

NHS 2004/5: Health Status and Chronic Conditions

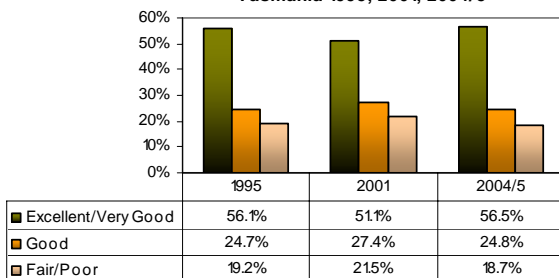
Fact Sheet

This fact sheet presents the results for physical health status and chronic conditions from the National Health Survey (NHS) conducted from August 2004 to June 2005. A total of 2,873 Tasmanians participated in this national survey.

Self-Assessed Health Status

Self-assessed health status has remained relatively constant over the last 10 years. The majority of Tasmanians continue to consider themselves to be in good health. The proportion reporting fair and poor health in 2004/5 was slightly higher than at the national level (17.2%), but lower than in previous NHS surveys.

Self-Assessed Health Status, 15 Years and Over, Tasmania 1995, 2001, 2004/5



NHS 1995, Table 7; NHS 2001, State Tables No 3; NHS 2004/5, State Tables No 3

Compared to 1995 and 2001, self-assessed fair or poor health by Tasmanians aged 65 years and over has declined.

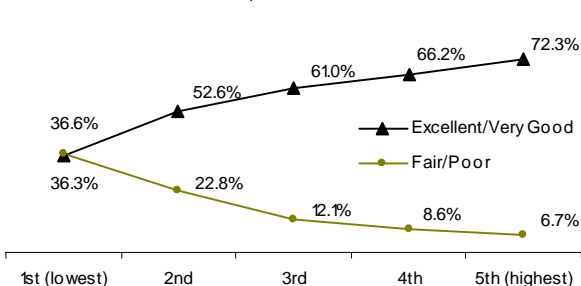
Self-Assessed Health Status 65 Years and Over, Tasmania 1995, 2001, 2004/5

	1995	2001	2004/5
Excellent/Very Good	38.4%	27.8%	36.2%
Good	24.5%	31.5%	29.1%
Fair/Poor	37.1%	40.7%	34.7%

NHS 1995, Confidentialised Unit Record File; NHS 2001, State Table No 3; NHS 2004/5, State Table No 1

Socio-economic factors continue to correlate strongly with health status, creating a significant 'health gap' with 36.3% of Tasmanians in the lowest income quintile reporting fair/poor health.

Self-Assessed Health by Household Income Quintiles, Tasmania 2004/5



NHS, Confidentialised Unit Record File

Chronic Conditions

Chronic conditions which have a major impact on health and offer potential for preventative measures are the focus of the seven national health priority areas. They include mental health, diabetes mellitus, asthma, arthritis and other musculoskeletal conditions, cardiovascular health, injury, and cancer. Cancer has not been included here as the number of cases is too small to allow for any meaningful analysis.

Please note that the estimates of chronic conditions derived from the NHS may underestimate the prevalence of some chronic conditions. The reason is that the NHS is a household based survey, and people residing in hospitals, nursing or convalescent homes are not included in this survey.

Mental Health

Mental health is one of the leading causes of burden of disease and injury. It is associated with increased exposure to health risk factors, poorer physical health, and higher rates of death from many causes including suicide.

The proportion of Tasmanians reporting high and very high levels of psychological distress has declined slightly since 2001. Females reported psychological distress more frequently than males, but the proportion of females experiencing high/very high levels of psychological distress has declined by 2.1% since 2001.

High/Very High Level of Psychological Distress*, 18 Years and Over, Tasmania, 2001 and 2004/5

Year	Males	Females	Persons
2001	11.5%	16.4%	14.0%
2004/5	10.9%	14.3%	12.6%

*as measured by the Kessler 10 Scale
NHS 2001 State Table No 12; NHS 2004/5 State Table No 14

Of all medications taken for mental well-being, antidepressants and sleeping medications were the most frequently reported medications in 2004/5.

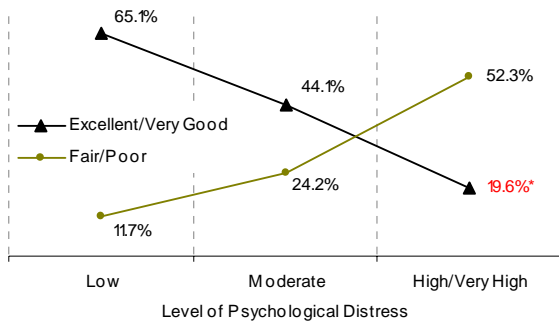
Medications Taken for Mental Well-Being,^(a) 15 Years and Over, Tasmania, 2004/5

Antidepressants	6.3%
Sleeping medication	5.8%
Medication for anxiety or nerves	2.4%
Tranquillisers	1.1%
Mood stabilisers	0.5%*
Other medications for mental well-being	0.7%

(a) Taken within 2 weeks preceding survey; *RSE >25%
NHS, Confidentialised Unit Record File

Psychological distress levels reflect self-assessed health status. Tasmanians reporting high levels of psychological distress reported significantly worse health compared to those experiencing lower levels of psychological distress.

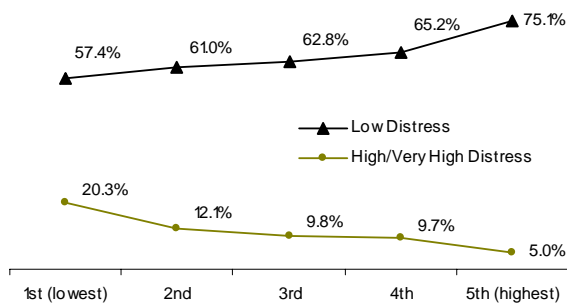
Self-Assessed Health by Level of Psychological Distress, Tasmania 2004/5



*RSE=>25%, NHS, Confidentialised Unit Record File

High or very high levels of psychological distress were more prevalent in the lower income quintiles.

Level of Psychological Distress by Household Income Quintile, Tasmania 2004/5



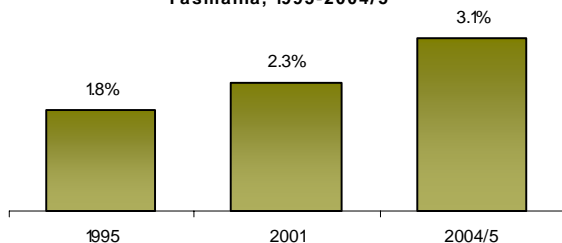
NHS, Confidentialised Unit Record File

Diabetes Mellitus

Diabetes is one of the ten leading causes of disease burden (DALYS) in Australia.¹ There is evidence for an increased risk of type 2 diabetes associated with overweight/obesity, physical inactivity, abdominal obesity, gestational diabetes and diet.²

The prevalence of diabetes in Tasmania has increased by 72% over the last ten years. This increase is statistically significant at the 99% confidence level.

Diabetes Mellitus Type 1 and 2 Prevalence, Tasmania, 1995-2004/5



NHS 1995 Summary Results, Table No 9; NHS 2001, State Tables No 5; NHS 2004/5, Summary Results Table No 8

Excluding females diagnosed with diabetes during pregnancy (less than 0.1%), a total of 3.1% of Tasmanians reported being told by a doctor or nurse that they have type 1 or 2 diabetes.

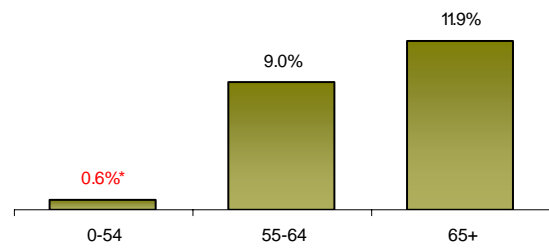
Diabetes Mellitus and High Sugar Levels, Tasmania 2004/5

Type 1 diabetes	0.3%*
Type 2 diabetes	2.8%
High Sugar Levels (but not diabetic)	0.3%*

* RSE= >25%; NHS 2004/5, Confidentialised Unit Record File

The prevalence of diabetes among adults' increases with age, and individuals aged 65 years or over had the highest prevalence of diabetes.

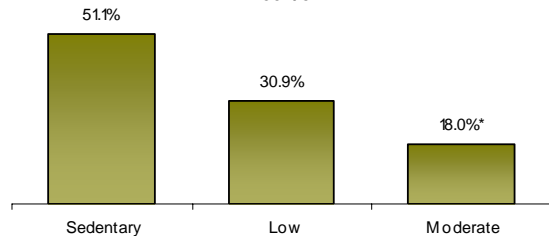
Diabetes Mellitus (a) by Age, Tasmania 2004/5



(a) type 1, 2, gestational; NHS 2004/5, Confidentialised Unit Record File; *RSE=>25%

Moderate to high levels of physical activity are integral to the management of type 2 diabetes, improving insulin resistance and diabetic control.³ However, the majority of Tasmanians with type 2 diabetes do not engage in sufficient physical activity to improve their disease state.

Tasmanians Aged 55 Years and Over with Diabetes Type 2 by Physical Activity Levels, 2004/5



*RSE =25%, NHS 2004/5, Confidentialised Unit Record File

Type 2 diabetes is two and a half times more prevalent among Tasmanians with a BMI classified as overweight or obese. The difference in type 2 diabetes prevalence based on BMI status is statistically significant at the 99% confidence level.

Tasmanians Aged 55 Years and Over with Type 2 diabetes by BMI Category, 2004/5

BMI Category	Type 2 diabetes
Normal/Underweight (BMI<25)	28.8%
Overweight/Obese (BMI>=25)	71.2%
Total	100.0%

NHS 2004/5, Confidentialised Unit Record File

The coexistence of type 2 diabetes and hypertension is especially damaging to cardiovascular health. Of all Tasmanians with type 2 diabetes, two-thirds have hypertension. Tasmania's proportion of type 2 diabetes sufferers with hypertension is larger than the Australian proportion, as shown in the table below. This difference is statistically significant at the 95% confidence level.

Type 2 diabetes by Hypertension, Tasmania and Australia, 2004/5

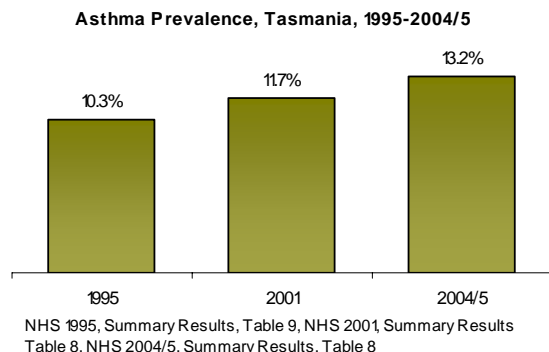
	Diabetics (Type 2) with Hypertension	Non-Diabetics with Hypertension
Tasmania	66.9%	11.4%
Australia	47.9%	9.5%

NHS 2004/5, Confidentialised Unit Record File

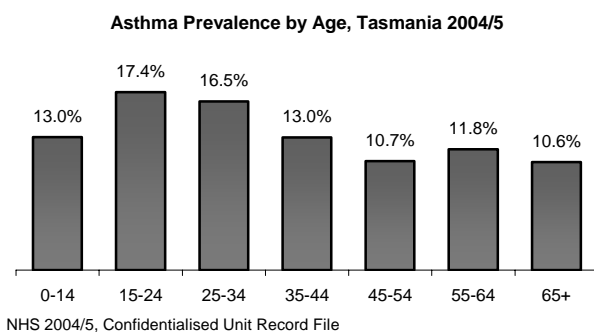
Asthma

Asthma is a chronic disabling condition associated with high levels of morbidity. Disease severity and poor disease management are risk factors for asthma mortality.

The prevalence of asthma in Tasmania has increased by approximately 3% since 1995. This increase is statistically significant at the 99% confidence level.



Asthma is more common among females (58.1%) than males (41.9%), and more prevalent among younger age groups.



Arthritis and Musculoskeletal Conditions

The arthritis and musculoskeletal conditions National Health Priority Area focuses specifically on osteoarthritis, rheumatoid arthritis and osteoporosis.

The prevalence of arthritis has increased since 1995, and the prevalence of osteoporosis has more than doubled over the last ten years. These increases are statistically significant at the 99% confidence level.

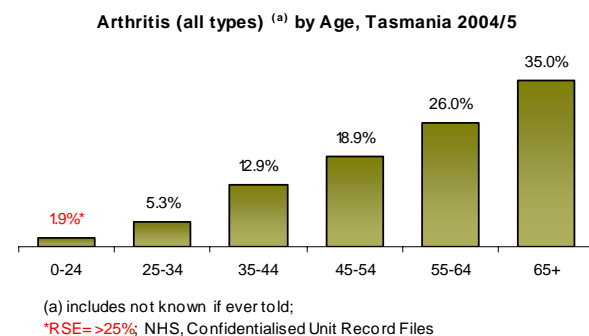
Of all types of arthritis, osteoarthritis is the most common type, with 10.1% of Tasmanians reporting this condition in 2004/5.

Arthritis and Osteoporosis Prevalence,*Age and Sex Standardised, 1995-2004/5

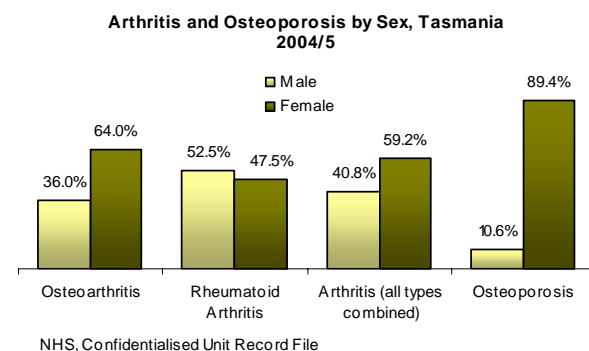
	1995	2001	2004/5
Arthritis (all types)	17.6%	18.7%	20.4%
Osteoporosis	1.2%	1.2%	2.7%
Total Tasmania	18.8%	19.9%	23.1%
Total Australia	16.1%	15.2%	18.3%

*current and long-term, told by doctor/nurse and forgot if told
NHS 1995, Summary Results, Table 9; NHS 2001, Summary Results, Table 8; NHS 2004/5 Summary Results, Table 8 (data age/sex standardised using the Australian 2001 ERP)

Arthritis affects one in three people aged 65 years and over.



Except for rheumatoid arthritis, more females than males are affected by arthritis, possibly as a result of greater life expectancy.



Cardiovascular Disease

Cardiovascular disease is a National Health priority Area due to the high population prevalence of heart, stroke and vascular disease, and the potential for prevention in this area. The prevalence of heart, stroke and vascular conditions in Australia has increased by 18.2% over the last decade.⁴

Of all cardiovascular conditions, hypertension is the most frequently reported condition.

Heart and Circulatory Conditions Prevalence*, Tasmania 2004/5

Heart attack	Stroke	Angina	Hypertension
0.6%	0.7%	1.6%	13.1%

*diagnosed as current and long-term condition
NHS, Confidentialised Unit Record File

Hypertension is more prevalent among older age groups.

Hypertension by Age, Tasmania 2004/5

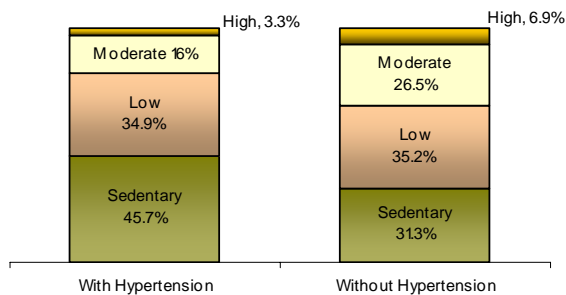
18-44	8.1%
45-54	11.3%
55-64	30.5%
65+	50.1%

NHS, Confidentialised Unit Record File

Physical activity can reduce blood pressure as well as reduce the risk of hypertension.⁵

However, less than 20% of Tasmanians with hypertension are sufficiently physically active (moderate/high level) to prevent or reduce high blood pressure.

Physical Activity Levels by Hypertension Status, Tasmania 2004/5



NHS, Confidentialised Unit Record File

¹ Mathers C et al, The Burden of Disease and Injury in Australia, AIHW, 1999

² Steyn NP et al, Diet, Nutrition and the Prevention of Type 2 Diabetes, Public Health Nutrition, Vol 7, No 1A, 2004, pp 147-65

³ Pigman HT et al, Role of Exercise for Type 2 Diabetic Patient Management, Southern Medical Journal, Vol 95, No.1, 2002, pp.72-79

⁴ Australian Institute of Health and Welfare. Heart, stroke and vascular diseases—Australian facts 2004. AIHW, 2004, Cat. No. CVD 27

⁵ Barengo NC et al, Low Physical Activity as a Predictor for Antihypertensive Drug Treatment in 25-65 year old Populations in Eastern and South-Western Finland, Journal of Hypertension, Vol 23, No 2, 2005, pp 293-9

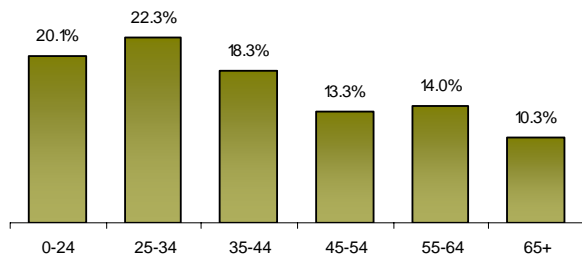
⁶ Australian Institute of Health and Welfare Website: <http://www.aihw.gov.au/nhpa/injury/index.cfm>

Injuries

Injury was responsible for over 8% of the burden of disease in Australia in 1996, and is a leading cause of mortality, morbidity and permanent disability, and a major source of health care costs.⁶

In Tasmania, the prevalence of injuries sustained in the four weeks preceding the NHS survey peaked at age 25-34 years.

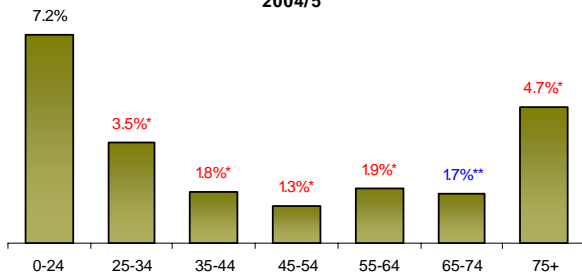
Injuries^(a) by Age and Sex, Tasmania 2004/5



(a) injury sustained \leq 4 weeks preceding survey and (health) action taken; NHS, Confidentialised Unit Record File

Falls resulting in injuries were most frequently reported for children and young people (0-24 years) and those aged 75 years and over.

Falls Resulting in Injuries^(a) by Age, Tasmania 2004/5



(a) injury sustained \leq 4 weeks preceding survey and (health) action taken; *RSE \geq 25% **RSE \geq 50% NHS, Confidentialised Unit Record File