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HIGHLIGHTS ON THE HEALTH STATUS OF THE POLISH POPULATION IN 1999/2000

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In the paper we describe the main problems of the Polish population health status and their trends in the past years. A meaningful improvement in several health parameters can be noticed in Poland since 1991. In the year 2000 life expectancy was 69.7 and 78.0 for males and females respectively - an increase by 3.6 and 2.7 years in comparison with 1991 values. There have been declining trends in cardiovascular mortality, cancer mortality (more often in younger age groups), infant mortality, incidence of infectious diseases. Mental health problems are the growing issue. It has been stressed that the pace of progress is far too slow to achieve the level of health indicators in EU countries in the not too distant future.

Słowa kluczowe: stan zdrowia, zdrowie publiczne, Polska

Key words: health status, public health, Poland

The purpose of our paper is to briefly present the main issues of the current health status of the Polish population and its recent dynamics. It is a continuation of our earlier work that described Polish population health status in more detail (1).

MATERIAL AND METHODS

Our analysis is based on the unpublished and published data of the Department of Medical Statistics and Department of Epidemiology of the National Institute of Hygiene (2), published and unpublished data of the Central Statistical Office (3, 4), published data of the Institute of Psychiatry and Neurology (5, 6), and the Institute of Tuberculosis and Lung Diseases (7). Whenever possible we have compared health indicators in Poland with the average values for the countries of European Union (EU) and Central and Eastern Europe (CEE). The data for these countries come from World Health Organization database Health for AU (8). All age-standardised death rates were calculated using WHO European standard population and direct method of standardisation.

RESULTS

1. At the end of year 2000 the population of Poland numbered 38,644,211, a decrease of some 9300 on the year 1999 number. The last two years brought Polish population decline for the first time in the post-war history (total decline of about 23 thousand). A further decrease in the number of live births from 382002 in 1999 to 378348 in 2000 and in the birth rate from 9.9 to 9.8 per 1000 population was noted. The proportion of low birth-weight infants (less than 2500 g) was 5.9% in 1999, indicating further improvement in comparison with previous years. However, the proportion of illegitimate births has been growing steadily and almost doubled between 1990 and 2000 from 6.2% to 12.1%.

2. In the year 2000 the number of deaths was lower by 13.4 thousand than in the previous year and the total mortality rate declined from 987 to 952 deaths per 100,000 population. The average life expectancy at birth for males and females was 69.7 and 78.0 years respectively, thus it increased by 0.9 year for men and 0.5 year for women in comparison with 1999 values. Male life expectancy is higher in urban (70.0 years) than in rural area (69.4 years) while the reverse is true in the case of female life expectancy (77.8 and 78.4 years respectively). Since 1991, when the negative trends in the health status of the Polish population have been reversed or at least weakened, life expectancy of males increased by 3.6 years and of females by 2.7 years. In 2000 life expectancy of Polish males was shorter by 5 years than EU average in 1997 and life expectancy of Polish females was shorter by 3.1 years (Fig. 1). In 1991 life span in Poland was shorter by 7 years in the case of males and 4.5 years in the case of females in comparison with EU average values.

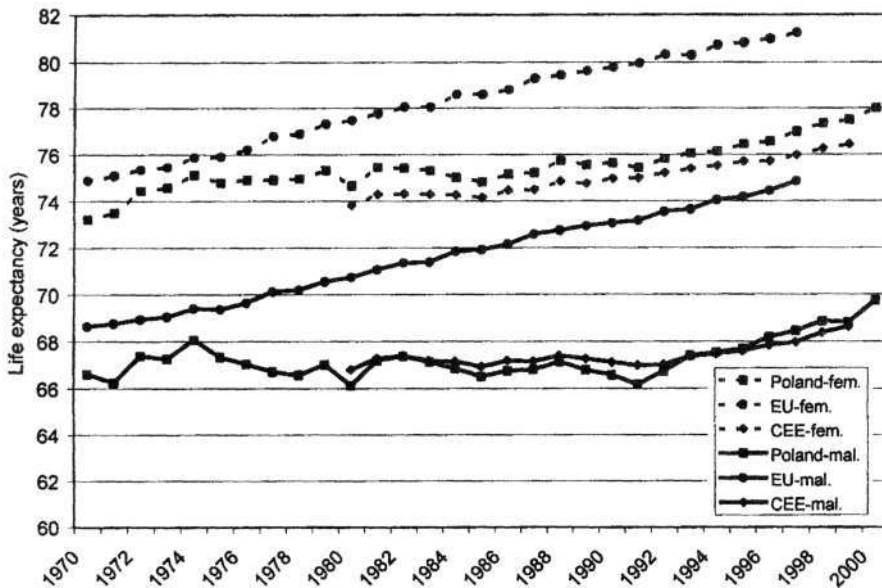


Fig. 1. Life expectancy at birth in Poland, EU and CEE countries by sex

Ryc. 1. Przeciętne dalsze trwanie życia w wieku 0 w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) wg płci

3. Excess male mortality in Poland was increasing till 1991 and at that year males life expectancy was by 9.2 years shorter than females life expectancy (in EU countries the difference was 6.8 years). Since then the difference has been reduced by one year and in 2000 men lived on average 8.3 years shorter than women, the difference still much larger than in EU countries.

4a. For years, diseases of the circulatory system have been the major cause of deaths in Poland. In the year 1999 they were responsible for 48.7% of deaths (43.6% in males and 54.5% in females). The age-standardised death rates (SDRs) from cardiovascular diseases (CVD) have been declining since 1991 and the rate in 1999 was by 10% lower than in 1996 (Fig. 2). Nevertheless, mortality in Poland is much higher than in EU countries and SDR in Poland in 1999 was by 74% larger than EU average SDR in 1997. Substantial increase in SDRs from ischaemic heart disease (by 40%) and cerebrovascular diseases (by 33%) between 1996 and 1999 was a striking phenomenon in Poland (Fig. 3 and 4). Due to this increase the rates for Poland are now much higher than EU average (by more than 30% in case of IHD and more than 50% in case of cerebrovascular diseases). However, it has to be stressed that observed increase is entirely due to changes in coding system and introduction of ICD10 in 1997. This increase was concurrent with the steep decline in assigning atherosclerosis as a cause of deaths for which the SDR dropped from 199.4 in 1996 to 91.3 in 1999 which means 54% reduction.

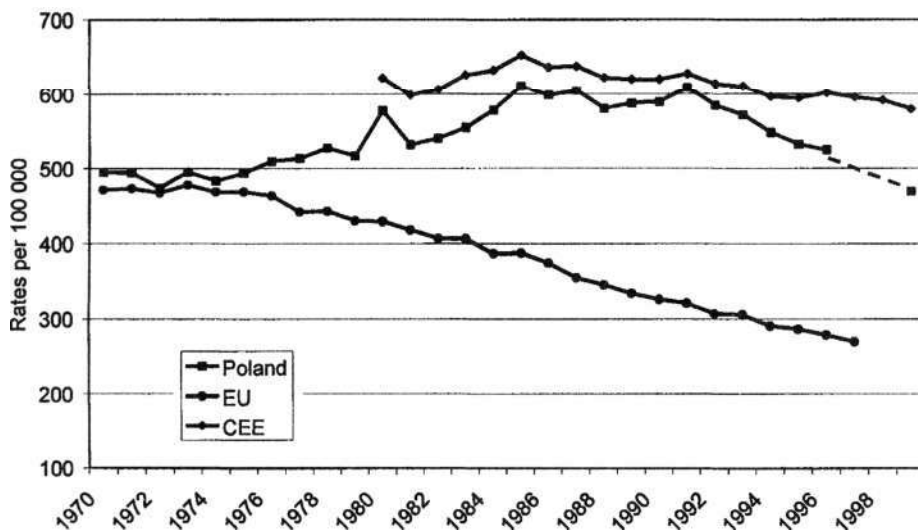


Fig. 2. Age-standardized death rates from cardiovascular diseases in Poland, EU and CEE countries, 1970-1999

Ryc. 2. Standaryzowane współczynniki zgonów z powodu chorób układu krążenia w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-1999

¹⁾ All mortality by causes in 1999 are based on 97.7% of deaths records with assigned cause of death.

4b. Malignant neoplasms occupy second place on the list of most common causes of deaths. In 1999 they were responsible for 21.9% of all deaths in Poland (23.5% in males and 20.0% in females). The total cancer death rates were increasing till the mid-1990s and then stabilised (Fig. 5), however in younger age groups some decline has been observed in recent years. The SDRs in Poland are higher than EU average values from mid-1980s but the difference is much smaller than in the case of CVD and only slightly exceeds 10%. Larger excess of deaths in Poland in comparison with EU countries is observed in the case of lung cancer mortality, however some decline of Polish SDRs in recent years (unfortunately only in males) can be noticed (Fig. 6). The positive phenomenon in cancer mortality in Poland is decline in breast cancer mortality by 7% between 1996 and 1999. It is worthwhile to notice that SDRs for breast cancer in Poland are lower than average for EU countries by more than 20% (Fig. 7). On the other hand, however, female mortality from cancer of cervix in Poland has been slowly declining for years, yet the SDRs in our country are more than three times as high as average EU values (Fig. 7).

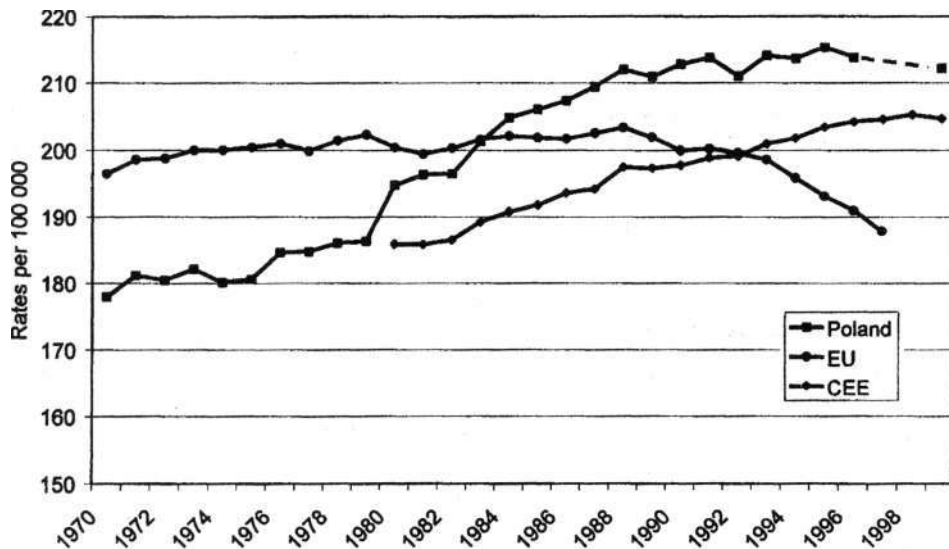


Fig. 5. Age-standardized death rates from cancer in Poland, UE and CEE countries, 1970-1999
Ryc. 5. Standaryzowane współczynniki zgonów z powodu nowotworów złośliwych w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-1999

4c. External causes of injuries and poisoning are the third group of main causes of mortality in Polish population. In 1999 they were responsible for 7.3% of deaths (10.2% in males and 4.1% in females) however, the third group of causes among women were ill-defined and unknown causes (6.9% of all deaths) and the fourth were diseases of the respiratory system (4.3%). SDRs for external causes have been declining since 1991 in Poland but the excess of deaths rate in our country in comparison to EU average is not changing much and exceeds 70% (Fig. 8). One fifth of the deaths due

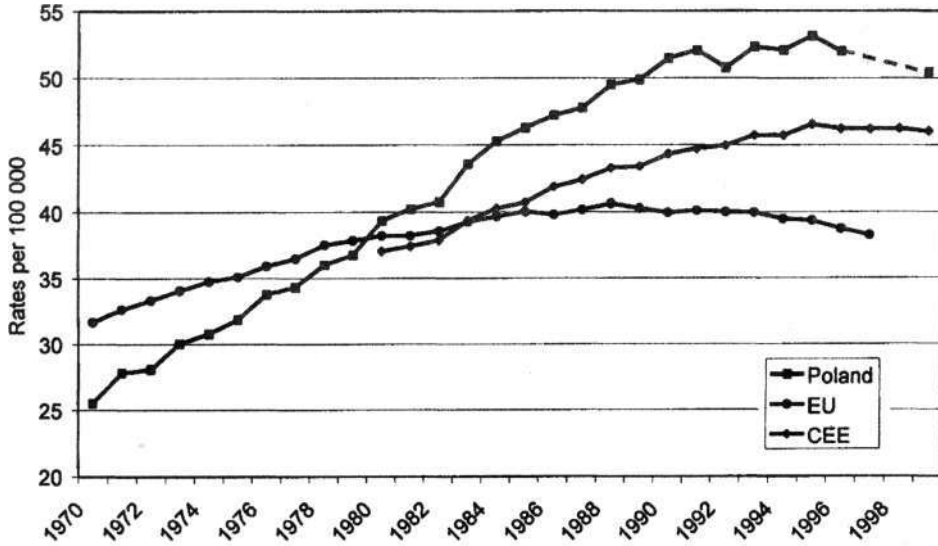


Fig. 6. Age-standardized death rates from lung cancer in Poland, EU and CEE countries, 1970-1999

Ryc. 6. Standaryzowane współczynniki zgonów z powodu raka płuc w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-1999

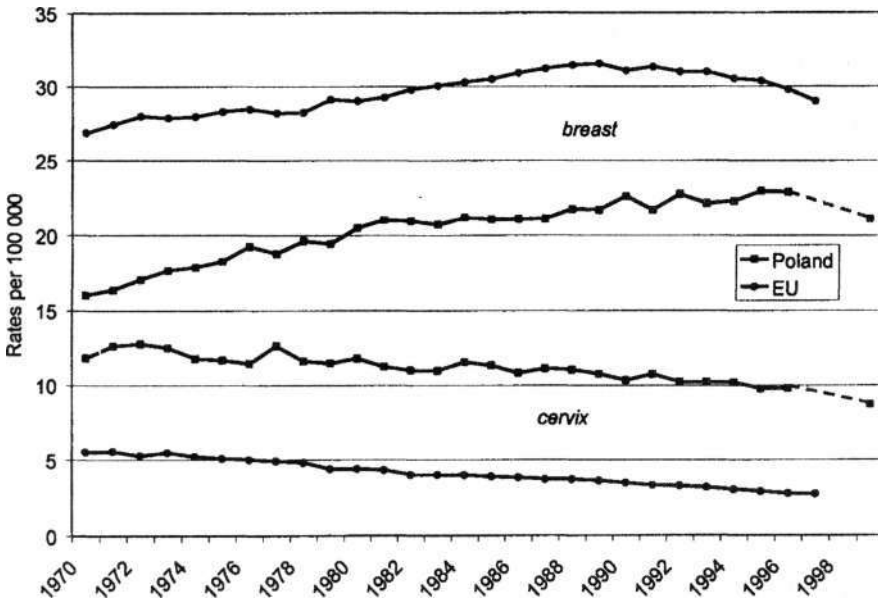


Fig. 7. Age-standardized female death rates from breast cancer and cancer of cervix in Poland and EU countries, 1970-1999

Ryc. 7. Standaryzowane współczynniki zgonów kobiet z powodu raka piersi i raka szyjki macicy w Polsce i w krajach Unii Europejskiej (EU) w latach 1970-1999

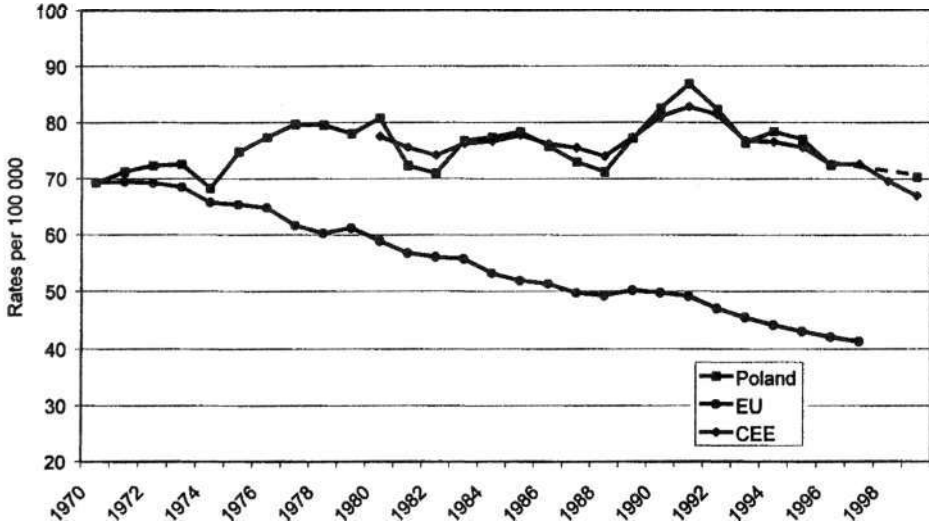


Fig. 8. Age-standardized death rates from external causes in Poland, EU and CEE countries, 1970-1999

Ryc. 8. Standaryzowane współczynniki zgonów z powodu zewnętrznych przyczyn w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-1999

to external causes in Poland can be attributed to motor vehicle traffic accidents. The SDRs for these accidents after dramatic increase at the turn of the 1980s and 1990s have stabilised to some extent and remain some 50-60% higher than the EU rate (Fig. 9).

4d. Diseases of respiratory system and diseases of digestive system in 1999 were responsible for 4.8% and 3.9% of deaths respectively and these proportions were larger than in 1996. The reason of increasing share of these two groups of diseases was considerable increase in mortality rates for these causes. The SDR for respiratory diseases raised by 20% (from 38.4 in 1996 to 46.2 per 100 000 population in 1999) and SDR for digestive system diseases raised by 12%.

5. Age categories modified ranking of the main causes of deaths. In men under 45 and in women under 30 years of age, injuries and poisoning were the main causes of death, while in men over this age and in women only over 60 the first place among causes of death was occupied by diseases of the circulatory system. In women of 30-59 years of age malignant neoplasms were responsible for the largest number of deaths.

6. Among men diseases of the respiratory system (especially diseases of lower respiratory tract - COPD) and external causes of injuries and poisoning (particularly traffic accidents and suicides), were clearly more life-threatening in rural than urban population (motor vehicle traffic accidents had an excess of almost 65%; suicides of nearly 40% and COPD of 30%). On the other hand in urban population more life threatening than in rural population were particularly diseases of the digestive system (an overall excess of one-third, cirrhosis of the liver more than 50%) and malignant

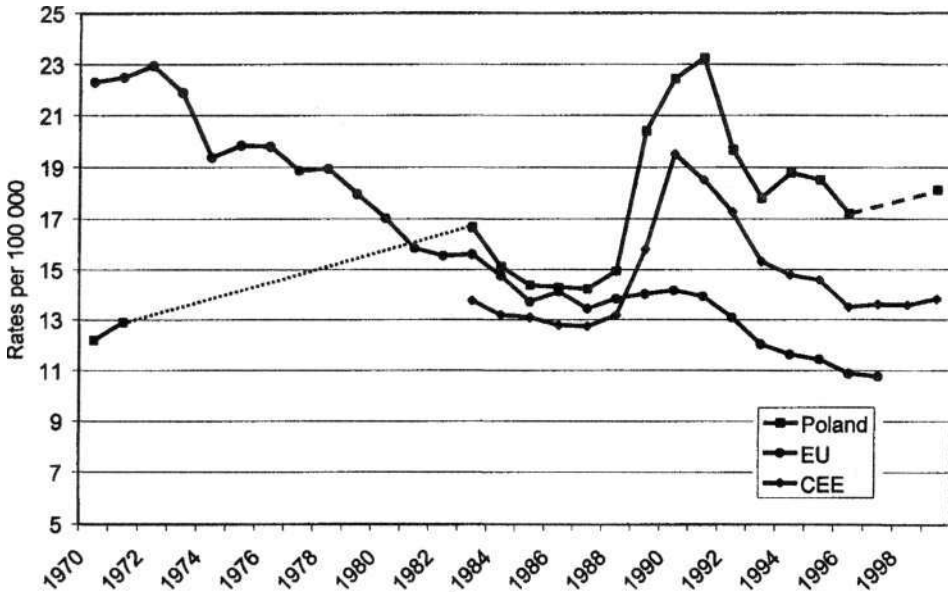


Fig. 9. Age-standardized death rates from traffic accidents in Poland, EU and CEE countries, 1970-1999

Ryc. 9. Standaryzowane współczynniki zgonów z powodu wypadków komunikacyjnych w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-1999

neoplasms (particularly breast cancer and lung cancer among females - excess of some 30% and 90% respectively).

7. The overall infant mortality rate has been steadily decreasing for the years (increase in 1994 was related to introduction of WHO live birth definition) and in 2000 it reached value 8.1 per 1000 live births (Fig. 10). After 1994 the difference between rates in Poland and EU average is diminishing, yet mortality of Polish infants in 2000 was higher by 50% than mortality in EU countries in 1997. A difference between Poland and EU countries is larger in the case of neonatal mortality than in postneonatal mortality (Fig. 11). In 1999 half of infant deaths (52%) were caused by conditions originating in the perinatal period, and 33% by congenital anomalies.

8a. Mental health problems are the growing health issue of the Polish population. In 1999 morbidity rate representing number of persons treated in mental health out-patient clinics per 100 000 population was 1955 - an increase of 12% in comparison to figure from one year earlier. About 215,000 persons (555 per 100 000 population) were treated for the first time in mental health out-patient clinics and these numbers were 20% higher than 1998 figures. Less dramatic increase was observed in the case of patients treated in psychiatric hospitals - in-patient morbidity rate in 1999 was 415 per 100 000 population that was only 3.3% higher than in 1998. Almost half (46%) of the in-patients were people hospitalised for the first time for psychiatric disorders.

8b. In 1999 almost 140 000 persons (353 per 100 000 population) were treated for alcohol related problems in out-patient clinics and the rate was by 13% higher than

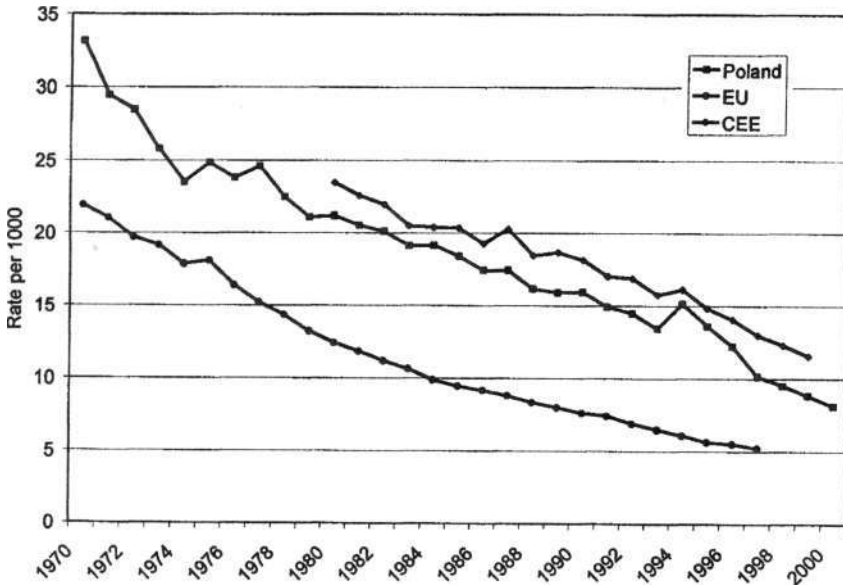


Fig. 10. Infant mortality per 1000 live births in Poland, EU and CEE countries, 1970-2000
 Ryc. 10. Współczynniki zgonów niemowląt na 1000 urodzeń żywych, w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-2000

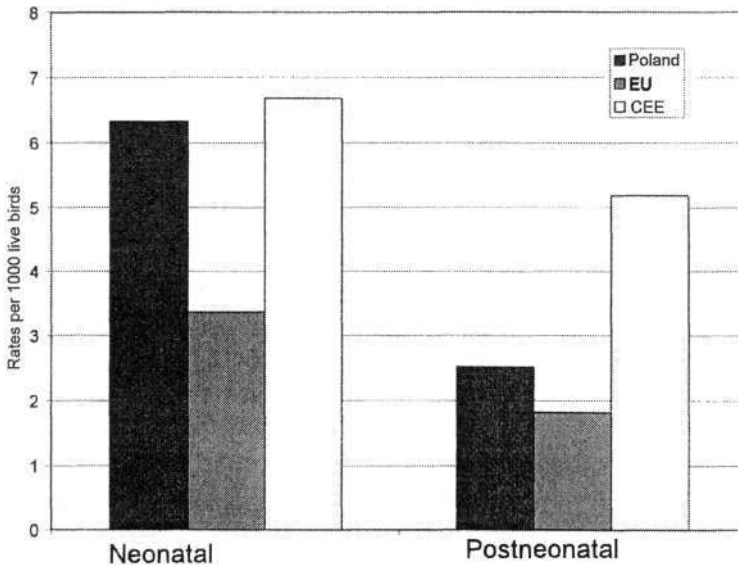


Fig. 11. Neonatal and postneonatal infant mortality in Poland, EU and CEE countries in 1999 (EU in 1997)
 Ryc. 11. Współczynniki zgonów neonatalnych i postneonatalnych w Polsce, w krajach Unii Europejskiej (EU) i w krajach Europy Środkowo-Wschodniej (CEE) w latach 1970-1999

in 1998. However, the treatment rate for the new cases - 150 per 100 000, was higher by 24% than the rate one year earlier. Hospitalised morbidity rate for alcohol related problems in 1999 was 126 per 100 000 population demonstrating a 5% increase over a rate in 1998. During the same year hospitalisation of new cases increased by 8% to the level of 69 per 100 000 population.

8c. There has been dramatic increase between 1998 and 1999 in number of persons treated in out-patient clinics for drug abuse. The rate 39.5 per 100 000 population in 1999 was higher by 61% than the rate in 1998 and the rate of first treatment doubled during the year reaching level 19.3 per 100 000 population.

9a. Infectious diseases are rather decreasing health issue in Poland. The incidence rates of viral hepatitis of all types have been declining for several years with the exception of hepatitis Type C whose rates have been growing partly due to better diagnostic procedures (Fig. 12). At present the overall incidence rates of viral hepatitis are at the average level for EU countries (Fig. 13).

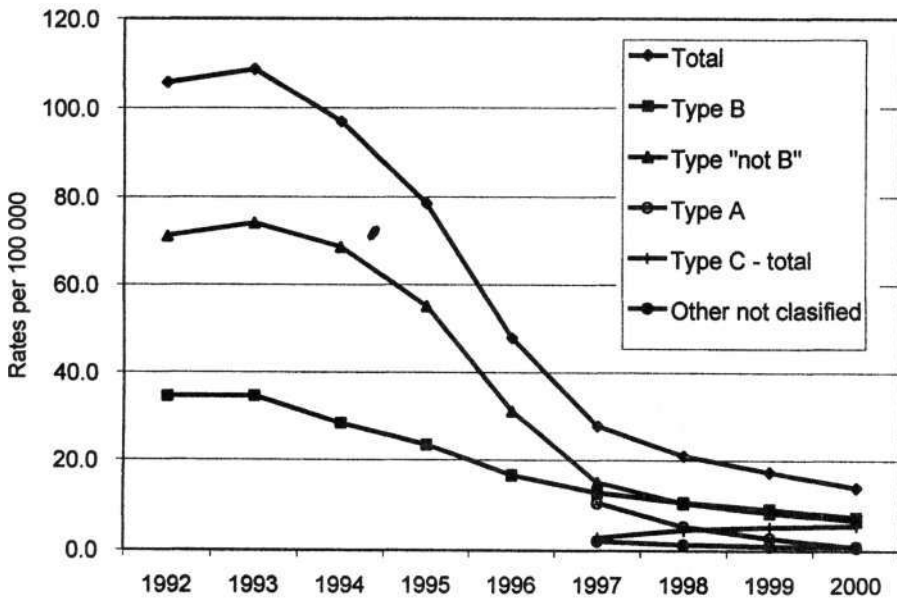


Fig. 12. Incidence rates for viral hepatitis by type, 1992-2000

Ryc. 12. Zapadalność na wirusowe zapalenie wątroby wg typu w latach 1992-2000

9b. Tuberculosis (TB) is still a problem in Poland though the incidence rates have been declining for years (Fig. 14). In 2000, 11477 cases of TB (new and relapses) were notified that gives incidence rate (of all forms of tuberculosis) 29.7 per 100 000 population, 5.7% lower than a year ago. Respiratory tuberculosis is responsible for some 95% of all cases. The incidence rate in Poland in 1999 was some 2.5 times higher than average for EU countries (12.3 per 100 000 population) but was almost 40% lower than average rate for CEE countries (51.2 per 100 000). As in previous years new TB cases were twice more frequent in men than in women.

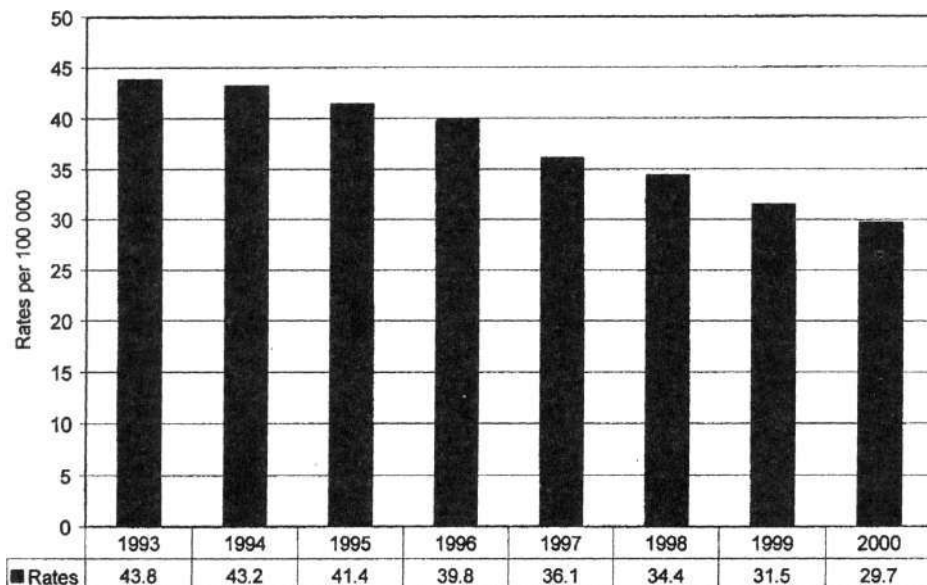


Fig. 13. Incidence of tuberculosis (all forms) in Poland, 1993-2000

Ryc. 13. Zapadalność na gruźlicę (wszystkie typy) w latach 1993-2000

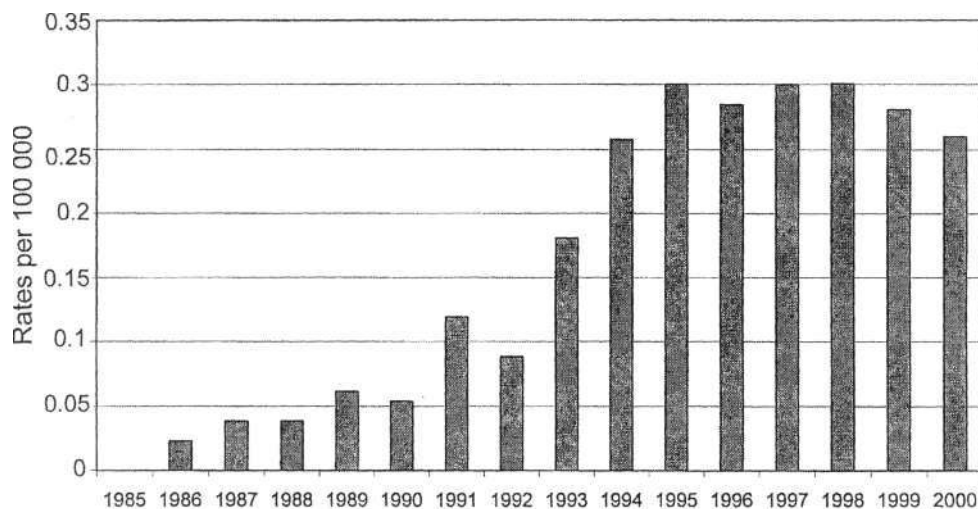


Fig. 14. New AIDS cases registered in Poland in 1985-2000

Ryc. 14. Zachorowania na AIDS w latach 1985-2000

9c. In Poland the first case of HIV infection was registered in 1985, and the first AIDS patient was diagnosed in 1986. From 1985 (the year when regular registration was introduced) to 30 September 2001, 1073 AIDS cases were registered. Of this number 544 deaths have been documented. The incidence rates are slowly declining

in Poland (Fig. 15). Until 30 September 2001, 7151 cases of HIV infection among Polish citizens were registered. Of this number 4481 were drug abusers.

CONCLUSIONS

In the above paper we presented only a picture of the health status of Polish population without describing and discussing various factors (economical, social behavioural etc.) that may be responsible for such a status. However, until now there is lack of good epidemiological evidence on the relative importance of the individual health determinants in creating this picture of the health of Poles.

It may be concluded that the health status of Polish population has been improving for several recent years in many respects. Nevertheless, in many areas we can not be happy with a pace of the progress if we want to catch up with countries of the European Union in a not too distant future. To achieve this goal it is necessary that central and local level authorities give higher priority to public health issues in Poland. It seems that the National Health Programme in its proposed updated version (*Ministerstwo Zdrowia, Międzyresortowy Zespół Koordynacyjny Narodowego Programu Zdrowia - Narodowy Program Zdrowia 1996-2005 wersja znowelizowana w 2000 r.* - manuscript) accurately identifies the most important from the public health perspective health problems of the Polish population. It also puts forward necessary actions to confront them however, to ensure success of the Programme it has to be accepted as the main tool of the public health policy and be more vigorously implemented.

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NAJWAŻNIEJSZE INFORMACJE O SYTUACJI ZDROWOTNEJ LUDNOŚCI POLSKI W 1999/2000 ROKU

STRESZCZENIE

Celem prezentowanego opracowania jest zwięźle przedstawienie najważniejszych aspektów aktualnej sytuacji zdrowotnej ludności Polski.

W końcu roku 2000 liczba ludności Polski wynosiła 38 644 211, i zmalała o około 9300 w porównaniu do 1999 r. Ostatnie dwa lata to okres gdy populacja uległa zmniejszeniu o około 23 tysiące i jest to sytuacja, która wystąpiła po raz pierwszy w powojennej historii Polski. Zaobserwowano także dalszy spadek liczby urodzeń żywych z 382,0 tys. w 1999 r. do 378,3 tys. w 2000 r. oraz zmniejszenie współczynników urodzeń z 9,9 do 9,8 na 1000 ludności.

W 2000 r. liczba zgonów była niższa o 13,4 tysiąca niż w roku poprzednim a współczynnik umieralności ogólnej zmniejszył się z 987 do 952 zgonów na 100 tys. ludności. Przeciętne dalsze trwanie życia rodzącego się chłopca wynosiło 69,7 lat a dziewczynki 78,0 lat i w porównaniu z 1999 r. dla chłopców jest to więcej o 0,9 roku i a dla dziewczynek o 0,5 roku. Przeciętne dalsze trwanie życia mężczyzn w mieście jest dłuższe (70,0 lat) niż na wsi (69,4 lat) podczas gdy u kobiet sytuacja jest odwrotna (77,8 w mieście i 78,4 na wsi). Od 1991 r., gdy niekorzystne trendy w stanie zdrowia ludności Polski zostały odwrócone lub przynajmniej zahamowane, przeciętne dalsze trwanie życia wzrosło o 3,6 roku dla mężczyzn i o 2,7 roku dla kobiet.

Od wielu lat główną przyczyną zgonów w Polsce są choroby układu krążenia. W 1999 r. były one odpowiedzialne za 48,7% zgonów (43,6% u mężczyzn i 54,5% u kobiet). Standaryzowane współczynniki umieralności z powodu chorób układu krążenia malały od 1991 r. i w 1999 r. były o 10% niższe niż w 1996 r.

Nowotwory złośliwe zajmują drugie miejsce na liście najczęstszych przyczyn zgonów. W 1999 r. były one odpowiedzialne za 21,9% wszystkich zgonów w Polsce (23,5% u mężczyzn i 20,0% u kobiet). Współczynniki umieralności z powodu nowotworów ogółem wzrastały do połowy lat 90-ych po czym nastąpiła ich stabilizacja, chociaż w młodszych grupach wieku obserwuje się pewne obniżenie ich wartości w ostatnich latach.

Zewnętrzne przyczyny urazów i zatruc są trzecią grupą głównych przyczyn zgonów w polskiej populacji. W 1999 r. były one odpowiedzialne za 7,3% zgonów ogółem (10,2% u mężczyzn i 4,1% u kobiet).

Choroby układu oddechowego i trawiennego w 1999 r. spowodowały odpowiednio 4,8% i 3,9% zgonów i były to odsetki wyższe niż w 1996 r. Przyczyną większego udziału tych chorób był znaczny wzrost współczynników umieralności z ich powodu.

Współczynnik umieralności niemowląt systematycznie maleje od wielu lat (wzrost w 1994 r. był związany z wprowadzeniem w Polsce definicji żywego urodzenia zalecanej przez WHO) i w roku 2000 spadł do 8,1 na 1000 urodzeń żywych. Po 1994 r. różnica między Polską a Unią Europejską zmniejszała się, jednak w 2000 r. umieralność w Polsce była wciąż wyższa o 50% niż umieralność w krajach UE w 1997 r.

Choroby psychiczne stanowią narastający problem w polskiej populacji. W 1999 r. współczynnik chorobowości mierzonej liczbą pacjentów leczonych w poradniach zdrowia psychicznego na 100 tys. ludności wynosił 1955. Było to o 12% więcej niż w roku poprzednim. Około 215 tys. ludzi (55 na 100 tys. ludności) leczono się po raz pierwszy w poradniach zdrowia psychicznego i było to o 20% więcej niż w 1998 r.

W 1999 r. prawie 140 tys. osób (353 na 100 tys. ludności) leczono się z powodu problemów alkoholowych w zakładach opieki ambulatoryjnej i współczynnik w 1999 r. był wyższy o 13% niż w 1998 r. Należy podkreślić, że współczynnik dla nowych przypadków (150 na 100 tys.) był aż o 24% wyższy niż w 1998 r.

W 1999 r. nastąpił bardzo znaczny wzrost liczby osób leczonych w zakładach psychiatrycznej opieki ambulatoryjnej z powodu uzależnienia od środków psychoaktywnych. Współczynnik 39,5 na 100 tys. ludności w 1999 r. był wyższy o 61% niż w 1998 r., a współczynnik leczonych po raz pierwszy podwoił się do poziomu 19,3 na 100 tys. ludności.

Choroby zakaźne są w Polsce malejącym problemem. Zapadalność na wirusowe zapalenie wątroby wszystkich typów zmniejszała się od kilku lat, za wyjątkiem wzrastała m.in. dzięki poprawie procedur diagnostycznych. Obecnie zapadalność na wirusowe zapalenia wątroby ogółem jest na poziomie średniej zapadalności w krajach Unii Europejskiej.

Podsumowując można powiedzieć, że pod wieloma względami stan zdrowia ludności Polski poprawia się od szeregu lat. Jednak w wielu dziedzinach nie możemy być zadowoleni z postępu, zwłaszcza gdy poziom obserwowany w krajach Unii Europejskiej chcemy osiągnąć w niezbyt odległej przyszłości. Aby zrealizować ten cel niezbędne jest priorytetowe potraktowanie problemów zdrowia publicznego w Polsce i uznanie Narodowego Programu Zdrowia za podstawowe narzędzie dla prowadzenia skutecznej polityki zdrowotnej.

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