This article presents an overview of European Union (EU) statistics related to cardiovascular diseases and focuses on the following aspects: cardiovascular health and mortality, as well as cardiovascular healthcare.

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 and blood vessels), often resulting from atherosclerosis, the abnormal build-up of plaque — that is made of, among constituents, 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

There were 1.68 million deaths in the EU-27 from diseases of the circulatory system

Diseases of the circulatory system place a considerable burden on healthcare systems and government budgets. Indeed, in 2016 there were 1.68 million deaths resulting from diseases of the circulatory system in the EU-27, which was equivalent to 37.1 % of all deaths — considerably higher than the second most prevalent cause of death, cancer (malignant neoplasms; 25.8 %).
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, while this share reached close to two thirds (66.4%) of all deaths in Bulgaria. By contrast, less than one quarter of all deaths in Denmark (23.4%; 2016 data) were caused by diseases of the circulatory system.

Across the EU-27, a higher share of deaths of women (40.2%) were from diseases of the circulatory system in 2016 than was the case for men (33.9%). The largest gaps between the sexes were recorded in the Baltic Member States, Romania and Slovenia, where the proportions of women dying from diseases of the circulatory system were between 11.9 and 15.1 percentage points higher than those for men; the gender imbalance was also relatively large in Poland and Croatia (10.2 and 9.6 percentage points). There were five EU Member States where a higher proportion of men (than women) died from diseases of the circulatory system: in Denmark, the share of male deaths was 1.7 percentage points higher than that for women and in Ireland it was 1.2 percentage points higher; smaller differences were observed in Cyprus, Finland and Sweden.

Cyprus, Spain, the Netherlands, Greece, France and Portugal 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-27’s standardised death rate for diseases of the circulatory system was 370 deaths per 100 000 inhabitants in 2016, 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 2017 across all of the EU Member States, although the differences between the sexes were relatively

Table 1: Causes of death — diseases of the circulatory system, residents, 2017

Source: Eurostat (online data codes: hlth_cd_pho and hlth_cd_asd2)
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, the Netherlands, Greece, France (2016 data) and Portugal — 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 common 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 years and over in the EU-27 in 2016 was 38 times as high as the standardised death rate for persons aged less than 65 years; this can be compared with the same ratio for all causes of death, where the standardised death rate for those aged 65 years and over was 20 times as high as for persons aged less than 65 years. Note that the risk of women dying from diseases of the circulatory system was relatively low before the age of 65 years and that the vast majority of deaths among women from these diseases occurred after the age of 65 years.

Within the EU-27, 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-27 standardised death rates for men in 2016 were higher than those for women for each of the six causes of death presented. For ischaemic heart diseases (codes I20-I25), the standardised death rate for men in the EU-27 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).
Some of the highest standardised death rates for ischaemic heart diseases were recorded in the Baltic Member States: Lithuania had the highest rate in 2017 for men (700 per 100 000 inhabitants) and for women (443 per 100 000 inhabitants), followed — in different orders for men and women — by Latvia, Hungary, Slovakia, Czechia, Romania, Croatia and Estonia. By contrast, the lowest standardised death rates were recorded in France (2016 data), followed — again in different orders for men and women — by the Benelux Member States, Portugal, Spain and Denmark.

The standardised death rate for cerebrovascular diseases in Bulgaria was 7.1 times as high as the rate in France.

In 2017, 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 (2016 data), Spain and Luxembourg; death rates in Liechtenstein and Switzerland were comparable with that in France, while relatively low rates were also observed in Iceland and Norway. 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 the death rate in Bulgaria in 2017 (where the highest rate was recorded) 7.1 times as high as that in France in 2016 (where the lowest rate was 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 Eurostat 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, the United Kingdom, Iceland, Norway and Turkey. The next wave of the survey was conducted in 2019 and it will be run at regular five-year intervals afterwards.

Share of the population aged 15 years and over reporting that they had high blood pressure, by sex, 2014 (%)

![Graph showing share of the population aged 15 years and over reporting high blood pressure by sex in different EU countries.

Note: the figure is ranked on the share of the total population reporting that they had high blood pressure.
Source: Eurostat (hlth_ehis_cd1e)

Figure 1: Share of the population aged 15 years and over reporting that they had high blood pressure, by sex, 2014(%)Source: Eurostat (hlth_ehis_cd1e)

A higher proportion of women than men 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 %) and the Benelux Member States (between 16.5 % and 16.8 %); Norway (12.7 %), Turkey (16.1 %) and the United Kingdom (16.4 %) also reported relatively 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, Bulgaria, Portugal 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 substantially from the age group 25-34 years onwards. In the EU-27, 3.5 % of the population aged between 25 and 34 years reported hypertensive diseases, while this share rose to more than half (53.3 %) of the population among those aged 75 years and 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, 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 10.4 million in 2018

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 2018, there were 10.4 million in-patients with diseases of the circulatory system discharged from hospitals across the EU (2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for 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 (2017 data), Austria, Latvia and Hungary each reported more than 3 000 in-patient discharges per 100 000 inhabitants among those treated for diseases of the circulatory system in 2018. Among these, Bulgaria and Lithuania recorded, by far, the highest ratios, 4 200 in-patient discharges per 100 000 inhabitants in Lithuania and 4 600 per 100 000 inhabitants in Bulgaria (see Figure 2). Cyprus recorded the lowest ratio, some 901 in-patient discharges per 100 000 inhabitants, while Portugal (2015 data) and Ireland were the only other EU Member States with less than 1 200 discharges per 100 000 inhabitants.
In 2018, across the EU, in-patients with diseases of the circulatory system (ICD codes I00-I99) spent a total of 85.5 million days in hospital (2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Greece). By far the highest share was accounted for by in-patients in Germany (33.3 % of the total), while Italy (11.9 %) and France (10.2 %) were the only other EU Member States recording double-digit shares.

Relative to this, in-patients with diseases of the circulatory system in Hungary spent, on average, 12.6 days in hospital 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 2013 and 2018. The average length of stay in 2018 ranged from 4.3 days in Bulgaria up to 12.6 days in Hungary. Relatively lengthy average stays in hospital for in-patients treated for diseases of the circulatory system (between 9.9 and 11.0 days) were also recorded in Czechia, Austria, Malta (2017 data) and Estonia.
Among the EU Member States for which data are available (no recent data for Greece or Portugal), the average length of a hospital stay for those treated for a disease of the circulatory system generally fell between 2013 and 2018. The largest reduction — 4.1 fewer days in hospital — was recorded in Finland, while a reduction of 1.3 days was recorded for Croatia. By contrast, the average time spent in hospital rose by 1.3 days in Spain, by 0.9 days in Hungary and by 0.5 days in Austria, with smaller increases in Luxembourg (2013-2016), Lithuania, Cyprus and Italy; 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) or heart failure (code I50).

Transluminal coronary angioplasty was a common form of intervention for patients treated for cardiovascular diseases.
Table 4: Surgical operations and procedures performed related to diseases of the circulatory system, 2013 and 2018 (per 100 000 inhabitants)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2013</th>
<th>2018</th>
<th>2013</th>
<th>2018</th>
</tr>
</thead>
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<tr>
<td>Transluminal coronary angioplasty</td>
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<td></td>
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<td>59.5</td>
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<td>49.6</td>
<td>44.7</td>
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<td>174.8</td>
<td>71.3</td>
<td>52.6</td>
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<td>39.3</td>
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<tr>
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<td>130.5</td>
<td>20.6</td>
<td>19.6</td>
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<td>119.7</td>
<td>17.8</td>
<td>15.3</td>
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<td>277.0</td>
<td>29.0</td>
<td>28.4</td>
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<tr>
<td>France</td>
<td>239.8</td>
<td>252.0</td>
<td>32.5</td>
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<td>52.6</td>
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<td>Finland</td>
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<td>United Kingdom</td>
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<td>150.6</td>
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<td>114.0</td>
<td>47.9</td>
<td>57.0</td>
<td>42.0</td>
</tr>
</tbody>
</table>

Note: (1) Break in series.
(2) Transluminal coronary angioplasty break in series.
(3) 2017 instead of 2018.
(4) 2014 instead of 2013.

Across the 24 EU Member States for which data are available, there were 1.1 million transluminal coronary angioplasty procedures conducted in 2018 (2017 data for Malta and the Netherlands; 2015 data for Portugal; no recent data for Greece, Latvia or Slovakia). Around 31 % (339 100 procedures) of these took place in Germany, which was considerably higher than in any of the other EU Member States; France and Italy were the only other Member States to report in excess of 100 000 procedures, with Poland reporting 99 000. Not only did Germany report the largest number of such operations, but also the second most when taking account of the size of population (see Table 4): 409 transluminal coronary angioplasty procedures were performed in Germany per 100 000 inhabitants, slightly fewer than the 411 per 100 000 inhabitants performed in Croatia. The next highest ratio was 312 per 100 000 inhabitants in Lithuania. This procedure was least common in Spain where it was conducted 120 times per 100 000 inhabitants.

45 300 heart bypasses were conducted in Germany in 2018

Another relatively common operation for patients treated for cardiovascular diseases was a bypass anastomosis for heart revascularisation — also referred to as a heart bypass. This is a surgical procedure whereby arteries to the heart are replaced by blood vessels from another part of the body. There were 165 600 heart bypass operations in 2018 (2016 data for Malta and the Netherlands; 2015 data for Portugal) in the 25 EU Member States for which data are available (no recent data for Greece or Latvia). Germany again recorded the highest number of operations (45 300) and this was the fourth highest frequency when taking account of the population size (54.7 per 100 000 inhabitants), behind Croatia, Belgium and Lithuania. This procedure was
least common in Spain and Luxembourg, where it was performed on average 15.3 times per 100 000 inhabitants, and was also relatively uncommon in Ireland and Romania.

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);

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 years 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.

Symbols
Note on tables:

• a colon ‘:’ is used to show where data are not available;
• a dash ‘–’ is used to show where data are not applicable/relevant.
**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 169 billion per year (or an average of 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**

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- [Disability statistics](#)

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- [Causes of death](#)
- [Causes of death of the elderly](#)

**Methodology**

- [Healthcare non-expenditure statistics](#)
- [European health interview survey](#)
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- [Health statistics at regional level](#)
- [The EU in the world — health](#)
Publications
Atlas
- Health statistics — Atlas on mortality in the European Union

News releases
- 1 in 8 deaths due coronary heart diseases

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    - Causes of death (t_hlth_cdeath)

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      - Persons reporting a chronic disease, by disease, sex, age and educational attainment level (hlth_ehis_cd1e)
  - 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)
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      - General mortality (hlth_cd_gmor)

Dedicated section
- Health

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 system governance
  - World Health Organisation (WHO) — Cardiovascular diseases