

Dutch DALYs: The Dutch National Burden of Disease study

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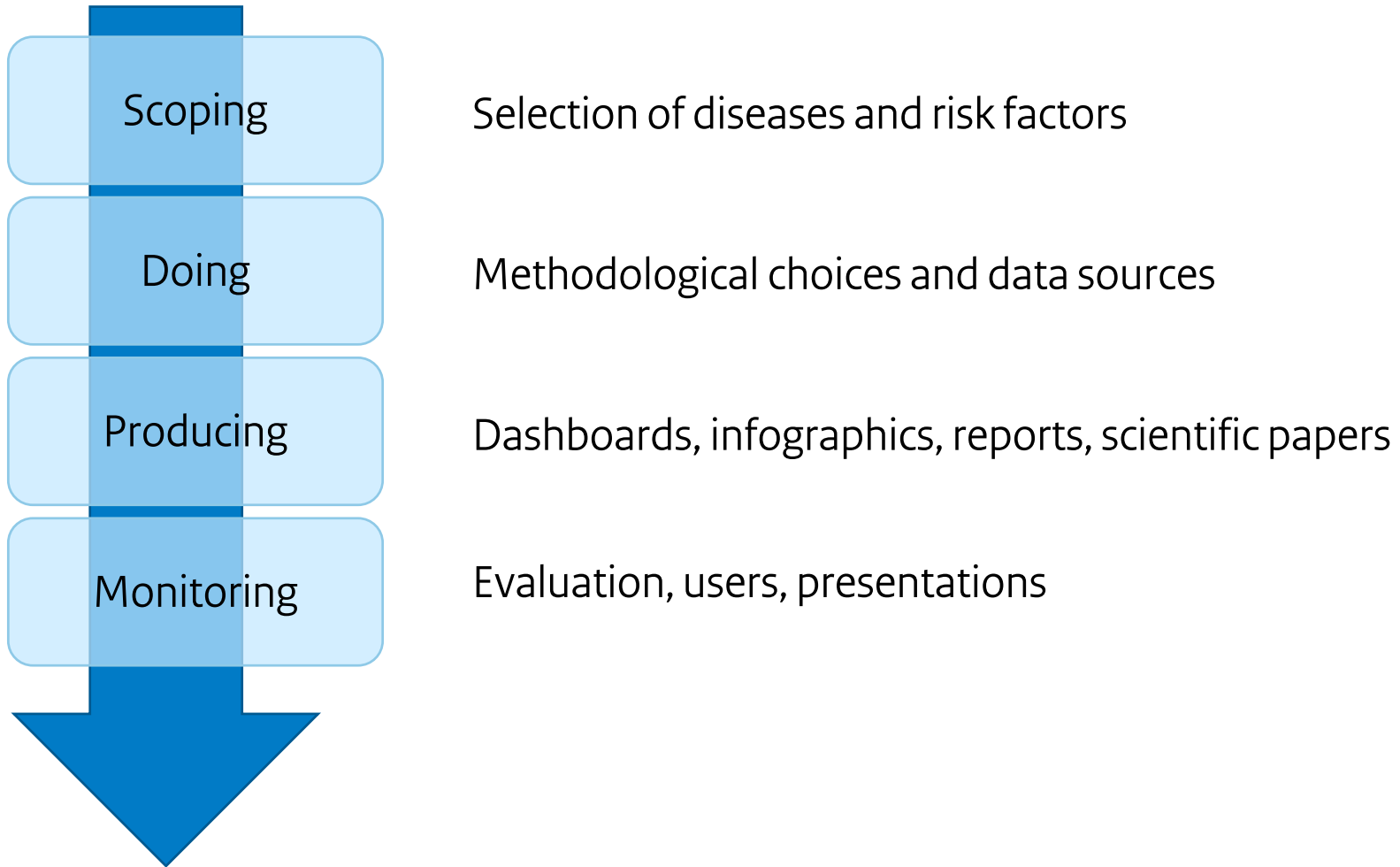


National Burden of Disease Study (NBoD) at RIVM

- › Since 1997: Dutch Disability Weight Study and Public Health Foresight Study 1997 (Stouthart et al, 1997; Melse and Kramers, 1998)
- › Selection of diseases / causes of death
 - 1997-2014: 50-60 diseases (e.g. see Gijzen et al., 2013)
 - 2018: 101 diseases at different levels (RIVM, 2018)
- › Rich data landscape (mortality, morbidity and risk factors)
- › Methodological improvements (learning by doing)
- › Link to risk factors: applying Population Attributable Fractions (PAFs)
- › How to provide valuable input for policy makers?

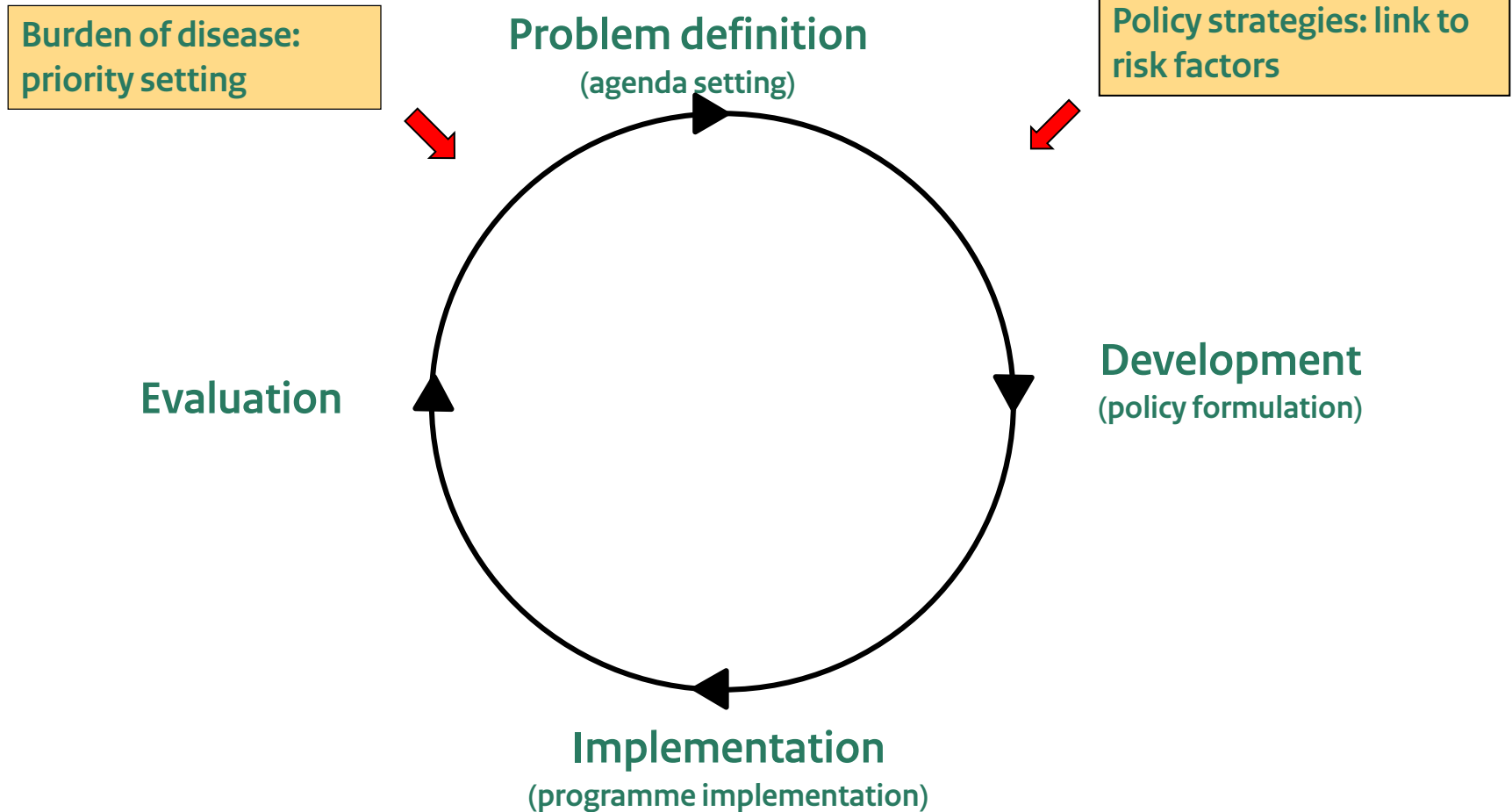


Knowledge translation regarding NBoD



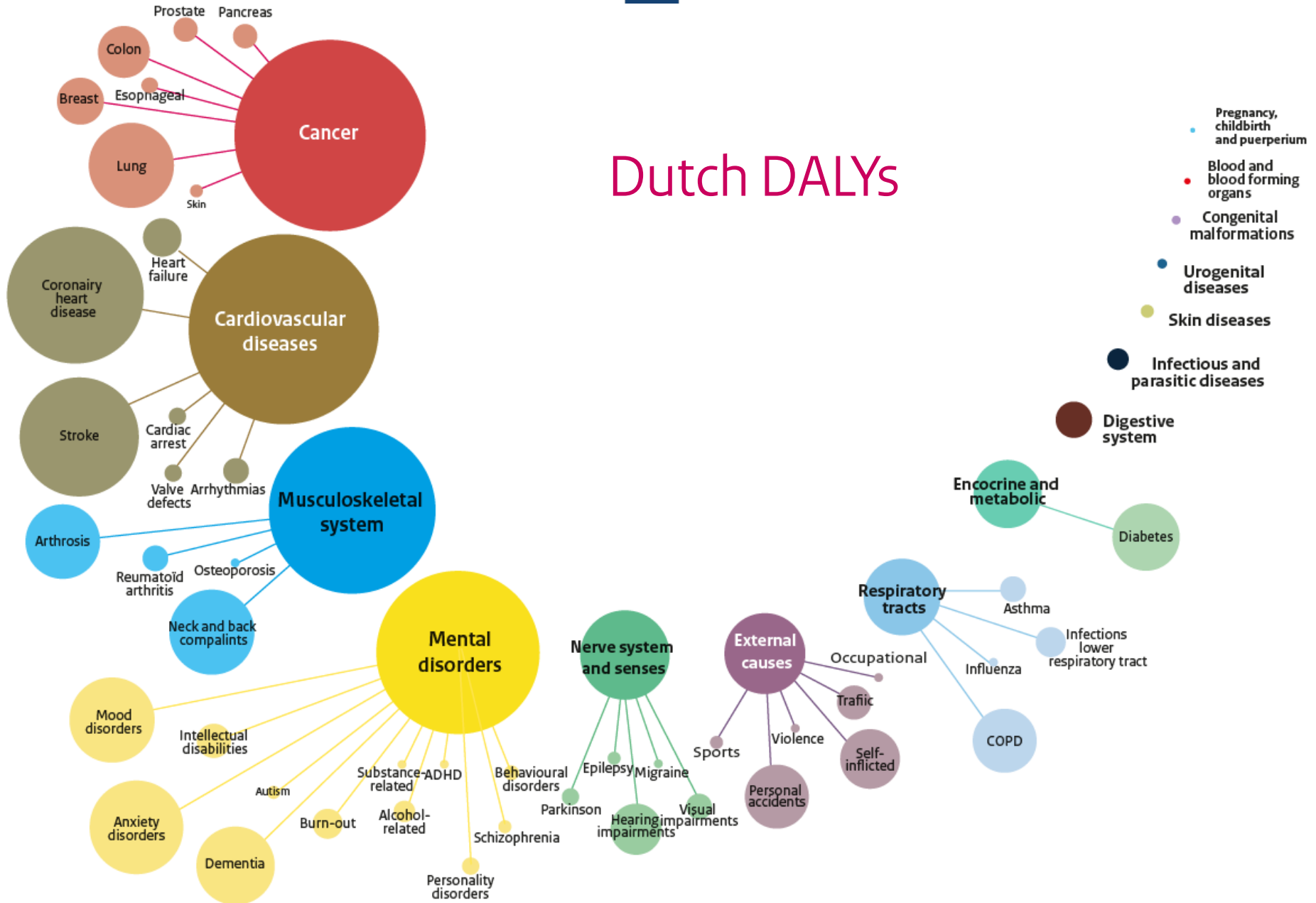


The health policy cycle



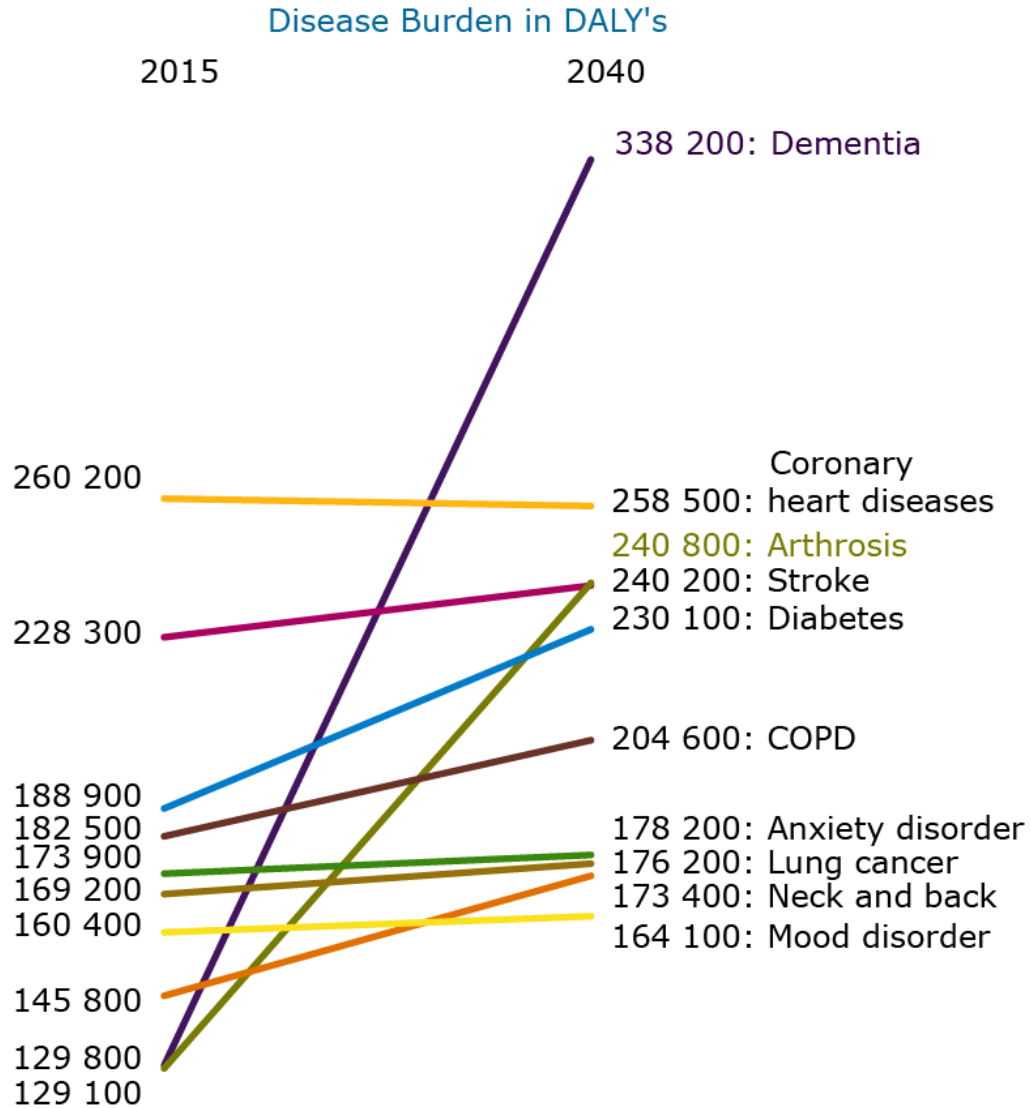


Dutch DALYs





Disease burden dementia and arthrosis increases





Example: Dementia

- › Prevalence estimates range from ~150.000 to 330.000 cases
 - Accounting for (very) mild cases (pre dementia)
 - Adjust Disability weights
- › Cause of Death due to dementia: ~8.000 – 16.000 deaths
 - Many older people with multiple health problems
- › No truth, creating support base with Stakeholders
 - Requires trust, mutual understanding
 - Also, regarding cardiovascular disease, alcohol-related burden,



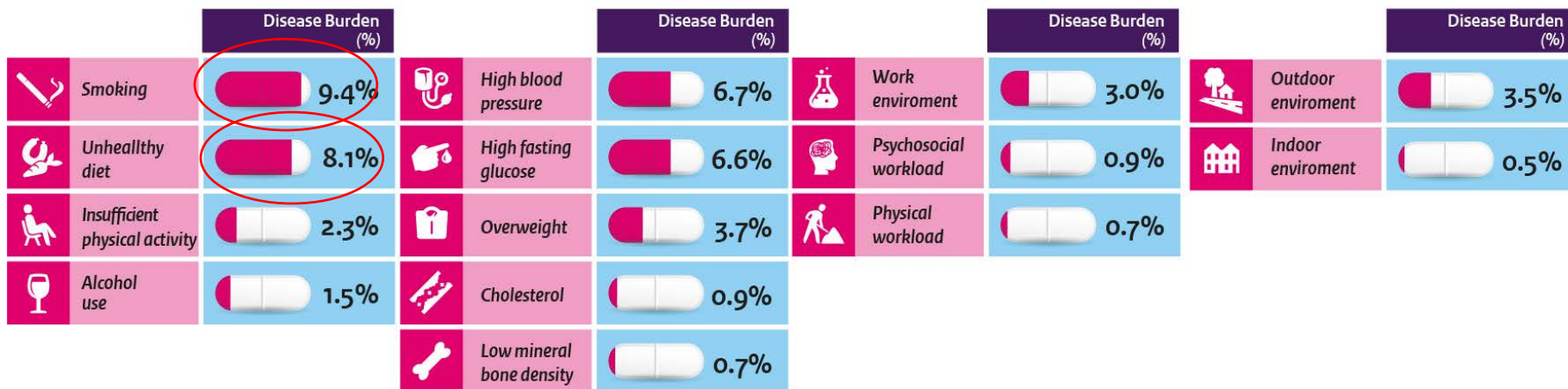
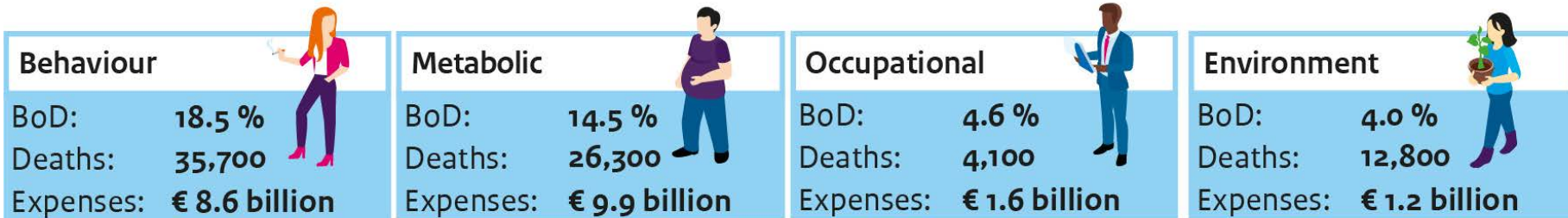
Disease burden by determinant



Percentages not to be added



Disease burden by determinant (new version)





Lessons learned

- › Interpretation of BoD results is difficult
 - Unit (years lost) and total difficult to interpret
- › Link to risk factors essential for policy makers
 - Methodology updates difficult to explain
- › Building capacity and mutual trust crucial
 - There is no truth, we only have estimates
- › Use and misuse of results is all in the game

“Health Mission of Dutch Government: In 2040, the burden of disease as a result of an unhealthy lifestyle and unhealthy environment is decreased by 30%”



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Thank you

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