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Epidemiologic Transition Model

The theory of epidemiologic transition focuses on the complex change in patterns of health and disease and on the interactions between these patterns and their demographic, economic and sociologic determinants and consequences.

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- This theory was originally posited by Abdel Omran in 1971. Dr Abdel R. Omran, teaches at the University of Maryland and George Washington University.
What it is about

• "Epidemiological transition" accounts for the replacement of infectious diseases by chronic diseases over time due to expanded public health and sanitation. Omran divided the epidemiological transition of mortality into three phases, in the last of which chronic diseases replace infection as the primary cause of death.
The Model
Real World Example

- The strong association between the level and range of fluctuation in the death rate and the pace of population growth which is based on annual vital rates for Sweden. As long as perennial epidemics, plagues, famines and wars acted unpredictably and virtually uncontrollably to produce recurring high peaks of mortality, uninterrupted population growth was not likely—even when fertility was persistently high. As fluctuations in mortality became less severe and the peaks less frequent, Swedish population began to grow exponentially; this pattern has been shown by historical studies to have occurred in several other geographically and culturally distinct populations.
Strengths

• *Biophysiologic factors*, associated with reduced infant mortality and the expectation of longer life in parents

• *Socioeconomic factors*, associated with childhood survival and the economic perceptions of large family size

• *Psychologic or emotional factors*, where society as a whole changes its rationale and opinion on family size and parental energies are redirected to qualitative aspects of child-raising.

• The theory of epidemiologic transition has been useful in laying out an overarching perspective on changing demographic patterns.
Weaknesses

• The various criticisms of the theory suggest it is most relevant as a way of looking at and understanding the relation among disease, mortality patterns, and population rather than as a definitive explanation or prediction.

• Though it is true that the burden from infectious diseases has been surpassed in many countries by the burden from chronic disease and mental disorder, it is still the case in many countries and in many populations within countries that morbidity and mortality from infectious disease, poor nutrition, and perinatal complications dominate, with poverty being the most evident shared characteristic.