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Coverage

United Kingdom

Theme

Health and Care

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Life expectancy varies widely across the United Kingdom, according to a study published *today by National Statistics. The report looks at life expectancy by local authority for 1995-97 and shows that the largest differences were seen between local authorities located in the north and those located in the south. The difference between the lowest and the highest was 10 years for males and 8.1 years for females. Lower life expectancy was associated with authorities having higher levels of deprivation.

Health Statistics Quarterly 9 also contains new and up-to-date statistics on births, deaths and other health-related topics, as well as a range of feature articles. In this issue, there are articles on: daily and seasonal variation in live births, stillbirths and infant mortality in England and Wales, 1979-96; geographic inequalities in life expectancy in the United Kingdom, 1995-97; social and economic variation in general practice consultation rates amongst men aged 16-39 and trends in mortality and hospital admissions in England and Wales associated with atrial fibrillation (an irregularity of the heart rhythm which causes the heart to pump inefficiently).

There are new statistics on deaths related to drug poisoning for England and Wales, 1995-99 and an Annual Update on mortality statistics by cause for England and Wales in 1999.

New health statistics in this issue include:

Deaths related to drug poisoning results for England and Wales, 1995 – 99.

This report presents the latest figures from the ONS database of deaths from drug related poisonings, covering the five-year period from 1995 to 1999. The database covers accidents and suicides involving drugs, as well as poisonings due to drug abuse and drug dependence. Findings include:

- Between 1995 and 1999 there was an increase in deaths mentioning heroin and/or morphine from 357 to 754 deaths (110 per cent increase).

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- Cocaine and ecstasy deaths have also increased over the five-year period. Deaths mentioning cocaine rose from 19 deaths in 1995 to 87 deaths in 1999 and ecstasy deaths increased from 10 to 26 deaths during the same period.
- In the period 1995-99, 21 per cent of deaths mentioned more than one drug and 22 per cent of deaths contained a mention of alcohol.
- Overall, the total number of deaths on the database rose from 2,563 in 1995 to 2,943 in 1999, an increase of 14 per cent. However, these figures mask the different patterns for males and females. Between 1995 and 1999 the number of drug poisoning deaths increased by 24 per cent for males, yet decreased by two per cent for females.

Feature articles in this issue are:

Daily and seasonal variation in live births, stillbirths and infant mortality in England and Wales, 1979-96 by Emma Howe, University College London, Alison Macfarlane, National Perinatal Epidemiology Unit and John Bithell, University of Oxford.

This article describes analysis of live births, still births and deaths in the first year of life by day of birth. Key findings include:

- A pronounced weekly cycle in live births, with more births on weekdays and fewer births on weekends and also on bank holidays.
- Seasonal rhythms of births, with smaller numbers of births in winter compared with summer months, have been apparent for many years in England and Wales. There is a small peak in the number of births in September, corresponding to Christmas conceptions.
- Stillbirths and early neonatal mortality rates (deaths of babies aged under seven days) were higher for babies born on Saturdays and Sundays than for those born between Monday and Wednesday.
- Seasonal variation was found in the stillbirth rate and in death rates at all stages of the first year of life. Stillbirth rates and late neonatal mortality rates (death rates among babies aged 7 and 27 days) were, in general, higher in the winter months.

- Early neonatal mortality rates were higher for babies born in December and January than for babies born in summer months, apart from those born in August among whom the early neonatal death rate was also relatively high.
- Seasonal variation in post neonatal deaths (deaths at age 28 days and over but under one year) attributed to sudden death, cause unknown, was present throughout the study period, but was greater than in the 1980s than in the 1990s.

Geographic inequalities in life expectancy in the United Kingdom, 1995-97 by Clare Griffiths and Justine Fitzpatrick.

This article examines geographic variation in life expectancy between 1995 and 1997 and follows on from research published in *Health Statistics Quarterly 07*, which examined geographic variations in mortality. It found:

- There was wide variation in life expectancy at local authority level within the United Kingdom. More variation in life expectancy was seen within regions than between regions but the largest differences were seen between local authorities located in the north and those located in the south.
- The difference between the local authority with the highest male life expectancy, Chiltern (in Buckinghamshire), and the lowest, Glasgow City, was 10.0 years. For females the range was 8.1 year (between East Dorset and Glasgow City). The difference between the life expectancy of females in East Dorset and males in Glasgow City was over 15 years.
- Female life expectancy was below the 1986 figure for the United Kingdom as a whole in 25 authorities, all of which were in Scotland, Wales and the northern regions of England. For males the corresponding number was 16, with 14 in Scotland, Wales and the northern regions of England.
- Life expectancy of males in Glasgow City was lower than the 1966 figure for the United Kingdom as a whole. For females it was about the same as the 1976 figure for the United Kingdom.



- Comparisons with the Department of Environment Transport and the Regions Indices of Deprivation 2000 showed that within England decreasing life expectancy was associated with increasing deprivation. This association was stronger for males than for females.

Social and economic variation in general practice consultation rates amongst men aged 16-39 by Richard M Martin and Jonathan A C Sterne, University of Bristol, Punam Mangtani, London School of Hygiene and Tropical Medicine and Azeem Majeed.

There is growing concern over the health of young men. This article examines socio-economic differences in GP consultation rates in 16-39 year old men using data collected in 1991-92 by the Fourth National Survey of Morbidity in General Practice. Key findings include:

- Consulting patterns among young men varied according to measures of deprivation as measured by social class, housing tenure and employment.
- Amongst 25-39 year olds, consultation rates for all illness, for mental illness, and for injury and poisoning were higher for those in lower social classes.
- In contrast, consultations for preventative health care were highest among men from higher social classes.

Trends in mortality and hospital admissions associated with atrial fibrillation in England and Wales by Kevin Carroll and Azeem Majeed.

Atrial fibrillation is an irregularity of the heart rhythm which causes the heart to pump inefficiently and is a cause of heart failure and stroke. This article examines all deaths occurring to residents of England and Wales in which atrial fibrillation was coded as the underlying cause of death during the period 1968-99. It found:

- Atrial fibrillation is an important risk factor for stroke, affecting between 0.4 and one per cent of the population, and is increasing in prevalence. In 1998 atrial fibrillation was mentioned on 1.5 per cent of death certificates for stroke and 3.8 per cent of death certificates for ischaemic heart disease.



- Mortality rates in England and Wales associated with atrial fibrillation coded as the underlying cause of death have almost doubled since 1993. The biggest change was in the age group 85 and above.
- There was a female excess in overall mortality rates associated with atrial fibrillation in the period 1968-1999, mainly due to higher rates at ages 85 and over.

BACKGROUND NOTES

1. Details of the policy governing the release of new data are available from the press office.
2. **National Statistics** are produced to high professional standards set out in the National Statistics Code of Practice. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. © Crown copyright 2001.