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

Main Points

All Ages: Cause of Death (Table 1)

Between 2018 and 2019, age-standardised death rates for all ages reduced slightly by 3%. Over the longer term, there have been decreases of 29% since 1994 and 9% over the last decade.

Breakdown by cause of death:

- Circulatory

There has been a long term decrease (61% since 1994) in the age-standardised death rate for circulatory diseases. In 1994 the rate was almost double the rate for cancer but they are now broadly the same.

- Cancer

The age-standardised death rate for cancer has also decreased over the long term, by 19% since 1994 but did not change in the most recent year.

- Dementia and Alzheimer's

The age-standardised death rate for dementia and Alzheimer's disease has increased considerably over time[1]. Over the last decade there has been a 58% increase in the age-standardised rate for dementia and Alzheimer's disease, despite a 4% decrease in the last year[2].

- Respiratory

Age-standardised death rates for respiratory diseases decreased by 36% since 1994 and decreased by 11% in the last year.

- Alcohol-specific

The age-standardised alcohol-specific death rate was 52% higher than in 1994. Rates have decreased by 11% over the last year, after a general increase between 2012-2018.

- Accidents

[1] 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.
[2] 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.

There was a 7% increase in age-standardised death rates from accidents in the last year (using the new definition). It should be noted however that the numbers of deaths are small and therefore the confidence intervals around the rates are relatively wide. This makes the change between 2018 and 2019 unlikely to be statistically significant.

Over the longer term (using the old definition) the rate has remained relatively stable since 1994 (an increase of 1%), but it has increased slightly in recent years (since 2012).

- Suicide

There was a 6% increase in the age-standardised suicide rate in the last year (using the new definition).
Over the longer term (using the old definition) the rate has decreased by 10% since 1994 but has increased by 7% over the last decade.

Under 75s: Cause of Death (Table 2)

The trend for under 75s is slightly different. There has been a small decrease of 1% in the age-standardised death rate in the last year. Since 1994 it has fallen by 38% and by 11% over the last decade.

Breakdown by cause of death:

- Circulatory

The age-standardised death rate from circulatory diseases in under 75s has fallen considerably (by 68% since 1994).
In 1994 the circulatory disease death rate was 20% higher than that for cancer, however in 2019 it is 42% lower.

- Cancer

The age standardised death rate from cancer in under 75s has also fallen (by 33% since 1994).

- Respiratory

The age-standardised death rates for respiratory diseases in under 75s have fallen by 30% since 1994 but have increased by 2% in the last year.

- Alcohol-specific

The under 75 alcohol-specific age-standardised death rate is up by 45% since 1994. It peaked in 2006 then fell generally until 2012 but has remained relatively stable since then. Although there was a decrease (10%) in the last year.

- Accidents

There was a 10% 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 15% since 1994, using the old definition)[3].

- Suicide

There was a 4% increase in the under 75 age-standardised suicide rate in the last year (using the new definition).
Over the longer term (using the old definition) the rate has decreased by 6% since 1994 but has increased by 5% over the last decade.

Deprivation (Tables 7, 8 and 9)

Since 2001 (when the series began) age-standardised death rates in quintile 1 (most deprived) have shown the least improvement with a decrease of 12% compared to 28% and 24% in quintiles 4 and 5 respectively, for all ages (Table 7). This difference is more pronounced when looking at under 75 death rates (Table 8), with a 16% decrease in quintile 1 compared to a 37% and 36% decrease in quintiles 4 and 5 respectively.

Over the last decade, age-standardised death rates among all ages have decreased in all quintiles, quintile 1 (most deprived) by 3% compared to quintile 5 (least deprived) by 12%. This remains consistent in the under 75s, although the difference is greater with quintile 1 (most deprived) reduced by 3% compared to quintile 5 (least deprived) by 18%.

However, in the last year age-standardised death rates in both the under 75s and all ages remained relatively unchanged in all quintiles.

- Cause of death (Table 9)

In 2019 the cause of death with the biggest inequalities gap was alcohol-specific deaths where those in the most deprived quintile were 5.5 times as likely to die as those in the least deprived quintile after adjusting for age. Accidental deaths and chronic obstructive pulmonary disease (COPD) deaths also had high levels of inequalities, whilst cancer and circulatory disease mortality had less inequality with those in the most deprived quintile 1.7 times as likely as those in the least deprived quintile to die from these causes.

[3] It should be noted that due to the relatively small numbers involved this rate can fluctuate year-on-year.