

# Tertiary Prevention

Dr. Bhavna Puwar  
Associate Professor  
Smt NHL MMC

- Tertiary prevention
- The disease process has advanced beyond its early stages, but still it is possible to accomplish prevention-  
Tertiary Prevention.
- Intervention in late pathogenesis phase.

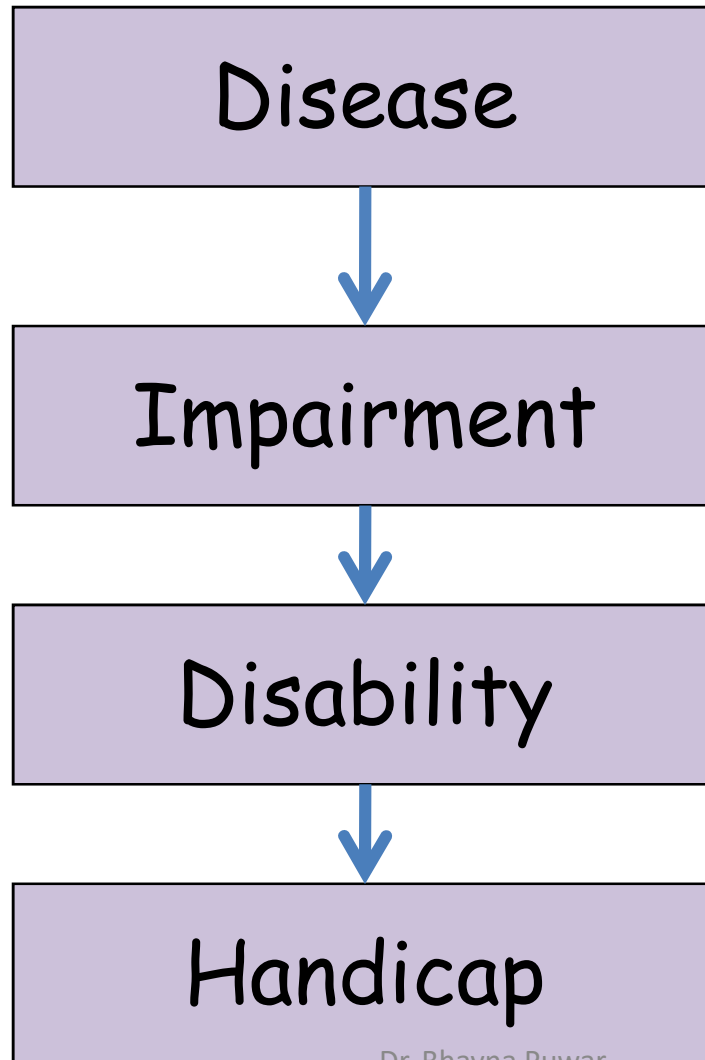
- "All the measures available to reduce or limit impairments and disabilities, and to promote the patients' adjustment to irremediable conditions."
- Treatment even if undertaken late in the natural history of disease may prevent sequelae and limit disability.
- When defect and disability are more or less stabilized rehabilitation may play a preventable role

- **Tertiary prevention** extends the concept of prevention into fields of **rehabilitation**
- Intervention that should be accomplished in the stage of tertiary prevention are disability limitation, and rehabilitation.

# Disability Limitation

- When patient presents late in pathogenesis phase.
- Objective is to prevent or halt transition of disease process from impairment to handicap

# Disability limitation



- Impairment

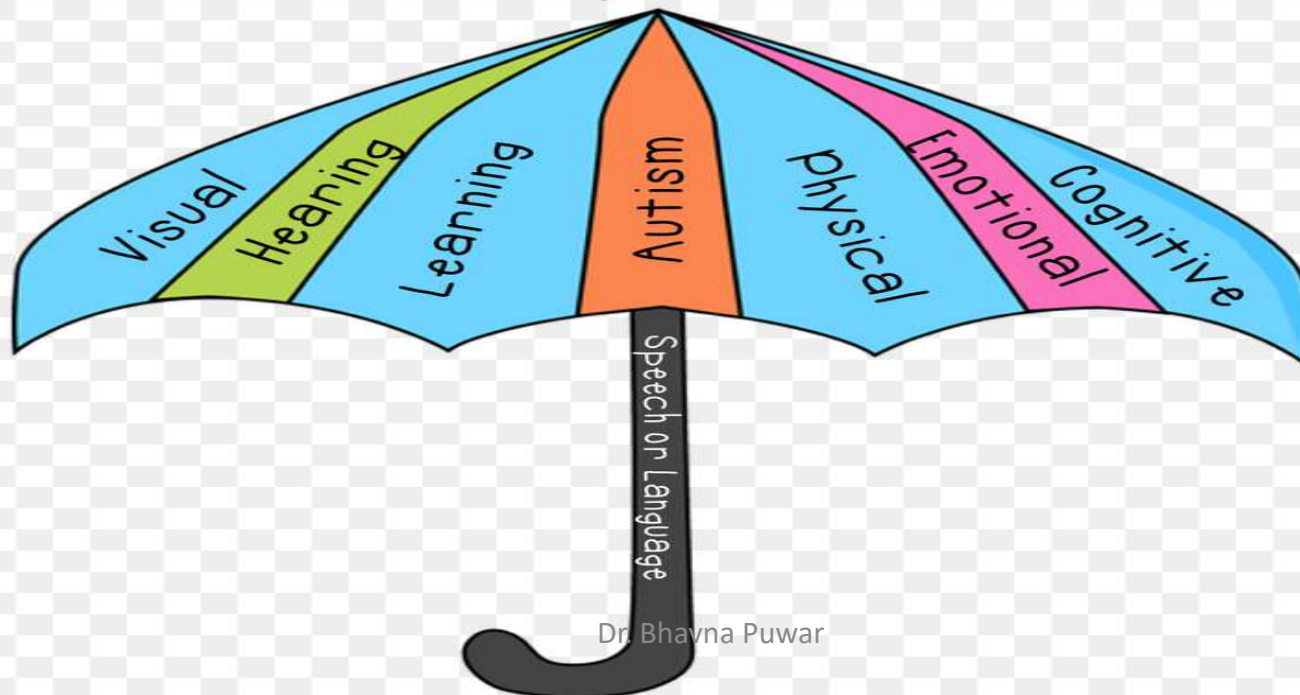
Impairment is “any loss or abnormality of psychological, physiological or anatomical structure or function.”



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- **Disability** is "any **restriction or lack** of ability to perform an activity in the **manner or within the range** considered normal for the human being."

# Disabilities





- Handicap

- “A disadvantage for a given individual, resulting from an impairment or disability, that **limits or prevents** the fulfillment of a role in the community that is normal (depending on age, sex, and social and cultural factors) for that individual.”



- Eg: Accident
- Agricultural Laborer with Myocardial Infarction
- Intervention in disability will often be **social or environmental as well as medical.**
- impairment- has largely medical component
- In later stage like disability and handicap have largely social and environmental components in terms of dependence and social cost

- Disability Prevention

Relates to all levels of prevention

1. Reducing the occurrence of impairment-immunization against polio (primary prevention).
2. Disability limitation by appropriate treatment (secondary prevention).
3. Preventing transition of disability into handicap (Tertiary Prevention)

Major cause of disabling condition in developing countries are **communicable diseases, malnutrition, accidents, low quality peri-natal care.**

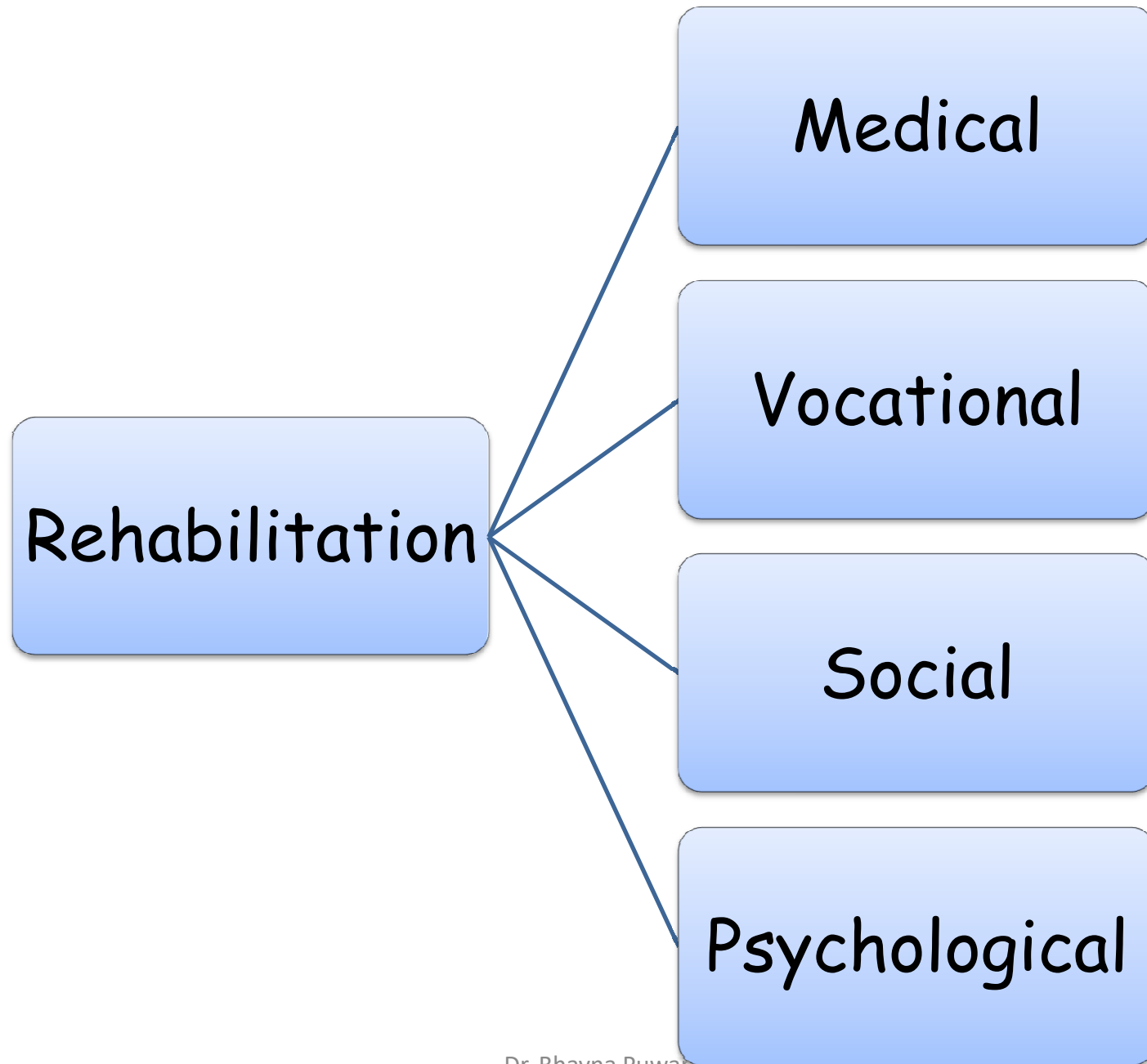
This are responsible for **70%** of cases of disability in developing countries.

And the **most effective** way of dealing with the disability in developing countries is **primary prevention**

# • Rehabilitation

- The combined and coordinated use of medical, social, educational, and vocational measures for training and retraining the individual to the highest possible level of functional ability.





- Medical: Restoration of function.
- Vocational: Restoration of capacity to earn livelihood.
- Social: Restoration of family and social relationship.
- Psychological: Restoration of personal dignity and confidence

- **Responsibility of doctor** does not end when the temperature touches normal or the stitches are removed
- The patient must be **restored and retrained** to live and work within the limits of his disability but to the hilt of his capacity
- **Medical rehabilitation** should start early in the process of medical treatment



- Establishing the school for the **blind**.
- Provision of aids for crippled, reconstructive surgery in **leprosy**, muscle re-education and graded exercise in **neurological disorders**
- Change of profession and modification of life in general in case of **tuberculosis, cardiac patients and others**

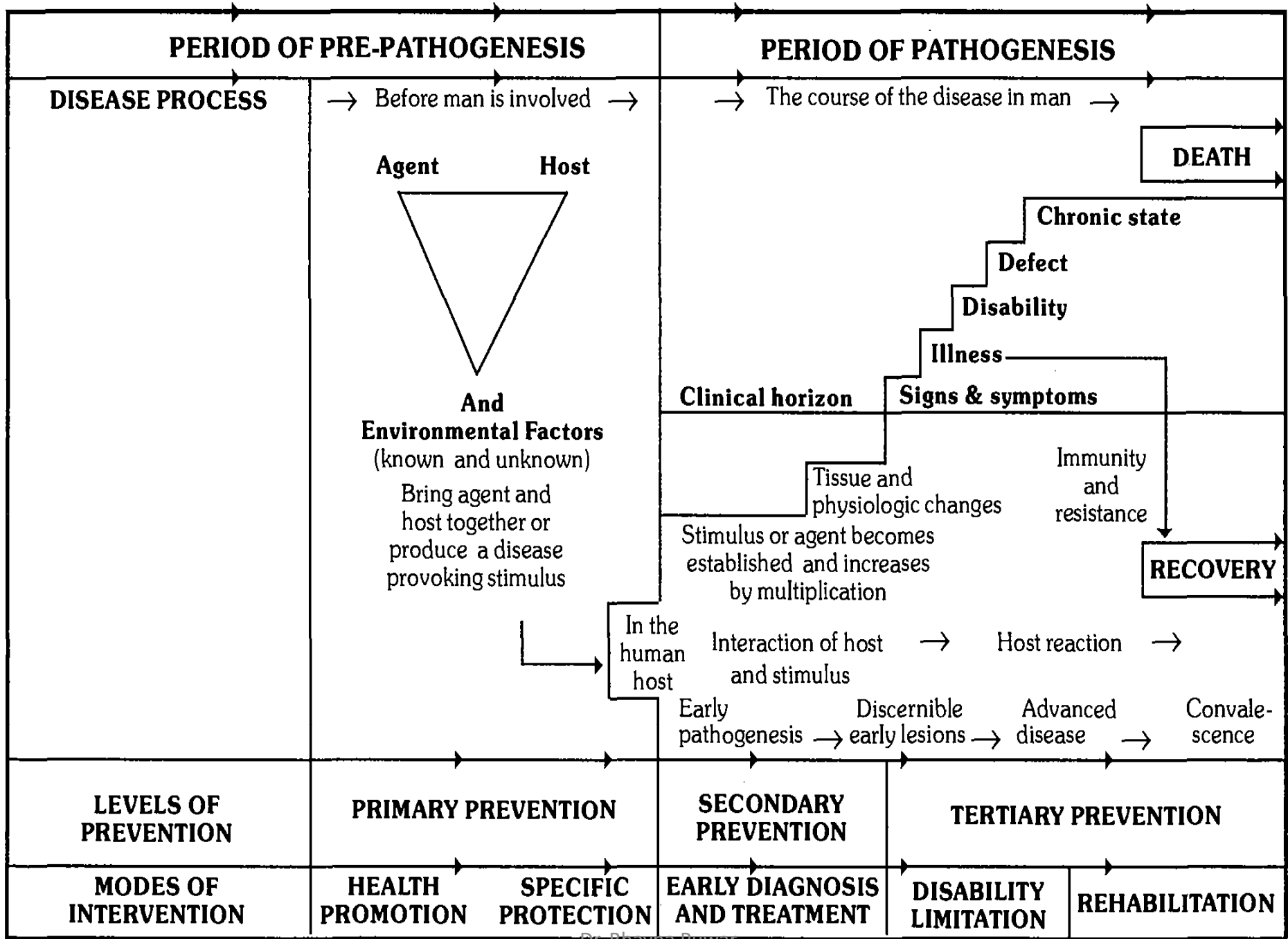
➤ **Aim** is to make productive people from non productive ones

## Rehabilitation

➤ Is more demanding and difficult task.

➤ Needs co operation from different sections of society.

➤ As well as expertise,  
equipments and  
funds



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Source: Park 's TB of PSM(23<sup>rd</sup> edition)

Level	Phase of disease
Primordial	Underlying economic, social, and environmental conditions leading to causation
Primary	Specific causal factors
Secondary	Early stage of disease
Tertiary	Late stage of disease (treatment, rehabilitation)

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Source: Park's TB of PSM (23<sup>rd</sup> edition)

Source : (581)

<b>Level</b>	<b>Aim</b>
<b>Primordial</b>	<b>Establish and maintain conditions that minimize hazards to health</b>
<b>Primary</b>	<b>Reduce the incidence of disease</b>
<b>Secondary</b>	<b>Reduce the prevalence of disease by shortening its duration</b>
<b>Tertiary</b>	<b>Reduce the number and/or impact of complications</b>

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Level	Actions
<b>Primordial</b>	Measures that inhibit the emergence of environmental, economic, social and behavioural conditions.
<b>Primary</b>	Protection of health by personal and community efforts, such as enhancing nutritional status, providing immunizations, and eliminating environmental risks.
<b>Secondary</b>	Measures available to individual and communities for early detection and prompt intervention to control disease and minimize disability (e.g. through screening programmes).
<b>Tertiary</b>	Measures aimed at softening the impact of long-term disease and disability; minimizing suffering; maximizing potential years of useful life.

Level	Target
<b>Primordial</b>	<b>Total population or selected groups; achieved through public health policy and health promotion.</b>
<b>Primary</b>	<b>Total population, selected groups and individuals at high-risk; achieved through public health programmes</b>
<b>Secondary</b>	<b>Individuals with established disease; achieved through early diagnosis and treatment.</b>
<b>Tertiary</b>	<b>Patients; achieved through rehabilitation.</b>

## Levels of prevention

Level	Phase of disease	Aim	Actions	Target
Primordial	Underlying economic, social, and environmental conditions leading to causation	Establish and maintain conditions that minimize hazards to health	Measures that inhibit the emergence of environmental, economic, social and behavioural conditions.	Total population or selected groups; achieved through public health policy and health promotion.
Primary	Specific causal factors	Reduce the incidence of disease	Protection of health by personal and community efforts, such as enhancing nutritional status, providing immunizations, and eliminating environmental risks.	Total population, selected groups and individuals at high-risk; achieved through public health programmes
Secondary	Early stage of disease	Reduce the prevalence of disease by shortening its duration	Measures available to individuals and communities for early detection and prompt intervention to control disease and minimize disability (e.g. through screening programmes).	Individuals with established disease; achieved through early diagnosis and treatment.
Tertiary	Late stage of disease (treatment, rehabilitation)	Reduce the number and/or impact of complications	Measures aimed at softening the impact of long-term disease and disability; minimizing suffering; maximizing potential years of useful life.	Patients; achieved through rehabilitation.

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