

Trendovi smrtnosti i pobola od kardiovaskularnih bolesti u Hrvatskoj, Europi i svijetu

Cardiovascular diseases – mortality and morbidity trends in Croatia, Europe and worldwide

Verica Kralj*,
Ivana Brkić Biloš

Hrvatski zavod za javno
zdravstvo, Zagreb, Hrvatska
Croatian National Institute of
Public Health, Zagreb, Croatia

KLJUČNE RIJEČI: kardiovaskularne bolesti, trend smrtnosti, stopa hospitalizacija.

KEYWORDS: cardiovascular diseases, mortality trend, hospitalization rate.

CITATION: *Cardiol Croat.* 2016;11(10-11):504. | DOI: <http://dx.doi.org/10.15836/ccar.2016.504>

***ADDRESS FOR CORRESPONDENCE:** Verica Kralj, Hrvatski zavod za javno zdravstvo, Rockefellerova 7, HR-10000 Zagreb, Croatia. / Phone: +385-1-4863-271 / E-mail: verica.kralj@hzjz.hr

ORCID: Verica Kralj, <http://orcid.org/0000-0002-4623-828X> · Ivana Brkić Biloš, <http://orcid.org/0000-0001-9088-8960>

Zadnjih desetljeća prisutan je trend smanjenja smrtnosti od kardiovaskularnih bolesti (KVB) u razvijenom svijetu, ali su one i dalje vodeći uzrok smrti u gotovo svim zemljama svijeta. Prema studiji globalnog opterećenja bolestima (*Global Burden of Disease*) iz 2013. godine, procjenjuje se da uzrokuje 17,3 milijuna smrti u svijetu, odnosno 31,5 % sveukupne smrtnosti. Udio prijevremenih smrti od KVB kreće se od 4 % u visoko dohodovnim zemljama do 42 % u nisko dohodovnim zemljama, što dovodi do rastuće nejednakosti u pojavnosti i ishodu od KVB među zemljama i populacijama. Procjenjuje se da će do 2030. godine umirati 23,6 milijuna ljudi zbog KVB. Na razini Europe ova skupina bolesti odgovorna je za oko 4 milijuna smrti godišnje, odnosno 45 % svih smrti (49 % smrti u žena i 40 % svih smrti u muškaraca).

Prisutne su velike razlike, odnosno nejednakosti u opterećenju KVB u europskoj regiji, kao i u trendovima smrtnosti. Zemlje članice EU, uglavnom imaju manje stope smrtnosti, te značajniji trend smanjenja smrtnosti (osobito „stare“ članice EU), u odnosu na ostale zemlje europske regije.

Raspon 10-godišnjeg smanjenja dobno-standardizirane stope smrtnosti (od 2003. do 2013. god.) u „starim“ zemljama članicama EU kreće se od 25,2 % u Austriji do 49,7 % u Luksemburgu za muškarce, a za žene smanjenje smrtnosti je 25,3 % u Italiji do 49,2 % u Portugalu. Za Hrvatsku je u tom razdoblju zabilježeno smanjenje stope smrtnosti od 34,3 % za muškarce, a za žene 35,2 %. Međutim, KVB su u Hrvatskoj i dalje vodeći uzrok smrti s 25 694 umrlih, odnosno udjelom od 47,4 % u ukupnoj smrtnosti (52,9 % umrlih žena i 41,7 % umrlih muškaraca).

Vodeće dijagnostičke podskupine su ishemijska bolest srca s udjelom od 21,2 % (11 509) i cerebrovaskularne bolesti s udjelom od 13,7 % (7 433) u ukupnom mortalitetu. Analiza bolničkog pobola ukazuje na porast stopa hospitalizacija u većini europskih zemalja, što ukazuje na povećano opterećenje zdravstvenog sustava kardiovaskularnim bolestima, bez obzira na smanjenje smrtnosti.

Zaključno možemo reći, da unatoč pozitivnom trendu smanjenja KV smrtnosti, postoje velike nejednakosti u Europi u pojavnosti i ishodu KVB, kao i sve veće opterećenje zdravstvenog sustava, a što zahtijeva sveobuhvatne mjere prevencije.¹⁻³

Although a trend of reducing mortality from cardiovascular disease (CVD) has been noticed in the developed world in recent decades, CVDs are still the leading cause of death in nearly all countries in the world. According to Global Burden of Disease from 2013, it was estimated that CVDs cause 17.3 million deaths worldwide, i.e. 31.5% of overall mortality. The share of premature deaths from cardiovascular diseases ranges from 4% in high-income countries to 42% in low-income countries, which leads to growing inequality in the incidence and outcomes of CVDs among countries and populations. It is estimated that by 2030, 23.6 million people will die due to CVDs. At European level, this group of diseases is responsible for about 4 million deaths per year, i.e. 45% of all deaths (49% of deaths in women and 40% of all deaths in men).

There are great differences or disparities in the burden of CVDs in the European region, as well as in mortality trends. EU member states tend to have lower mortality rates and a significant mortality decrease trend (especially "old" EU member states), compared to other countries in the European region.

The range of 10-year reduction of age-standardized mortality rates (from 2003 to 2013) in the "old" EU member states ranges from 25.2% in Austria to 49.7% in Luxembourg for men, while for women mortality reduction ranged from 25.3% in Italy to 49.2% in Portugal. Croatia in this period recorded a decrease in mortality rates of 34.3% for men and 35.2% for women. However, CVDs still remain the leading cause of death in Croatia with 25 694 deaths, i.e. a share of 47.4% in total mortality (52.9% of deaths in women and 41.7% of deaths in men).

The leading diagnostic subgroups were ischemic heart disease accounting for 21.2% (11,509) and cerebrovascular diseases, accounting for 13.7% (7433) of total mortality. Comparing the mortality from CVDs in Croatia with other European countries, Croatia with standardized mortality rate of 324/100,000 ranks among the European countries as a country with medium high mortality rates. The average for the countries of the European region is 342/100,000, and for EU countries 208/100,000, which ranges from 107 to 592/100,000 (France-Bulgaria). Analysis of hospital morbidity indicates an increase in hospitalization rates in most European countries, which indicates that the pressure on the health system due to cardiovascular diseases increased, regardless of the reduction in mortality.

To conclude, despite the positive trend in the reduction of CV mortality, there are large disparities in Europe in the incidence and outcomes of CVDs, as well as the growing pressure on the health system, which requires comprehensive preventive measures.¹⁻³

LITERATURE

1. Mendis S, Puska P, Norrving B. Global Atlas on cardiovascular disease prevention and control. WHO, Geneva 2011. Available at: http://apps.who.int/iris/bitstream/10665/44701/1/9789241564373_eng.pdf?ua=1 (1. 19. 2016).
2. Kralj V, Brkić Biloš I, Čorić T, Silobričić Radić M, Šekerija M. Chronic Noncommunicable Diseases – Burden of Disease in the Population of Croatia. *Cardiol Croat.* 2015;10(7-8):167-175. DOI: <http://dx.doi.org/10.15836/ccar.2015.167>
3. Townsend N, Wilson L, Bhatnagar P, Wickramasinghe K, Rayner M, Nichols M. Cardiovascular disease in Europe: epidemiological update 2016. *Eur Heart J.* 2016;37(42):3232-3245. DOI: <http://dx.doi.org/10.1093/eurheartj/ehw334>

RECEIVED:
October 03, 2016

ACCEPTED:
October 10, 2016

