

UK failing to reduce child and youth deaths as quickly as other wealthy countries

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The UK has failed to match the gains made in reducing deaths among children and young adults by 17 other high-income countries in the European Union, Australia, Canada, and Norway (EU15+) in the 38 years since 1970.

The findings, published in *The Lancet*, reveal that despite the UK having been in or near the top 25% (best quartile) for all-cause [mortality](#) for [children](#) and [young people](#) (aged 0-24 years) in 1970, the UK's pace of decline in mortality has fallen significantly behind the EU15+ average over the past four decades. By 2008, the UK had fallen to the worst quartile (bottom 25%) for infants and 1-4 year olds.

Although the UK's young people aged 10-24 now have average mortality compared with those in the EU15+ countries, overall death rates in this age group conceal the UK's poor progress against deaths from non-communicable diseases (NCDs), which were masked by a strong performance in reducing deaths from injuries.

Using national death registry data from the WHO World Mortality Database, Professor Russell Viner from the UCL Institute of Child Health, London, UK and colleagues analysed patterns and causes of death among children and young people (aged 0-24 years) in the UK compared with a group of similar wealthy countries between 1970 and 2008.

Only for injury-related deaths has the UK remained in the best EU15+

quartile over the past 38 years for most age groups.

The UK performance for deaths in infants (younger than 1 year) and children aged 1-9 years has been particularly poor, with an estimated 1035 excess deaths annually for infants in the UK compared with the EU15+ median by 2008.

Deaths from NCDs in all age groups in the UK fell from being roughly equivalent to the EU15+ average in 1970 to the worst quartile by 2008, with about 446 excess deaths from NCDs in the UK, most (280) among young people aged 15-24 years. This was largely due to the contribution of drug misuse disorders in young people aged 10-24 years (1.39 per 100 000 deaths in the UK vs 0.12 per 100 000 in EU15+ countries for 2005-08) and other neuropsychiatric disorders, including epilepsy and cerebral palsy.

"Worsening trends in NCD mortality have cancelled out the benefits of the UK's traditionally low injury mortality", explains Professor Viner. "Demographic change, including increasing birth rates in the UK compared with other EU15+ countries and increasing prevalence of common chronic disorders in children and adolescents could magnify these differences over the next 20 years."

He adds, "Fewer children survive and thrive in countries with wide inequalities, such as the UK. We urgently need to understand more about the role that is played in causing the mortality excess by social factors, such as higher inequality in Britain than most of Europe, and by differences in our healthcare system to that in many European countries."

According to co-author Dr Ingrid Wolfe from Kings College London in the UK, "There are no simple explanations for the UK's worsening relative performance, and equally no simple solutions. However, our

findings show that the growing contribution of NCDs to deaths among children and young people in the UK (around 75% of deaths in children aged 1-9 years and half of all deaths in young people aged 10-24 years) will require a new focus."

Writing in a linked Comment, Dr Brian Johnston from the University of Washington, Seattle, USA says that the onus for closing this performance gap should not be placed solely on the health-care sector. He writes, "A parsimonious explanation for the UK's disappointing performance in child mortality is thus that structural risks—the social determinants of health [eg, income, income inequality, access to care]—are the cause of a substantial proportion of the excess [death](#) through both infant mortality and NCDs in older children and youth. The responsibility to tackle these issues is diffused and often uncoordinated, although progress has been made to envision and facilitate a public health response. These upstream drivers of health will need to be a primary focus if the UK is to restore its leadership position in child survival."

More information: Paper: [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)
 [\(14\)60485-2/abstract](http://www.thelancet.com/journals/lan...)

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