

Mortality from circulatory diseases

Circulatory (or cardiovascular) diseases remain the main cause of mortality in nearly all EU member states, accounting for over 1.6 million deaths (or 35% of all deaths) in the EU in 2019.

The two main causes of death from circulatory diseases are ischaemic heart diseases (notably acute myocardial infarctions) and cerebrovascular diseases (strokes). These two causes of death account for over half of all deaths from circulatory diseases, and about one-fifth of all deaths in EU countries in 2019.

Some 530 000 deaths were attributed to ischaemic heart diseases (IHD) across EU countries in 2019, accounting for one in nine deaths (11%). Death rates for IHD are twice higher for men than for women across EU countries, because of greater prevalence of risk factors among men, including smoking, hypertension and high cholesterol. Mortality rates from IHD are highest in Lithuania, Hungary, Latvia and the Slovak Republic, with age-standardised rates three to four times greater than the EU average. Countries with the lowest IHD mortality rates are France and the Netherlands, with death rates less than half the EU average (Figure 3.9).

Cerebrovascular diseases were responsible for about 355 000 deaths across the EU in 2019, accounting for one in 12 deaths (8%). Stroke mortality rates in Bulgaria, Latvia and Romania are three to four times higher than the EU average. They are the lowest in Luxembourg and France with death rates about half the EU average (Figure 3.10). The gender gap in mortality rates from stroke is not as large as for IHD (about 25% higher among men).

Steady and substantial reductions in mortality rates from IHD, strokes and other circulatory diseases were the main driver of increases in life expectancy in previous decades from the 1970s to the 2000s, but these reductions have slowed down over the past decade in several Western European countries such as France and Germany, as several risk factors are on the rise. Cholesterol, high blood pressure, low physical activity, obesity and diabetes are increasing in many EU countries (OECD/The King's Fund, 2020^[1]).

There are wide socio-economic inequalities in mortality from circulatory diseases in most European countries, reflecting socio-economic differences in major risk factors. Among people aged 65-89, deaths from circulatory diseases accounted for over 40% of the gaps in mortality rates between those with low and high education levels on average across 14 EU and OECD countries around 2016. The relative contribution of circulatory diseases to these education gaps in mortality was particularly high in Hungary, Lithuania, Poland and the Slovak Republic (Murtin and Lübker, 2022^[2]).

Since 2020, the pandemic has disrupted both non-urgent and urgent care for circulatory diseases and many other chronic conditions, especially during lockdowns (see Chapter 2). The pandemic may also contribute to a higher demand for care for circulatory diseases in the long run as COVID-19 infections may increase the risk of circulatory diseases (Katsoularis et al., 2021^[3]).

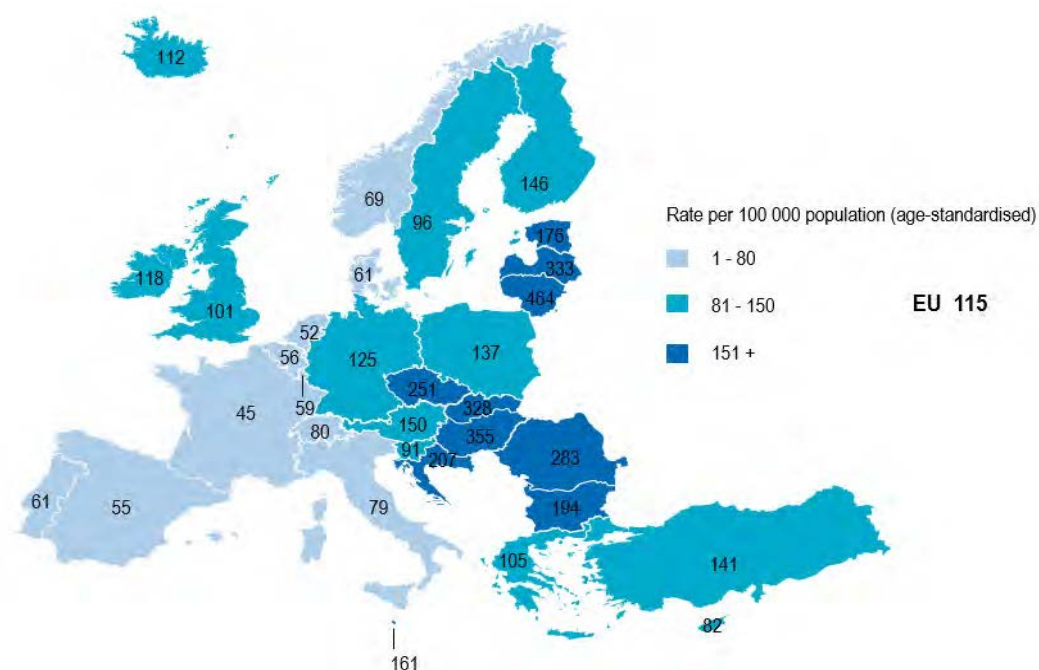
Definition and comparability

Deaths from ischaemic heart diseases relate to ICD-10 codes I20-I25, and cerebrovascular diseases (strokes) to I60-I69. Mortality rates are age-standardised to the European standard population adopted by Eurostat in 2012.

References

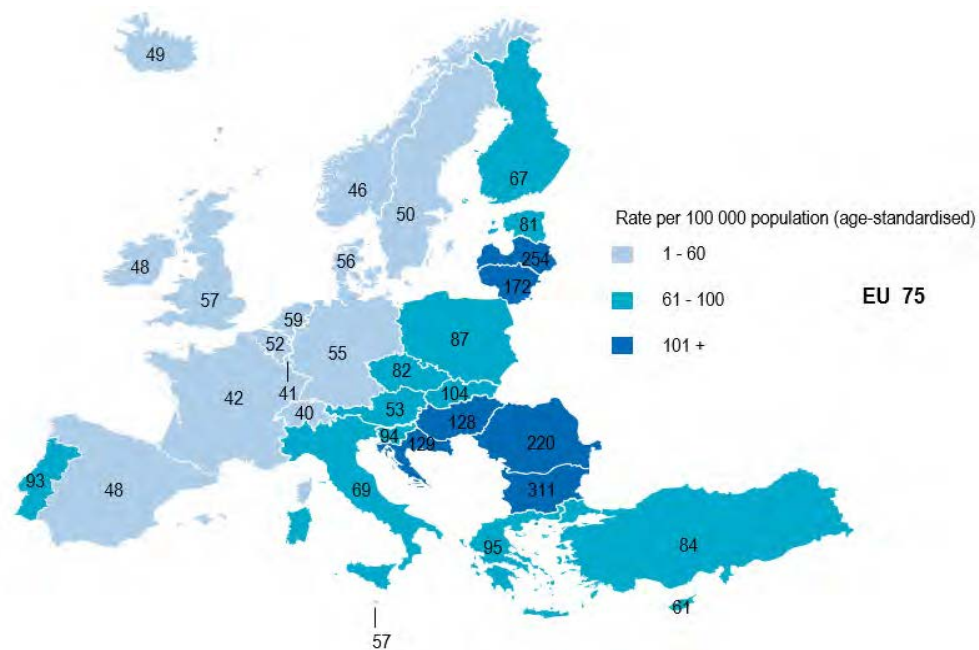
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- OECD/The King's Fund (2020), *Is Cardiovascular Disease Slowing Improvements in Life Expectancy?: OECD and The King's Fund Workshop Proceedings*, OECD Publishing, Paris, <https://doi.org/10.1787/47a04a11-en>. [1]

Figure 3.9. Ischaemic heart disease mortality, 2019 (or nearest year)



Note: The EU average is weighted (using 2017 data for France).
Source: Eurostat Database.

Figure 3.10. Stroke mortality, 2019 (or nearest year)



Note: The EU average is weighted (using 2017 data for France).
Source: Eurostat Database.



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