

The changing pattern of disease in Malaysia

by *V. Thuraisingam*

ANY DOCTOR who has been in medical practice for even 5 to 10 years in this country would have noticed the steady change in the disease pattern of their practice, whether they work in rural or urban areas or in clinics or wards. This change is not only in the types of diseases but also in the manifestations of familiar disorders. Younger members of the profession may not realise the extent of this changing pattern and others may even fail to recognize many a familiar disease in a new guise.

The decreasing incidence of infectious disease due to better public health control and the improving socio-economic environment is now leaving us with its legacy of degenerative and malignant diseases. These are visibly increasing in number and our practice will soon have to take on a geriatric bias with its own attendant medical, social and psychological problems. New disease syndromes are continually being described as increased specialization is aided by the modern medical application of scientific techniques and innovations. Infants who would previously perish soon after birth due to congenital disorders are now being given a new lease of life. What disease

patterns may yet unfold in these survivors?

Another factor which is already an important problem but which could pose a bigger menace is iatrogenic disease. Never in the history of medicine has the doctor been assailed as he is today even in Malaysia by the advertising power of the pharmaceutical industry. The temptation to change to new and potent drugs not only affects patients but doctors and this is already a significant problem, that now the chances of a person developing iatrogenic disease is fast approaching the declining incidence of infectious diseases.

The universal cry for industrialization, increased mechanization, use of pesticides and chemical fertilizers is already very much in our midst and we will be seeing many new diseases of industrial or occupational origin. Furthermore, the changing pattern of life in this country with a shift from rural to urban, improving education, influence of the mass media and many such factors is already evident in the increase of psychiatric and psychoneurotic disorders. The well-recognized geographical and racial incidence of disease may no longer be reliable with rapid free travel

and inter-racial marriages. Thus naso-pharyngeal carcinoma may affect the Indians and yellow fever may have to be considered in differential diagnoses.

The apparent change in pattern of disease, may, in many cases, be due entirely to a change in the manifestations of the disease from modifying factors in the host. The senile arteriosclerotic patient with an apparent stroke may have had a myocardial infarct which caused hypotension and transient cerebrovascular insufficiency. Immunization procedures may not entirely prevent some infectious disease but merely modify or attenuate the manifestations. Partial treatment may mask the signs and symptoms, the

emergence of resistant strains of organisms may also modify the clinical features and palliative surgery can change the classical clinical picture. These are but some of the many factors which contribute to the changing scene in disease pattern.

Change there will be and change there must be as long as man continues to dominate and control his environment. Medicine being the most human of all sciences is inevitably and inextricably involved in any change. In a developing country like Malaysia, the doctor cannot be content merely to know how to prevent, diagnose and treat his patient, but he should be alive and aware of the constant changes taking place in and around his patients.