Cardiovascular diseases are the leading cause of death in the EU. They cover a broad group of medical problems that affect the circulatory system (the heart, blood vessels and arteries), often resulting from atherosclerosis — the abnormal build-up of plaque that is made of, among others, cholesterol or fatty substances — that is deposited on the inside walls of a person’s arteries. Some of the most common diseases that affect the circulatory system include ischaemic heart disease (heart attacks) and cerebrovascular diseases (strokes).

This article is one of a set of statistical articles concerning health status in the EU which forms part of an online publication on health statistics.

Deaths from cardiovascular diseases

Just over 1.9 million deaths in the EU-28 from diseases of the circulatory system

Diseases of the circulatory system place a considerable burden on healthcare systems and government budgets. Indeed, in 2015 there were 1.91 million deaths resulting from diseases of the circulatory system in the EU-28, which was equivalent to 36.7% of all deaths — considerably higher than the second most prevalent cause of death, cancer (malignant neoplasms; 25.4%).
Table 1: Causes of death — diseases of the circulatory system, residents, 2015

|              | EU-28 | Belarus | Bulgaria | Czechia | Denmark | Germany | Estonia | Ireland | Greece | Spain | France | Croatia | Italy | Cyprus | Latvia | Lithuania | Luxembourg | Hungary | Malta | Netherlands | Austria | Poland | Portugal | Romania | Cyprus | Greece | Spain | Portugal | Netherlands | France | United Kingdom | England | Iceland | Liechtenstein | Norway | Scotland | Slovakia | Slovenia | Sweden | United Kingdom | England | Iceland | Liechtenstein | Norway | Scotland |
|--------------|-------|---------|----------|---------|---------|---------|---------|---------|--------|--------|--------|---------|--------|-------|--------|---------|---------|---------|--------|--------|---------|--------|-------|---------|--------|---------|---------|--------|---------|---------|--------|---------|--------|---------|----------|--------|----------|----------|--------|----------|----------|--------|----------|----------|--------|----------|----------|
| Number of deaths (number) | 7,739,071 | 1,015,029 | 72,074 | 51,452 | 12,050 | 126,176 | 8,015 | 9,306 | 46,212 | 112,384 | 145,291 | 257,286 | 338,440 | 2,066 | 16,165 | 23,332 | 1,194 | 65,377 | 1,337 | 29,673 | 35,689 | 180,626 | 32,330 | 153,955 | 8,110 | 8,110 | 24,042 | 19,394 | 31,951 | 157,960 |
| Share of all deaths (%) | 28.7 | 28.7 | 66.0 | 46.9 | 24.0 | 35.9 | 52.5 | 51.1 | 38.3 | 27.3 | 24.5 | 37.1 | 34.4 | 57.2 | 57.0 | 30.3 | 46.7 | 38.5 | 37.2 | 38.7 | 43.5 | 56.9 | 59.3 | 50.9 | 51.5 | 44.9 | 37.2 | 36.2 | 43.8 | 32.2 | 34.9 | 40.4 |
| Standardised death rates (per 100 000 inhabitants) | 334.1 | 28.7 | 1,133.0 | 529.0 | 255.1 | 412.8 | 655.7 | 320.8 | 381.3 | 252.6 | 205.1 | 263.2 | 326.4 | 298.8 | 1,108.3 | 876.1 | 782.2 | 389.9 | 435.6 | 710.5 | 875.8 | 389.9 | 550.0 | 1,103.0 | 765.0 | 710.5 | 622.2 | 474.0 | 404.8 | 527.6 |
| Person aged 65 years | 441.1 | 341.1 | 1,339.5 | 746.9 | 317.1 | 489.3 | 826.5 | 383.2 | 420.6 | 301.3 | 255.2 | 305.2 | 350.1 | 330.6 | 1,103.8 | 914.3 | 836.0 | 484.6 | 514.6 | 613.8 | 731.1 | 389.9 | 559.0 | 1,103.0 | 765.0 | 710.5 | 622.2 | 474.0 | 404.8 | 527.6 |
| Person aged 65 and over | 492.0 | 392.0 | 1,394.5 | 764.9 | 327.1 | 495.3 | 859.5 | 393.2 | 430.6 | 312.8 | 265.2 | 319.2 | 364.9 | 340.6 | 1,106.8 | 924.3 | 856.0 | 496.6 | 526.6 | 635.8 | 753.8 | 393.2 | 565.0 | 1,106.8 | 772.0 | 710.5 | 622.2 | 474.0 | 404.8 | 527.6 |

Source: Eurostat (online data codes: hith_cd_aro and hith_cd_asdr2)

Diseases of the circulatory system are one of the main causes of mortality in each of the EU Member States (as shown in Table 1): they accounted for 50-60 % of all deaths in the Baltic Member States and Romania, a share that rose to close to two thirds (66.0 %) of all deaths in Bulgaria. By contrast, one quarter or less of all deaths in Denmark (24.0 %) and France (24.5 %) were caused by diseases of the circulatory system.

Across the EU-28, a higher proportion of women (39.5 %) died from diseases of the circulatory system than men (33.9 %). The largest gaps between the sexes were recorded in the Baltic Member States, Slovenia and Romania, where the proportions of women dying from diseases of the circulatory system were between 13.5 and 17.4 percentage points higher than those for men; the gender imbalance was also relatively large in Croatia, Poland, Hungary, Slovakia, Bulgaria and Austria (9.2 to 11.2 percentage points). There were two EU Member States where a higher proportion of men (than women) died from diseases of the circulatory system: in the United Kingdom, the share of male deaths was 2.2 percentage points higher than that for women, while in Denmark this difference was 0.5 points.

Cyprus, Spain, Greece, Portugal, the Netherlands and France recorded the lowest gender differences in standardised death rates for diseases of the circulatory system.

Standardised death rates are calculated as a weighted average of age-specific death rates and therefore improve comparability both over time and between countries. The EU-28’s standardised death rate for diseases of the circulatory system was 381 deaths per 100 000 inhabitants in 2015, with the rate for men some 1.4 times as high as that for women.

Standardised death rates for diseases of the circulatory system were systematically higher for men than for women in 2015 across all of the EU Member States, although the differences between the sexes were relatively low compared with most other causes of death. The lowest absolute differences between men and women for standardised death rates for diseases of the circulatory system were recorded in Cyprus, Spain, Greece, Portugal,
the Netherlands and France — for each of these, the difference between the sexes was less than 100 deaths per 100,000 inhabitants.

Deaths in younger ages can be considered as premature. Indeed, Table 1 shows that deaths from diseases of the circulatory system become more prevalent at advanced ages. While this was true for the vast majority of causes of death, the standardised death rate for diseases of the circulatory system among those aged 65 and over in the EU-28 in 2015 was 39 times as high as the standardised death rate for persons aged less than 65; this can be compared with the same ratio for all causes of death, where the standardised death rate for those aged 65 and over was 21 times as high as for persons aged less than 65. Note that the risk of women dying from diseases of the circulatory system was relatively low before the age of 65 and that the vast majority of deaths among women from these diseases occurred after the age of 65.

Standardised death rates for men were consistently higher than those for women for all forms of diseases of the circulatory system

A more detailed analysis of causes of death for diseases of the circulatory system is presented in Table 2: EU-28 standardised death rates for men in 2015 were higher than those for women for each of the six causes of death presented. Gender differences were most pronounced for ischaemic heart diseases (codes I20-I25) — where the standardised death rate for men in the EU-28 was 1.8 times as high as the corresponding rate for women; the difference between the sexes was less marked for other heart diseases (codes I30-I51), cerebrovascular diseases (codes I60-I69) and other diseases of the circulatory system (the remainder of codes I00-I99, not elsewhere covered).

Table 2: Standardised death rates — diseases of the circulatory system, residents, 2015 (per 100,000 male/female inhabitants)

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<th>Acute myocardial infarction including subsequent myocardial infarction</th>
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(*) Acute myocardial infarction including subsequent myocardial infarction: 2014.
Source: Eurostat online data code hlth_cd_asdr2

Cardiovascular diseases statistics

3
Some of the highest standardised death rates for ischaemic heart diseases were recorded in the Baltic Member States: Lithuania recorded the highest rate in 2015 for men (760 per 100 000 inhabitants) and for women (483 per 100 000 inhabitants), followed — in different orders for men and women — by Latvia, Hungary and Slovakia and then Czechia, Croatia and Romania. By contrast, the lowest standardised death rates were recorded in France, followed — again in different orders for men and women — by Denmark, Spain, Portugal and the Benelux Member States.

**Standardised death rates for cerebrovascular diseases in Bulgaria were more than seven times as high as in France**

In 2015, the highest standardised death rates for cerebrovascular diseases were recorded in Bulgaria, Latvia, Romania, Lithuania and Croatia. By contrast, the lowest rates were recorded in France, Luxembourg and Spain, with relatively low rates also for men in Belgium and Austria; very low death rates were also recorded in Switzerland. As for all diseases of the circulatory system, there were large variations in standardised death rates for cerebrovascular diseases across the EU Member States, with death rates for both men and women in Bulgaria (where the highest rates were recorded) just over seven times as high as those in France (where the lowest rates were registered).

**Self-reporting of hypertensive diseases**

The persistent effect of high blood pressure in arteries may lead to chronic failure of vital organs such as the heart, kidneys or brain. The data presented in Figure 1 are derived from the second wave of the European health interview survey (EHIS) which was conducted between 2013 and 2015 and which covered the population aged 15 years and over. The survey included questions on self-assessment of an individual’s health and data on hypertension which are available for all EU Member States, Iceland, Norway and Turkey. The next wave of the survey will be conducted in 2019 and it will be run at regular five-year intervals afterwards.
A higher proportion of women reported that they had hypertensive diseases

The highest shares of self-reported hypertensive diseases among the population aged 15 years and over were recorded in Hungary (31.9 %), Bulgaria (29.6 %), Latvia (29.4 %), Germany (28.5 %) and Lithuania (28.1 %). By contrast, the lowest shares were recorded in France (14.4 %), Ireland (15.5 %), Sweden (16.2 %), the United Kingdom (16.4 %) and the Benelux countries (all below 17.0 %); Norway (12.7 %) and Turkey (16.1 %) also reported low shares.

An analysis by sex reveals that in most EU Member States a higher proportion of women (than men) reported that they had high blood pressure. The gender difference was often considerable, especially in the Baltic Member States, Romania, Portugal, Bulgaria and Slovakia, as well as in Turkey.

There were substantial age differences in the prevalence of hypertensive diseases, as the share of the population reporting high blood pressure increased dramatically between the age groups 25-34 and 65-74 years. In the EU-28, only 3.3 % of the population aged between 25 and 34 reported hypertensive diseases, while this share rose to more than half (52.1 %) of the population among those aged 75 years or over.

Cardiovascular healthcare

There has, in recent years, been a reduction in the number of deaths associated with diseases of the circulatory system across several EU Member States. These changes may have occurred, at least in part, through the introduction of increased screening and new surgical procedures, the introduction of new forms of medication (for example, statins), as well as lifestyle changes for patients (for example, a reduction in the number of smokers).

The number of in-patients with diseases of the circulatory system discharged from hospitals across the EU was 11.3 million in 2016
Hospital discharges of in-patients treated for diseases of the circulatory system show a very large variation across the EU Member States. While absolute figures for discharges are clearly linked to the number of inhabitants in each country, the level of discharges may, among others, also reflect the incidence of each disease and differences in healthcare systems, for example, screening, the balance between day care and in-patient treatment, or the availability of surgeons or hospital beds. In 2016, there were 11.3 million in-patients with diseases of the circulatory system discharged from hospitals across the EU (2015 data for Hungary, Poland and Portugal; no recent data for Greece).

Bulgaria recorded the highest ratio per inhabitant of hospital discharges for in-patients with diseases of the circulatory system

Bulgaria, Lithuania, Germany, Austria, Hungary (2015 data) and Latvia each reported more than 3 000 in-patient discharges per 100 000 inhabitants among those treated for diseases of the circulatory system in 2016. Among these, Bulgaria and Lithuania recorded, by far, the highest ratios, 4 200 in-patient discharges per 100 000 inhabitants in Lithuania and 4 500 per 100 000 inhabitants in Bulgaria (see Figure 2). Cyprus recorded the lowest ratio, some 812 in-patient discharges per 100 000 inhabitants, while Portugal (2015 data), Ireland and the United Kingdom were the only other EU Member States with less than 1 200 discharges per 100 000 inhabitants.

Figure 2: Hospital discharge rates for in-patients with diseases of the circulatory system, 2016 (per 100 000 inhabitants)

In 2016, across the EU (2015 data for Poland and Portugal; 2014 data for Hungary; no recent data for Greece), in-patients with diseases of the circulatory system (ICD codes I00-I99) spent a total of 93.7 million days in hospital. By far the highest share was accounted for by in-patients in Germany (30.6 % of the total), while Italy was the only other EU Member State recording a double-digit share (11.3 %).
In-patients with diseases of the circulatory system could expect to spend, on average, 12.4 days in hospital in Hungary per stay.

When patients are treated for a disease of the circulatory system they tend to spend a relatively lengthy period of time in hospital, reflecting the gravity of some of these conditions. Table 3 presents an analysis of the average length of hospital stays for in-patients treated for a disease of the circulatory system in 2011 and 2016. The average length of stay in 2016 ranged from 4.2 days in Bulgaria up to 12.4 days in Hungary (2015 data). Czechia and Austria also recorded relatively lengthy average stays in hospital for in-patients treated for diseases of the circulatory system (more than 10.0 days).

Table 3: In-patient average length of stay for diseases of the circulatory system, 2011 and 2016 (days)

| Source: Eurostat (hlth_co_inpst) |

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</table>

Among the EU Member States for which data are available (no data for Greece), the average length of a hospital stay for those treated for a disease of the circulatory system generally fell between 2011 and 2016; the largest reduction — 4.4 fewer days in hospital — was recorded in Finland, while reductions of 1.4 days were recorded for Czechia, Ireland and Croatia. By contrast, the average time spent in hospital rose by 0.6 days in Portugal (2011-2015), by 0.5 days in Spain and 0.4 days in Hungary (2011-2015) and Luxembourg, with smaller increases in Italy, Slovenia and Cyprus; these were the only Member States to record an increase in the average time spent in hospital by those treated for diseases of the circulatory system.

The remainder of Table 3 provides a more detailed analysis of the average length of hospital stays for in-
patients treated for four different types of circulatory disease. On average, in-patients with cerebrovascular diseases (codes I60-I69) spent the highest number of days in hospital, followed by those treated for atherosclerosis (code I70).

Transluminal coronary angioplasty was the most common form of intervention for patients treated for cardiovascular diseases

Table 4 provides an overview of the rates (number of surgical operations and procedures conducted in hospitals per 100 000 inhabitants) for those treated for cardiovascular diseases. By far the most common was transluminal coronary angioplasty, a non-surgical procedure used to treat coronary arteries that have been narrowed, by feeding a deflated balloon through blood vessels until it reaches the site of the blockage before inflating the balloon to open up the artery (allowing blood to flow normally).

Table 4: Surgical operations and procedures performed related to diseases of the circulatory system, 2010, 2011, 2015 and 2016(per 100 000 inhabitants)Source: Eurostat (hlth_co_proc2)

Across the 24 EU Member States for which data are available, there were 1.1 million transluminal coronary angioplasty procedures conducted in 2016 (2015 data for Spain, Malta and Portugal; 2014 data for the Netherlands; no recent data for Bulgaria, Greece, Latvia or Slovakia). Around 30 % (334 000 procedures) of these
took place in Germany, which was considerably higher than in any of the other EU Member States; France, Italy and Poland were the only other Member States to report in excess of 100 000 procedures. Not only did Germany report the largest number of such operations, but also the most when taking account of the size of population (see Table 4): 406 transluminal coronary angioplasty procedures were performed in Germany per 100 000 inhabitants, considerably more than in Croatia (354 per 100 000 inhabitants) and Lithuania (285 per 100 000 in habitants) which had the next highest ratios. This procedure was less common in Romania where it was conducted 113 times per 100 000 inhabitants.

Around 51 000 heart bypasses were conducted in Germany in 2016

The next most common operation for patients treated for cardiovascular diseases was a bypass anastomosis for heart revascularisation — commonly referred to as a heart bypass — a surgical procedure whereby arteries to the heart are replaced by blood vessels from another part of the body. There were just over 181 000 heart bypass operations in 2016 (2015 data for Spain, Malta and Portugal; 2014 data for the Netherlands) in the 25 EU Member States for which data are available (no data for Bulgaria, Greece or Latvia). Germany again recorded the highest number of operations, around 51 000 and this was the fifth highest frequency when taking account of the population size (61.4 per 100 000 inhabitants), behind Lithuania, Belgium, Denmark and in particular Croatia (105.9 operations per 100 000 inhabitants). This procedure was least common in Spain, where it was performed on average 17.9 times per 100 000 inhabitants (2015 data), and was also relatively uncommon in Ireland and Romania.

A carotid endarterectomy is an operation which aims to remove plaque from the inner lining of the carotid artery which extends from the aorta (the main artery leaving the heart) to the base of the skull, supplying blood to the brain. When taking account of the size of the population, this procedure was most common in 2015, among the 22 EU Member States for which recent data are available, in Austria, Germany and Belgium (2014 data), at 32.2, 30.8 and 30.3 per 100 000 inhabitants respectively, while it was least common in Luxembourg (1.9 per 100 000 inhabitants).

A femoropopliteal bypass is surgery conducted to bypass a diseased blood vessel around the knee. Luxembourg, Malta, Belgium (2014 data) and Lithuania reported the highest frequencies for this procedure in 2015, in all cases more than 28.0 such procedures per 100 000 inhabitants.

An abdominal aortic aneurysm is a weakened area in the wall of the aorta, which can result in a balloon-ing of the artery. The most common location for this complaint is in the abdominal region, especially the segment of the abdominal aorta below the kidneys (an infrarenal aneurysm). Relative to population size, this procedure to repair this condition was most frequently performed in 2015 in Luxembourg, Italy, Austria (2014 data), Denmark, France (2014 data) and Spain, all with rates above 10.0 per 100 000 inhabitants.

Healthcare equipment

Luxembourg and Croatia had the highest angiography equipment rates

An angiography is similar to an x-ray picture and shows the internal condition of blood vessels or arteries; it is generally used to determine if patients have any abnormalities such as narrowing, blockages or bleeding. Among those EU Member States for which data are available for 2015 (2013 data for Greece; no recent data for Denmark, Ireland, the Netherlands, Austria or the United Kingdom; note that data for Belgium, Germany, France, Portugal and Sweden refers only to equipment in hospitals), the availability of angiography equipment in hospitals and providers of ambulatory (out-patient) health care ranged from a low of 0.4 pieces of equipment per 100 000 inhabitants in Romania and 0.5 pieces of equipment per 100 000 inhabitants in Estonia to highs of 1.6 pieces of equipment per 100 000 inhabitants in Croatia and Luxembourg.
Table 5: Angiography equipment, 2010 and 2015 (per 100 000 inhabitants)

Source: Eurostat (hlth_rs_spec) and (hlth_rs_equip)

Source data for tables and graphs
- Cardiovascular diseases: tables and figures

Data sources

Key concepts

An in-patient is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or other institution providing in-patient care. An in-patient or day care patient is discharged from hospital when formally released after a procedure or course of treatment (episode of care). A discharge may occur because of the finalisation of treatment, signing out against medical advice, transfer to another healthcare institution, or because of death.

The number of deaths from a particular cause of death can be expressed relative to the size of the population. A standardised (rather than crude) death rate can be compiled which is independent of the age and sex structure of a population: this is done as most causes of death vary significantly by age and according to sex and the standardisation facilitates comparisons of rates over time and between countries.

Healthcare resources and activities

Statistics on healthcare resources (such as personnel and medical equipment) and healthcare activities (such as
information on surgical operations and procedures and hospital discharges) are documented in the background article Healthcare non-expenditure statistics - methodology which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

For surgical operations and procedures the International Classification of Diseases — clinical modification (ICD-9-CM) is used:

- Operations on the cardiovascular system (35-39);
- Transluminal coronary angioplasty (36.01, 36.02 and 36.05);
- Bypass anastomosis for heart revascularisation (36.1);
- Carotid endarterectomy (38.12);
- Femoropopliteal bypass (39.29);

For country specific notes on this data collection, please refer to the background information document Eurostat – Health care activities: Surgical Procedures (shortlist) - Definitions.

For hospital discharges and the length of stay in hospitals, the International Shortlist for Hospital Morbidity Tabulation (ISHMT) is used to classify data from 2000 onwards; Chapter IX covers diseases of the circulatory system:

- Hypertensive diseases (0901);
- Angina pectoris (0902);
- Acute myocardial infarction (0903);
- Other ischaemic heart disease (0904);
- Pulmonary heart disease and diseases of pulmonary circulation (0905);
- Conduction disorders and cardiac arrhythmias (0906);
- Heart failure (0907);
- Cerebrovascular diseases (0908);
- Atherosclerosis (0909);
- Varicose veins of lower extremities (0910);
- Other diseases of the circulatory system (0911).

For country specific notes on this data collection, please refer to this background information document Eurostat – Health care activities: Hospital discharges by diagnostic categories - Definitions.

Health status

Self-reported statistics covering the health status of the population for a range of chronic diseases are provided by the European health interview survey (EHIS). This source is documented in more detail in the background article European health interview survey - methodology which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions. The data presented in this article refer to the share of the population aged 15 and over reporting that they had been diagnosed by a medical doctor with high blood pressure (hypertension) which occurred in the 12 months prior to the survey.

Causes of death

Statistics on causes of death provide information on mortality patterns, supplying information on developments over time in the underlying causes of death. This source is documented in more detail in the background article Causes of death statistics - methodology which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

Causes of death are classified according to the European shortlist (86 causes), which is based on the International Statistical Classification of Diseases and Related Health Problems (ICD). Chapter IX of the ICD covers diseases of the circulatory system:
• I00-I02 Acute rheumatic fever;
• I05-I09 Chronic rheumatic heart diseases;
• I10-I15 Hypertensive diseases;
• I20-I25 Ischaemic heart diseases;
• I26-I28 Pulmonary heart disease and diseases of pulmonary circulation;
• I30-I52 Other forms of heart disease;
• I60-I69 Cerebrovascular diseases;
• I70-I79 Diseases of arteries, arterioles and capillaries;
• I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified;
• I95-I99 Other and unspecified disorders of the circulatory.

For country specific notes on this data collection, please refer to the background information document Annex: Country-specific metadata for causes of death data collection.

Note on tables: the symbol ':' is used to show where data are not available.

**Context**

Statistics concerning cardiovascular diseases are of particular significance insofar as these diseases are the principal cause of death within the EU. Increased prevention, especially for heart disease and strokes, has resulted in the number of people who face disability, reduced quality of life and premature death being reduced across most of Europe. Nevertheless, cardiovascular diseases continue to touch the lives of millions of Europeans each day.

The European Commission convened a conference in June 2005 to discuss the implementation of a set of Council conclusions on heart health, adopting the Luxembourg declaration. This established an agreement to pursue or strengthen cardiovascular disease prevention plans and to ensure that effective measures, policies, and interventions were put in place across all European countries, giving priority to lifestyle oriented interventions to reduce the burden of these diseases, including:

- avoidance of tobacco consumption (zero tolerance);
- adequate physical activity (at least 30 minutes per day);
- healthy food choices;
- avoidance of being overweight;
- maintenance of blood pressure below 140/90 mmHg (millimetres of mercury);
- maintenance of blood cholesterol below 5 mmol/l (millimoles per litre).

As part of this work, the European Commission and the World Health Organisation (WHO) requested the assistance of the European society of cardiology and the European heart network to set-up the European heart health charter, which was launched in June 2007. It states that cardiovascular disease is estimated to cost the EU economy EUR 169 billion per year (or an average of EUR 372 per inhabitant). The charter aims to substantially reduce the burden of cardiovascular disease in the EU and the WHO European region and to reduce inequities in disease burden within and between countries, by informing Europeans about the risk factors and costs associated with cardiovascular diseases.
Other articles

Online publications
- Health in the European Union — facts and figures
- Disability statistics

Causes of death
- Causes of death
- Causes of death of the elderly

Methodology
- Healthcare non-expenditure statistics
- European health interview survey
- Causes of death statistics

General health statistics articles
- Health statistics introduced
- Health statistics at regional level
- The EU in the world — health

Publications
- Health statistics — Atlas on mortality in the European Union

Main tables
- Health care (t_hlth_care)
- Causes of death (t_hlth_cdeath)

Database
- Health status and determinants, see:
  Health status (hlth_state)
  Self-reported chronic morbidity (hlth_srcm)
  People reporting a chronic disease, by disease, sex, age and educational attainment level (%)
  (hlth_chis_st1)
- Health care (hlth_care)

Health care resources (hlth_res)
  Health care facilities (hlth_facil)
  Health care activities (hlth_act)
  Hospital discharges and length of stay for inpatient and curative care (hlth_co_dischls)
  Hospital discharges - national data (hlth_hosd)
  Length of stay in hospital (hlth-hostay)
  Operations, procedures and treatment (hlth_oper)
- Causes of death (hlth_cdeath)

General mortality (hlth_cd_gmor)
  Causes of death - deaths by country of residence and occurrence (hlth_cd_aro)
  Causes of death - standardised death rate by residence (hlth_cd_asdr2)

Cardiovascular diseases statistics 13
Dedicated section

- Health
- Health status and determinants
- Health care
- Causes of death

Methodology

- Causes of death (ESMS metadata file — hlth_cdeath_esms)
- European health interview survey (ESMS metadata file — hlth_det_esms)
- Healthcare activities (ESMS metadata file — hlth_res_esms)
- Healthcare resources (ESMS metadata file — hlth_res_esms)

External links

- European Commission — Directorate-General for Health and Food Safety — Public health, see:
  - European Commission — Directorate-General for Health and Food Safety — Non-communicable diseases
    - European Commission — Directorate-General for Health and Food Safety — European core health indicators (ECHI)
- European heart health charter
- OECD — Health policies and data
- WHO Global Health Observatory (GHO) — Mortality and global health estimates
- World Health Organisation (WHO) — Health systems
- World Health Organisation (WHO) — Cardiovascular diseases