

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

### Main Points

All Ages

[Table 1](#) shows that, between 2017 and 2018, age-standardised death rates for all ages remained almost constant (a change of less than 1%). Over the longer term, there have been decreases of 27% since 1994 and 11% over the last decade.

There has been a long term decrease (60% 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% 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 [Table 1](#) and [Table 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 61% increase in the age-standardised rate for dementia and Alzheimer's disease and a 2% decrease in the last year. (Please note; 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 28% since 1994 and increased by 3% in the last year.

The age-standardised alcohol-specific death rate was 70% higher than in 1994 (using the new NS definition). The rate has generally been decreasing since the mid-2000s but has gone up since 2012 including a 1% increase in the last year. The age-standardised alcohol-related death rate (old NS definition) has followed a very similar trend in recent years with a 3% increase in the last year, and 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). It should be noted however that the numbers of deaths are small and therefore the confidence intervals around the rates are quite wide. This makes the change between 2017 and 2018 unlikely to be statistically significant. Over the longer term (using the old definition) the rate has not changed by much, but it has increased slightly in recent years (since 2012).

There was a 14% increase in the age-standardised suicide rate in the last year (using the new definition). Over the longer term (using figures on the old definition) the rate has generally been decreasing since the early-2000s but has increased slightly since 2014.

## Under 75s

The trend for under 75s is slightly different. [Table 2](#) shows that there has been a small increase of 2% in the age-standardised death rate in the last year. Since 1994 it has fallen by 37% and by 14% over the last decade.

The age-standardised mortality rate from circulatory diseases in under 75s has fallen considerably (by 68% since 1994). Although the rate for cancer has also fallen (by 32% since 1994), the age-standardised mortality rate for circulatory diseases is now 43% lower than that for cancer, compared to 20% higher in 1994.

Age-standardised death rates for respiratory diseases in under 75s have fallen by 32% since 1994 and by 4% over the last year.

The under 75 alcohol-specific age-standardised death rate is up by 60% since 1994 (using the new NS definition). It peaked in 2006 then fell generally until 2012 but has increased since then. Although there was no change over the last year. The alcohol-related age-standardised death rate for under 75s (using the old NS definition) has followed a similar trend, with a general increase since 2012 although it increased slightly (by 2%) between 2017 and 2018.

There was a 13% 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 32% since 1994, using the old definition) although there has been no change since 2011. It should be noted that due to the relatively small numbers involved this rate can fluctuate year-on-year.

## Deprivation

[Table 7](#) and [Table 8](#) detail the age-standardised death rates by SIMD quintile for all ages and under 75s respectively. Since 2001 (when the series begins) death rates in quintile 1 (most deprived) have shown the least improvement with a decrease of 11% compared to 27% in quintile 4 and 22% in quintile 5 for all ages. The difference is more pronounced when looking at under 75 death rates, with a 17% decrease in quintile 1 compared to a 36% decrease in both quintiles 4 and 5.

Since 2012, age standardised death rates among under 75s have increased in quintile 1 by 4% whilst decreasing in quintile 5 by 14%. For all ages, rates have not changed in quintile 1 since 2012 but have decreased by 5% and 6% respectively in quintiles 4 and 5.

[Table 9](#) gives age-standardised rates by quintile for certain causes of death. In some cases, numbers are relatively small so attention should be paid to the confidence intervals which are shown alongside the rates.