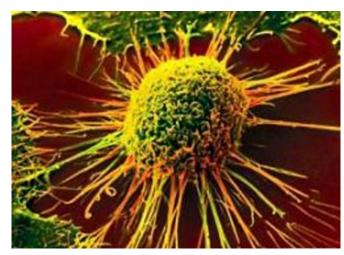


Cancer overtakes heart disease as the main cause of death in 12 European countries

15 August 2016



Belgium, Denmark, France, Italy, Luxembourg, The Netherlands, Portugal, Slovenia, Spain and the UK. This was also the case in Norway and Israel (which are not members of the EU). Among women, more die from cancer than CVD in Denmark and Israel.

Dr Nick Townsend, senior researcher at the BHF Centre on Population Approaches for Non-Communicable Disease Prevention at the University of Oxford (UK), who led the research, said: "These figures highlight the wide inequalities between European countries in deaths from CVD. The 12 countries in which cancer has overtaken CVD as the main cause of death are all found in Western Europe, with nine of them having been members of the EU before 2004. The highest numbers of deaths from CVD tend to be seen in Eastern European countries."

Although diseases of the heart and blood vessels (cardiovascular disease, CVD) kill more people worldwide than anything else, with 17.3 million deaths globally, cancer has now overtaken CVD as the main cause of death in 12 European countries.

New data on the burden of CVD in Europe for 2016, which are published today (Monday) in the *European Heart Journal*, show that in the European region (defined as the 53 member states of the World Health Organisation) CVD caused more than four million deaths each year, 45% of all deaths. However, success in preventing and treating the disease has led to large decreases in CVD in a number of countries.

Despite cancer accounting for less than half the number of deaths than CVD in Europe as a whole, in nine of the 15 countries which were members of the European Union before 2004 (EU-15) and in another country that was among those that joined the EU afterwards (EU-28), more men now die from cancer than CVD. These countries are:

In France, where cancer was first seen to overtake CVD as the main cause of death in men, figures from the most recent year available (2011) show that 92,375 men died from cancer and 64,659 died from CVD. In Spain, the next country in which cancer overtook CVD, 67,711 men died from cancer and 53,487 died from CVD in 2013 (the year with the most recent data). In the UK in 2013, 87,511 men died from cancer and 79,935 from CVD.

"Although we have seen progress across Europe in the prevention and treatment of CVD, leading to decreases in mortality from it, it is clear that such progress is not consistent across the continent. With higher mortality from CVD still found in Eastern Europe and non-EU countries, it is clear that the progress that has been made in Western Europe and most EU countries is yet to be achieved equally throughout the region," said Dr Townsend.

Inequalities between European countries can be seen in the percentage of deaths from CVD and age standardised <u>death rates</u> (ASDR) - where the



death rates per 100,000 of the population have been adjusted according to the proportions of people in different age groups in the population. Out of a total of 3.8 million deaths in the EU-15 countries, 33% of these were caused by CVD (1.3 million), compared to 38% of deaths in the EU-28 countries (1.9 million) and 54% of deaths in non-EU member countries (2.1 million).

ASDRs from CVD ranged from 275 per 100,000 men and 174 per 100,000 women in France, to 1,444 per 100,000 men and 1,087 per 100,000 women in Kyrgyzstan. In the UK, the figures were 334 men and 228 women per 100,000.

Similar inequalities exist for premature deaths (deaths in people younger than 75). In the EU-15 countries, 21.4% of premature deaths were from CVD (0.25 million); in the EU-28 countries, 26% were from CVD (0.45 million); and in non-EU countries, 35.8% were from CVD (1.3 million).

For the first time, the researchers also report the number of years of life lost to deaths from CVD or years lived with disability due to the condition, a measurement known as disability-adjusted life years (DALYS). One DALY is equivalent to one year of healthy life lost. These also underlined the inequalities between different parts of Europe.

The number of DALYS lost to CVD in 2012 were highest in Ukraine (194 per 1000 of the population), population data, which reflect the increase in the Russian Federation (181 per 1000), Bulgaria (167 per 1000), Belarus (163 per 1000), and Latvia (153 per 1000). They were lowest in Luxembourg (39 per 1000), Cyprus (37 per 1000), Ireland (35 per 1000), Iceland (32 per 1000), and Israel (26 per 1000).

Dr Townsend said: "There were higher rates of years lost to death or disability due to CVD in Eastern Europe, although some differences may be due to different population distributions between countries as these rates were not standardised for age or sex."

The authors of the study call for monitoring and surveillance of CVD in order to help countries in Europe work towards reducing the inequalities seen across the continent.

"We need more research into why some countries are showing improved outcomes, while others are not," said Dr Townsend. "Improved data need to be collected in all countries in order to make comparisons on deaths and suffering from CVD between countries so that health professionals and national governments can target interventions more effectively to reduce inequalities.

"In particular, we need better figures on the numbers of new cases and the numbers of people living with CVD across Europe, as well as better data on the hidden burden of CVD - CVD that has not been identified by health services or included in national statistics. This would be invaluable to people working in public health, to help us identify problem areas and design better prevention and treatment strategies."

The authors of the study point out that their research cannot explain the reasons for the patterns in CVD seen in Europe, because it is a description of the data on CVD in order to provide an overview of the burden of the disease in Europe.

This study is the authors' fourth consecutive report on CVD in Europe. Any comparisons with death rates in the reports prior to the one in 2015 should be made with caution as, for the 2015 and 2016 reports, the authors used the new European Standard Population (ESP) based on 2013 elderly population. Previous reports were based on the 1976 ESP.

More information: Nick Townsend et al. Cardiovascular disease in Europe: epidemiological update 2016, European Heart Journal (2016). DOI: 10.1093/eurheartj/ehw334

Provided by European Society of Cardiology



APA citation: Cancer overtakes heart disease as the main cause of death in 12 European countries (2016, August 15) retrieved 2 May 2021 from https://medicalxpress.com/news/2016-08-cancer-heart-disease-main-death.html

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