

# Global patterns and trends in physiological risk factors for non-communicable diseases

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**IMPERIAL**

# NCD Risk Factor Collaboration (NCD-RisC)

- Worldwide network of ~1,500 collaborators
- Pool and analyse comprehensive, population-based measurement data on cardio-metabolic risk factors
- Collaboration with the World Health Organization
- Country results and visualisations at [www.ncdrisc.org](http://www.ncdrisc.org)

# NCD-RisC selected scientific outputs

Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies with 128.9 million children, adolescents, and adults

NCD Risk Factor Collaboration (NCD-RisC)\*

LETTER OPEN  
<https://doi.org/10.1038/s41586-019-1171-x>

**Rising rural body-mass index is the main driver of the global obesity epidemic in adults**

NCD Risk Factor Collaboration (NCD-RisC)\*

Trends in adult body-mass index in 200 countries from 1975 to 2014: a pooled analysis of 1698 population-based measurement studies with 19.2 million participants

NCD Risk Factor Collaboration (NCD-RisC)\*

eLIFE A century of trends in adult human height  
eLife Sciences.org NCD Risk Factor Collaboration (NCD-RisC)\*

Height and body-mass index trajectories of school-aged children and adolescents from 1985 to 2019 in 200 countries and territories: a pooled analysis of 2181 population-based studies with 65 million participants

NCD Risk Factor Collaboration (NCD-RisC)\*

Article

**Repositioning of the global epicentre of non-optimal cholesterol**

<https://doi.org/10.1038/s41586-020-2338-1> NCD Risk Factor Collaboration (NCD-RisC)\*

Worldwide trends in blood pressure from 1975 to 2015: a pooled analysis of 1479 population-based measurement studies with 19.1 million participants

NCD Risk Factor Collaboration (NCD-RisC)\*

Long-term and recent trends in hypertension awareness, treatment, and control in 12 high-income countries: an analysis of 123 nationally representative surveys

NCD Risk Factor Collaboration (NCD-RisC)\*

Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4.4 million participants

NCD Risk Factor Collaboration (NCD-RisC)\*

Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants

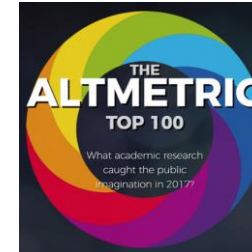
NCD Risk Factor Collaboration (NCD-RisC)\*

Article

**Diminishing benefits of urban living for children and adolescents' growth and development**

Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults

NCD Risk Factor Collaboration (NCD-RisC)\*



ARTICLE #14 OF 100

Trends in adult body-mass index in 200 countries from 1975 to 2014...

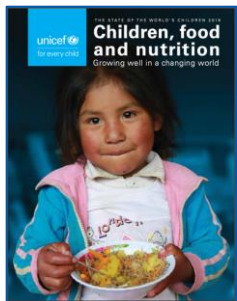
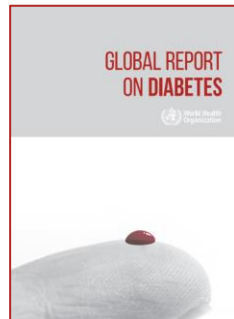
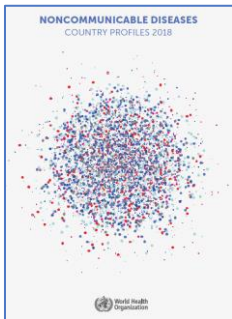
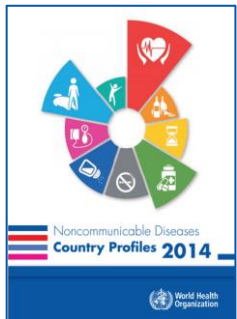
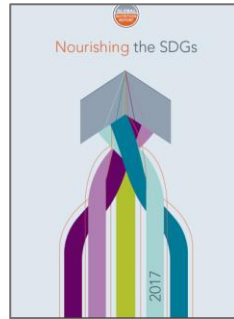
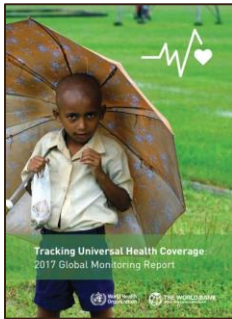
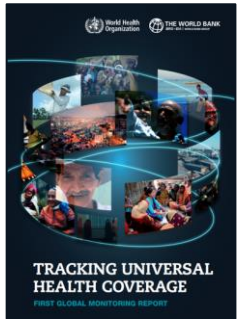
ARTICLE IN THE LANCET

This article looks at trends in adult body mass, including the factors that are contributing to an increasing rise in obesity.

#7 of 100

Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults

# NCD-RisC policy and engagement outputs and outreach



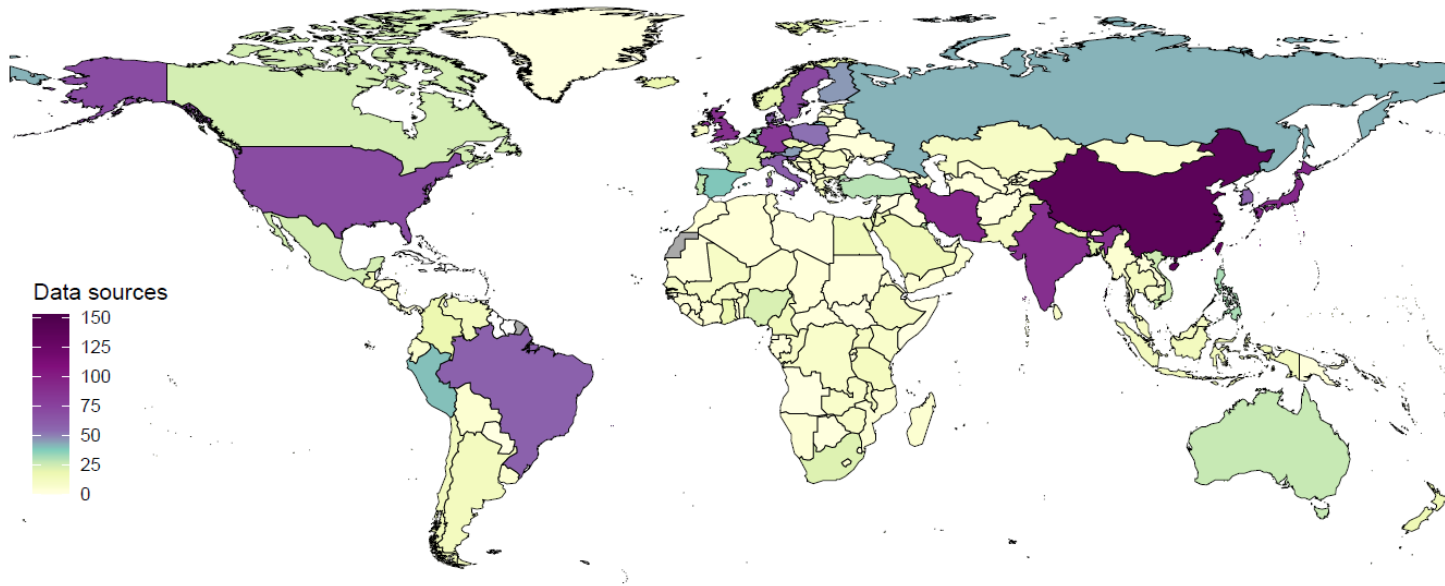
Since launch of [www.ncdrisc.org](http://www.ncdrisc.org) in April 2016

Total users	464,799
Total sessions	581,676
Total page views	1,758,956
Users (per day)	191
Sessions (per day)	239
Page views (per day)	723

63 countries have $\geq 1000$ sessions
204 countries have $\geq 10$ sessions
234 countries have at least 1 session

# Collating worldwide data on cardiometabolic risk factors

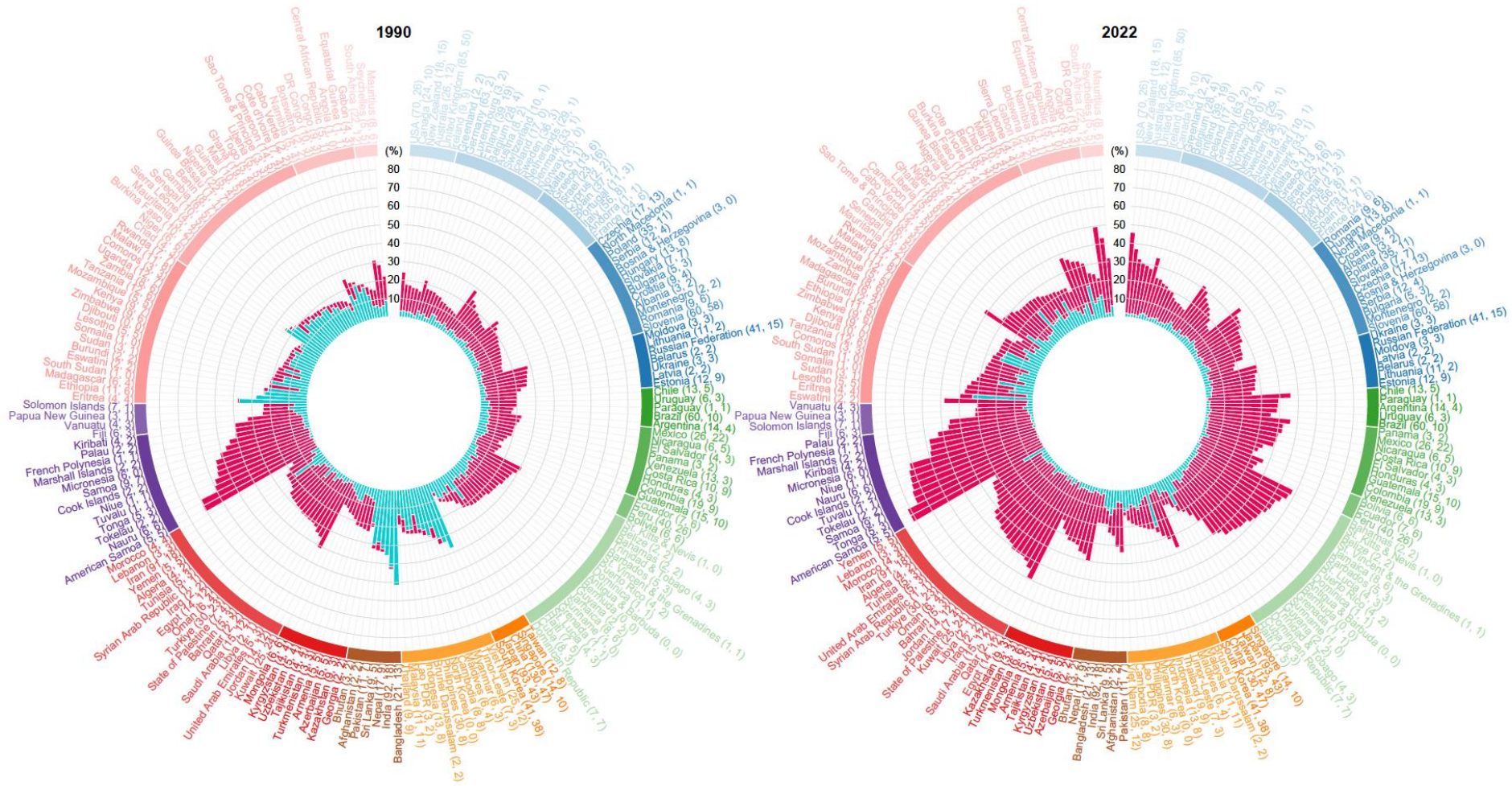
- ~4,000 studies with measured **height and weight** on ~220 million people
- ~2,200 studies with measured **blood pressure** on ~120 million people
- ~1,300 studies with measured biomarker of **diabetes/blood lipids** on ~110 million people



## Data on height and weight:

- 197 countries had at least 1 study
- 187 countries had at least 2 studies
- 142 countries had at least 5 studies
- Half are nationally representative studies

# Underweight has decreased almost everywhere while obesity has risen

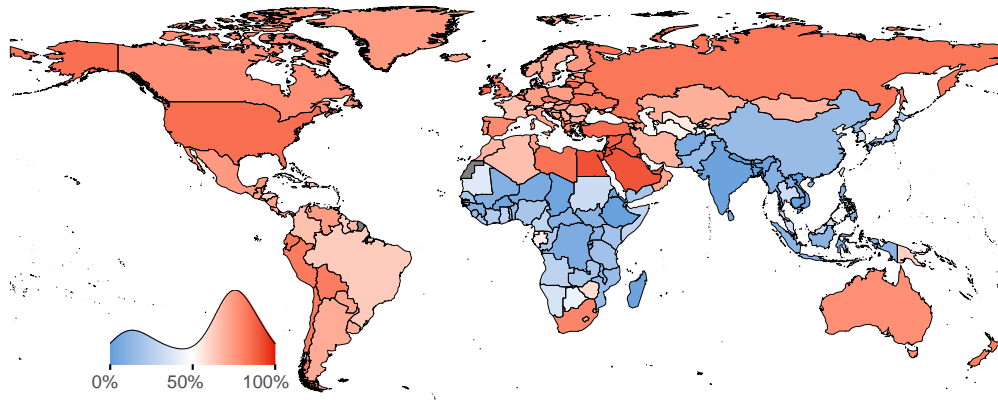


- Underweight
- High-income English-speaking countries
- Eastern Europe
- The Caribbean
- Central Asia
- East Africa
- Northwestern Europe
- Southern Latin America
- East Asia and the Pacific
- Middle East and north Africa
- West Africa
- Southwestern Europe
- Central Latin America
- Southeast Asia
- Polynesia and Micronesia
- Central and southern Africa
- Central Europe
- Andean Latin America
- South Asia
- Melanesia
- Other sub-Saharan Africa

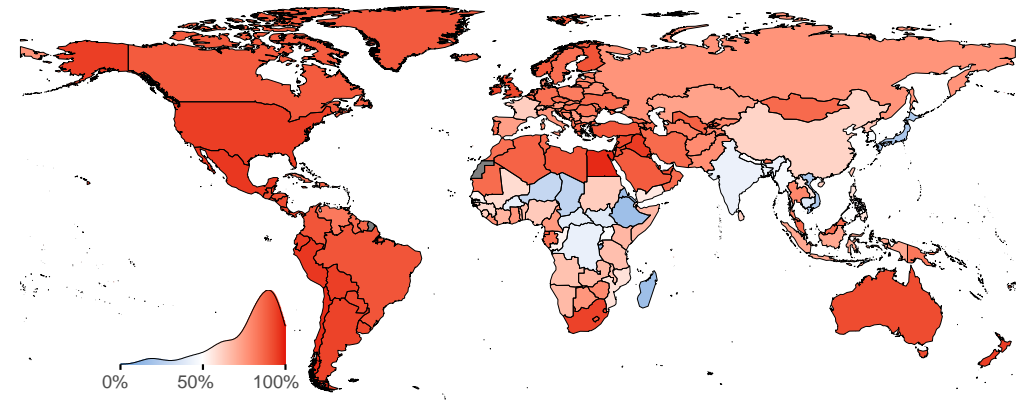
# A transition from underweight dominance to obesity dominance

Share of double burden that is from obesity

1990



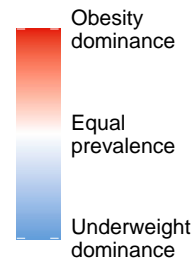
2022



- American Samoa
- Bahrain
- Bermuda
- Brunei Darussalam
- Cape Verde
- Comoros
- Cook Islands
- Fiji
- French Polynesia
- Kiribati
- Maldives
- Marshall Islands
- Mauritius
- Micronesia
- Montenegro
- Nauru
- Niue
- Palau
- Samoa
- Sao Tome & Principe
- Seychelles
- Solomon Islands
- Tokelau
- Tonga
- Tuvalu
- Vanuatu



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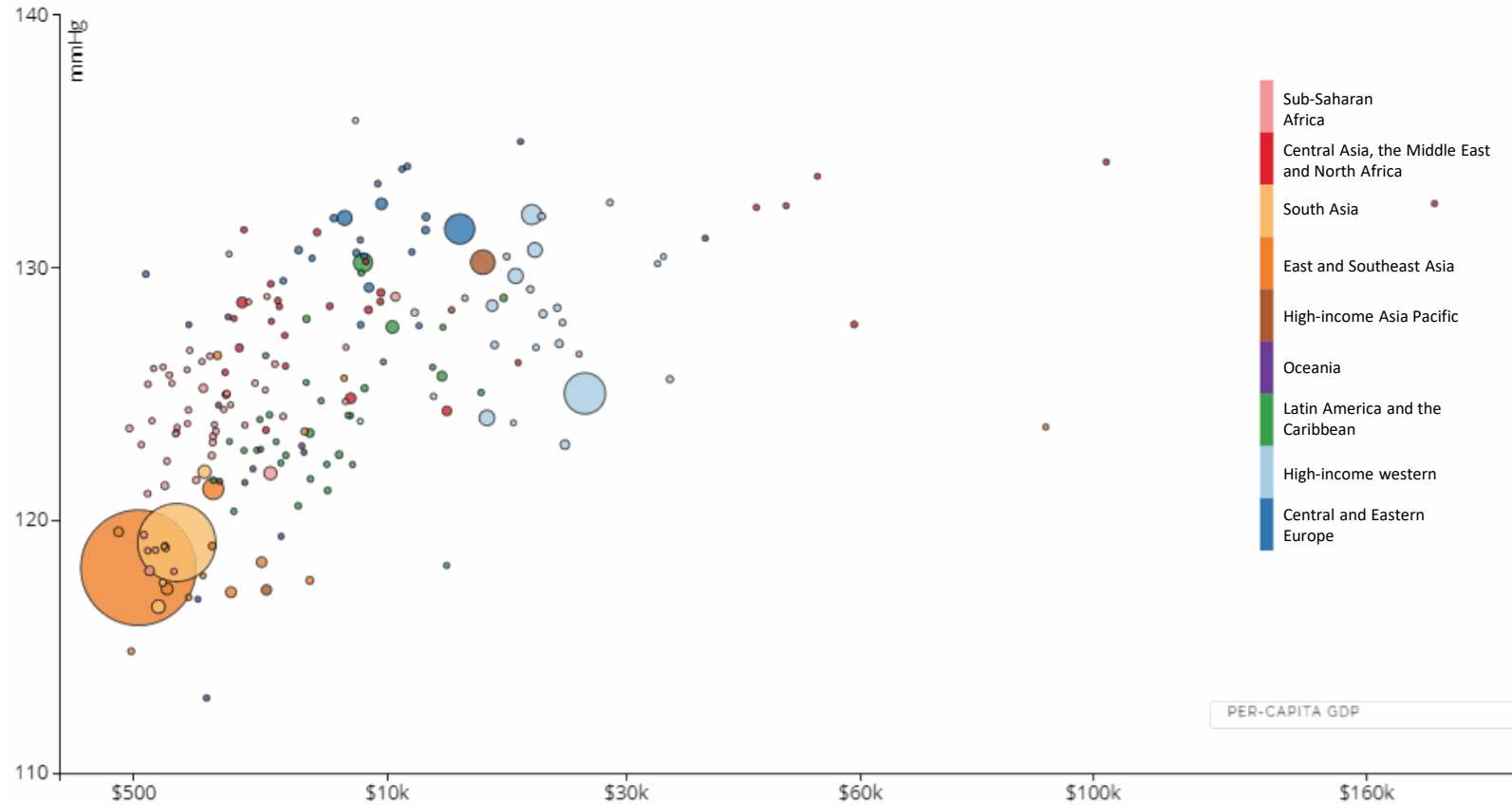






# A repositioning of the epicentre of high blood pressure

Women 1975



Per-capita GDP (2011 international \$)

CNN health

## More than 1 billion people globally are living with high blood pressure

By Meera Senthilingam, CNN

Updated at 1021 GMT (1821 HKT) November 23, 2016

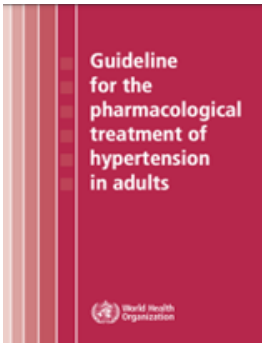
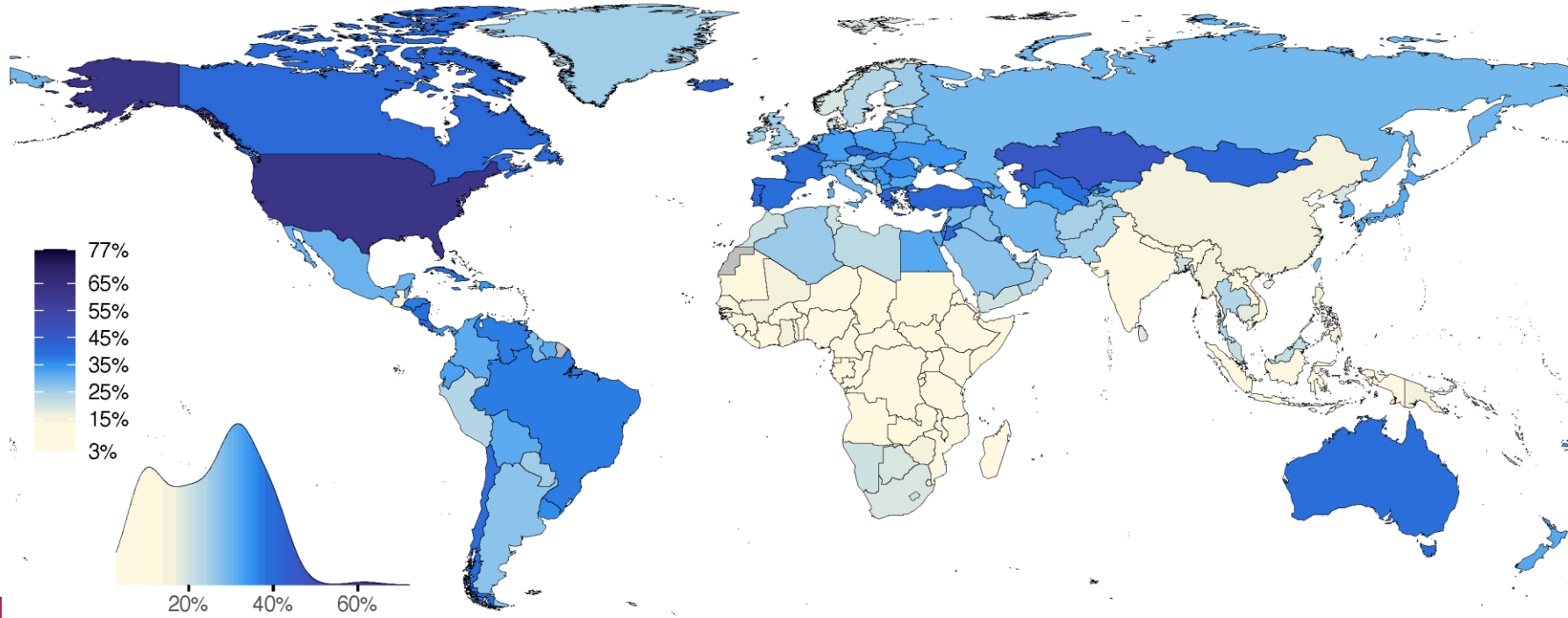


### Global percentages of raised blood pressure



# Highly variable rates of hypertension treatment across the world

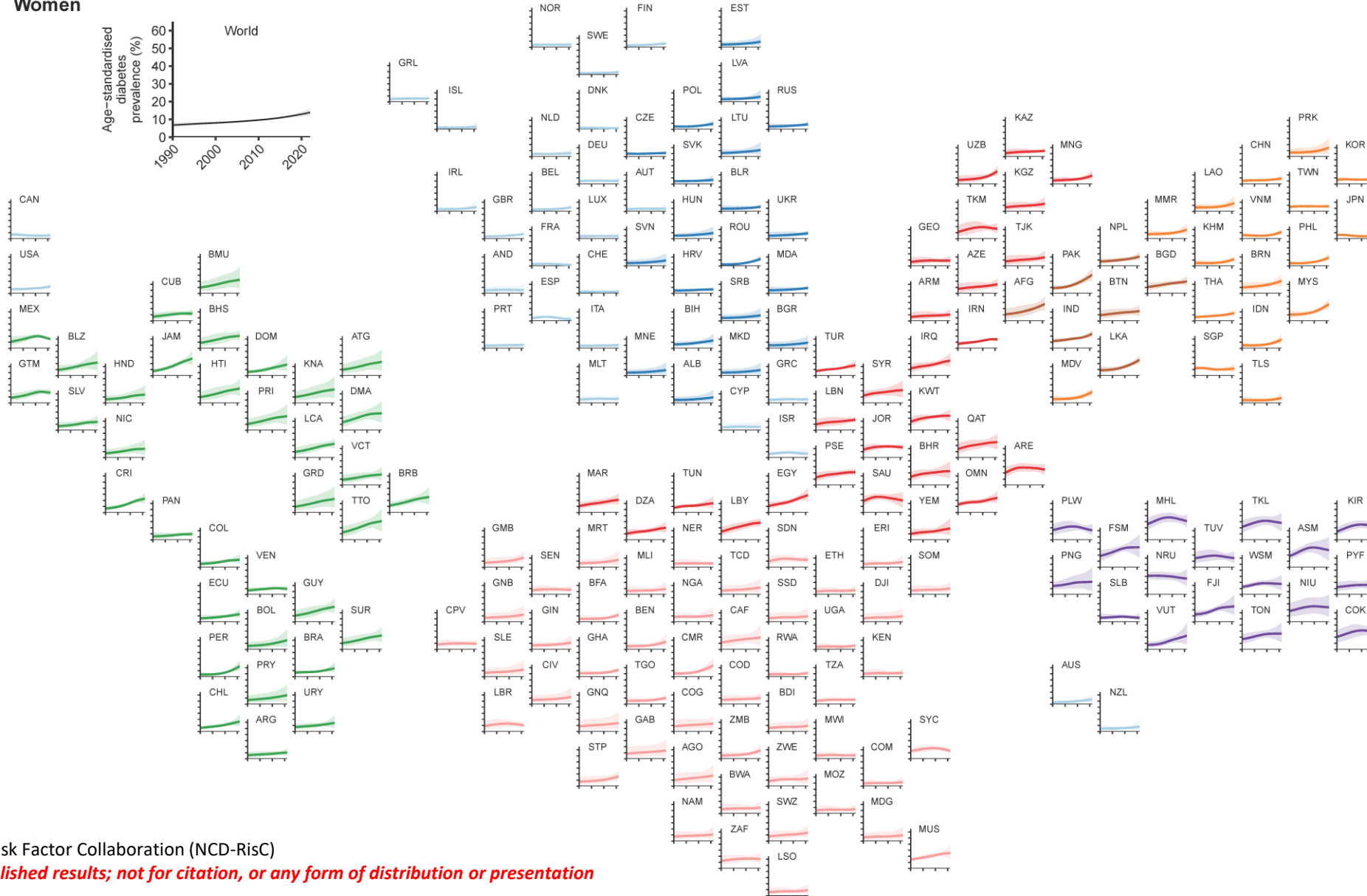
1990 (women)



- |                     |                                   |                         |                   |
|---------------------|-----------------------------------|-------------------------|-------------------|
| ■ American Samoa    | ■ Fiji                            | ■ Montenegro            | ■ Seychelles      |
| ■ Bahrain           | ■ French Polynesia                | ■ Nauru                 | ■ Solomon Islands |
| ■ Bermuda           | ■ Kiribati                        | ■ Niue                  | ■ Tokelau         |
| ■ Brunei Darussalam | ■ Maldives                        | ■ Palau                 | ■ Tonga           |
| ■ Cape Verde        | ■ Marshall Islands                | ■ Samoa                 | ■ Tuvalu          |
| ■ Comoros           | ■ Mauritius                       | ■ Sao Tome and Principe | ■ Vanuatu         |
| ■ Cook Islands      | ■ Mirconesia, Federated States of |                         |                   |

# A global diabetes epidemic that not necessarily tracks BMI

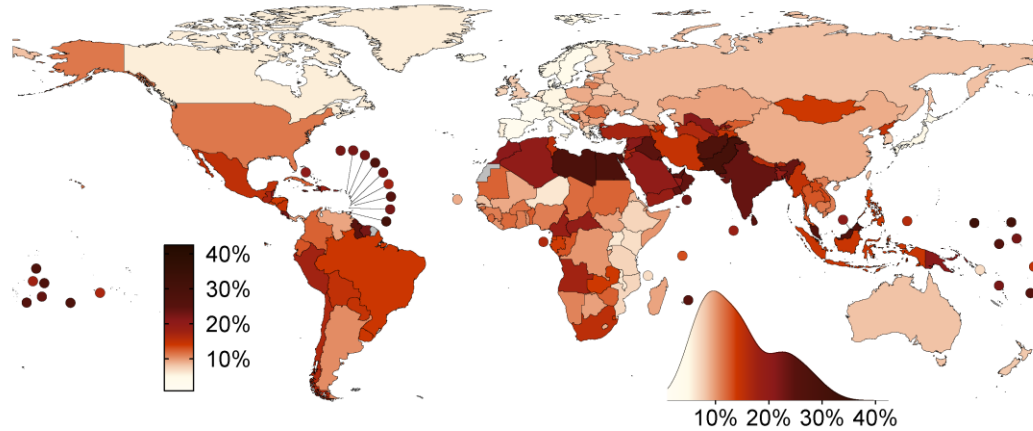
## Women



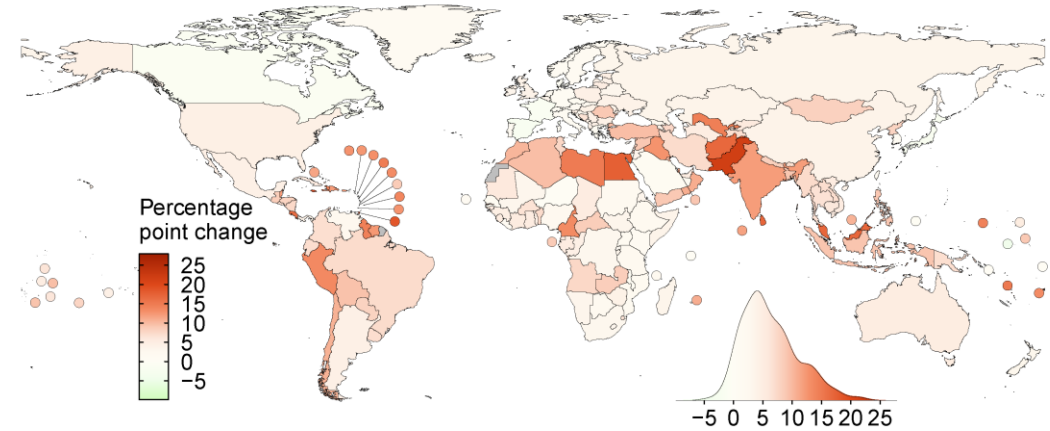
# A global diabetes epidemic that disproportionately affects low- and middle-income countries

## Diabetes prevalence (women 18+ years)

Prevalence in 2022

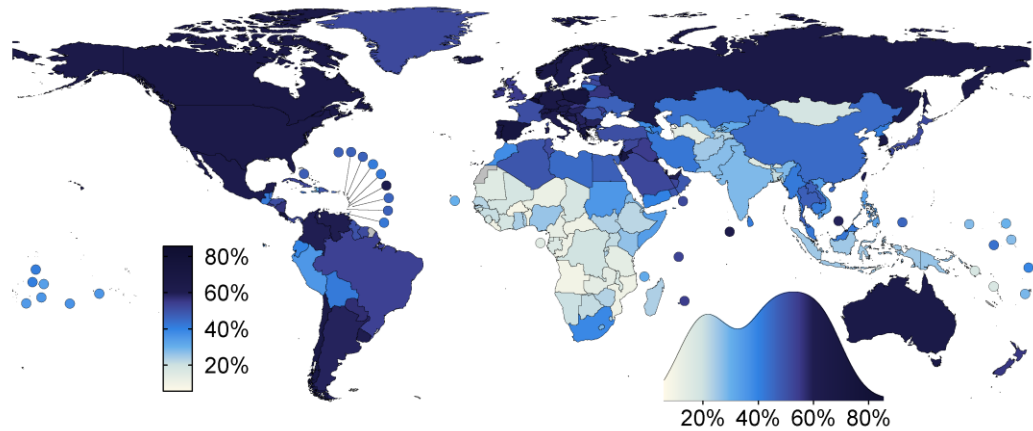


Change in prevalence from 1990 to 2022

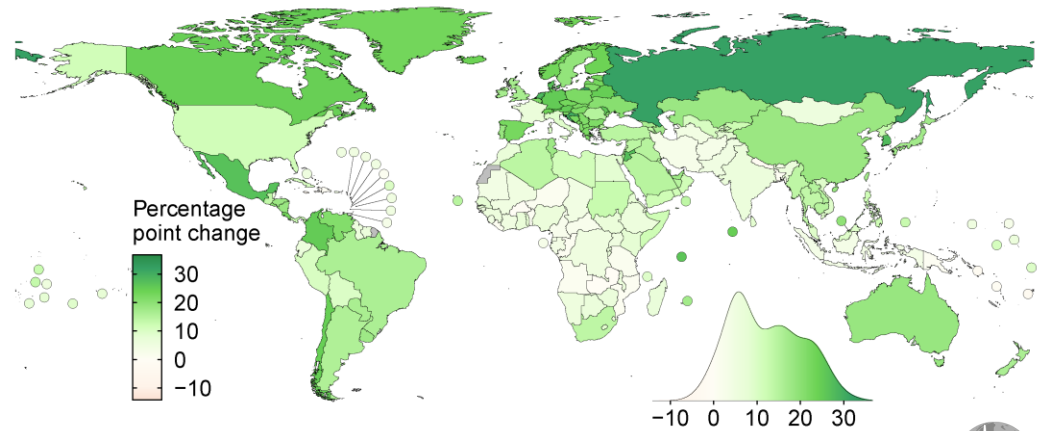


## Diabetes treatment (women 30+ years)

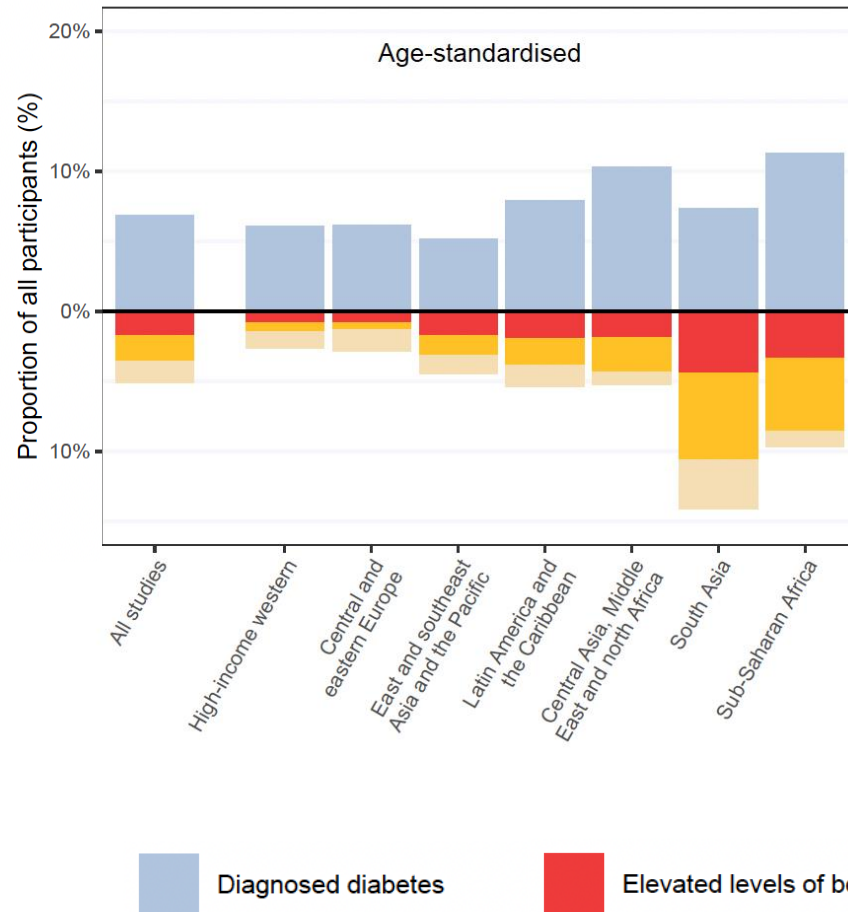
Treatment in 2022



Change in treatment from 1990 to 2022



# Regional variation in diagnosed and “screen-detected” diabetes by biomarker type



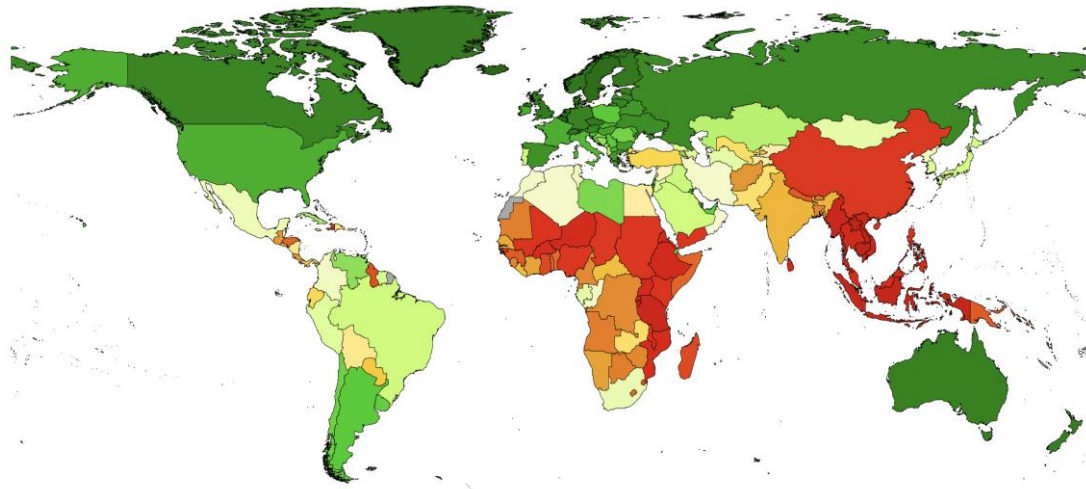
# No increase in the prevalence of known diabetes between 1986 and 1999 in subjects 25–64 years of age in northern Sweden

**Results** Over the time period 1986–1999 there was no increase in the prevalence of known diabetes. No trends were noted in the finding of previously undiagnosed diabetes or impaired glucose tolerance over the period 1986–1994, although the confidence intervals are wide. Fasting, but not post-load, glucose

## Diabetes prevalence and association with social status—Widening of a social gradient? German national health surveys 1990–1992 and 1998

**Results:** Diabetes prevalences in 1990–1992 and 1998 were 5.1% (95% CI 4.1–6.0) and 4.3% (3.5–5.1) in men, and 4.7% (4.0–5.4) and 3.8% (3.0–4.6) in women. It was significantly higher in older subjects and in obese subjects, and tended to be higher in lower educated subjects. Overall, prevalence tended to be lower in 1998 compared to 1990–1992, however, not statistically significant after adjustment for education and BMI (odds ratio, 95% CI: men 0.73; 0.39–1.37; women 0.41; 0.17–1.03). On a descriptive level,

# A global convergence, and increasingly repositioning, of non-optimal cholesterol



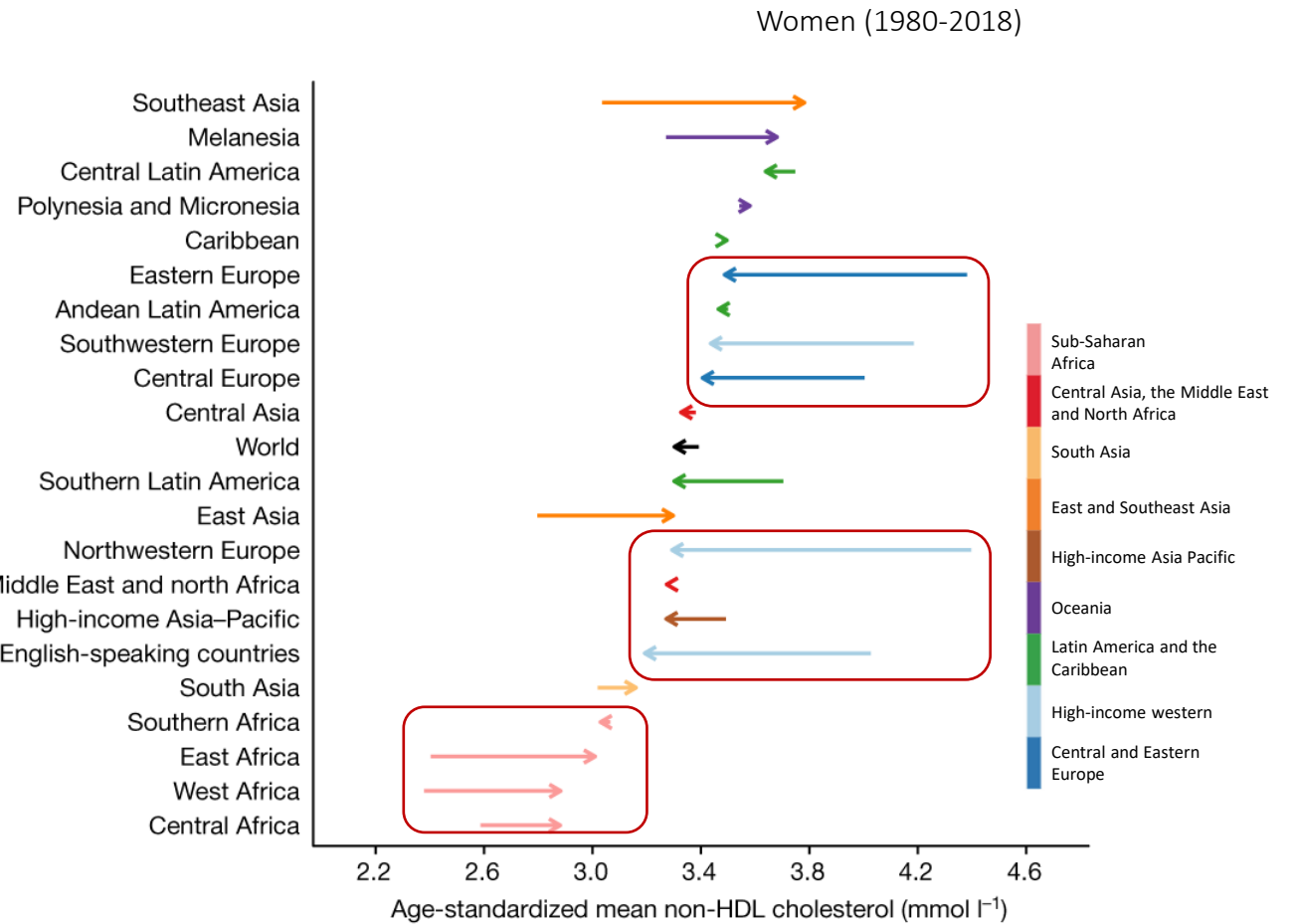
Change in age-standardized mean non-HDL cholesterol (mmol l<sup>-1</sup> per decade)

-0.49 -0.40 -0.30 -0.20 -0.10 0 0.10 0.20

**Article**

## Repositioning of the global epicentre of non-optimal cholesterol

<https://doi.org/10.1038/s41586-020-2338-1> NCD Risk Factor Collaboration (NCD-RisC)\*



# Summary

- A consistent analysis of global data on cardio-metabolic risk factors that leverages a large amount of epidemiological data and statistical method
- Repositioning of global burden of cardiometabolic risk factors to low- and middle-income countries
- Variable trends and levels in subpopulations of countries
- Drivers behind the observed trends in risk factors are largely unknown

NCD-RisC is continuously expanding the database and updating the scientific analyses. Any studies with population-based data on weight, height, waist and hip circumference, diabetes, blood pressure, lipids, or markers for kidney/liver function and inflammation are invited to join NCD-RisC. Please talk to me or email [ncdrisc@imperial.ac.uk](mailto:ncdrisc@imperial.ac.uk)



# Acknowledgements

Worldwide collaborators of NCD-RisC

NCD-RisC core team

Funders

- Wellcome Trust for the creation of initial NCD-RisC database
- WHO, European Commission, US CDC, UK MRC, AstraZeneca Young Health Programme
- Personal fellowship from Jameel Institute, funded by a donation from Community Jameel, at Imperial College London

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