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**Coverage**  
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# Health Statistics Quarterly

## Summer 2002

During the 1990s there was a north-south divide in healthy life expectancy, according to research published today in *Health Statistics Quarterly 14* by \*National Statistics. The feasibility of producing healthy life expectancy (HLE) estimates for local areas of England are examined, so that local trends in overall health can be monitored.

*Health Statistics Quarterly 14* also contains new and up-to-date statistics on births, deaths and other health-related topics, as well as feature articles. In this issue, there are articles on: the prevalence of diagnosed diabetes mellitus in general practice in England and Wales, 1994 to 1998; age and sex specific antibiotic prescribing patterns in general practice in England and Wales, 1994 to 1998; healthy life expectancy in England at sub-national level; smoking behaviour and socio-economic status – a cohort analysis, 1974 to 1998.

There are **new** statistics on: legal abortions in England and Wales in 2001 and death registrations in England and Wales in 2001 by cause. There is also a **report** describing the effects, on cause of death statistics, of introducing the Tenth Revision of the International Classification of Diseases in England and Wales.

### **New statistics in this issue:**

#### **Legal abortions in England and Wales in 2001**

This report provides provisional figures on abortions performed during 2001 on women resident in England and Wales. Key findings include:

- In 2001 there were 175,952 abortions performed on residents of England and Wales, a rise of 410 (0.2 per cent) compared to 2000.
- There were 17.0 abortions per 1,000 women aged 15-44, the same as in 2000.

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**Available free on the National Statistics website:**

[www.statistics.gov.uk/products/p6725.asp](http://www.statistics.gov.uk/products/p6725.asp)



- Compared to 2000, the rates for women aged under-25 have fallen slightly while those for ages 25 and over have risen.
- The NHS funded 76 per cent (134,213) of abortions compared to 74 per cent in 2000. The percentage paid for by the NHS varied by the area of the woman's usual residence from over 85 per cent in Wales, Trent and Northern and Yorkshire regional office areas to 65 per cent in London.
- Just under 88 per cent of abortions were performed before 13 weeks of gestation and 11 per cent between 13 and 19 weeks gestation, both similar to 2000.

### **Death registrations in England and Wales in 2001, by cause**

This report gives the number of deaths registered in England and Wales in 2001 by age, sex and selected causes of death. For the first time cause of death in England and Wales was routinely coded to the Tenth Revision of the International Classification of Diseases (ICD-10). The planned change was described in detail in *Health Statistics Quarterly 08* and *13*. Comparisons between the numbers classified to the different causes in ICD-9 and ICD-10 are given in the report on bridge coding.

Key findings in this report include:

- There were 253,608 deaths to males and 278,890 deaths to females registered in England and Wales in 2001, compared with 256,698 and 281,179, respectively, in 2000. This represents a fall of 1.2 per cent in deaths to males and 0.8 per cent in deaths to females between 2000 and 2001.
- The provisional crude death rates (based on mid-2000 population estimates) were 9.7 per thousand population for males, and 10.4 per thousand for females. These have fallen from 9.8 and 10.5 respectively in 2000, continuing the long-term decline.
- The most common causes of death in 2001 (based on ICD-10) were cancer (26 per cent of all deaths), ischaemic heart disease (20 per cent), respiratory diseases (13 per cent) and cerebrovascular diseases (that is stroke and related conditions, 11 per cent). In 2000, the percentages for the comparable groups of causes in ICD-9 were 25, 20, 17 and 10.

## **Results of the ICD-10 bridge coding study, England and Wales, 1999.**

This report presents estimates of the effect of changing the coding of cause of death to the Tenth Revision of the International Classification of Diseases (ICD-10) in England and Wales. The previous revision, ICD-9, was in use since 1979. ICD-10 was first used for routine coding in England and Wales in 2001. The change to ICD-10 represents the largest change to cause of death statistics in over 50 years.

To estimate the effects of this change, ONS carried out a bridge coding study in which all deaths registered in 1999 were independently coded to both ICD-9 and ICD-10. The causes in each revision are compared in the article, using internationally agreed groups of equivalent codes.

There were a number of changes resulting from the introduction of ICD10, but the changes that had the largest effect on mortality statistics were in the rules used to select the underlying cause of death from the diseases and injuries listed on the death certificate. In particular in this study of deaths in 1999, the number coded to respiratory diseases decreased by around 25 per cent as a result of the change from ICD-9 to ICD-10.

### **Feature articles in this issue are:**

**Prevalence of diagnosed diabetes mellitus in general practice in England and Wales 1994 to 1998** by Angela Newnham, Ronan Ryan, Kamlesh Khunti and Azeem Majeed

This study describes trends in the prevalence of diagnosed diabetes in England and Wales from 1994 to 1998 using data from the General Practice Research Database. Key findings include:

- Allowing for changes in the age structure of the population, the prevalence of diagnosed diabetes increased between 1994 and 1998 by 18 per cent from 1.89 to 2.23 per 100 males and by 20 per cent from 1.37 to 1.64 per 100 females.
- The prevalence of diagnosed diabetes increased with age, up to age 84, and, in each of the age groups between 25 and 84, was higher in males than females.

- There was an increase in prevalence in most age groups between 1994 and 1998.
- About half of all people with diabetes from 1994 to 1998 were treated with oral drugs, without insulin, to control their blood sugar levels. Around a quarter had insulin treated diabetes and the remainder had diabetes controlled by diet alone.
- In each age group between 35 and 74, prevalence of diagnosed diabetes was highest in the most deprived areas.
- Due solely to the ageing population, the number of people with diagnosed diabetes is projected to rise by 31 per cent, from 1.15 million in 1998 to 1.51 million in 2023. This increase will be even greater if prevalence in each age group continues to rise.

**Age- and sex-specific antibiotic prescribing patterns in general practice in England and Wales, 1994 to 1998** by Tom Wrigley, Alessandra Tinto and Azeem Majeed

In recent years, there have been several initiatives to encourage more prudent prescribing of antibiotics, particularly in primary care. Using information from the General Practice Research Database, this study examines trends in antibiotic prescribing in England and Wales between 1994 and 1998. Key findings include:

- There was a decline in the use of all antibiotics between 1994 and 1998, particularly among the more commonly used antibiotics and among children.
- There were large variations in total antibiotic prescribing rates among practices, from 289 to 1,597 per 1,000 patients. Across all practices, antibiotics were most frequently prescribed to children and the elderly.
- Age standardised prescribing rates were higher in the most deprived electoral wards and the rate of fall in prescribing between 1994 and 1998 was also lowest in these areas.

### **Healthy life expectancy in England at sub-national level** by Beverley Bissett

Healthy life expectancy in England is increasing over time, but not by as much as life expectancy. People can therefore expect to live more years of life in “not good” health. This article investigates the feasibility of producing healthy life expectancy (HLE) estimates for sub-national geographic areas of England in the 1990s. Key findings include:

- Analysis of HLE at sub-national levels has shown a north-south divide, with estimates for areas in the north of England lower than for those in the south.
- Across NHS regions, women can expect to live more years in good or fairly good health than men.
- It is possible to produce HLE estimates for health authorities - although for smaller authorities it is not feasible to produce reliable estimates for males and females separately.
- Adjusting HLE to take account of the health of the population in communal establishments is important, as it affects comparisons between health authorities.

### **Smoking behaviour and socio-economic status: a cohort analysis, 1974 to 1998** by Maria Evandrou and Jane Falkingham

Smoking behaviour varies by socio-economic status and is therefore a major contributor to the persistence of health inequalities in Britain. This article used data from the General Household Survey (1974 to 1998) to examine trends in cigarette smoking by age, sex and socio-economic status. Patterns of smoking by age are examined across time and by people’s year of birth (birth cohort). This is the first extensive analysis of smoking behaviour by different birth cohorts in Britain. Key findings include:

- The prevalence of smoking at ages 25 and over decreased in successive birth cohorts in the study, with smokers stopping smoking at earlier ages than in previous cohorts.

- There is a clear difference in smoking behaviour by socio-economic group within cohorts among women and men, with a higher proportion smoking among manual occupations than non-manual occupations. For example, among the 1931 to 1935 cohort at age 45, 52 per cent of manual women smoked compared with 38 per cent of non-manual women.
- The class effect in smoking widens with successive younger cohorts. For example, at age 30, the odds of smoking among manual women from the 1960 birth cohort was twice that of non-manual women, compared to 1.5 times among the 1940s cohort.
- If manual workers follow the behaviour of their non-manual predecessors then we should observe a continuation of the fall in smoking among manual groups in the oldest cohorts. However, inequalities in smoking related disease and deaths look likely to persist well into the 21<sup>st</sup> century.

## 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 2002.