

## Editorial for January–June 2016 Issue of Nigerian Journal of Health Sciences

There has been increasing interest in the prompt diagnosis and management of non-communicable diseases in resource-limited countries. Not only do the health care services in many resource-limited countries have to deal with challenges associated with effective management of neglected tropical diseases, but these countries also have to manage the growing number of people with non-communicable diseases. For example, communicable and non-communicable respiratory diseases continue to be a significant health problem in Nigeria as shown in the work by Adeniyi *et al.* in which more than 5.0% of the patients seen at the emergency unit of a hospital presented with respiratory diseases. Of these, the most common condition managed was pulmonary tuberculosis.

Ageing also comes with a number of health challenges including increased risk for non-communicable diseases. Ojo *et al.* identified osteoarthritis as one of such health challenges with ageing while Mbada *et al.* identified low back pain as another. Both osteoarthritis and low back pain cause physical limitations and reduce the quality of life of affected persons. The high prevalence of osteoarthritis identified by Ojo *et al.* in the population of traders at Odo-Ogbe re-emphasises the need to pay particular attention to this major cause of debilitating pain in adults. In an effort to reduce the prevalence of low back pain, Mbada *et al.* identified and recommended appropriate sitting positions. Interestingly, lower back pain could also result from irritable bowel syndrome. Goyal *et al.* discussed alternative therapies for managing this syndrome. Ogbemudia and Odiase's case study also highlighted the need to screen for cardiovascular events in young adults diagnosed with limb-girdle muscular dystrophies.

Olusegun *et al.* once again highlighted the risks associated with tobacco smoking and the dangers it poses as an indoor air pollutant. The results of the study showed that the participants who were exposed to indoor tobacco smoke had a 12-fold likelihood of having phlegm and an 8-fold likelihood of

having shortness of breath. Tobacco smoking continues to be hazardous for non-smokers who inhale the smoke. While laws and policies have effectively helped regulate smoking of tobacco in the public places, various stakeholders still need to find ways of reducing the risk to the individuals at an increased risk of health hazards associated with indoor exposure to tobacco smoke. This work identified that addiction to tobacco smoking starts in adolescence. Measures to prevent and promote cessation of smoking need to be started in adolescence.

Furthermore, sexual and reproductive health of adolescent is a growing concern. Agofure and Iyama identified the need for intensive education about contraception for adolescents as young as 10–14 years, some of whom are already sexually active. Importantly, access to contraceptives needs to be facilitated to reduce the risk of unwanted pregnancy and sexually transmitted infections. Ameye *et al.* also highlighted the potential risk of hearing loss associated with the use of earphones by adolescents and young adults as a high proportion of earphones users were exposed to very high levels of noise for long durations.

The Nigerian Journal of Health Sciences continues to make slow but appreciable progress. The publication of the current issue of the journal will bring the journal up-to-date. The next step, we hope, is to get all our articles on PubMed as well as increase the number of editions per year.

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