Burden of diseases and injuries attributable to risk factors in the European Union in 2019

João Vasco Santos, Alicia Padron Monedero, Anette Kocbach Bolling, Boris Bikbov, Brigid Unim, Diana Alecsandra Grad, Dietrich Plass, Florian Fischer, Francesco S. Violante, Gerhard Sulo, Che Henry Ngwa, Isabel Noguer-Zambrano, José Peñalvo, Juanita A. Haagsma, Katarzyna Kissimova-Skarbek, Lorenzo Monasta, Nermin Ghith, Rannveig Sigurvinsdóttir, Rodrigo Sarmiento-Suarez, Romana Haneef, Stefania Mondello, Susanne Breitner, Zubair Kabir, Brecht Devleesschauwer

Faculty of Medicine. University of Porto

CINTESIS—Centre for Health Technology and Services Research

Public Health Unit. ACES Grande Porto VIII (ARS Norte)

jvasco.santos@gmail.com













Background (I)

Non-communicable diseases are the leading cause of burden in the EU

- Could be tackled through behavioural interventions
- Organisation of health systems

Previous studies based on Global Burden of Disease (GBD) 2017 estimates

- Decreasing risk factors-attributable burden
- Heterogeneity between EU countries

European Journal of Public Health, 1-10 © The Author(s) 2021. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved. doi:10.1093/eurpub/ckab145

Risk factors and their contribution to population health in the European Union (EU-28) countries in 2007 and 2017

João Vasco Santos @ 1,2,3, Vanessa Gorasso4, Júlio Souza1,2, Grant M.A. Wyper5, lan Grant5, Vera Pinheiro^{2,6}, João Viana^{1,2}, Walter Ricciardi⁷, Juanita A. Haagsma⁸, Brecht Devleesschauwer^{4,9}, Dietrich Plass¹⁰, Alberto Freitas^{1,2}

- 1 MEDCIDS Department of Community Medicine, Information and Health Decision Sciences, Faculty of Medicine, University of Porto, Porto, Portugal
- 2 CINTESIS Centre for Health Technology and Services Research, Porto, Portugal
- 3 Public Health Unit, ACES Grande Porto VIII, ARS Norte, Espinho/Gaia, Portugal
- 4 Department of Epidemiology and Public Health, Sciensano, Brussels, Belgium
- 5 Public Health Scotland, UK
- 6 Public Health Unit, ULS Baixo Alentejo, ARS Alentejo, Beja, Portugal
- 7 Section of Hygiene, Institute of Public Health, Università Cattolica del Sacro Cuore, Fondazione Polidinico 'A. Gemelli' IRCCS, Rome, Italy
- 8 Department of Public Health, Erasmus MC University Medical Center, Rotterdam, The Netherlands
- 9 Department of Veterinary Public Health and Food Safety, Ghent University, Merelbeke, Belgium
- 10 German Environment Agency, Section Exposure Assessment and Environmental Health Indicators, Berlin, Germany

Correspondence: João Vasco Santos, Rua Dr. Plácido da Costa, 4200-450 Porto, Portugal, Tel: +351 225 513 622, Fax: +351 225 513 623, e-mail: jvasco.santos@gmail.com

Background (II)

GBD 2019 improvements

- Revised corrections for non-reference method exposure measurements
- High and low non-optimal temperatures as new risk factors
- Dose-response meta-regressions

Aim

To analyse the GBD 2019 estimates to describe the attributable burden resulting from the exposure to risk factors in the EU over the 2010-2019 period

Methods (I)

Retrospective, observational and ecological study EU-28 countries, 2010-2019 estimates



GBD 2019 study

- 369 diseases and injuries (286 causes of death)
- 87 risk factors
- Cause-specific incidence, prevalence, mortality, YLDs, YLLs, DALYs, LE and HALE

Methods (II)

- 1. Risk-outcome pairs
- 2. Relative risks as a function of exposure
- 3. Levels of exposure in each age-sex-location-year
- 4. Theoretical minimum risk exposure level
- 5. Computing mortality and DALYs (through PAF)
- 6. Adjusting PAF considering mediation of risk factors

Methods (III)

Estimates included 95% uncertainty intervals

Mortality and DALY estimates attributable to risk factors

Smmary exposure value (SEV): excess risk – prevalence and extent of risk factors (0-100)

Relative change between 2010 and 2019 were also used for assessing time trends

Results (I)

EU-28 2019

- 60% of age-standardised death rate attributable to risk factors
- 40% of age-standardised DALY rate attributable to risk factors
- 10.7% decrease of all-cause risk-factor attributable death rate
- 9.1% decrease of all-cause risk-factor attributable DALY rate

Results (II)

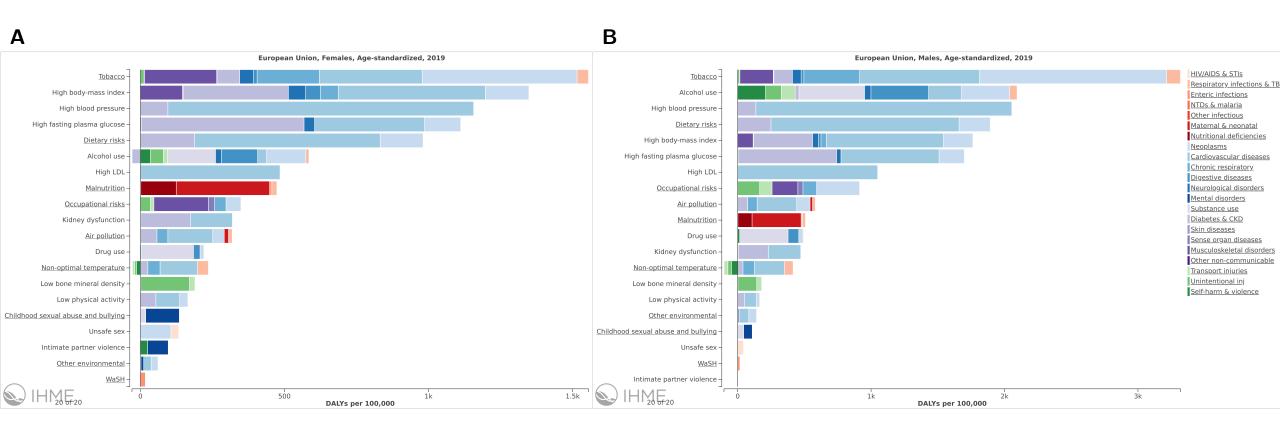


Figure 1. Age-standardised DALY rates ranked by Level 2 risk factor for females (A) and for males (B) for the European Union in 2019.

Results (III)

	All risk factors	Товяссо	High systdic blood pressure	High body-mass index	Dietary risks	High fasting plasma glucose	Alcohol use	High LDL cholesterol	Occupational risks	Child and maternal malnutrition	Air pollution	Kidney dysfunction	Drug use	Non-optimal temperature	Low bone mineral density	Low physical activity	Childhood sexual abuse and bullying	Other environmental risks	Unsafe sex	Intimate partner violence	Unsafe water, sanitation, and handwashing
EU-28	8026	2369	1586	1554	1410	1388	1300	755	616	492	443	389	360	253	187	166	122	97	90	49	19
Italy	6268	1754	1082	1134	1027	1292	770	495	574	416	381	297	294	183	154	173	98	86	78	66	6
Sweden	6334	1613	1300	1133	1096	1067	901	631	502	329	79	307	450	134	195	118	121	52	53	63	8
Spain	6357	2053	1044	1211	884	1214	825	437	452	398	245	283	337	192	147	159	85	119	93	36	7
France	6374	1792	903	920	838	600	1291	403	756	417	230	230	315	114	214	138	130	84	80	51	8
Netherlands	6688	2304	1058	1025	955	927	854	479	642	456	323	307	250	230	198	71	125	45	55	52	6
Luxembourg	6759	1942	1185	1144	1067	1327	1176	497	510	337	243	338	406	166	193	142	129	85	50	42	7
Malta	7042	1860	1511	1250	1388	1589	653	841	597	671	403	440	323	172	167	337	82	193	47	37	7
Ireland	7107	2094	1260	1221	1097	1069	1052	611	596	368	166	356	504	264	145	223	148	91	61	40	8
Austria	7174	2064	1461	1224	1114	1165	1237	717	556	402	318	437	389	156	193	156	141	86	67	34	8
Portugal	7193	1776	1212	1270	1089	1494	1267	535	585	406	207	380	251	269	123	222	155	128	216	48	19
Belgium	7322	2337	1189	1088	1036	1054	1319	502	599	422	360	327	367	224	249	165	142	132	72	57	11
Finland	7331	1613	1649	1322	1372	1440	1384	799	508	278	79	292	572	115	247	175	120	48	34	72	5
Cyprus	7490	2316	1762	1263	1411	1829	768	920	525	440	535	550	198	219	215	199	101	85	55	34	9
Slovenia	7631	2216	1582	1646	1384	1139	1193	620	689	373	492	304	302	166	303	98	85	90	56	44	33
Denmark	7657	2611	1183	1055	994	982	1315	502	701	471	270	330	422	272	164	138	105	68	73	57	9
Germany	7943	2239	1563	1479	1303	1559	1470	726	591	459	351	430	342	230	173	144	152	69	69	50	7
Greece	7998	3109	1744	1514	1473	1325	737	982	490	493	546	528	289	307	139	125	133	148	57	60	8
United Kingdom	8179	2474	1177	1601	1277	1473	1120	663	628	584	287	280	595	317	156	202	150	64	78	59	7
Czechia	10034	2902	2043	2469	2344	2558	1551	1256	801	437	738	514	272	308	254	214	85	127	83	57	43
Croatia	10083	3249	2661	2351	2264	2106	1406	1239	642	484	843	629	233	368	307	160	75	108	73	45	50
Poland	10692	3315	2346	2396	2206	2004	1971	1157	696	572	1058	512	246	307	238	198	98	136	114	16	45
Slovakia	10912	2808	3168	2578	2940	1749	1780	1743	501	642	895	715	266	392	257	203	72	136	100	41	49
Estonia	11017	2547	3108	2541	1809	1170	2258	1305	462	362	178	626	1195	210	177	135	135	84	188	47	83
Lithuania	11873	2793	3671	2476	2754	1157	2572	2020	500	437	502	672	700	255	235	301	170	71	134	58	101
Hungary	12281	4165	3036	2937	3102	2426	1972	1634	617	573	1081	679	190	481	251	159	69	174	112	31	76
Latvia	12672	3063	3909	2804	2900	1536	2693	2062	515	483	674	758	678	292	206	302	139	106	237	80	98
Romania	13250	3629	4341	3033	3264	1612	2184	1887	726	988	1098	766	292	640	207	231	84	207	224	43	119
Bulgaria	16211	4958	5953	4243	4778	2928	2189	2606	564	869	1778	1208	321	929	196	241	80	251	173	33	76

Figure 2. Age-standardised DALY rates (per 100 000 inhabitants) by the level 2 risk factors for EU-28 and each country in 2019.

Results (IV)

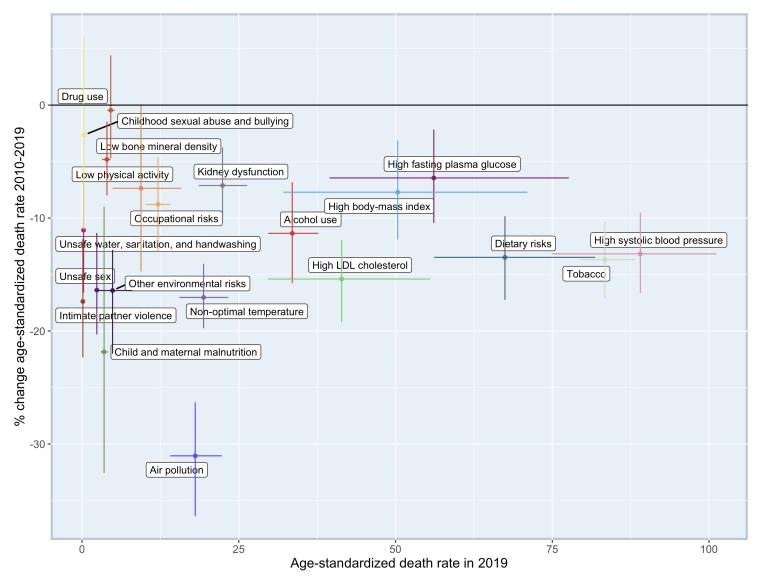


Figure 3. Age-standardised death rate in 2019 and change (in %) between 2010 and 2019 for the level two risk factors in EU-28.

Results (V)

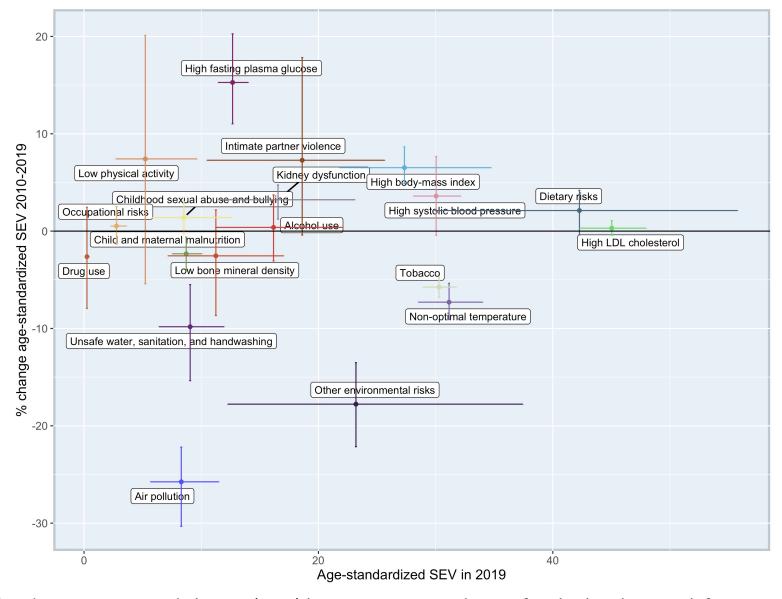


Figure 5. Age-standardised SEV in 2019 and change (in %) between 2010 and 2019 for the level two risk factors in EU-28.

Results (VI)

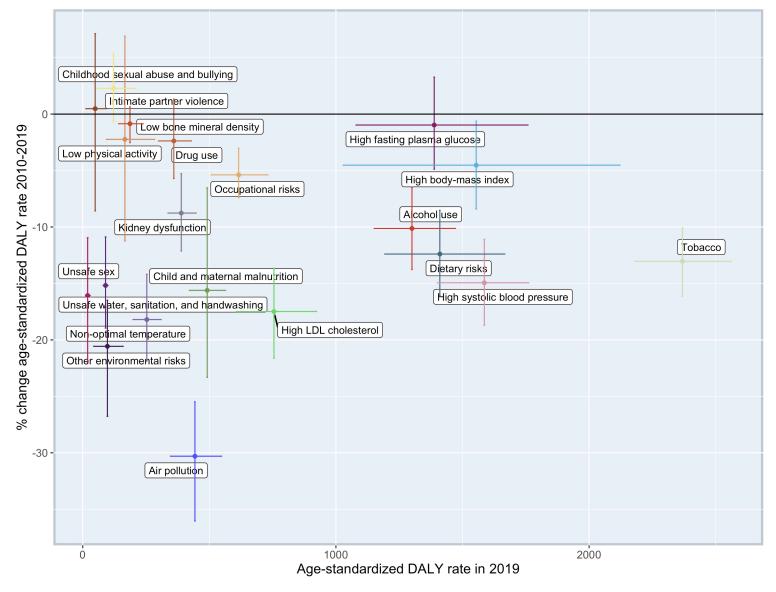


Figure 6. Age-standardised DALY rate in 2019 and change (in %) between 2010 and 2019 for the level two risk factors in EU-28.

Conclusions (I)

- Decreasing of burden of disease attributable to risk factors
- East-West burden of diseases gap still persists
- Important increase of exposure to metabolic risks (e.g. high fasting plasma glucose)
- Significant decreases of air pollution-related burden of disease
- Implementation of evidence-based policies and interventions is needed

Limitations

- Several risks not included in the analyses (e.g. social determinants of health)
- Same disability weights and same severity distributions
- Morbidity data availability and quality

Burden of diseases and injuries attributable to risk factors in the European Union in 2019

João Vasco Santos, Alicia Padron Monedero, Anette Kocbach Bolling, Boris Bikbov, Brigid Unim, Diana Alecsandra Grad, Dietrich Plass, Florian Fischer, Francesco S. Violante, Gerhard Sulo, Che Henry Ngwa, Isabel Noguer-Zambrano, José Peñalvo, Juanita A. Haagsma, Katarzyna Kissimova-Skarbek, Lorenzo Monasta, Nermin Ghith, Rannveig Sigurvinsdóttir, Rodrigo Sarmiento-Suarez, Romana Haneef, Stefania Mondello, Susanne Breitner, Zubair Kabir, Brecht Devleesschauwer

Faculty of Medicine. University of Porto

CINTESIS—Centre for Health Technology and Services Research

Public Health Unit. ACES Grande Porto VIII (ARS Norte)

jvasco.santos@gmail.com











