

Researchers update risk-of-death charts

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Researchers have updated charts that show an American's risk of dying from a given cause over the next ten years, based on age, sex, and smoking status. The charts will be published online June 10 in the *Journal of the National Cancer Institute*.

Although health information and the risks of various behaviors or conditions are frequently discussed in the media, the public rarely have access to enough information to adequately gauge the risk. To properly assess a risk, people need to know the absolute magnitude of a given risk and understand how it compares with other risks.

To help physicians and patients assess an individual's risk of dying from one condition versus another, Lisa Schwartz, M.D., of the Department of Veterans Affairs Medical Center in White River Junction, Vt., and colleagues used the National Center for Health Statistics Multiple Cause of Death Public Use File for 2004 to generate charts that show the risk of dying from a given cause within the next 10 years. To generate the updated charts, Schwartz and colleagues modified their previous methodology by including former smokers as a separate category to better account for a person's smoking status.

At all ages, men have a higher risk of death from all causes combined, relative to women. For both men and women, smoking increases the risk of death by nearly the same magnitude as adding 5-10 years to a person's age. For men who have never smoked, the risk of dying from heart disease at any age exceeds the risk of dying from lung, colon, and prostate cancer combined. For men who currently smoke, the risk of

dying from lung cancer is greater than the risk of dying from heart disease after age 60, and it is 10-fold higher than the chance of dying from prostate and colon cancer combined. For women who have never smoked, the chances of dying from heart disease and breast cancer are similar until age 60, after which heart disease becomes a bigger risk of death. For women who currently smoke, the chances of dying from lung cancer or heart disease are larger than the chance of dying from breast cancer after age 40.

"The risk charts provide two basic elements that people need if they are to make sense of the health threats they face: the magnitude of the risk and some context," the authors write. "We hope that the availability of these simple charts will facilitate physician–patient discussion about disease risk and help people understand where to focus risk reduction efforts."

In an accompanying editorial, Michael Thun, M.D., of the American Cancer Society in Atlanta and colleagues discuss the value of these charts and ways that physicians can best utilize them. For example, just posting the charts in the waiting room of a physician's office may not be as effective as incorporating them into an interactive format of some kind.

"The risk estimates provided by [Schwartz and colleagues] bring us a step closer to the goal of communicating effectively about risk in the context of routine medical care. The next steps could involve collaboration with other risk communication researchers to personalize this information and deliver it in ways that maximize its impact on health behaviors," the editorialists conclude.

Source: Journal of the National Cancer Institute

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