

Age-standardised death rates calculated using the 2013 European Standard Population

Main Points

All Ages

Table 1 shows that, between 2015 and 2016, age-standardised death rates for all ages decreased by three per cent. Over the longer term, there has been a decrease of 27 per cent since 1994 and 13 per cent over the last decade.

There has been a long term decrease (58% since 1994) in the age-standardised death rate for circulatory diseases (including heart disease and cerebrovascular disease). In 1994 the rate was almost double the rate for cancer but they are now broadly the same.

The age-standardised death rate for cancer has also decreased over the long term, by 18 per cent since 1994.

The age-standardised death rate for dementia and Alzheimer's disease taken together has increased considerably over time. Due to a change in coding (see notes to tables 1 and 2) the figures before and after 2000 are not strictly comparable so it is better to focus on the more recent time period when examining the trend. Over the last decade there has been a 74 per cent increase in the age-standardised rate for dementia and Alzheimer's disease although there has been a slight drop (5 per cent) in the last year.

Age-standardised death rates for respiratory diseases decreased by 25 per cent since 1994 and by seven per cent in the last year.

The alcohol-related (old NS definition) age-standardised death rate was 41 per cent higher than in 1994. The rate has generally been decreasing since the mid 2000s but has gone up since 2012 and by nine per cent in the last year. The wholly alcohol specific (new NS definition) age-standardised death rate follows a very similar trend with an increase of eight per cent in the last year.

There was a 16 per cent increase in age-standardised death rates from accidents in the last year (using figures on the new basis), although over the longer term (using the old definition) the rate has not changed by much.

There was a six per cent increase in the age-standardised suicide rate in the last year (using the new definition), but over the longer term (using figures on the old basis) the rate has generally been decreasing.

Age-standardised death rates have decreased by less in more deprived areas. Between 2001 and 2016 the age-standardised rate has fallen by 12 per cent in the most deprived SIMD quintile compared to 26 per cent in quintile 4 and 22 per cent in quintile 5 (the least deprived quintile).

Under 75s

The trend for under 75s is slightly different. Table 2 shows that there has been no change in the age-standardised death rate in the last year. Since 1994 it has fallen by 36 per cent and by 16 per cent over the last decade.

The age-standardised mortality rate from circulatory diseases in under 75s has also fallen dramatically (by 65 per cent since 1994). Although the rate for cancer has also fallen (by 31 per cent since 1994), the age-standardised mortality rate for circulatory diseases is now 40 per cent lower than that for cancer, compared to 20 per cent higher in 1994.

Age-standardised death rates for respiratory diseases in under 75s have fallen by 22 per cent since 1994 but this decrease has slowed in recent years and there was a slight increase (two per cent) in the last year.

The under 75 alcohol related (old NS definition) age-standardised death rate is up by 35 per cent since 1994. It peaked in 2006 then fell generally until 2012 but has increased since then with an increase of six per cent in the last year. The wholly alcohol specific (new NS definition) age-standardised death rate follows a similar trend and has also increased by six per cent in the last year.

There was a 21 per cent increase in the under 75 age-standardised accident mortality rate in the last year (using figures on the new basis). The long-term trend has been downwards (reducing by 24 per cent since 1994, using the old definition). It should be noted that due to the relatively small numbers involved this rate can fluctuate year-on-year.

Between 2001 and 2016 age-standardised death rates fell by 32 per cent and 31 per cent in the fourth and fifth (least deprived) quintiles – almost twice the rate of decrease in the most deprived quintile (17 per cent).