

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

Main Points

All Ages

Table 1 shows that, between 2016 and 2017, age-standardised death rates for all ages increased by 1%. Over the longer term, there have been decreases of 27% since 1994 and 12% over the last decade.

There has been a long term decrease (59% 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 17% since 1994.

The age-standardised death rate for dementia and Alzheimer's disease 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 75% increase in the age-standardised rate for dementia and Alzheimer's disease and a 15% increase in the last year (although please note that dementia and Alzheimer's disease deaths are affected by a change in cause of death coding software at the beginning of 2017 – refer to the definition of the statistics page for more information on this).

Age-standardised death rates for respiratory diseases decreased by 30% since 1994 and by 8% in the last year.

The age-standardised alcohol-related death rate was 36% higher than in 1994 (using the old NS definition). The rate has generally been decreasing since the mid-2000s but has gone up since 2012 (despite a 3% decrease in the last year). The age-standardised alcohol-specific death rate (new NS definition) has followed a very similar trend in recent years with a 3% decrease in the last year, but a general increase since 2012.

There was a 6% increase in age-standardised death rates from accidents in the last year (using figures on the new basis). Over the longer term (using the old definition) the rate has not changed by much, but it has been increasing in recent years (since 2012).

There was a 6% decrease in the age-standardised suicide rate in the last year (using the new definition), and over the longer term (using figures on the old basis) the rate has generally been decreasing.

Age-standardised death rates decreased by less in the most deprived quintile (down 10% between 2001 and 2017) than in any other quintile and represented less than half the rate of improvement seen in quintiles 4 (26%) and 5 (22%).

For all causes examined, age-standardised death rates were highest in the most deprived quintile and lowest in the fifth quintile. Most notably, the improvement in the alcohol-specific death rate until 2013 was largely driven by improvements in the most deprived quintile whilst the recent increase has also been greater in the most deprived quintile.

Age-standardised death rates for respiratory diseases fell by 17% overall between 2001 and 2017 but increased slightly (by 1%) in the most deprived quintile while falling markedly in all other quintiles.

Age-standardised death rates for dementia and Alzheimer's have increased at a much higher rate in the most deprived quintile than in the least deprived quintile (251% since 2001 compared to 95%).

Under 75s

The trend for under 75s is slightly different. Table 2 shows that there has been a small decrease of 3% in the age-standardised death rate in the last year. Since 1994 it has fallen by 38% and by 18% over the last decade.

The age-standardised mortality rate from circulatory diseases in under 75s has also fallen dramatically (by 66% since 1994). Although the rate for cancer has also fallen (by 33% since 1994), the age-standardised mortality rate for circulatory diseases is now 39% lower than that for cancer, compared to 20% higher in 1994.

Age-standardised death rates for respiratory diseases in under 75s have fallen by 29% since 1994 and by 10% over the last year.

The under 75 alcohol-related age-standardised death rate is up by 32% since 1994 (using the old NS definition). It peaked in 2006 then fell generally until 2012 but has increased since then until last year, where it fell by 2%. The alcohol-specific age-standardised death rate for under 75s (using the new NS definition) has followed a similar trend, with a general increase since 2012 and a slight fall (1%) in the last year.

There was a 4% 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 27% 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.

Age-standardised death rates in under 75s decreased by 18% between 2001 and 2017 in the most deprived quintile compared to a decrease of 35% in quintiles 4 and 5. There was a similar picture over the last decade with a 13% decrease in quintiles 1 and 2 compared with 23 and 22% decreases in quintiles 4 and 5.