

Life expectancy and disease burden among males and females in the Nordic countries: Results from the Global Burden of Diseases, Injuries and Risk Factors Study 2017 (GBD 2017)

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The Nordic countries

- Characterised by collaboration and shared features of policy and welfare systems («The Nordic Model»)
- They generally rank high on a range of sociodemographic and health-relevant measures
- Rich and comparable health data environment, however, broad analyses of similarities and differences in life expectancy and disease burden between the countries are lacking





Aims of the study

Use results from the Global Burden of Disease Study 2017 (GBD 2017) to:

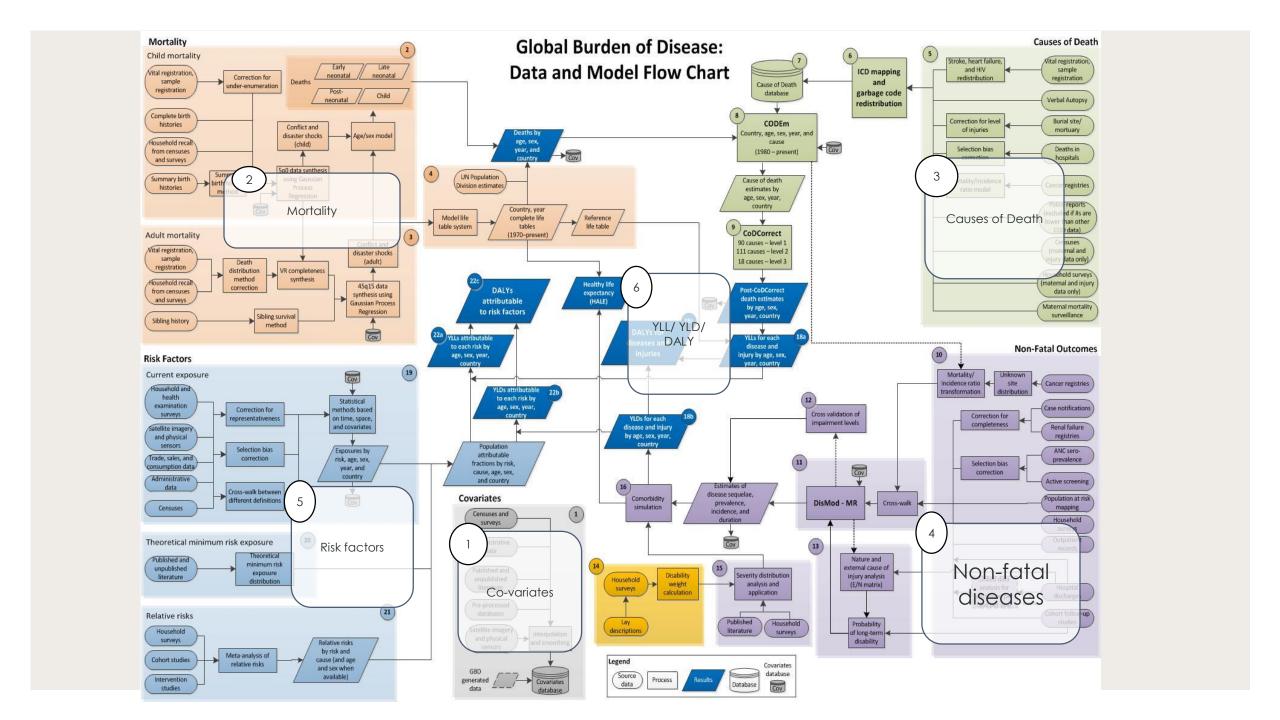
- 1. Explore development in life expectancy from 1990 to 2017 in the Nordic countries and Greenland
- 2. Identify and compare the top ten causes for disability-adjusted life-years (DALYs) among males and females in the Nordic countries and Greenland.
- 3. Identify and compare the top ten risk factors for disability-adjusted life-years (DALYs) among males and females in the Nordic countries and Greenland.

The Global Burden of Disease Study

- A systematic, scientific effort to quantify the comparative magnitude of health loss due to diseases, injuries, and risk factors by age, sex and geography for specific points in time
- Give an overview over disease burden which is:
 - Complete
 - Up-to-date







Results from the Global Health Data Exchange (GHDx.org)

- Age-standardised rates of
 - Life expectancy
 - Years of Life Lost (YLL) fatal disease burden
 - Years Lived with Disability (YLD) –
 nonfatal disease burden
 - Disability-Adjusted Life-Years (DALY) summary measure of fatal and nonfatal disease burden
- Differences between Nordic regional estimates and location-specific estimates

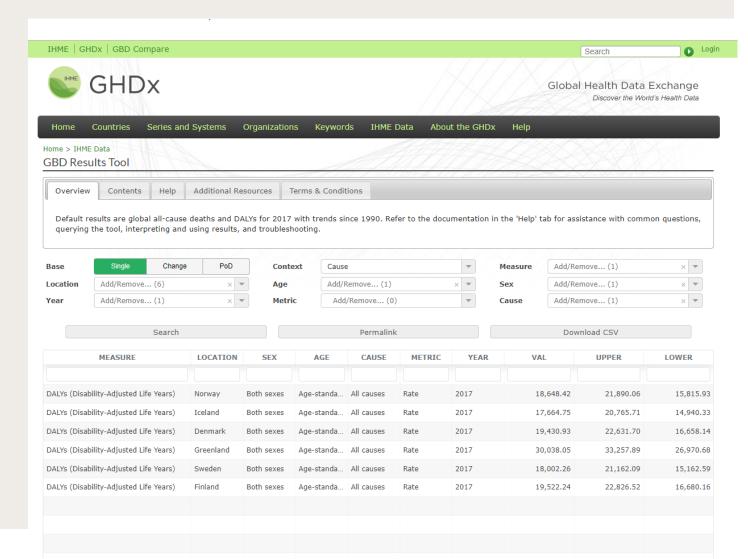
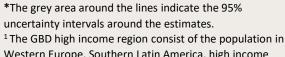
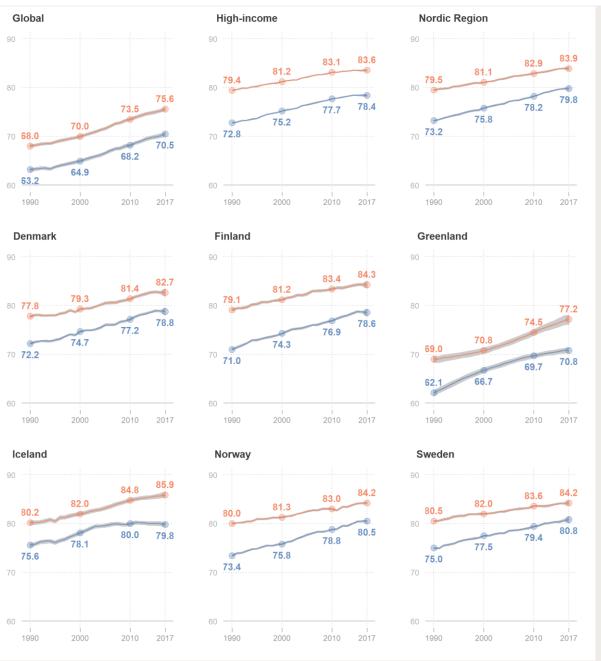


Figure 1. Life expectancy* at birth by sex globally, in the Global Burden of Disease high-income region¹, the Nordic region and the Nordic countries, 1990, 2000, 2010 and 2017.



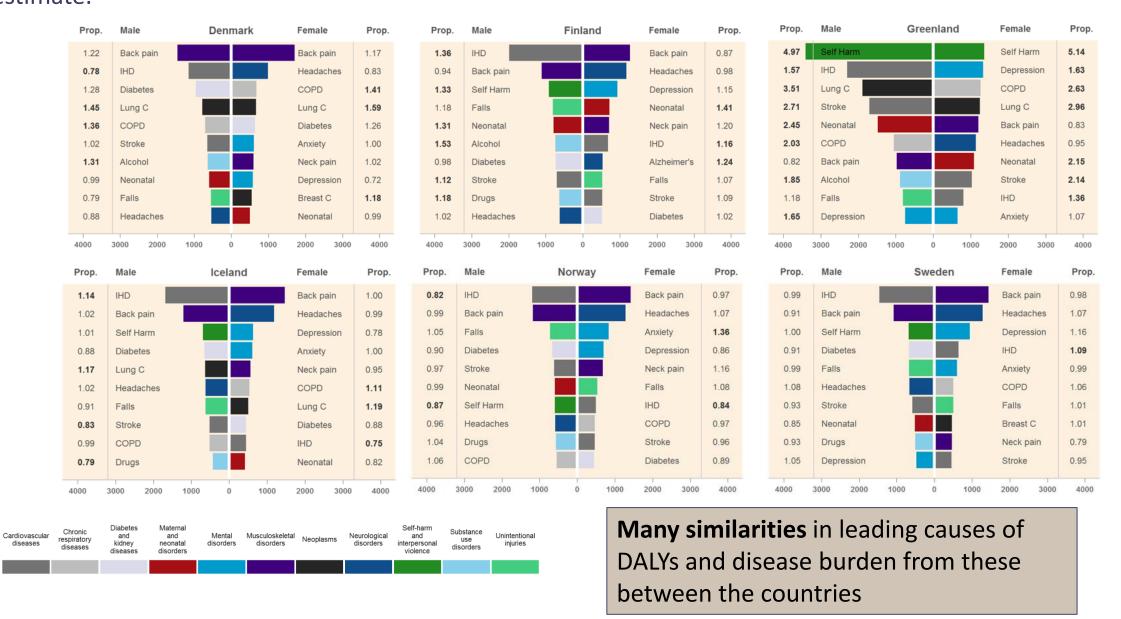
¹The GBD high income region consist of the population Western Europe, Southern Latin America, high income countries in Northern America and Asia Pacific, and Australasia.



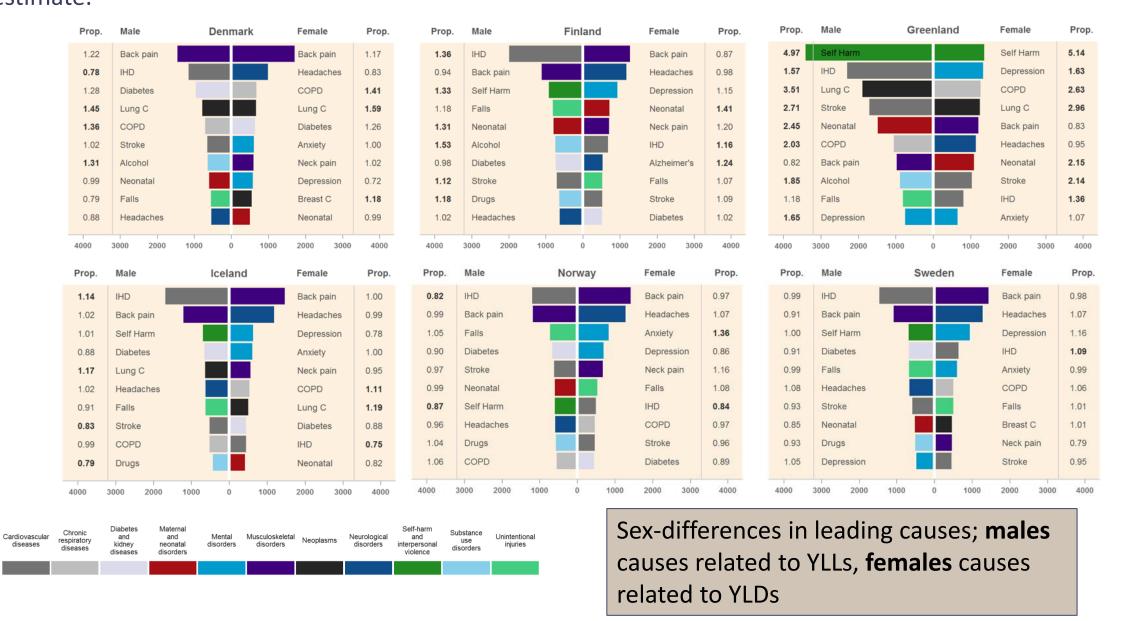


- to 2017 in all sexlocation groups
- Higher LE in the Nordic countries than globally and in the high-income region
- Females higher LE than males, the gap generally reduced over the period
- Highest LE in Iceland (females) and Sweden (males)
- Lower LE in Finland (males) and Denmark (males and females)
- Lowest LE in Greenland

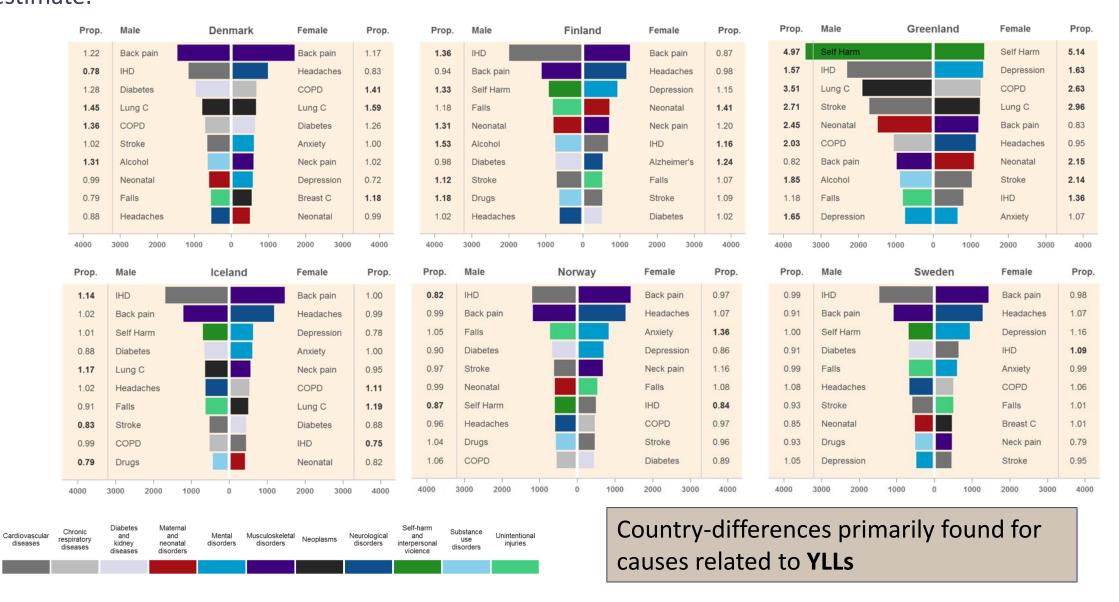
<u>Figure 2.</u> Age-standardised disability-adjusted life-years (DALY) rates per 100,000 by sex for the top-ten causes (Level 3) in the Nordic countries in 2017, including proportional difference* from the Nordic region estimate.



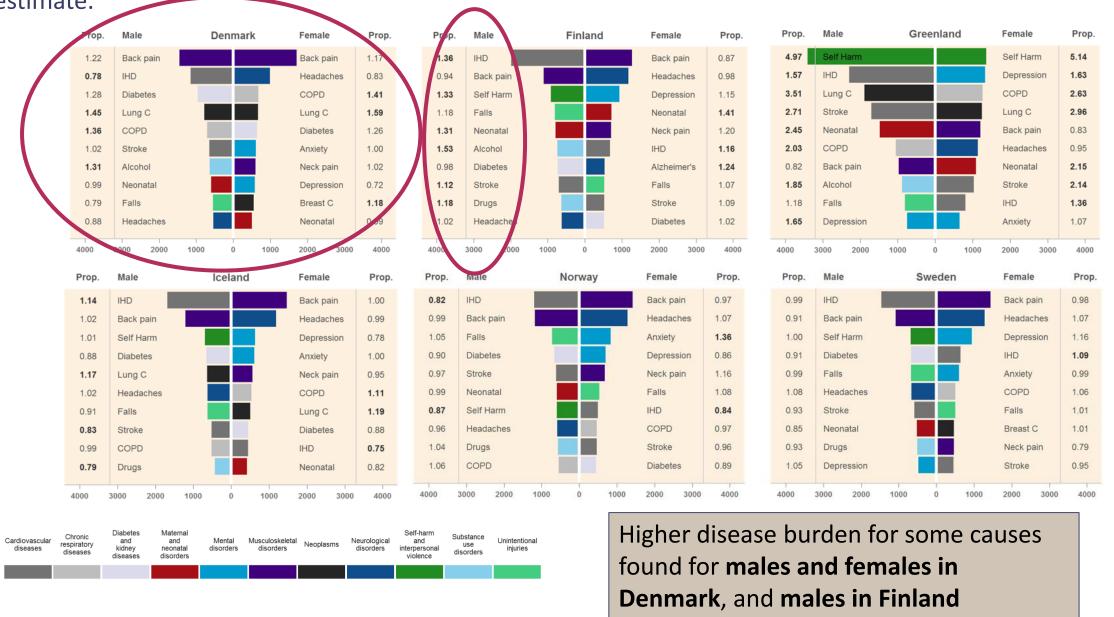
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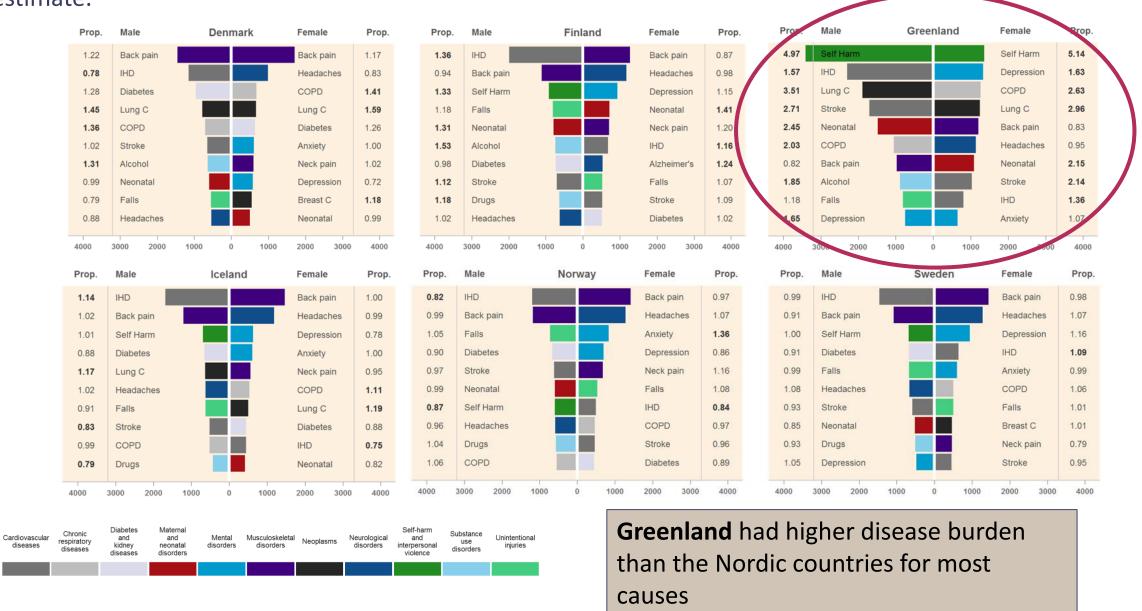
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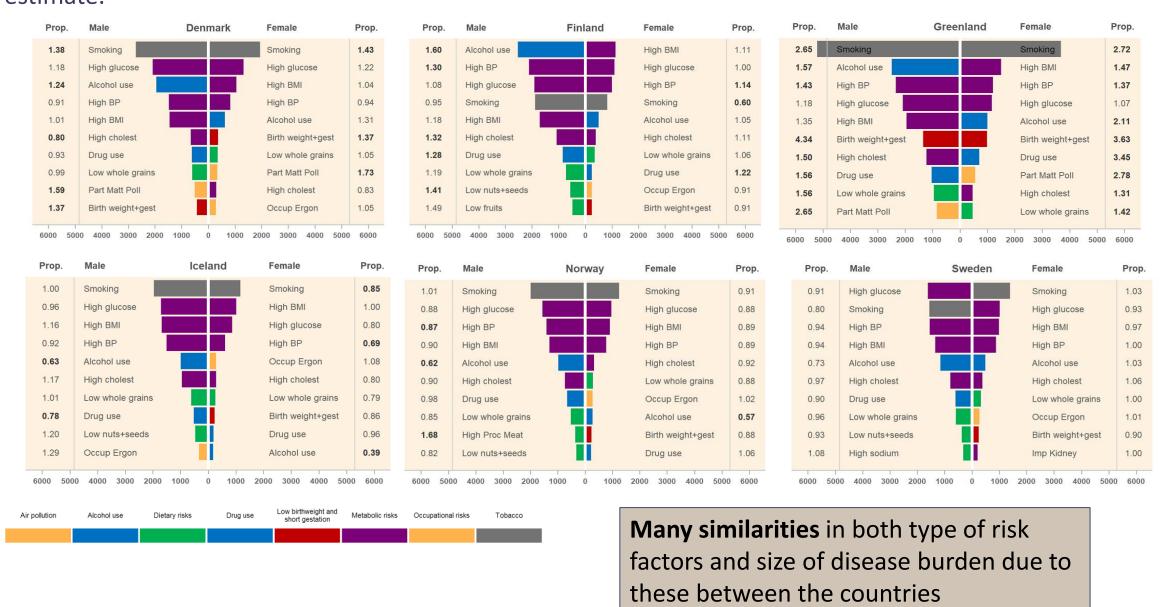
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<u>Figure 3.</u> Age-standardised disability-adjusted life-years (DALY) rates per 100,000 by sex for the top-ten risk factors (Level 3) in the Nordic countries in 2017, including proportional difference* from the Nordic region estimate.



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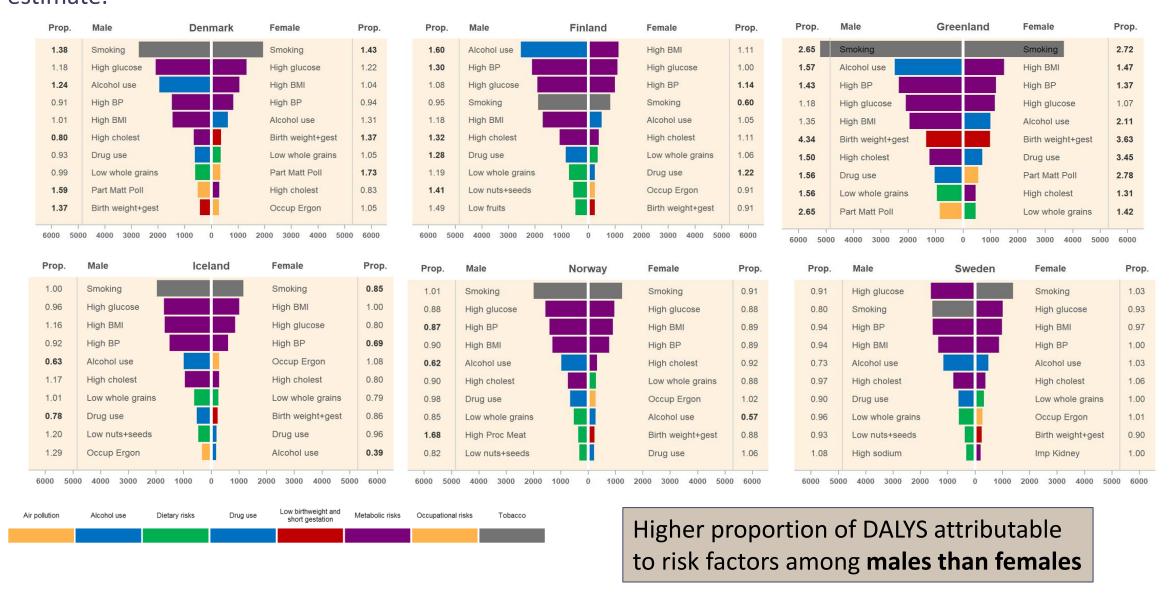
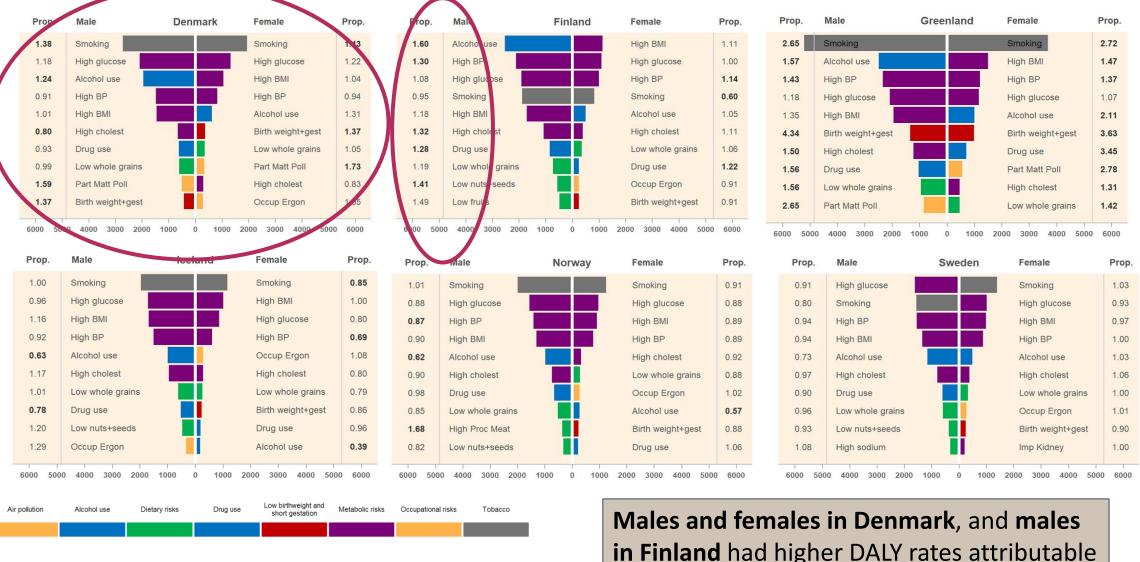
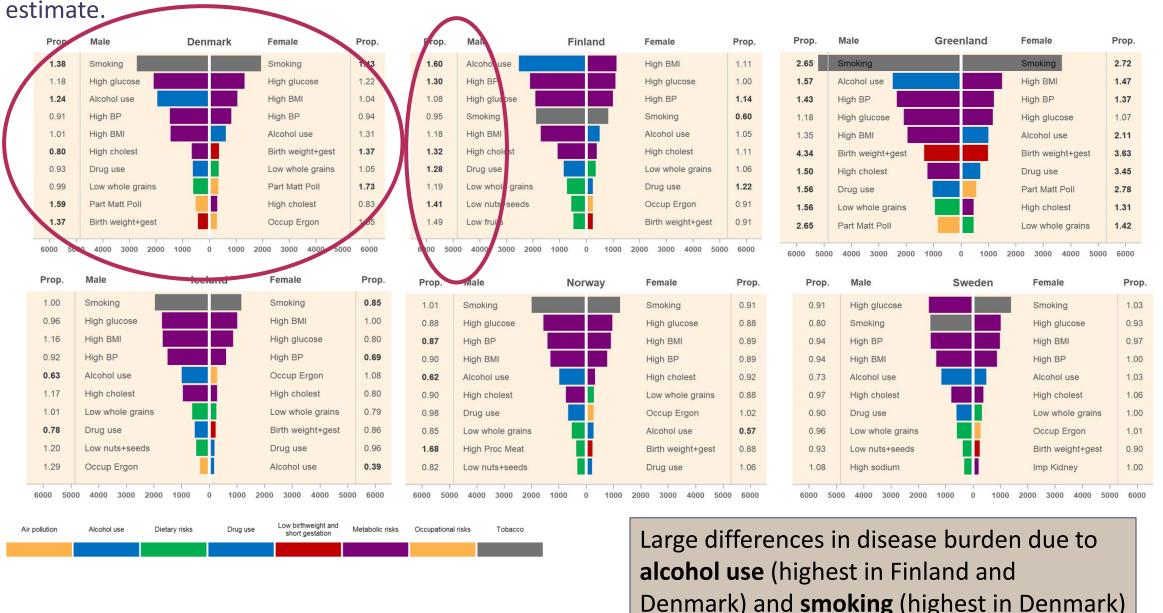


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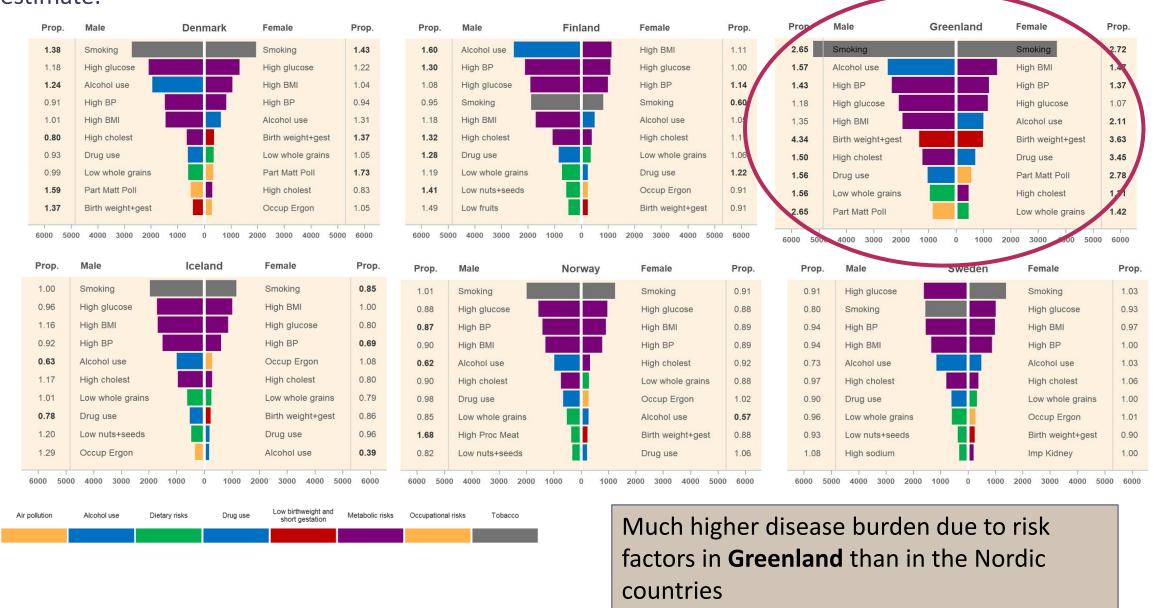


in Finland had higher DALY rates attributable to risk factors than the other countries

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Conclusions

- Many similarities, but also important differences in life expectancy and disease burden between the Nordic countries
- Males and females differ in the distribution of fatal versus nonfatal disease burden
- Alcohol use and smoking may be important drivers of poorer population health in Denmark and Finland
- The population in the autonomous area of Greenland has a dramatically lower life expectancy and higher disease burden than the Nordic countries