With a population of 32 million and a gross national income of about 22,000 US dollars per capita, Saudi Arabia is ranked as a high-income country. While it has effectively controlled infectious diseases and infant and child mortality, the so-called “diseases of civilization” have taken center stage: According to the Institute of Health Metrics and Evaluation, USA, ischemic heart disease (IHD) and road traffic injuries are the top causes of death and contributors to disability-adjusted life years lost (DALYs). The most important risk factors contributing to DALYs in 2016 were obesity, diet, high blood pressure, and high fasting plasma glucose. Saudi Arabia ranks 13th in the world by the prevalence of obesity (body mass index [BMI] ≥30 kg/m²), which has seen a steady increase over the last four decades: From 10.8% in 1975, to 26.2% in 2000, and 35.4% in 2016. Saudi citizens have a 16.4% probability of dying from non-communicable disease (IHD, cancer, diabetes, and chronic respiratory disease), between age 30 and 70 years.

The Saudi Health Interview Survey was a national survey of population age ≥15 years. The survey results, in summary, are as follows:

1. Prevalence of obesity (BMI ≥30 kg/m²) was 24.1% among men and 33.5% among women. Even in the youngest age group (15–24 years), 13.4% of men and 13.9% of women were obese.
2. Prevalence of hypertension was 17.7% among men and 12.5% among women (48.3% and 48.4% among men and women of age 55–64 years, respectively). However, 61.2% of these men and 52.9% of women were previously undiagnosed for hypertension. Moreover, 19.1% of hypertensive men and 21.7% of women were being treated, but their blood pressure remained uncontrolled.
3. Prevalence of diabetes was 14.8% among men and 11.7% among women (53.0% and 47.8% among men and women of age 55–64 years, respectively). Alarming, 40.2% of these men and 48.4% of women were previously undiagnosed for diabetes. Moreover, 22.9% of diabetic men and 23.4% of women were being treated, but their blood glucose levels remained uncontrolled.
4. Overall, 16.3% of respondents were found to have pre-diabetes (HbA1c level 5.7–6.5%); this proportion was 15.4% and 15.5% among men and women aged 25–34 years, respectively.
5. Vitamin D level insufficiency (<28 ng/mL) was found among 40.6% men and 62.6% women.
6. Although smoking prevalence among women was low (1.5%), 22.7% of men were current smokers (16.1% among men aged 15–24 years).
7. Among men, 25.1% reported average sitting time of >6 h per day (26.3% among women), while 13.9% men and 14.0% women reported watching TV for more than 6 h per day.
8. None-to-low physical activity levels were found among 46.0% of men and 75.1% of women (16.9% men and 41.6% women aged 15–24 years were classified as physically not active).
9. Only 7.6% of respondents consumed ≥5 servings of vegetables, fruits, or fresh juice per day; 61.5% men and 57.5% women consumed less than one serving of fruits or vegetables per day.

These results confirm that physical inactivity and consumption of unhealthy diet are common among adult Saudi citizens, leading to high prevalence of obesity, hypertension, and diabetes. Moreover, the size of undiagnosed hypertension and diabetes is alarmingly large, indicating failure of screening at the primary care level. Similarly, treatment failure among diabetic and hypertension patients is high, indicating poor-quality care and low patient compliance at the primary care level.

Saudi Arabia has an efficient but expensive health system: Ministry of Health operates over 2300 primary health-care centers (PHCCs), 216 general hospitals and 58 specialist...
the government should consider introducing a national health insurance plan that incorporates screening for obesity, diabetes, and hypertension, encourages early diagnosis and effective treatment of NCDs, and strengthens secondary prevention by providing incentives and rewards to patients for compliance and regular follow-up visits. Saudi Arabia needs a strong and dynamic national health promotion and disease prevention program, and it needs it now.

References


