**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 colleagues\(^1\) 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 Magutah\(^2\) 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 Rwanda\(^3\), while Prof. Amoson and colleagues discuss perceived and experienced restrictions in participation and autonomy among stroke survivors in Ghana\(^4\).

We have included several papers on nutrition in this issue of *African Health Sciences*\(^5\). Mwaniki\(^6\) 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.\(^7\)

Ekanem\(^8\) 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 diets.\(^8\) Disturbing facts indeed!

Mental ill health is also neglected in a way. In a seminal paper, Igwe\(^9\) describes factors associated with depression and suicide among patients with diabetes mellitus and hypertension in Nigeria. Obbo\(^10\) 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 Uganda.\(^11\) In the second paper they report psychiatric morbidity among physically ill patients in a Uganda regional referral hospital.\(^12\)

And from China we have 120 cases of Henoch Schonlein purpura\(^13\) while renal insufficiency is reported in Ghanaian HIV-infected patients\(^14\). We get a glimpse of gastritis and *Helicobacter pylori* from Cameroonian and Finnish scientists\(^15\).

Ibeuike et al report on meningiomas in South Africa\(^16\), while Kenyan and US authors report on oesophageal cancer awareness in Kenya.\(^17\) De jవu? Recently African *Health Sciences* published a paper on acute intoxications in Burkina Faso\(^18\), and now another one from India.\(^19\) Indian workers have studied oxidative damage, in acute organophosphate poisoning. Chinese authors report results of their study on influence of indoor formaldehyde pollution on the respiratory health, while Nigerian scientists write for us on allergy sensitization and asthma.

Gall stones in the Sudan\(^20\), a chest wall tumour\(^21\), giant fibroaenoma\(^22\), inguinal hernia\(^23\) and tardive hip disease\(^24\) completes the treatise.

We conclude with two letters to the editor\(^25\), on paraoxonase-1 activity and disease\(^26\). We wish you fruitful reading and feedback on any of the topics and on other issues of *African Health Sciences*.

**James K Tumwine**
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**References**

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