

## Health

- Life expectancy at birth in the UK has risen by more than 30 years for both males and females since 1901. Males born in 2008 could expect to live 77.8 years compared with 81.9 years for females. (Figure 7.1)
- Infant and neonatal mortality rates in the UK were at their lowest recorded levels in 2008, having fallen by around 90 per cent since 1930 to reach 4.7 deaths per 1,000 live births and 3.2 deaths per 1,000 live births respectively. (Figure 7.5)
- In England and Wales, mentions of MRSA on death certificates increased from 51 in 1993 to a peak of 1,652 in 2006, and have since fallen by 26 per cent to 1,230 in 2008. (Figure 7.7)
- Between 1995 and 2008, age-standardised mortality rates in the UK fell by around a quarter for both prostate cancer (23 per cent) and breast cancer (27 per cent), to reach 24 deaths per 100,000 males and 27 deaths per 100,000 females respectively in 2008. (Table 7.10)
- In Great Britain in 2008, around 1 in 5 males (21 per cent) aged 16 and over drank more than double the recommended daily allowance at least once in the week prior to interview, compared with around 1 in 7 females (14 per cent). (Table 7.13)
- In England, the proportion of the adult population classified as obese increased from 16 per cent in 1994 to 25 per cent in 2008. (Table 7.17)

**DATA**

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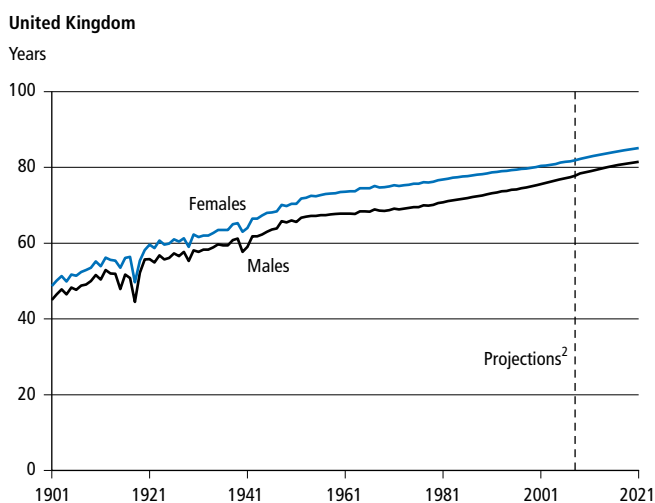
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Over the last 40 years patterns of health and ill health have changed steadily in the UK due to improvements in nutrition, the advancement of medical science and technology and the development of health services. Individual behaviours such as diet, vaccination, smoking and drinking can also impact on morbidity and mortality, and by being aware of these and adopting a healthy lifestyle people may be able to improve their own health status.

## Key health indicators

Life expectancy is an important indicator of the state of the nation's health. Since the start of the 20th century there have been large improvements in life expectancy at birth for both males and females. In 1901, males born in the UK could expect to live to 45.0 years, and females 48.7 years (Figure 7.1). However, by 2008, life expectancy at birth had risen to 77.8 years for males and 81.9 years for females. Female life expectancy has been consistently higher than for males since 1901, with the greatest difference being between 1969 and 1970 when females could expect to live to around 75 years, more than six years longer than males born in the same year. Since then the gap has narrowed and this trend is expected to continue until 2015, when the difference is projected to level off at 3.6 years. Life expectancy at birth is projected to continue to rise for both sexes, to reach 81.5 years for males and 85.1 years for females by 2021.

**Figure 7.1**  
**Expectation of life<sup>1</sup> at birth: by sex**



1 See Appendix, Part 7: Expectation of life. The average number of years a new-born baby would survive if he or she experienced age-specific mortality rates for that time period throughout his or her life.

2 2008-based projections for 2009 to 2021.

Source: Office for National Statistics

Among the constituent countries of the UK, gender disparities in life expectancy were greatest in Scotland and Northern Ireland between 2006 and 2008, where females could expect to live five years longer than males born in the same year. In Scotland, females could expect to live for 80 years while for males this figure was 75 years. Equivalent figures in Northern Ireland were 81 years and 76 years respectively.

In 2007, life expectancy at birth for males in the UK of 77.4 years was higher than the European Union (EU-27) average of 75.8 years. Sweden had the highest life expectancy at birth for males in the EU, at 79.0 years. Female life expectancy at birth in the UK, at 81.6 years, was slightly lower than the EU average of 82.0 years, while France had the highest female life expectancy at birth, at 84.4 years.

Over the last 40 years the main causes of mortality have decreased as medical technology and treatments have improved, along with improvements in key lifestyle risk factors such as smoking. However, circulatory disease, including cardiovascular disease (a term covering diseases of the heart or blood vessels such as coronary heart disease, angina and stroke), has remained the leading cause of mortality among males. It was also the leading cause of mortality for females throughout this period until 2006, after which cancers became more prevalent (Figure 7.2).

In 1971, the age-standardised death rates (See Appendix, Part 7: Standardised rates) for circulatory diseases were 6,936 deaths per million males and 4,285 deaths per million females. By 2008, these rates had fallen by two-thirds to 2,298 deaths per million males and 1,494 deaths per million females. In 2006, cancer became the most common cause of death among females, when there were 1,569 cancer deaths per million females compared with 1,559 deaths per million females from circulatory disease. Since 2006, the gap between circulatory diseases and cancer mortality rates for females has widened. By 2008 the death rates for circulatory diseases were 1,494 deaths per million females while the female cancer mortality rate rose slightly to 1,589 deaths per million females.

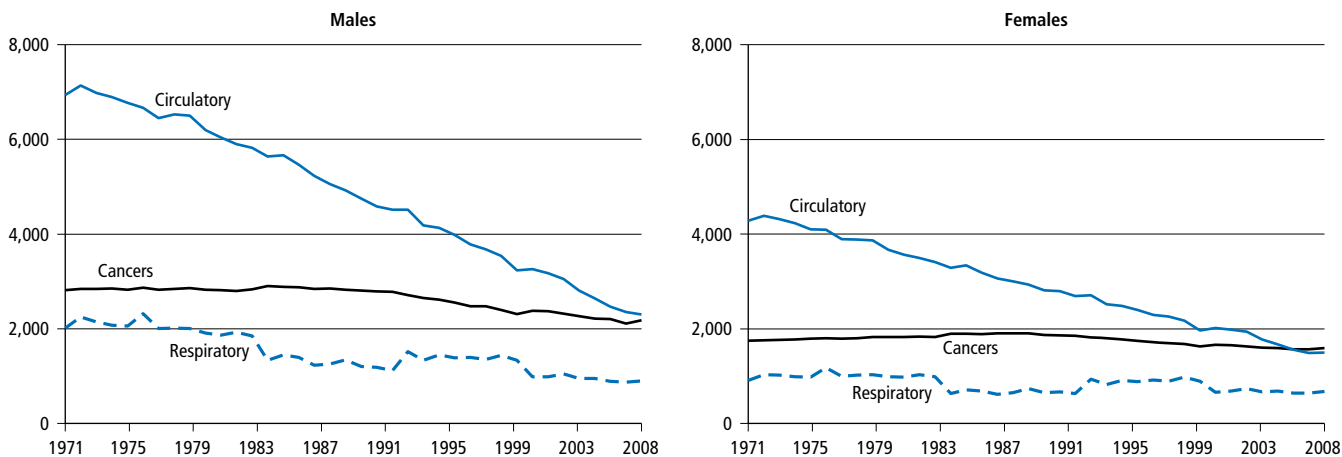
Male death rates from respiratory diseases have also shown a large decline over the last 40 years, from 2,015 deaths per million males in 1971 to 901 deaths per million males in 2008, a fall of 55 per cent. In 1971, the death rate for respiratory disease for females was less than half the rate for males, at 909 per million females. By 2008 this had fallen 26 per cent to 674 deaths per million females. Death rates for cancers in 2008 were also at their lowest levels among males since 1971, falling 22 per cent from 2,811 per million males in 1971 to 2,180 per million males in 2008.

**Figure 7.2**

**Mortality:<sup>1</sup> by sex and leading cause groups**

United Kingdom<sup>2</sup>

Rates per million population



1 Data are for all ages and have been age-standardised using the European standard population. See Appendix, Part 7: Standardised rates, International Classification of Diseases, and European standard population.  
2 Data for 2000 are for England and Wales only.

Source: Office for National Statistics

Immunisation and vaccination are important strategies to protect people against certain diseases. Between 1971 and 2008/09 there have been large increases in the proportions of children who have completed primary courses of immunisation by their second birthday (Figure 7.3). The proportion of two-year-olds immunised against diphtheria, tetanus and polio has increased by 33 percentage points over the last 37 years to reach 98 per cent in the UK in 2008/09. Immunisation of two-year-olds against whooping cough has shown a 34 percentage point increase over the same period. However, immunisation against whooping cough fell to 45 per cent in 1981 primarily due to anxiety regarding the side-effects of the vaccine in the mid-1970s. Since this issue has been resolved, there has been a 53 percentage point increase to 98 per cent in 2008/09. Between 1971 and 1991/92, the measles, mumps and rubella (MMR) immunisation rate among two-year-olds nearly doubled from 46 per cent to 90 per cent. Concerns over the safety of the MMR vaccine led to a fall in the proportion of children immunised to 84 per cent in 2001/02, although it has since increased a little to reach 87 per cent in 2008/09.

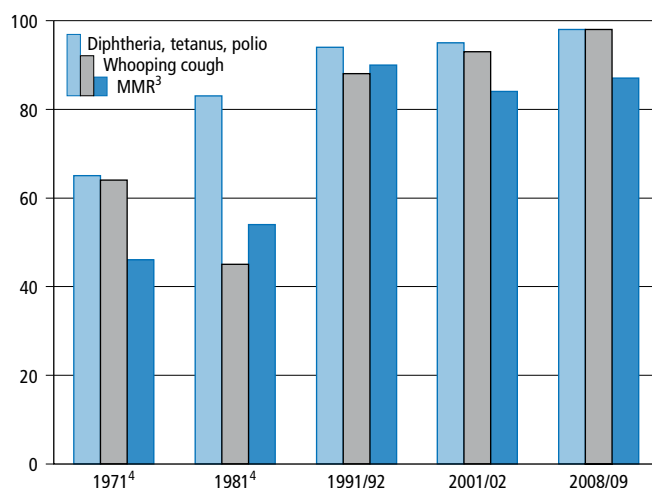
There are slight differences between the immunisation rates of the constituent countries of the UK in 2008/09. Scotland and Northern Ireland had the highest diphtheria, tetanus, polio and whooping cough immunisation rates in the UK, with 98 per cent of children immunised, compared with 97 per cent in Wales and 94 per cent in England. Similarly, Scotland had the highest MMR immunisation rate (92 per cent) followed by

**Figure 7.3**

**Completed primary immunisation courses<sup>1</sup> at two years of age**

United Kingdom<sup>2</sup>

Percentages

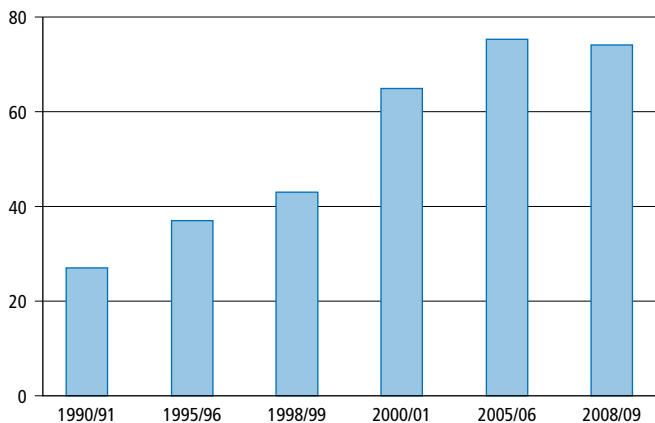


1 Primary immunisation courses are the first immunisations given to babies at two, three and four months.  
2 England and Wales data are based on actual numbers of immunisations; Northern Ireland data based on populations by calendar year; Scotland data based on all children reaching a specified age who were alive and registered on the Scottish Immunisation Recall System at the end of the reporting period.  
3 Prior to 1988 the vaccination immunised against measles only.  
4 Data are for Great Britain.

Source: The NHS Information Centre for health and social care; Welsh Assembly Government; NHS in Scotland; Communicable Disease Surveillance Centre, Northern Ireland

**Figure 7.4****Take-up of influenza vaccine: people aged 65 and over**England<sup>1</sup>

Percentages



1 Data for 1990/91 to 1998/99 are for Great Britain.

Source: Health Protection Agency

Northern Ireland (91 per cent), Wales (88 per cent) and England (85 per cent).

Immunisation against influenza is intended primarily for people in high risk groups, such as the elderly aged 65 and over or those with chronic heart disease, lung disease, renal disease or diabetes. In 2000/01 the Government began a free immunisation campaign for all those aged 65 and over, with a World Health Organisation target that 75 per cent of this age group will be immunised by 2010. In Great Britain in 1990/91, 27 per cent of those aged 65 and over had been immunised against flu and by the start of the NHS influenza immunisation campaign in 2000/01 the proportion in England had risen to 65 per cent (Figure 7.4). The proportion immunised peaked in 2005/06 at 75 per cent, but by 2008/09 had fallen slightly to 74 per cent.

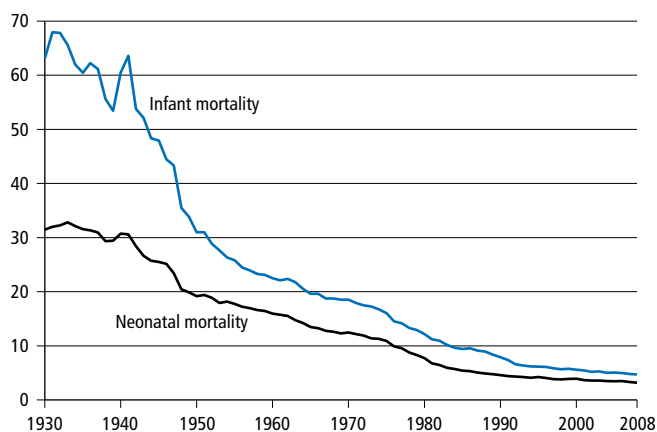
Among the constituent countries of the UK, immunisation was highest in England and Northern Ireland in 2008/09, at 74 per cent, followed by Scotland with 71 per cent. Wales had the lowest rate, at 64 per cent.

Infant and neonatal mortality (defined as deaths in the first year of life and deaths of babies under 28 days respectively) in the UK has decreased since 1930 and this is one of the factors contributing to an overall increase in life expectancy (Figure 7.5). Infant mortality rates fell from 63.1 to 4.7 per 1,000 live births between 1930 and 2008. Neonatal mortality rates have also shown substantial decreases over the last eight decades, falling by around 90 per cent from 31.5 to 3.2 per 1,000 live births between 1930 and 2008. Both infant and neonatal mortality rates were at their lowest recorded levels in 2008.

**Figure 7.5****Infant<sup>1</sup> and neonatal<sup>2</sup> mortality**

United Kingdom

Rates per 1,000 live births



1 Deaths in the first year of life per 1,000 live births.

2 Deaths in babies under 28 days per 1,000 live births. Includes perinatal mortality: deaths under 7 days.

Source: Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics and Research Agency

In England and Wales, infant mortality is higher among boys than girls. In 2008 there were 1,920 deaths among boys under the age of one, compared with 1,449 among girls. Over two-thirds of these deaths for both boys and girls (68 per cent each) were classed as neonatal deaths.

During the period 1978 to 2008, the main underlying causes of death among older people aged 65 and over in the UK were cancers, diseases of the circulatory system and diseases of the respiratory system (Table 7.6).

With the exception of those aged 65 to 74, diseases of the circulatory system remained the most common causes of death among older people over this period, although they have also recorded the largest declines in death rates over the same period of 52 per cent among men and 48 per cent among women. The decline was highest among people aged 65 to 74. Between 1978 and 2008 there was a 70 per cent fall in the death rate from circulatory disease among men aged 65 to 74, from 24,141 to 7,234 deaths per million men, and a 71 per cent fall among women, from 12,534 to 3,683 deaths per million women. There was a downward trend in mortality rates from circulatory disease in the older age groups for both men and women, though not as great. Among those aged 75 to 84, the rates fell by 58 per cent between 1978 and 2008 to reach 22,404 deaths per million men and by 59 per cent to 15,755 deaths per million women. Among those aged 85 and over the rates fell by 46 per cent to 60,576 deaths per million men and by 42 per cent to 56,477 deaths per million women.

**Table 7.6**  
**Selected causes of death in people aged 65 and over**

| United Kingdom                            | Rates per million population |        |        |        |             |        |
|---|------------------------------|--------|--------|--------|-------------|--------|
|   | 65–74                        |        | 75–84  |        | 85 and over |        |
|   | Men                          | Women  | Men    | Women  | Men         | Women  |
| <b>Cancer</b>                             |                              |        |        |        |             |        |
| 1978                                      | 13,284                       | 6,809  | 22,238 | 10,658 | 25,980      | 15,457 |
| 1988                                      | 12,868                       | 7,606  | 23,670 | 12,193 | 31,533      | 17,563 |
| 1998                                      | 11,375                       | 7,377  | 21,234 | 11,994 | 31,139      | 16,349 |
| 2008                                      | 9,381                        | 6,370  | 19,450 | 12,212 | 31,858      | 18,453 |
| <b>Diseases of the circulatory system</b> |                              |        |        |        |             |        |
| 1978                                      | 24,141                       | 12,534 | 53,518 | 38,139 | 112,018     | 96,596 |
| 1988                                      | 20,149                       | 10,497 | 47,265 | 32,731 | 89,182      | 86,502 |
| 1998                                      | 14,409                       | 7,607  | 36,688 | 25,303 | 77,778      | 68,221 |
| 2008                                      | 7,234                        | 3,683  | 22,404 | 15,755 | 60,576      | 56,477 |
| <b>Diseases of the respiratory system</b> |                              |        |        |        |             |        |
| 1978                                      | 5,788                        | 2,224  | 20,450 | 9,696  | 57,604      | 38,453 |
| 1988                                      | 3,856                        | 1,828  | 13,312 | 5,557  | 39,941      | 25,075 |
| 1998                                      | 3,971                        | 2,698  | 14,624 | 8,909  | 47,384      | 33,502 |
| 2008                                      | 2,586                        | 1,800  | 9,344  | 6,777  | 31,664      | 25,056 |

Source: Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics and Research Agency

Between 1978 and 2008, death rates for men for all age groups aged 65 and over from diseases of the respiratory system also declined substantially. These declines range from 55 per cent for men aged 65 to 74 years to 45 per cent for those aged 85 and over. Among women aged 65 and over the decrease was smaller, 33 per cent, although the death rates were considerably lower than for men throughout the period.

The death rates from cancers among people aged 65 and over have not followed the same trend as those for diseases of the circulatory and respiratory systems. There were decreases in the death rates between 1978 and 2008 for cancers among men of 29 per cent in the 65 to 74 age group and of 13 per cent for the 75 to 84 age group. However, among men aged 85 and over there was a 23 per cent increase in the death rate from cancers, from 25,980 per million men in 1978 to 31,858 per million in 2008. Among women there were increases in the death rate from cancers among the 75 to 84 age group, of 15 per cent, and among those aged 85 and over of 19 per cent.

There has been a rise in healthcare associated infections since 1993. One of the more common infections is *Staphylococcus aureus* (*S. aureus*), a common germ, and meticillin-resistant

*Staphylococcus aureus* (MRSA) a variety of *S. aureus* resistant to the antibiotic meticillin which is used to treat the infection.

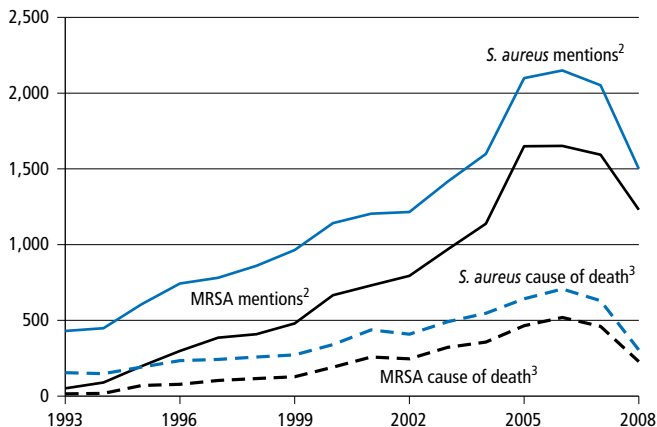
In England and Wales between 1993 and 2006, the number of death certificates that mentioned *S. aureus* or MRSA as a contributory factor in death increased each year (Figure 7.7 overleaf). In 1993 there were 481 deaths where *S. aureus* or MRSA was mentioned on the death certificate, of which 11 per cent mentioned MRSA only. The figures peaked in 2006 when there were 3,802 mentions of *S. aureus* or MRSA on death certificates, of which MRSA accounted for 43 per cent. Since then the number of mentions on death certificates has fallen. In 2008 there were 2,730 mentions of *S. aureus* or MRSA on death certificates, the lowest level since 2003, and a 25 per cent fall since 2007.

The number of death certificates where *S. aureus* or MRSA was identified as the underlying cause of death also increased between 1993 and 2008. In 1993 there were 170 deaths where *S. aureus* or MRSA was identified as the underlying cause, of which MRSA accounted for 9 per cent. In 2006, the figure peaked at 1,226 deaths, but has since fallen by 57 per cent to 533 deaths in 2008. In comparison, in Northern Ireland the number of death certificates where *S. aureus* or

**Figure 7.7**  
**Deaths involving MRSA<sup>1</sup>**

England & Wales

Number



1 Deaths where *Staphylococcus aureus* or meticillin-resistant *Staphylococcus aureus* (MRSA) was mentioned on the death certificate as a contributory factor. See Appendix, Part 7: MRSA.

2 Death certificates where *Staphylococcus aureus* or MRSA was mentioned.

3 Death certificates where *Staphylococcus aureus* or MRSA was given as the underlying cause of death.

Source: Office for National Statistics

MRSA was identified as the underlying cause of death rose from 1 case in 1998 to 38 cases in 2008.

The age-specific mortality rates for *S. aureus* and MRSA increase with age and are highest among those aged 85 and

over. Between 2004 and 2008 in England and Wales the 'All *S. aureus*' (including MRSA) mortality rate was 776.0 per million males and 397.7 per million females for this age group. In comparison, the mortality rate was 2.7 per million males and 2.1 per million females aged under 45 years. In Northern Ireland in 2008, the mortality rate among those aged 75 and over (500.1 per million population) was more than 10 times higher than for those aged 45 to 74 (47.0 per million population). In England and Wales between 2004 and 2008, 89 per cent of all *S. aureus* deaths took place in NHS hospitals (8,378 deaths), though this represented less than 0.6 per cent of all deaths in an NHS hospital over this period.

Since 1974 there have been improvements in the treatment of, and immunisation against, infectious diseases. This is reflected in the decline in notification rates of certain diseases such as measles, scarlet fever and tuberculosis (Table 7.8). In 1974 there were almost 110,000 notified cases of measles in England and Wales, a rate of 223.0 per 100,000 population. Thirty years later in 2004 the number had fallen to 2,356 cases, a rate of 4.4 per 100,000 population, at least in part as a result of improved immunisation rates (see Figure 7.3). Although the number of notifications rose slightly in 2008 to 5,088 cases, this was still a decline of 95 per cent compared with 1974.

There have also been large declines in notified cases of whooping cough, scarlet fever and dysentery in England and Wales over the last thirty years. Between 1974 and 2008, the number of cases of whooping cough fell by around

**Table 7.8**  
**Notifications of selected infectious diseases and conditions**

England & Wales

Thousands

|   | 1974  | 1984 | 1994 | 2004 | 2008 |
|---|-------|------|------|------|------|
| Food poisoning                                  | 6.2   | 20.7 | 81.8 | 70.3 | 69.0 |
| Mumps <sup>1</sup>                              | ..    | ..   | 2.5  | 16.4 | 7.8  |
| Tuberculosis                                    | 10.7  | 6.1  | 5.6  | 6.7  | 7.3  |
| Measles   | 109.6 | 62.1 | 16.4 | 2.4  | 5.1  |
| Infective jaundice/Viral hepatitis <sup>2</sup> | 7.6   | 5.8  | 3.7  | 3.9  | 4.8  |
| Scarlet fever                                   | 10.4  | 6.3  | 6.2  | 2.2  | 2.9  |
| Whooping cough                                  | 16.2  | 5.5  | 4.0  | 0.5  | 1.5  |
| Acute meningitis                                | 2.2   | 1.2  | 1.8  | 1.3  | 1.2  |
| Dysentery (amoebic and bacillary)               | 8.2   | 6.8  | 7.0  | 1.2  | 1.2  |
| Rubella <sup>1</sup>                            | ..    | ..   | 6.3  | 1.3  | 1.1  |
| Typhoid and paratyphoid fevers                  | 0.2   | 0.2  | 0.4  | 0.3  | 0.4  |
| Malaria   | 0.6   | 1.4  | 1.1  | 0.6  | 0.4  |

1 Rubella and mumps became notifiable on 1 October 1988.

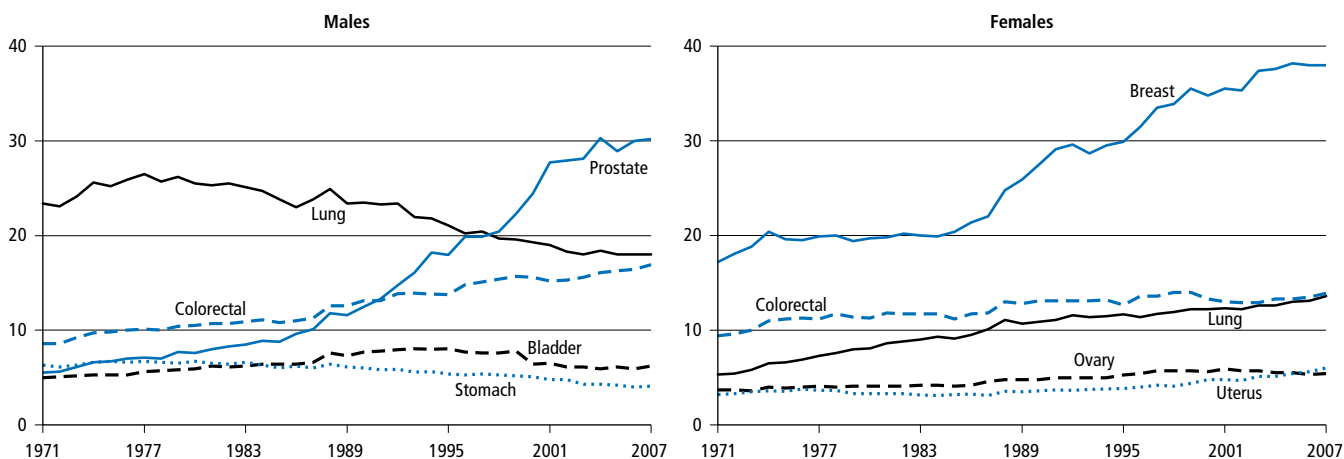
2 Infective jaundice was redesignated Viral hepatitis on 1 October 1988.

Source: Office for National Statistics; Health Protection Agency; Department of Health, Social Services and Public Safety, Northern Ireland

**Figure 7.9****Incidence of selected major cancers:<sup>1</sup> by sex**

England

Thousands



1 Cancers are coded to the International Classification of Diseases, Tenth Revision (ICD-10). See Appendix, Part 7: International Classification of Diseases.

Source: Office for National Statistics

91 per cent, from 16,230 to 1,512. Cases of scarlet fever fell from 10,409 to 2,920; and cases of dysentery fell from 8,211 to 1,166. Over the same period there has been a substantial increase in notifications of food poisoning. In 1994, there were 81,833 cases of food poisoning, 13 times higher than in 1974 (6,239 cases). Although the number of notifications has fallen since 1994, the number of cases in 2008, at 68,962, was still eleven times higher than in 1974, and the rate per 100,000 population had risen from 11.5 in 1974 to 126.7 in 2008.

In Northern Ireland and Scotland, there have also been considerable changes in notifications of certain infectious diseases. Between 1990 and 2008, cases of measles and rubella fell by 93 per cent and 95 per cent respectively in Northern Ireland and by 97 per cent and 96 per cent respectively in Scotland. As in England and Wales, there were large increases in cases of food poisoning in Northern Ireland and Scotland. Between 1990 and 2008 in Northern Ireland there was a 55 per cent increase in cases, from 819 in 1990 to 1,267 in 2008, and a 73 per cent increase between 1985 and 2007 in Scotland, from 4,156 to 7,186 cases. This represented a rate of 71.4 per 100,000 population in Northern Ireland in 2008, almost half the rate in Scotland of 139.7 per 100,000.

## Cancer

At some time in their lives, around one in three people will develop cancer. Cigarette smoking is strongly linked to cases of lung cancer, and remains the single biggest risk factor for the disease. In England, the incidence of lung cancer has fallen

sharply in males since the 1970s, from a peak of 26,500 cases in 1977 to around 18,000 in 2007 (Figure 7.9), mainly as a result of the decline in cigarette smoking, see the Smoking, drinking and drugs section later in this chapter. Historically, lung cancer incidence and the number of smokers have been lower among females than males. In 2007, incidence of lung cancer reached around 13,600 cases among females and although this is an increase from 5,300 cases in 1971, it is just over a half of the peak male figure of 26,500 in 1977.

Between 1971 and 1997 the incidence of lung cancer was higher among males in England than any other major cancer, but since 1998 prostate cancer has become the most prevalent male cancer, reaching over 30,000 cases in 2007. Between 1971 and 2007, the most prevalent cancer among females in England was breast cancer, and its incidence more than doubled over the period, from 17,200 to 38,000 cases. In 2007, breast cancer accounted for just under a third of all newly diagnosed cases of cancer in females.

Incidence of prostate cancer among males in England increased more than fivefold between 1971 and 2007, from 5,500 to 30,200 cases, and in 2007 it accounted for a quarter of all newly diagnosed cases of cancer in males. Increased detection due to the use of Prostate Specific Antigen (PSA) testing could account for some of the increase. Among the major cancers, incidence of colorectal cancer among males in England has almost doubled from 8,600 cases in 1971 to 16,900 in 2007. Among females, ovarian cancer has the lowest incidence of the major cancers with 5,400 cases in 2007, around 4 per cent of all cancer cases among females.

**Table 7.10**  
**Mortality rates of major cancers:<sup>1</sup> by sex**

| United Kingdom | Rates per 100,000 population |      |      |      |      |      |
|----------------|------------------------------|------|------|------|------|------|
|                | 1995                         | 2000 | 2005 | 2006 | 2007 | 2008 |
| <b>Males</b>   |                              |      |      |      |      |      |
| Prostate       | 31                           | 28   | 26   | 25   | 25   | 24   |
| Lung           | 76                           | 63   | 53   | 52   | 52   | 52   |
| Colorectal     | 29                           | 26   | 23   | 23   | 22   | 23   |
| <b>Females</b> |                              |      |      |      |      |      |
| Breast         | 37                           | 32   | 28   | 28   | 27   | 27   |
| Lung           | 31                           | 30   | 30   | 31   | 31   | 33   |
| Colorectal     | 19                           | 16   | 14   | 14   | 14   | 14   |

1 Data are for all ages and have been age-standardised using the European standard population. See Appendix, Part 7: Standardised rates, International Classification of Diseases, and European standard population.

Source: Office for National Statistics; Cancer Research UK

Despite increases in the incidence rates of most major cancers, age-standardised mortality rates (see Appendix, Part 7: Standardised rates) for cancer have continued to fall in the UK

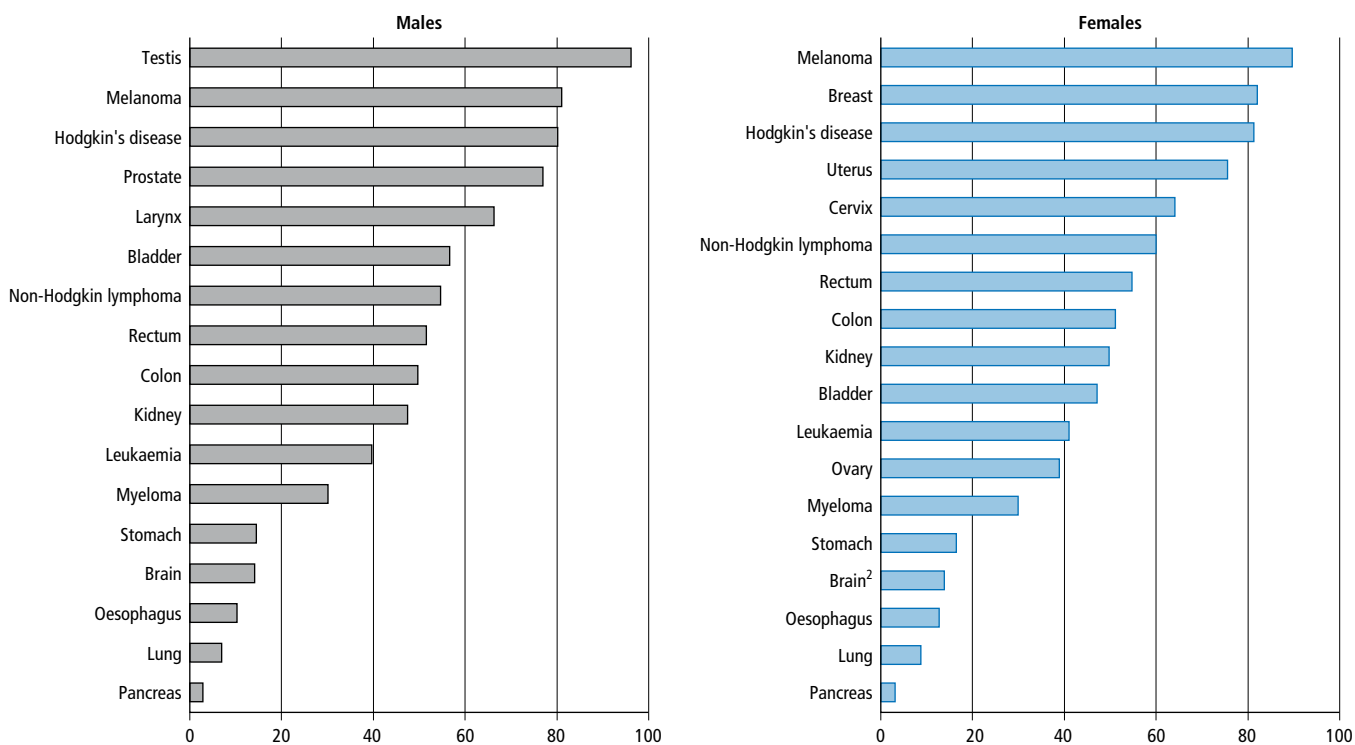
(Table 7.10). In the UK, despite incidence rates increasing, mortality rates for colorectal cancer have decreased by around a fifth among males. From 29 per 100,000 in 1995 to 23 per 100,000 in 2008, and just over a quarter among females, 19 per 100,000 females to 14 per 100,000 respectively. The mortality rates for prostate cancer among males and for breast cancer among females have also fallen substantially, by around a quarter (23 per cent and 27 per cent respectively).

Between 1995 and 2008 mortality rates for lung cancer among males fell 32 per cent, from 76 per 100,000 males in 1995 to 52 per 100,000 in 2008. Among females the rate has increased slightly from 31 per 100,000 females to 33 per 100,000 over the same period.

In England in 2007, 8 out of the 17 most common cancers for males aged 15 to 99 had five-year age-standardised survival rates (see Appendix, Part 7: Age-standardised survival rates) of more than 50 per cent, compared with 8 out of the 18 common cancers among females. Among males in England in 2007, the highest five-year age-standardised survival rate was for testicular cancer at 96 per cent, and among females, melanoma (skin cancer) at 90 per cent (Figure 7.11).

**Figure 7.11**  
**Five-year relative survival for common cancers:<sup>1</sup> by sex**

England  
Percentages



1 Patients aged 15 to 99 years diagnosed between 2001 and 2006, and followed up to 2007. See Appendix, Part 7: Age-standardised survival rates.

2 Not age-standardised.

Source: Office for National Statistics



Among both sexes in England in 2007, the lowest five-year survival rates were for pancreatic cancer, at around 3 per cent. Of the major cancers (see Figure 7.9), lung cancer has the lowest five-year survival rate among both sexes, 7 per cent of males and 9 per cent of females, compared with the survival rate for prostate cancer in males of 77 per cent, and that for breast cancer among females of 82 per cent. Similarly in Northern Ireland in 2006, five-year survival from the major cancers was lowest for lung cancer, 18 per cent, and among males highest for prostate cancer, 80 per cent, and for breast cancer among females, 85 per cent.

Improvements in screening services help identify incidences of cancer during its early stages and may mean it can be treated more effectively. Between 1998 and 2008 the take-up of breast cancer screening among women in the UK has remained at around 75 per cent of the target population (see Appendix, Part 7: Breast and Cervical cancer screening target population). In England, mortality rates from breast cancer have fallen 22 per cent from 69 per 100,000 of the target population in 1998 to 54 per 100,000 in 2007. During the same period cervical cancer screening in the UK has fallen slightly to around 78 per cent of the target population, ranging from 75 per cent in Northern Ireland to 79 per cent in England and Scotland in

2008/09. In England, between 1998 and 2007 the female mortality rate from cervical cancer has remained at around 3 deaths per 100,000.

## Smoking, drinking and drugs

People who smoke are more at risk than non-smokers of contracting respiratory cancer (of the lung, larynx and pharynx), other respiratory diseases and emphysema. Over the last decade the proportion of adult regular smokers, defined as those who smoke at least one cigarette a week, has fallen in Great Britain. In 1998, almost one in three men (30 per cent) smoked on a regular basis as did around one in four women (26 per cent) (Table 7.12). By 2008 these proportions had fallen to 22 per cent and 21 per cent respectively.

Among regular smokers between 1974 and 2008, there was a substantial fall for both sexes in the proportion classed as heavy smokers (those smoking 20 or more cigarettes a day). In 1974 more than a quarter of men (26 per cent) and 13 per cent of women in Great Britain who smoked regularly were classed as heavy smokers. By 1998, these proportions had fallen to 11 per cent and 7 per cent respectively, and by 2008, these proportions had fallen further to 7 per cent and 5 per cent respectively.

**Table 7.12**

### Adults<sup>1</sup> cigarette smoking habits: by sex<sup>2,3</sup>

| Great Britain                                    | Percentages |      |      |      |      |      |                   |      |      |      |
|--|-------------|------|------|------|------|------|-------------------|------|------|------|
|  | 1998        | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 <sup>4</sup> | 2006 | 2007 | 2008 |
| <b>Men</b>                                       |             |      |      |      |      |      |                   |      |      |      |
| Current cigarette smokers                        | 30          | 29   | 28   | 27   | 28   | 26   | 25                | 23   | 22   | 22   |
| Of which:  |             |      |      |      |      |      |                   |      |      |      |
| Light to moderate smokers (less than 20 per day) | 19          | 18   | 19   | 17   | 18   | 18   | 17                | 15   | 16   | 15   |
| Heavy smokers (20 or more per day)               | 11          | 10   | 10   | 10   | 10   | 9    | 8                 | 8    | 7    | 7    |
| Ex-regular cigarette smokers                     | 29          | 27   | 27   | 28   | 27   | 28   | 27                | 27   | 28   | 30   |
| Never or only occasionally smoked cigarettes     | 42          | 44   | 45   | 46   | 45   | 46   | 47                | 50   | 50   | 49   |
| <b>Women</b>                                     |             |      |      |      |      |      |                   |      |      |      |
| Current cigarette smokers                        | 26          | 25   | 26   | 25   | 24   | 23   | 23                | 21   | 20   | 21   |
| Of which:  |             |      |      |      |      |      |                   |      |      |      |
| Light to moderate smokers (less than 20 per day) | 19          | 19   | 19   | 18   | 18   | 17   | 17                | 16   | 15   | 15   |
| Heavy smokers (20 or more per day)               | 7           | 6    | 7    | 7    | 7    | 6    | 6                 | 5    | 5    | 5    |
| Ex-regular cigarette smokers                     | 20          | 20   | 21   | 21   | 21   | 20   | 21                | 21   | 21   | 22   |
| Never or only occasionally smoked cigarettes     | 53          | 54   | 53   | 54   | 55   | 57   | 57                | 58   | 59   | 58   |

1 Aged 16 and over.

2 From 1998 onwards data are weighted to compensate for nonresponse and to match known population distributions.

3 In 2008 the General Household Survey was renamed the General Lifestyle Survey. See Appendix, Part 2: General Household Survey.

4 Includes data from last quarter of 2004/05 due to survey change from financial year to calendar year.

Source: General Lifestyle Survey (Longitudinal), Office for National Statistics

The proportion of people who have never smoked, occasionally smoked, or have quit smoking has increased among both men and women over the last four decades. In 1974, around half (48 per cent) of men had never or occasionally smoked or had stopped smoking, by 1998 this had risen to 71 per cent and by 2008 this proportion had risen to more than three-quarters (79 per cent). In comparison, the proportion of females who were not regular smokers rose from three-fifths (60 per cent) in 1974 to 73 per cent in 1998, and then four-fifths (80 per cent) in 2008. In Great Britain in 2008/09, 71 per cent of regular smokers gave better health in general as the main reason for wanting to stop smoking, while 6 per cent wanted to stop as a result of the smoking ban in public places.

In 2008, among the constituent countries of Great Britain, the highest proportion of smokers was in Scotland, 23 per cent of men and 24 per cent of women. Wales had the lowest proportion of men smoking at 20 per cent, and England had the lowest proportion of women smoking at 20 per cent.

International organisations such as the World Health Organisation agree that alcohol can cause a wide range of diseases such as liver cancer and cirrhosis of the liver. Current guidelines from the Chief Medical Officer for England suggest that consuming three to four units of alcohol per day for men and two to three units for women should not lead to significant health risks (see Appendix, Part 7: Alcohol consumption for further information regarding units). Individuals identified at highest risk of alcohol-related harm are those who regularly drink at least twice the recommended daily limit.

In 2008, 16 per cent of men aged 16 and over in Great Britain drank up to double the recommended daily alcohol guideline at least once in the week prior to interview, as did a very similar proportion of women (15 per cent) (Table 7.13). However, a higher proportion of men than women drank more than double the recommended daily units at least once in the previous week, around one in five men (21 per cent) compared with around one in seven women (14 per cent). Two-thirds (63 per cent) of men and around three-quarters (71 per cent) of women drank within the recommended guidelines in the previous week.

The younger adult population are more likely to binge-drink, defined as consuming more than double the recommended daily limit. In 2008 in Great Britain, 30 per cent of men aged 16 to 24 drank more than eight units at least once in the previous week, four times higher than those aged 65 and over. Similarly for women, around a quarter (24 per cent) aged 16 to 24 drank more than double the recommended daily allowance at least once in the previous week, 12 times higher than those aged 65 and over. However, men and women aged 16 to 24 were also

Table 7.13

Adults' maximum alcohol consumption:<sup>1,2</sup> by sex and age, 2008<sup>3</sup>

| Great Britain                       | Percentages |       |       |             |                      |
|-------------------------------------|-------------|-------|-------|-------------|----------------------|
|                                     | Age         |       |       |             |                      |
|                                     | 16–24       | 25–44 | 45–64 | 65 and over | All aged 16 and over |
| <b>Men</b>                          |             |       |       |             |                      |
| 4 units or less                     |             |       |       |             |                      |
| Drank nothing in the previous week  | 37          | 28    | 26    | 34          | 30                   |
| Up to 4 units                       | 21          | 30    | 33    | 44          | 33                   |
| More than 4 units                   |             |       |       |             |                      |
| More than 4 units and up to 8 units | 12          | 15    | 20    | 14          | 16                   |
| More than 8 units                   | 30          | 27    | 21    | 7           | 21                   |
| <b>Women</b>                        |             |       |       |             |                      |
| 3 units or less                     |             |       |       |             |                      |
| Drank nothing in the previous week  | 48          | 41    | 40    | 57          | 45                   |
| Up to 3 units                       | 16          | 22    | 28    | 33          | 26                   |
| More than 3 units                   |             |       |       |             |                      |
| More than 3 units and up to 6 units | 12          | 16    | 19    | 8           | 15                   |
| More than 6 units                   | 24          | 20    | 13    | 2           | 14                   |

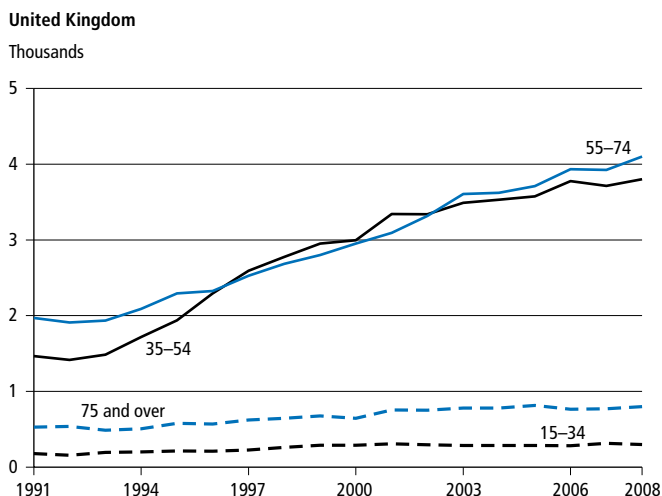
- 1 Maximum drunk on any one day in the week prior to interview. In 2008 a wine glass size question was added and used to calculate the number of units of wine consumed.
- 2 Department of Health guidelines recommend men should not regularly drink more than 3 to 4 units of alcohol per day, and women should not drink more than 2 to 3 units of alcohol per day.
- 3 In 2008 the General Household Survey was renamed the General Lifestyle Survey. See Appendix, Part 2: General Household Survey.

Source: *General Lifestyle Survey 2008 (Longitudinal)*, Office for National Statistics

more likely than those aged 25 to 64 to have drunk no alcohol at all in the week prior to interview.

Among the constituent countries of Great Britain in 2008, men aged 16 and over in Scotland were most likely not to have drunk any alcohol; more than a third (35 per cent), and around half (52 per cent) of women in Wales did not drink in the week prior to interview. Among men in Great Britain, those in England were most likely to binge-drink (22 per cent), whereas those in Wales were least likely (16 per cent). Among women in Great Britain, those in Wales were more likely to have drunk less than three units in the previous week (26 per cent), while those in England were more likely to binge-drink, 15 per cent, compared with 13 per cent in Scotland.

**Figure 7.14**  
**Alcohol-related deaths:<sup>1</sup> by age**



1 See Appendix, Part 7: Alcohol-related causes of death.

Source: Office for National Statistics

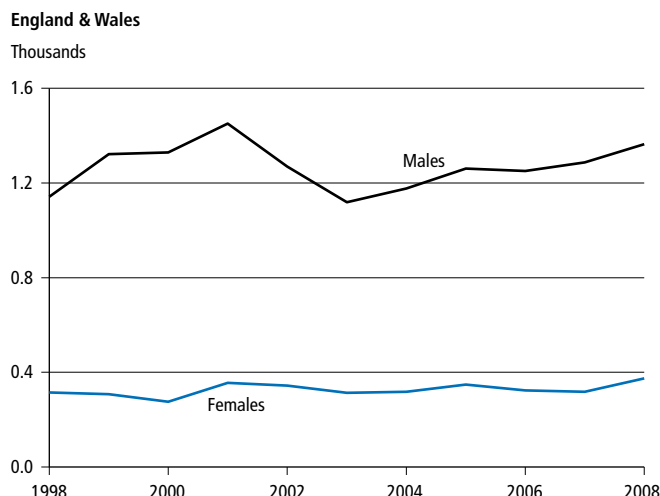
In 2008, there were 9,031 alcohol-related deaths in the UK, more than double the number in 1991, at 4,144. Alcohol-related deaths have increased in all age groups since 1991 (Figure 7.14). Those aged 15 to 34 years in the UK were less likely to die of an alcohol-related death than any other age group. In 2008, 328 alcohol-related deaths were recorded in this age group, just under half the number among those aged 75 and over (787).

Between 1991 and 2008 the greatest increases in alcohol-related deaths in the UK were among the ‘middle-aged’ population. Deaths among those aged 35 to 54 more than doubled from 1,466 in 1991 to 3,814 in 2008, while deaths among those aged 55 to 74 rose from 1,969 to 4,101 over the same period, an increase of 108 per cent and the highest number of deaths of all the age groups shown.

Alcohol-related death rates were highest among the 55 to 74 age group among both men and women, 45.8 per 100,000 men and 21.5 per 100,000 women respectively in 2008. This was just over 15 times higher than the rate among men aged 15 to 34, at 2.9 per 100,000, and more than 16 times higher than among women, at 1.3 per 100,000.

Alcohol-related deaths are consistently higher among men than women. In 2008, men accounted for 66.4 per cent of all alcohol-related deaths, an increase of over 5 percentage points from 1991. The number of alcohol-related deaths among men more than doubled in the UK between 1991 and 2008, a 137 per cent increase from 2,532 deaths to a peak of 5,999. In comparison, deaths among women increased by 88 per cent over the same period, from 1,612 to also peak in 2008 at 3,032.

**Figure 7.15**  
**Deaths related to drug misuse:<sup>1</sup> by sex**



1 Deaths where the underlying cause was poisoning, drug abuse or drug dependence, and where any of the substances controlled under the *Misuse of Drugs Act 1971* were involved. See Appendix, Part 7: Death related to drug misuse.

Source: Office for National Statistics

Deaths related to drug misuse also increased over the last decade in England and Wales, though less rapidly than for alcohol-related deaths (Figure 7.15). Among males, figures peaked in 2001 at 1,450 deaths, before falling to 1,118 in 2003. Over the last five years, figures have steadily risen to reach 1,364 in 2008. Among females, figures have remained fairly stable over the same period, between 300 and 400 deaths, peaking in 2008 at 374 deaths. Between 1998 and 2008 the total number of deaths relating to drug misuse increased by 19 per cent, from 1,457 to 1,738. The percentage increase was the same for both males and females.

Deaths relating to drug misuse were consistently higher among males than females. On average, males accounted for four-fifths (80 per cent) of all drug-related deaths in England and Wales over the last decade. Similarly, in Northern Ireland deaths related to drug misuse between 1997 and 2007 were higher for males than females; a total of 201 deaths compared with 115 female deaths during the period. Among both males and females, those aged between 30 and 39 accounted for the largest proportion of deaths from drug misuse in 2008. There were 490 deaths of males in this age group, representing 36 per cent of all male deaths relating to drug misuse, and deaths among females in the same age group totalled 112, representing 30 per cent of all female deaths relating to drug misuse. In Northern Ireland, those aged 35 to 44 accounted for 19 of the 48 deaths relating to drug misuse in 2007.

In 2008, the main cause of death from drug poisoning in the UK was accidental poisoning, accounting for 36 per cent of all

deaths relating to drug misuse. In England and Wales heroin and morphine were the most common substances mentioned on a death certificate. In 2008 there were 897 mentions of heroin and morphine, just over five times higher than 1993 when there were 155 mentions.

## Health-related behaviour

Health status is an important indicator of the overall well-being of the population. In the UK in 2007, 70 per cent of males and 66 per cent of females assessed themselves as having 'good health'. A further 21 per cent of males and 22 per cent of females considered themselves to be in 'fairly good health'. The younger population are more than twice as likely to report good health as the elderly population. Among males, on average, 86 per cent of those aged between 16 and 24 reported good health compared with 34 per cent of those aged 75 and over, while the proportions of females in these age groups reporting good health were 78 per cent and 32 per cent respectively.

The population aged 65 and over are generally the most likely age group to suffer from a limiting chronic illness in Great Britain (Table 7.16). Arthritis and rheumatism are the most

commonly reported chronic sickness in 2008 among both men and women aged 45 and over, while among those aged between 16 and 44 years asthma was the most prevalent. Among men, those aged 75 and over were almost 11 times more likely to suffer from arthritis and rheumatism than those aged 16 to 44 years, 118 per 1,000 men and 11 per 1,000 respectively in 2008. Among women, the prevalence rates for arthritis and rheumatism for those aged 75 and over were almost 16 times higher than for those aged 16 to 44, at 236 per 1,000 women and 15 per 1,000 respectively.

For those aged 45 and over in Great Britain in 2008, musculoskeletal conditions were more common among both men and women than heart and circulatory, and respiratory conditions. Respiratory conditions were the leading cause of chronic sickness among those aged between 16 and 44, with asthma affecting 29 per 1,000 men and 47 per 1,000 women.

Obesity is associated with a number of serious chronic conditions such as Type 2 diabetes, hypertension and hyperlipidaemia (high levels of fat in the blood that can lead to narrowing and blockage of blood vessels), which are all major risk factors for cardiovascular disease. Obesity can reduce

**Table 7.16**  
**Self-reported longstanding illness: by sex and age,<sup>1,2</sup> 2008**

| Great Britain                        | Rates per 1,000 population |       |       |             |       |       |       |             |
|--------------------------------------|----------------------------|-------|-------|-------------|-------|-------|-------|-------------|
|                                      | Men                        |       |       |             | Women |       |       |             |
|                                      | 16–44                      | 45–64 | 65–74 | 75 and over | 16–44 | 45–64 | 65–74 | 75 and over |
| <b>Musculoskeletal</b>               |                            |       |       |             |       |       |       |             |
| Arthritis and rheumatism             | 11                         | 64    | 114   | 118         | 15    | 97    | 193   | 236         |
| Back problems                        | 21                         | 47    | 33    | 31          | 18    | 41    | 31    | 36          |
| Other bone and joint problems        | 13                         | 37    | 46    | 87          | 12    | 41    | 67    | 117         |
| <b>Heart and circulatory</b>         |                            |       |       |             |       |       |       |             |
| Heart attack                         | *                          | 22    | 54    | 58          | *     | 8     | 26    | 45          |
| Stroke                               | 1                          | 6     | 24    | 33          | *     | 6     | 16    | 27          |
| Other heart complaints               | 4                          | 50    | 110   | 117         | 5     | 23    | 59    | 111         |
| Other blood vessel/embolic disorders | *                          | 9     | 20    | 29          | 1     | 5     | 7     | 18          |
| <b>Respiratory</b>                   |                            |       |       |             |       |       |       |             |
| Asthma                               | 29                         | 30    | 30    | 41          | 47    | 45    | 52    | 44          |
| Bronchitis and emphysema             | 0                          | 4     | 26    | 33          | *     | 6     | 16    | 16          |
| Hay fever                            | 5                          | 3     | *     | 0           | 3     | *     | *     | 0           |
| Other respiratory complaints         | 3                          | 17    | 24    | 34          | 3     | 6     | 13    | 27          |

1 Population aged 16 and over reporting a longstanding illness or disability that limited their activities.

2 In 2008 the General Household Survey was renamed the General Lifestyle Survey. See Appendix, Part 2: General Household Survey.

Source: General Lifestyle Survey 2008 (Longitudinal), Office for National Statistics

**Table 7.17****Adults<sup>1</sup> body mass index (BMI): by weight classification<sup>2</sup>**

| England                          | Percentages |      |      |      |      |      |      |      |      |
|----------------------------------|-------------|------|------|------|------|------|------|------|------|
|                                  | 1994        | 1996 | 1998 | 2000 | 2002 | 2004 | 2006 | 2007 | 2008 |
| Underweight (BMI less than 18.5) | 1.7         | 1.7  | 1.7  | 1.5  | 1.7  | 1.6  | 1.6  | 1.6  | 1.8  |
| Normal (18.5 to less than 25)    | 45.2        | 42.2 | 40.6 | 38.6 | 37.7 | 36.7 | 36.8 | 37.7 | 36.8 |
| Overweight (25 to less than 30)  | 37.4        | 38.7 | 38.3 | 38.8 | 38.1 | 38.8 | 37.6 | 36.7 | 36.9 |
| Obese <sup>3</sup> (30 and over) | 15.7        | 17.5 | 19.4 | 21.2 | 22.5 | 22.9 | 23.9 | 24.0 | 24.5 |
| Morbidly obese (40 and over)     | 1.0         | 0.9  | 1.3  | 1.5  | 1.8  | 1.7  | 2.1  | 1.8  | 2.0  |

1 People aged 16 and over.

2 See Appendix, Part 7: Body mass index.

3 Includes morbidly obese.

Source: *Health Survey for England, The NHS Information Centre for health and social care*

overall quality of life, create a strain on health services and in some cases lead to premature death.

In England in 2008, more than one in three adults (36.9 per cent) aged 16 or over had a body mass index (BMI) considered overweight; a slight decrease from the proportion in 1994 (37.4 per cent) (Table 7.17). However, the proportion of the population classed as obese according to their BMI rose by almost 10 percentage points over the same period, from 15.7 per cent in 1994 to 24.5 per cent in 2008. In comparison, in Scotland more than one in four adults (26.8 per cent) in 2008 were classed as obese, compared with more than one in five adults in Wales (21.0 per cent).

In England, the proportion of adults considered morbidly obese has doubled over the last 15 years, from 1 per cent of the adult population aged 16 and over in 1994 to 2 per cent in 2008. The proportion of the adult population considered underweight has remained relatively unchanged over the same period, at less than 2 per cent.

Among adults in England in 2008, more than three-quarters (77.1 per cent) of those aged between 65 and 74 were obese or overweight, compared with around a third (33.5 per cent) of those aged between 16 and 24. In both Wales and Scotland in 2008, being overweight or obese was most common among adults aged 55 to 64, (68.0 per cent and 78.9 per cent respectively). Those aged 16 to 24 were least likely to be classified as overweight or obese, 30.0 per cent and 38.0 per cent respectively.

In England, the proportion of children aged under 16 classed as overweight or obese has risen from 25 per cent in 1995 to 30 per cent in 2008. In both Wales and Scotland in 2008, the proportions of overweight or obese children aged between 2 and 15 were very similar to those in England, at 33 per cent

and 32 per cent respectively. Overweight and obesity were slightly more prevalent among boys than girls, 34 per cent and 31 per cent respectively in Wales, and 36 per cent and 27 per cent respectively in Scotland.

Diet has an important influence on obesity and thus on health. A poor diet can result in a higher risk of disease. A diet low in fruit and vegetables can result in chronic conditions such as cardiovascular disease, stroke and diabetes, while a diet high in saturated fat can result in raised blood cholesterol and coronary heart disease. Since 2005 the Government's food and health action plan has set out a strategy recommending at least five portions of fruit and vegetables per day, and reducing the average fat intake to 35 per cent of food energy.

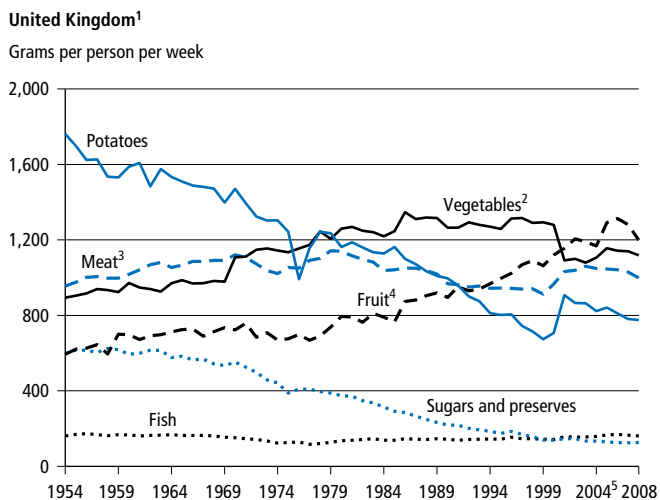
Since 1954 there has been an upward trend in the consumption of fruit and vegetables (Figure 7.18 overleaf). Great Britain was affected by war-time rationing which officially ended when rationing of meat and bacon ended in 1954. In Great Britain in 1954, on average, 594 grams of fruit were consumed per person per week. By 2008 consumption of fruit in the UK had doubled to 1,199 grams per person per week.

Of the selected foods, between 1954 and 1997 vegetables and potatoes were the main constituent in the diet of UK households. In 1954, 1,761 grams of potatoes and 894 grams of vegetables were consumed per person per week. By 2008 less than half the amount of potatoes (776 grams) was consumed, although vegetable consumption had risen to 1,118 grams. The consumption of sugars and preserves has fallen substantially to 127 grams per person per week in 2008, more than four times lower than its peak of 625 grams in 1958.

Among the constituent countries of the UK between 2006 and 2008, households in England consumed the greatest quantity

**Figure 7.18**

**Food consumption: by selected foods**



- 1 Great Britain data for 1954 to 1973. Data from 1974 onwards covers UK.
- 2 Includes consumption of fresh and processed vegetables, but excludes potatoes.
- 3 Includes consumption of carcass meat, non-carcass meat and other meat products.
- 4 Includes consumption of fresh and processed fruit.
- 5 Between 2001–02 and 2005–06 data are for financial year.

Source: Department for Environment, Food and Rural Affairs

of ‘healthy’ foods per person per week, such as fruit (1,277 grams) and fish (169 grams), while consuming the least amount of soft drinks (1,670 ml), and confectionary (125 grams). Households in Wales consumed the most vegetables (1,197 grams), but also consumed the most cheese (119 grams) and alcoholic drinks (814 ml). Households in Northern Ireland consumed less fruit (1,095 grams), vegetables (885 grams), and fish (116 grams) per person per week than the rest of the UK. The diets of Scottish households contained more saturated fat than in the rest of the UK, accounting for 14.9 per cent of the daily energy intake, although along with England, consumed the lowest amount of cholesterol, 269 milligrams per person per day.

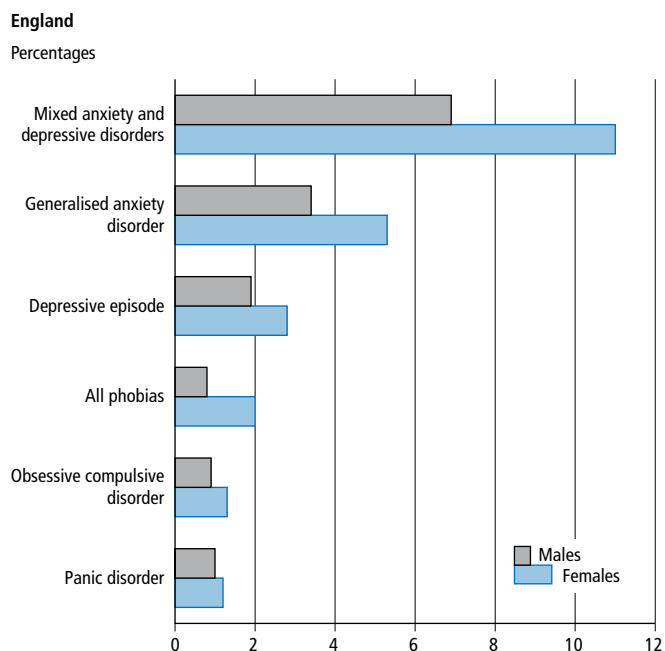
**Mental health**

Common mental disorders (CMDs) are the most widespread of the mental health conditions, with stress-related disorders estimated to result in over 40 million working days lost each year in the UK. CMDs can result in physical impairment and problems with social functioning, and are a significant source of distress to individuals and those around them. They include different types of depression and anxiety and cause emotional distress and interfere with daily function (see Appendix, Part 7: Common mental disorders).

In England in 2007, around one in six adults (16 per cent) had suffered from a CMD in the week prior to interview

**Figure 7.19**

**Prevalence of common mental disorders:<sup>1</sup> by sex, 2007**



- 1 Prevalence of a common mental disorder in the week prior to interview. See Appendix, Part 7: Common mental disorders.

Source: Adult Psychiatric Morbidity Survey, The NHS Information Centre for health and social care

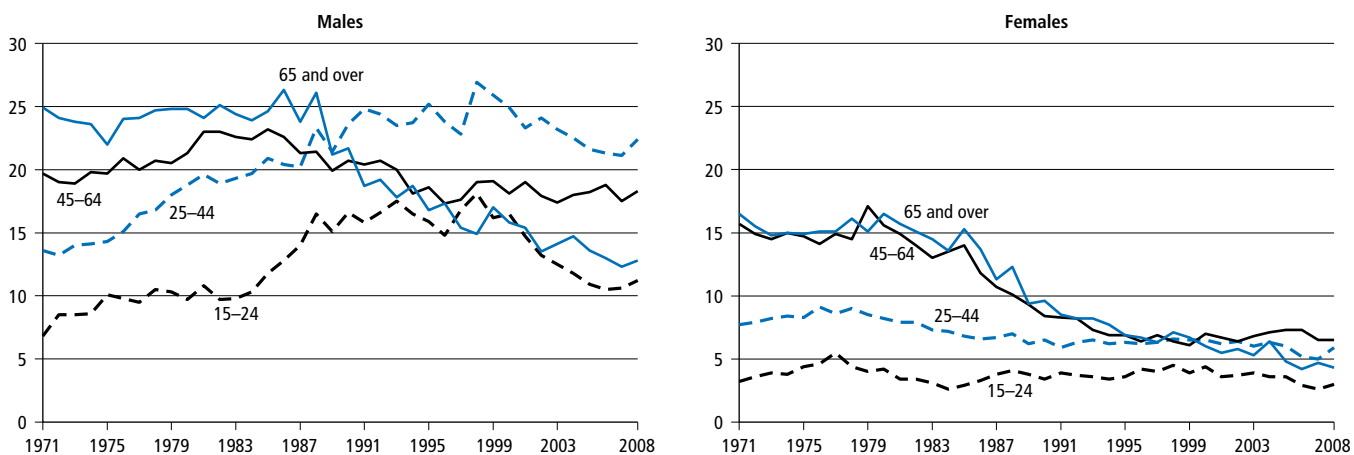
(Figure 7.19). The most common mental disorder among both men and women was mixed anxiety and depressive disorders, with 7 per cent of men and 11 per cent of women affected. Prevalence of all types of CMD was higher among women than men, with around one in five women (19.7 per cent) affected compared with around one in eight men (12.5 per cent).

In England, the prevalence of CMD in 2007 was highest overall among adults aged 45 to 54, with around one in five (19.9 per cent) suffering with a disorder in the week prior to interview. This was twice as high as the rate for those aged 75 and over, among whom one in ten (9.9 per cent) were sufferers. Among men, CMDs were more prevalent in those aged 35 to 44, with around one in seven (15 per cent) living with a CMD, while among women prevalence was highest among those aged 45 to 54, with one in four (25.2 per cent) living with a CMD.

In 2007, antidepressant prescriptions dispensed in the community (see Appendix, Part 7: Prescription Cost Analysis System) peaked at 33.8 million items in England, nearly four times higher than in 1991 when there were 9 million items dispensed. However, around three-quarters (76 per cent) of adults with a CMD were not on medication despite having a level of neurotic symptoms sufficient to warrant treatment. In

**Figure 7.20****Suicide rates:<sup>1</sup> by sex and age****United Kingdom**

Rates per 100,000 population



1 Deaths given an underlying cause of intentional self-harm or injury/poisoning of undetermined intent. See Appendix, Part 7: International Classification of Diseases. Rates have been age-standardised using the European standard population. See Appendix, Part 7: Standardised rates, and European standard population.

Source: Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics and Research Agency

2007 the Government began a programme of increasing access to psychological therapies and it is hoped that increases in the availability of brief, evidence-based talking therapies will help alleviate the distress associated with CMDs. Just one in ten people (10 per cent) with any type of CMD in England sought counselling in 2007, of which 5 per cent received both medication and counselling.

Mental health problems can ultimately lead people to commit suicide. Trends in suicide rates have varied among age groups and between the sexes in the UK since 1971 (Figure 7.20). The largest fall in suicide rates between 1971 and 2008 was among the elderly population. For males aged 65 and over the rate fell by 50 per cent from 24.9 per 100,000 males in 1971 to 12.6 per 100,000 in 2008. For females aged 65 and over, the rate fell more rapidly from 16.5 per 100,000 females in 1971 to 4.3 per 100,000 in 2008, a fall of 74 per cent.

Among females, suicide rates have fallen for most age groups since 1971. Between 1971 and 1996, suicide rates were generally higher among those aged 65 and over, but since then the suicide rate has been higher among those aged 45 to 64. Since 1979 the suicide rate has fallen considerably among both age groups; the rate among the latter age group was 6.6 per 100,000 females in 2008 compared to 4.3 per 100,000 for those aged 65 and over, nearly four times lower than its peak in 1980 of 16.5 per 100,000. The lowest suicide rate was among the youngest age group, those aged 15 to 24, where the rate has

remained relatively stable between 3 and 4 suicides per 100,000 females between 1971 and 2008.

Suicide rates for males were higher in all age groups compared with females between 1971 and 2008. Suicide rates among males aged 15 to 24 and those aged 25 to 44 both increased by around 64 per cent and were around four times higher than for females in these age groups. In 2008, the suicide rate for males aged 15 to 24 was 11.1 per 100,000 males, compared with 3.0 per 100,000 females, while the rate for those aged 25 to 44 was 22.3 per 100,000 males and 5.9 per 100,000 females.

## Sexual health

The Government's National Strategy for Sexual Health and HIV aims to reduce the spread of sexually transmitted infections (STIs) through more rapid detection and treatment. Sexual health promotion carried out by the Health Protection Agency seeks to reduce levels of high risk sexual behaviour and new cases of HIV and STIs.

Trends in contraceptive use in Great Britain show that three-quarters (75 per cent) of women aged between 16 and 49 used at least one method of contraception in 2008/09 (Table 7.21 overleaf). Between 2000/01 and 2007/08, the most common form of contraceptive was the pill, whose use rose slightly from 25 per cent to 28 per cent of women over the period. However, the use of the male condom increased by 4 percentage points between 2000/01 and 2008/09 so that

**Table 7.21**  
**Current use of contraception:<sup>1,2</sup> by type**

| Great Britain                          | Percentages <sup>3</sup> |           |           |           |           |           |           |           |           |
|--|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
|  | 2000/01                  | 2001/02   | 2002/03   | 2003/04   | 2004/05   | 2005/06   | 2006/07   | 2007/08   | 2008/09   |
| <b>Non-surgical</b>                    |                          |           |           |           |           |           |           |           |           |
| Pill                                   | 25                       | 28        | 25        | 25        | 25        | 24        | 27        | 28        | 25        |
| Male condom                            | 21                       | 21        | 20        | 23        | 22        | 21        | 22        | 24        | 25        |
| Withdrawal                             | 3                        | 4         | 3         | 3         | 4         | 4         | 3         | 4         | 4         |
| Intrauterine device (IUD)              | 5                        | 3         | 5         | 4         | 4         | 5         | 4         | 4         | 6         |
| Injection                              | 3                        | 3         | 3         | 3         | 4         | 3         | 3         | 3         | 3         |
| Cap/diaphragm                          | 1                        | 1         | 1         | 1         | 1         | 1         | 1         | 0         | 0         |
| Other                                  | 3                        | 4         | 3         | 3         | 4         | 4         | 7         | 7         | 8         |
| <b>Surgical</b>                        |                          |           |           |           |           |           |           |           |           |
| Sterilised                             | 11                       | 10        | 11        | 11        | 10        | 10        | 9         | 7         | 6         |
| Partner sterilised                     | 11                       | 12        | 12        | 12        | 12        | 11        | 11        | 10        | 11        |
| <b>Total using at least one method</b> | <b>73</b>                | <b>75</b> | <b>74</b> | <b>75</b> | <b>75</b> | <b>74</b> | <b>76</b> | <b>74</b> | <b>75</b> |
| <b>Total not using a method</b>        | <b>27</b>                | <b>25</b> | <b>26</b> | <b>25</b> | <b>25</b> | <b>26</b> | <b>24</b> | <b>26</b> | <b>25</b> |

1 Women aged 16 to 49 currently using contraceptives in a sexual relationship.  
 2 Data for 2000/01 to 2006/07 are weighted for unequal chance of selection. From 2007/08 data are also weighted to population totals.  
 3 Percentages do not sum to 100 per cent as respondents could give more than one answer.

Source: Contraception and Sexual Health, Office for National Statistics

in 2008/09, the pill and the male condom were equally the most common methods of contraception among women aged 16 to 49, both being used by 25 per cent of women.

The use of surgical procedures as a contraceptive peaked between 2002/03 and 2003/04, when around 23 per cent of women or their partners were sterilised. Since then, surgical sterilisation has fallen to 17 per cent in 2008/09. Between 2000/01 and 2008/09 the most common reason for women not using any form of contraception (13 per cent) was because they were not in a heterosexual relationship, while 2 per cent not using a form of contraception said they were trying to get pregnant. Women aged between 16 and 19 were least likely to use a contraceptive, 43 per cent did not use at least one method in 2008/09. Among men aged 16 to 69 in Great Britain, 17 per cent said that they used a condom sometimes, while 43 per cent always used one.

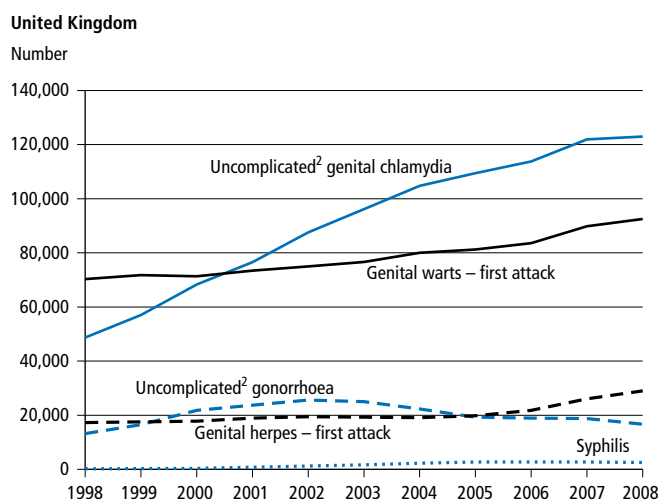
For women in Great Britain, condom use is more prevalent among those aged 16 to 24, 70 per cent had used condoms in 2008/09. Men aged 16 to 24 were more likely than any other age group to have used condoms, with 88 per cent having done so in 2008/09.

Unprotected sex raises the risk of contracting STIs, such as HIV, chlamydia and gonorrhoea. As with other infectious diseases, strategies for the prevention and control of STIs are based on reducing the duration of infection through early testing and

treatment, and reducing transmission of infection through regular condom use.

The number of new STI episodes seen at genitourinary (GUM) clinics has risen over the last decade (Figure 7.22). Between

**Figure 7.22**  
**New diagnoses of selected sexually transmitted infections<sup>1</sup>**



1 Cases of sexually transmitted infections seen at genito-urinary medical clinics.  
 2 An infection is considered 'uncomplicated' when the infection has not ascended to the upper genital tract.

Source: Health Protection Agency



2001 and 2008 genital chlamydia was the most prevalent STI seen at GUM clinics in the UK with over 123,000 new cases seen in 2008. Although prevalence of syphilis was the lowest of all STIs shown throughout the previous decade, new episodes were more than 18 times higher in 2008 than in 1998, having increased from 139 to 2,524 cases.

Between 1998 and 2000, genital warts were the most common reason for new STI episodes seen at GUM clinics with, on average, around 71,000 cases per year. Although the number of new cases has risen steadily over the last decade, it has risen at a slower rate compared with chlamydia (32 per cent compared with 152 per cent).

In the UK in 2008, males accounted for 89 per cent of new episodes of syphilis, just over two-thirds (67 per cent) of gonorrhoea, and more than half (53 per cent) of genital wart cases. New episodes of herpes were more common among females, accounting for more than 61 per cent of new episodes.

Despite recent increases in STIs, there have been significant decreases in infections since 1949 in the UK. Cases of syphilis fell, from 16,000 in 1949 to around 200 cases in 1999. Although by 2008 they had risen to around 2,500 cases, this was still more than six times lower than the 1949 level. Cases of gonorrhoea more than doubled from 29,000 in 1949 to 61,000 in 1979, falling to less than 17,000 in 2008, almost half the number of cases in 1949.

Unprotected sexual intercourse is the predominant transmission mode of both HIV and other STIs. In 2008 the rate of new HIV diagnoses in the UK was 109.2 per million population, almost double the rate in 1985 of 66.5 per million. There has been a fall over the last five years, from a peak of 148.0 new diagnoses per million in 2004. Within the UK in 2008, diagnoses were highest in England, at 120.1 per million population, almost three times higher than in Wales, at 44.4 per million. For comparison, rates in Scotland were 58.0 per million population and Northern Ireland 51.8 per million.