indicates that they too are complicated.

In a lessons from practice article, Thiruvarduchelvan and colleagues (<https://doi.org/10.5694/mja2.52371>) document a case of asbestosis in an Australian brake mechanic. In Australia, asbestosis and mesothelioma are best known within the context of workplace exposure, particularly within the mining and



construction industries. Asbestos-lined brake pads were phased out, with the final units being installed in 2003, as part of a broad prohibition of importation and sale of all asbestos-containing products.

As the authors note, asbestosis is rare in brake mechanics, owing in part to the physical nature of the asbestos used. Indeed, they believe this may be the first documented case in Australia and note that the latency between exposure and clinical presentation is consistent with a large epidemiological study from Denmark (<https://doi.org/10.1136/thoraxjnl-2020-215041>).

This serves as a reminder that continued vigilance is also required in the ongoing battle against environmental exposures, including those in the workplace, which have a nasty habit of re-emerging. Case in point being the recent evidence of silicosis in people working with engineered stone (<https://doi.org/10.5694/mja16.00257>), and the subsequent banning of such products in Australia, which came into effect in July 2024. While this is timely, it nonetheless comes almost a century after landmark industrial law reforms were enacted in the United States after 500–1000 workers died of silicosis in the worst industrial disaster in their nation's history (https://www.assp.org/docs/default-source/psj-articles/vpspencer_0223.pdf).

Currently, over 20 years after asbestos was banned in Australia, approximately 4000 people per year still die from asbestos-related diseases; the legacy of the extensive use of asbestos in the 20th century. A legacy that continues to evolve, with latent disease from rarer forms of exposure, such as that described in this issue, and in new and perhaps unforeseen ways, such as the recent widespread community concerns of asbestos-contaminated mulch in parklands and beyond.

These burdens of disease are largely beyond an individual's control. As such they warrant, and rely on, the ongoing action of government and leadership from health care authorities to seek to address their impact. The health of our population remains dependent upon it. ■

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