



Health statistics

Atlas on mortality in the European Union

Chapter 5 – Part 2 Mortality by age group

Data 1994–96

3



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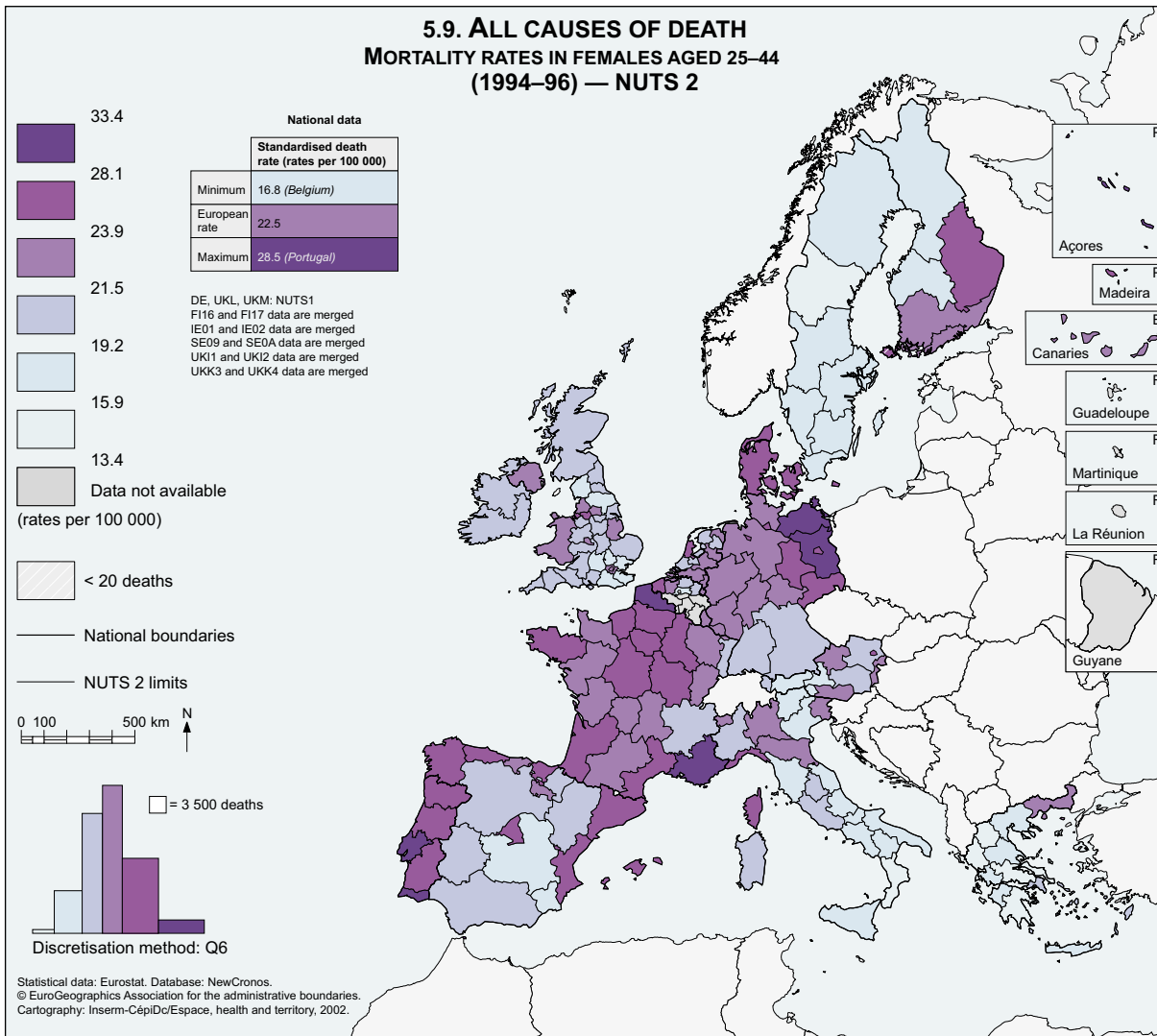
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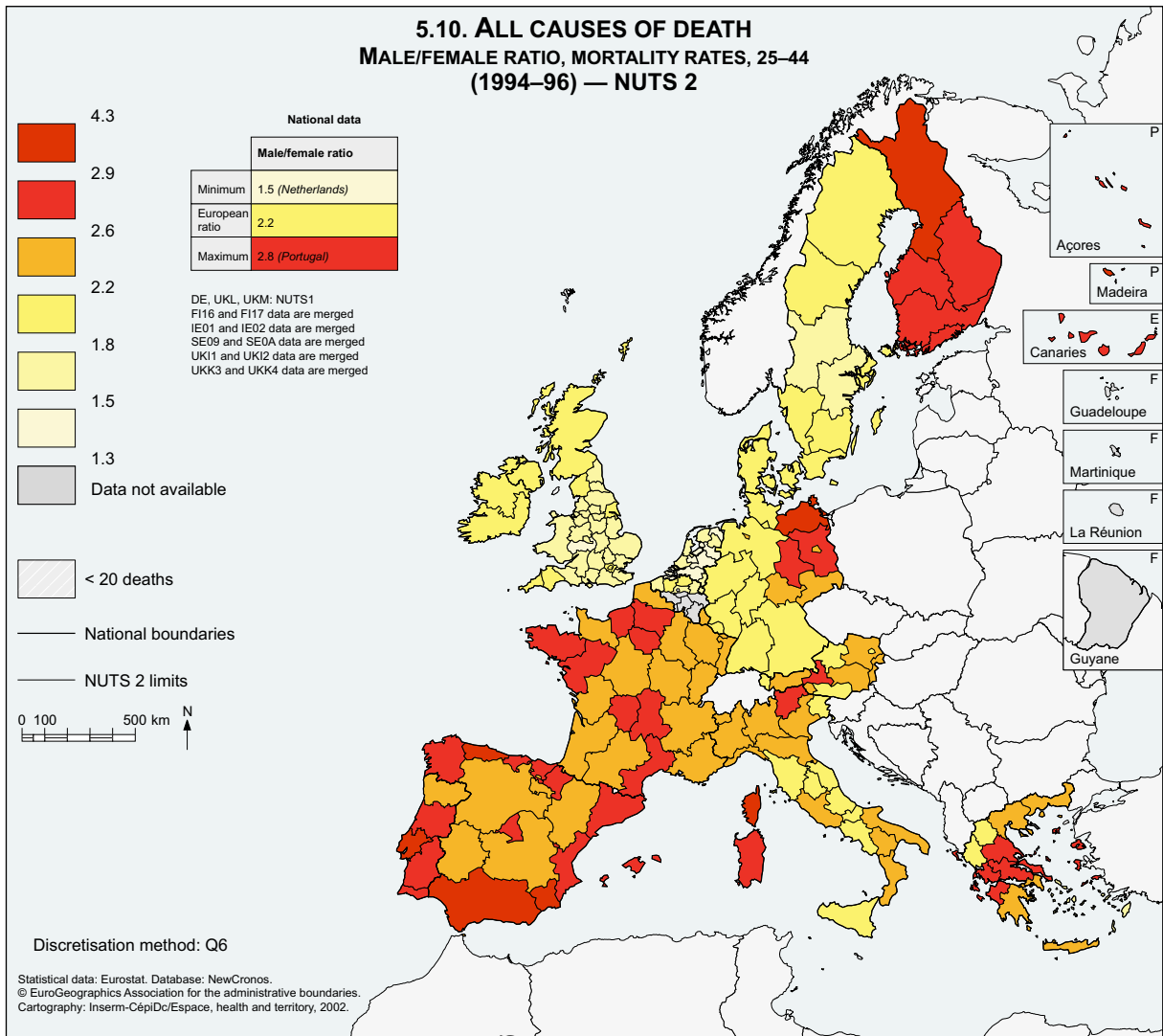
AIDS is generally the third cause of death in the period under review (1994–96). France and Spain are the two countries most affected by AIDS, with the highest incidence in urban and coastal regions. AIDS-related mortality has, however, decreased since 1996 as a result of improvements in treatment.

The maps confirm the north/south divide already noted, reflecting adult risk behaviour.

With regard to excess male mortality, the north/south divide is even more striking on the map showing mor-

tality ratios. The Mediterranean countries and Austria contrast with the countries of northern Europe except for the eastern German *Länder* and Finland. In the second group of countries, there is only a small gap between male and female mortality, since the behaviour of both sexes tends to be similar. In the other Member States, there is a considerable gap despite the developments observed over the last few years in female behaviour patterns. In Spain, France, Portugal and Finland, the differences in mortality between the sexes are particularly great, in excess of the European average.

5. Mortality by age group



In the 45–64 age group, European disparities correspond to causes of death closely linked to alcoholism and smoking

In the 45–64 age group, mortality rates for both men and women are four times higher than those for young adults.

After the age of 45, violent deaths become a smaller contributory factor as regards mortality. However, behavioural risks remain an important factor. The level of mortality is due mainly to causes of death associated with excessive consumption of alcohol and tobacco. Thus, there are similarities between the regional disparities in general mortality in this age group and the disparities in respiratory cancers and diseases caused by excessive alcohol consumption, particularly in the case of the male population.

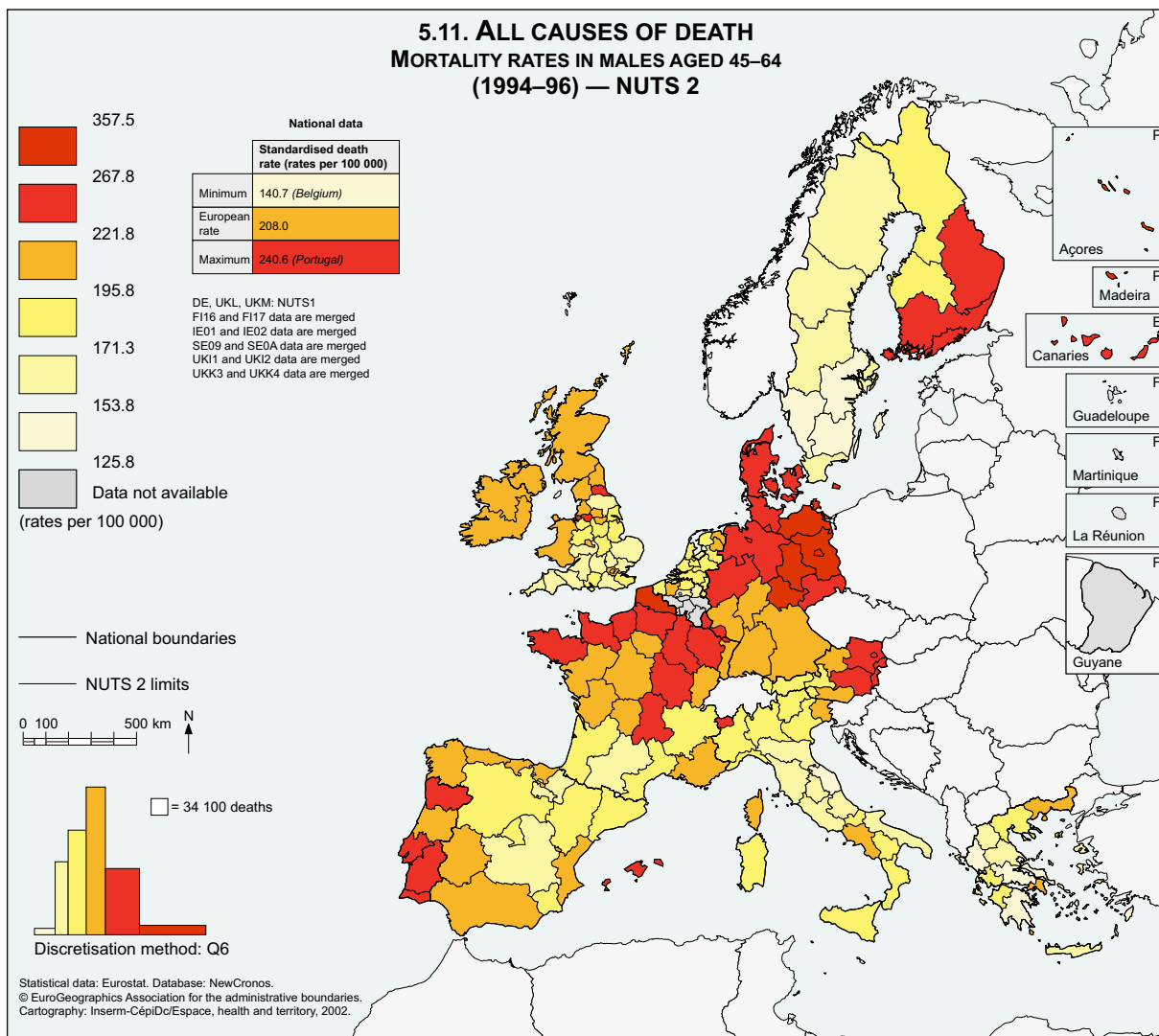
The mortality rates for men remain twice as high as for women, but the maps showing a breakdown by

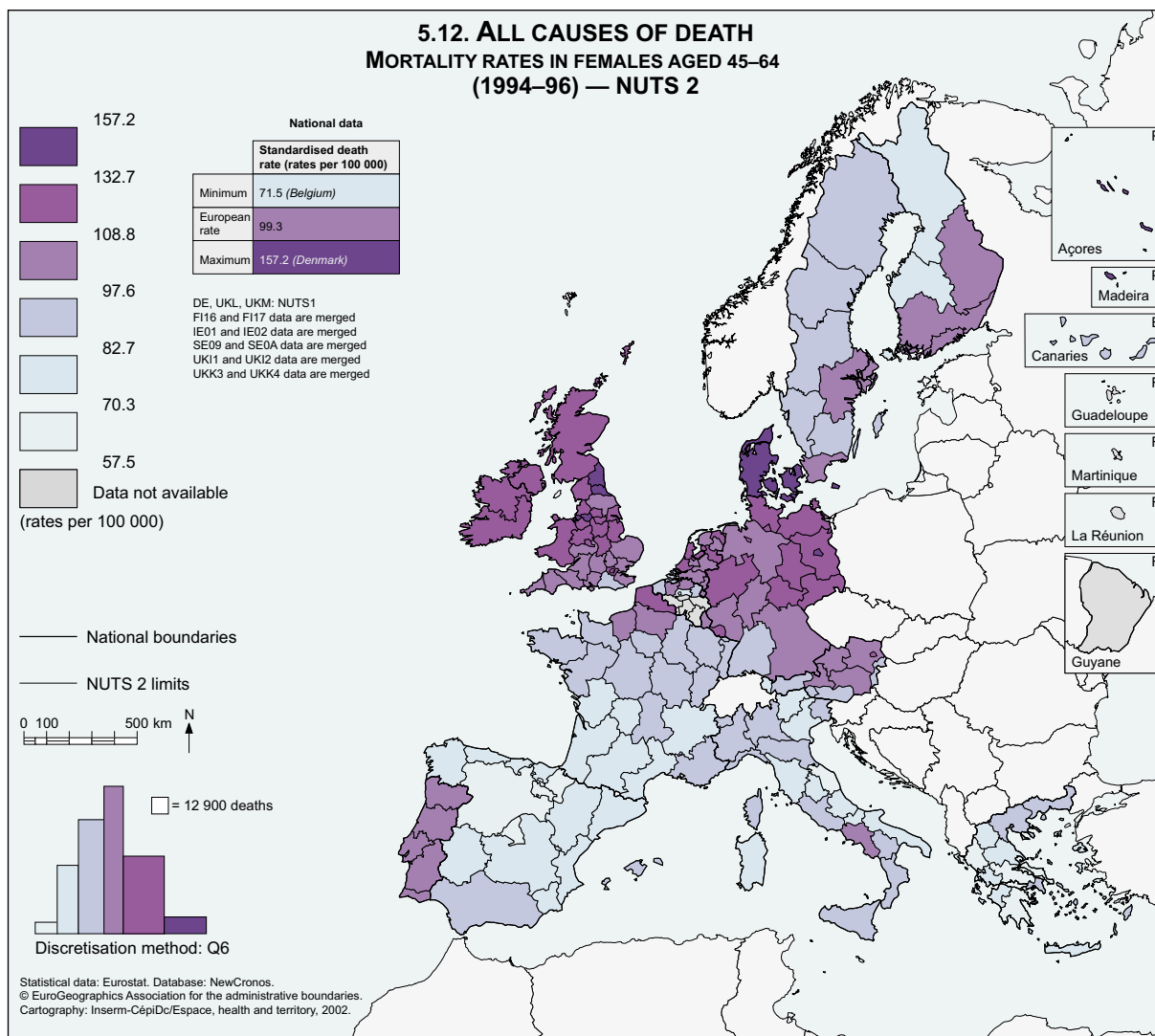
sex show different patterns. The disparities for women correspond mainly to those associated with breast cancer, which is the first cause of female mortality in this age group.

There are considerable differences in mortality between the Member States for men in the 45–64 age group, which vary at a ratio of 1 to 3.

There are also mortality gradients within the Member States.

In France, for example, the northern regions have high rates, while the southern regions do not. Nord-Pas-de-Calais has particularly high mortality, on a par with that of the eastern German *Länder*. This excess mortality in regions beset by economic problems confirms the hypothesis that there is a link between the socioeconomic level of populations and the frequency of risk behaviour affecting mortality. In these regions, the consumption of alcohol and tobacco is high.





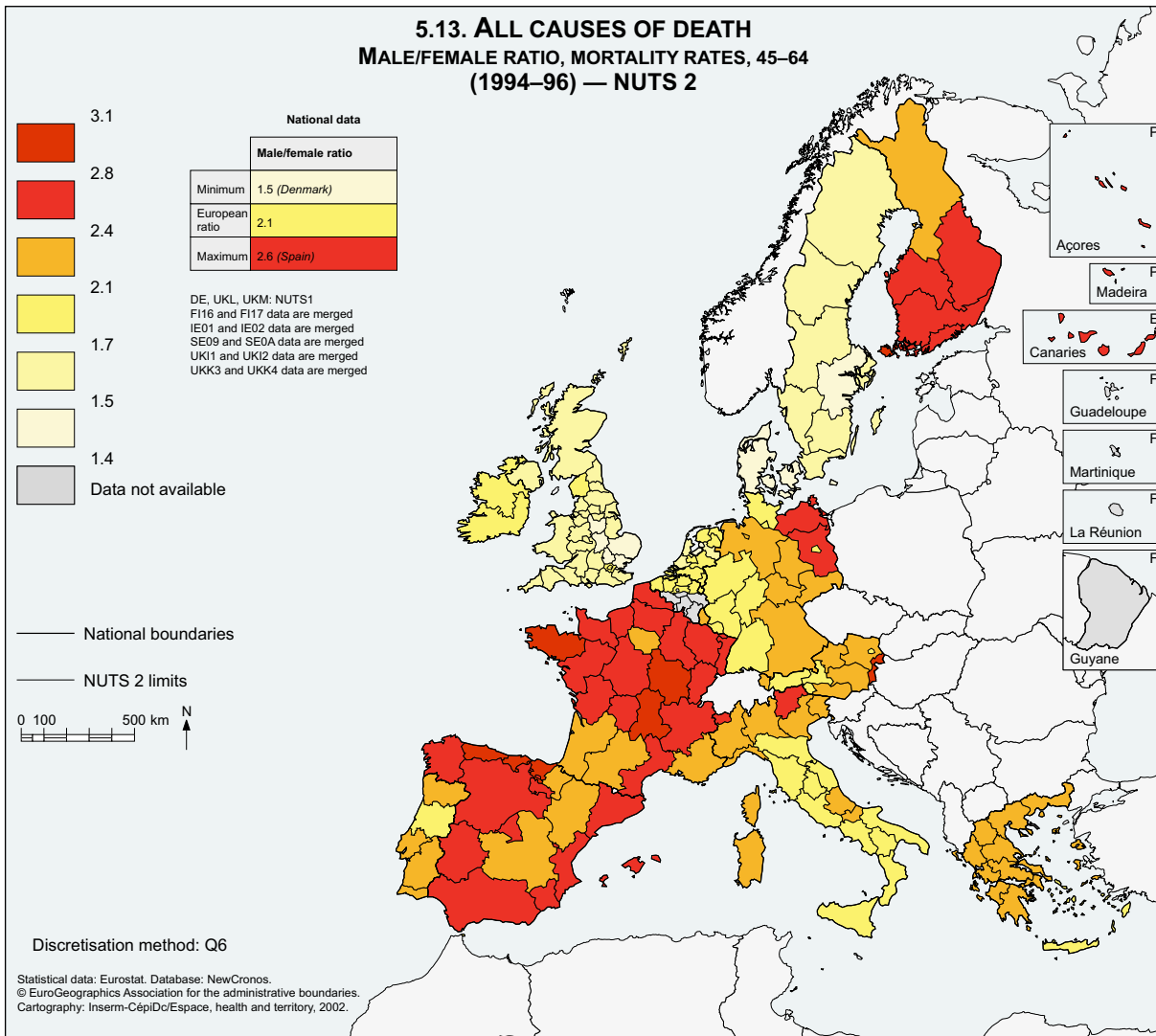
In Austria, there is a very distinct gradient between the west and the east, corresponding to the geographical division between Alpine Austria (low rates) and Danubian Austria (high rates). This division reflects different lifestyles in these two groups of regions. There is also a clear-cut divide in Finland between the north (low rates) and the south (high rates).

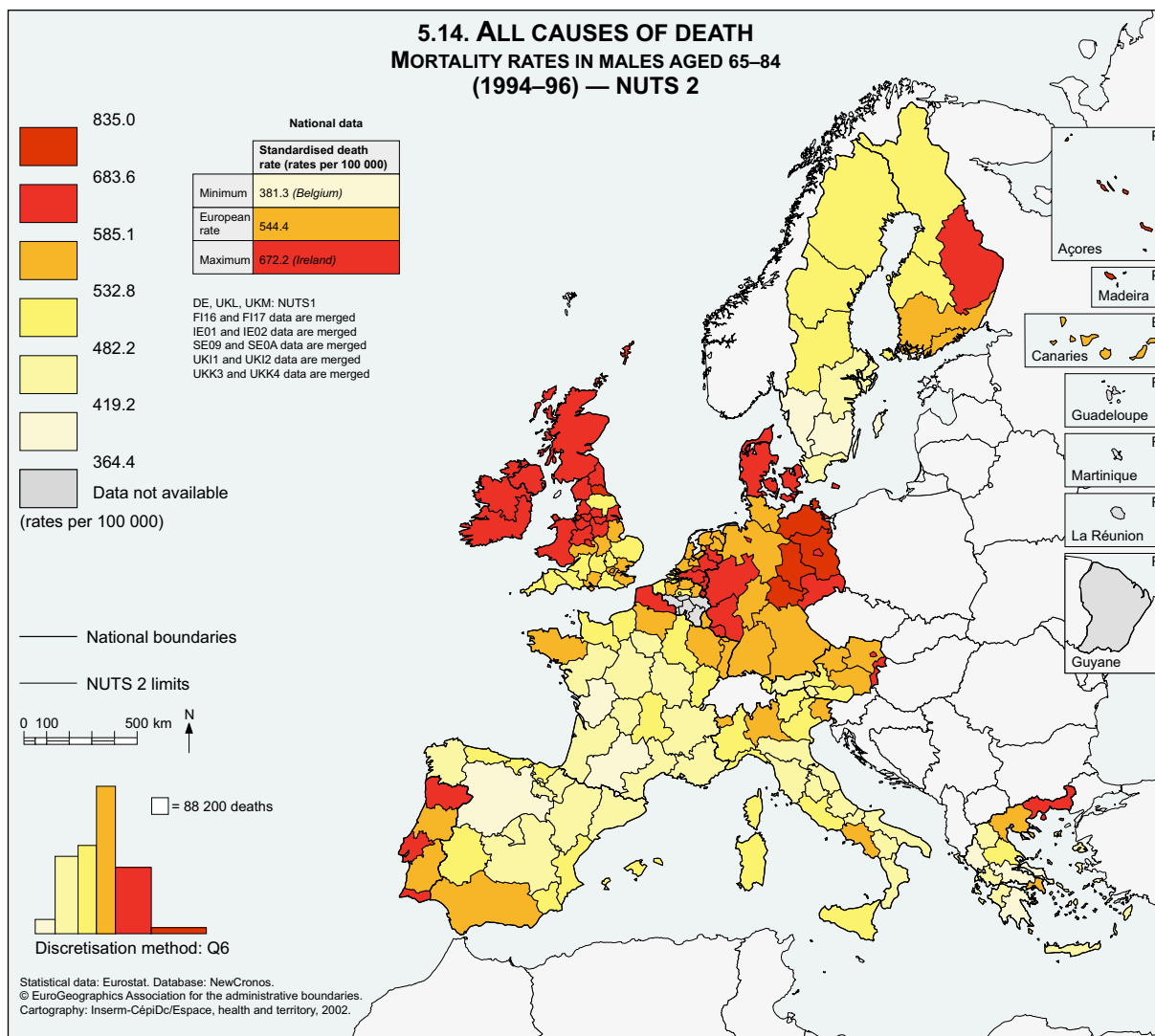
There is a narrower distribution of mortality rates for women in the 45–64 age group. The rates do, however, still vary at a ratio of 1 to 3. A broad continuous band of excess mortality covers the UK, northern France, Benelux, the German-speaking countries and Denmark. The poor fig-

ures in these regions are due mainly to deaths from breast cancer.

In the eastern German *Länder*, heart attacks and alcoholism-related diseases are the main causes of mortality among women. The same applies to the regions of southern Finland, where breast cancer has a lesser impact.

Thus, although the regional rates of general mortality are similar for the same age group, this does not mean that the mortality profiles are necessarily the same. As for the levels of excess male mortality, the figures are fairly homogeneous in each Member State. Spain, France and Finland have the greatest differences in mortality between the sexes.





After 65 years, the disparities are mainly due to cardiovascular diseases

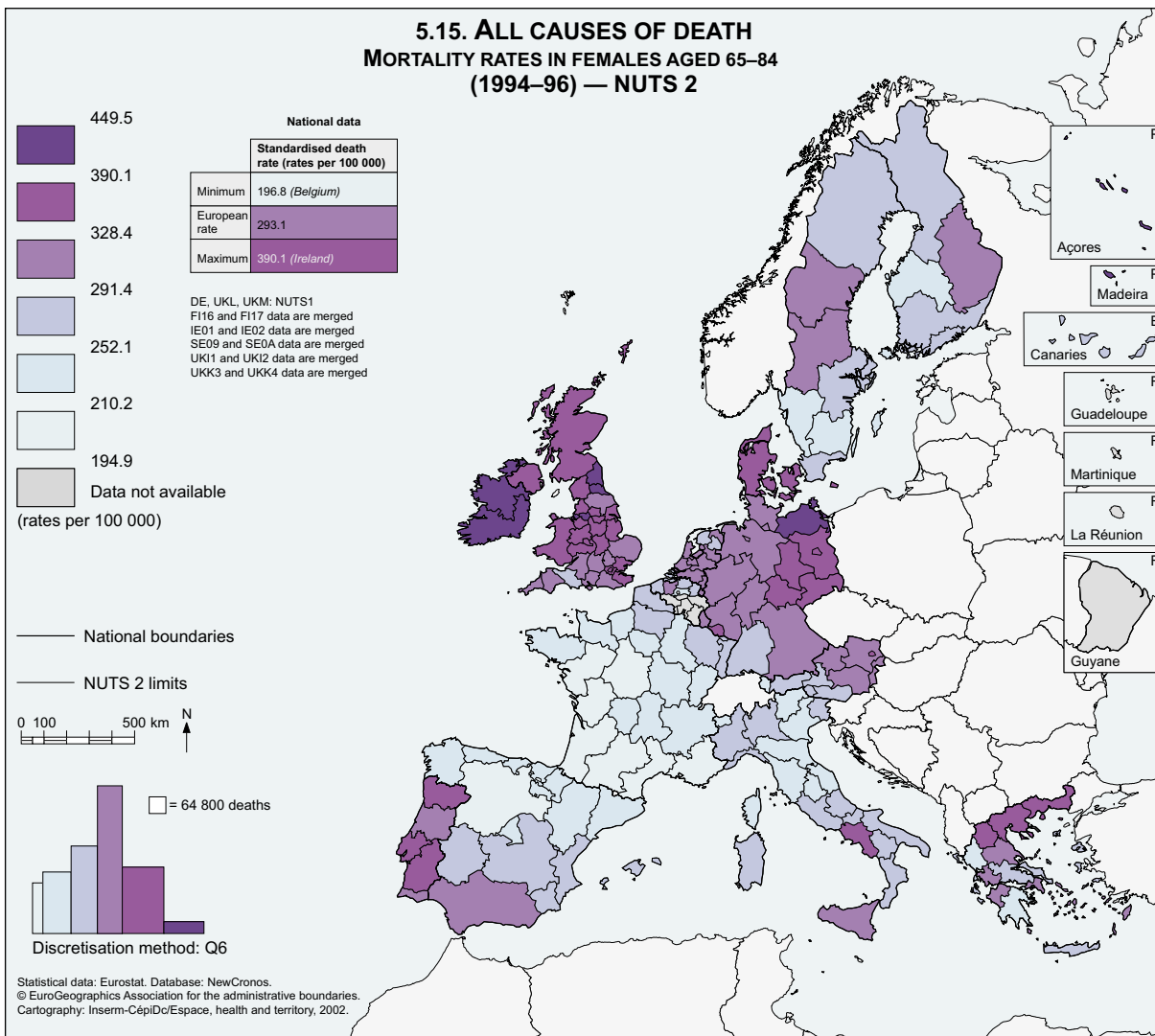
Depending on the region, death rates vary at a ratio of 1 to 2.5 for both men and women. The spatial disparities in mortality for this age group correspond on the whole to the pattern of mortality for all age groups. The mortality of those in the 65–84 age group is a major factor in general mortality (accounting for over half the total number of deaths).

The regions with excess mortality after 65 years are concentrated, for both sexes, in a broad band stretching from the UK to the Benelux countries, Denmark, Germany and Danubian Austria. In the north of the EU, Ita-Suomi in Finland and, in the south, Portugal, Andalusia, Campania and eastern Greece also have high male and female rates. Excess mortality in these regions is due mainly to high death rates from cardiovascular diseases, which ac-

count for four out of 10 deaths in the European Union. Of these diseases, ischaemic heart diseases and cerebrovascular diseases are the most common. The distribution of these two causes of death, however, varies from region to region. Ischaemic heart diseases are much more frequent in the north than in the south of the EU, while cerebrovascular diseases have a greater impact in the Mediterranean regions.

Cancers of the respiratory and aero-digestive tracts associated with tobacco and alcohol consumption are also responsible for the disparities in general mortality. In some regions, they represent the main causes of death for men in the 65–84 age group, ahead of circulatory diseases (Netherlands, the Flemish part of Belgium and northern France).

However, some European regions have female and male rates that are among the highest for most



causes of death (Scotland and the eastern German *Länder*).

After 65 years, there is a marked reduction in differences in mortality between the sexes, although excess male mortality remains.

In eastern Germany, Greece, southern Spain, Austria and Portugal, the differences between death rates for the two sexes decrease considerably with age.

There is an opposite trend in Belgium, western Germany and the Netherlands, where differences in mortality remain the same or even increase. Excess male mortality is higher in France than in all the

other European countries. In the northernmost Member States except Finland (the UK, Denmark and Sweden), excess male mortality is less marked than elsewhere, even at the most advanced ages.

It can be assumed that the factors explaining the variations in the level of excess male mortality from one European region to another are of the same type as apply to the preceding age group. In France or northern Spain, for example, excess male mortality for the 65–84 age group, which is much higher than elsewhere, is explained by the high incidence of death associated with alcohol and tobacco consumption.

5. Mortality by age group

