

Age-standardised death rates, 2020

calculated using the 2013 European Standard Population

Main Points

All Ages: Cause of Death (Table 1)

Between 2019 and 2020, age-standardised death rates for all ages increased by 9%. Over the longer term, the rate has decreased by 22% since 1994, but the 2020 figure is 1% higher than the figure a decade ago in 2010.

Breakdown by cause of death:

- CIRCULATORY

There has been a long term decrease (60% 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.

- CANCERS

The age-standardised death rate for cancer has also decreased over the long term, by 20% since 1994 and fell by 2% in the most recent year.

- ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

The age-standardised death rate for dementia and Alzheimer's disease has increased considerably over time¹. Over the last decade there has been a 51% increase in the age-standardised rate for dementia and Alzheimer's disease, despite a 2% decrease in the last year².

- RESPIRATORY

Age-standardised death rates for respiratory diseases decreased by 47% since 1994 and decreased by 17% in the last year.

- ALCOHOL

The age-standardised alcohol-specific death rate was 76% higher than in 1994. Rates have increased by 16% over the last year.

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.

- ACCIDENTS

The rate of mortality from accidents remained similar in 2020 to 2019.

- SUICIDES

Suicides had a lower rate in 2020 than 2019, but the change was not statistically significant.

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 3% compared to 21% and 16% 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 an 8% decrease in quintile 1 compared to a 30% and 32% decrease in quintiles 4 and 5 respectively.

In the past year, the effect of COVID-19 and the large number of excess deaths has meant that mortality has increased for all quintiles. The increase in both the most and least deprived quintiles was 11% in the past year, but the overall rate of mortality was 1.9 times as high in the most deprived quintile.

- Cause of death (Table 9)

In 2019 the cause of death with the biggest inequalities gap was drug related deaths where those in the most deprived quintile were 18.4 times as likely to die as those in the least deprived quintile after adjusting for age. Accidental deaths, alcohol specific deaths and chronic obstructive pulmonary disease (COPD) deaths also had high levels of inequalities, whilst cancer and circulatory disease mortality had less inequality.