

# Smrtnost i bolnički pobol od ishemičnih bolesti srca (I20-I25, MKB-10) u Splitsko-dalmatinskoj županiji u razdoblju od 2005. do 2014. godine

## Mortality and hospital morbidity from ischemic heart diseases (I20-I25, ICD-10) from 2005 to 2014 in the Split-Dalmatia County, Croatia

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**Cilj:** Utvrditi smrtnost i procijeniti bolnički pobol od ishemičnih bolesti srca (I20-I25, MKB-10) prema spolu i dobnim skupinama, u Splitsko-dalmatinskoj županiji (SDŽ) u razdoblju 2005.-2014.

**Metode:** U radu su korištene metode deskriptivne epidemiologije. U analizi smrtnosti stanovništva SDŽ od IBS korištena je baza podataka Nastavnog zavoda za javno zdravstvo SDŽ izrađena na temelju mortalitetnih i demografskih podataka Državnog zavoda za statistiku. U analizi bolničkog pobola korištene su baze podataka izrađene na temelju individualnih statističkih izvješća

(Bolesničko-statistički obrazac) stanovnika SDŽ liječenih u Kliničkom bolničkom centru Split. Pokazatelji smrtnosti i bolničkog pobola analizirani su kao apsolutni brojevi, udjeli (%), stope na 100.000 stanovnika.

**Rezultati:** U promatranom desetogodišnjem razdoblju IBS su bile na prvom ili drugom mjestu vodećih pojedinačnih uzroka smrti stanovništva SDŽ, s prosječnim udjelom od 17,3 % u ukupnoj smrtnosti. Analiza smrtnosti prema dobi i spolu ukazuje

na rast dobnog-specifičnih stopa smrtnosti za IBS s dobi, te da su više u muškaraca nego u žena u svim dobnim skupinama (**tablica 1**). U dobi iznad 65 godina prosječno se bilježi 86 % umrlih od IBS (76,9 % muškaraca i 95,5 % žena). IBS su bile jedan od najčešćih uzroka bolničkog liječenja stanovnika SDŽ liječenih u KBC Split, s prosječno 1.473 hospitalizacije godišnje uz prosječno trajanje liječenja od 9,8 dana. Opće stope smrtnosti od IBS u SDŽ bile su nešto niže od hrvatskog prosjeka.

**Zaključak:** Analizirajući kretanje smrtnosti od IBS u SDŽ uočava se trend porasta smrtnosti u promatranom desetogodišnjem razdoblju. U svrhu smanjenja smrtnosti i pobola od IBS treba osnažiti programe promicanja zdravog stila života uz mijenjanje rizičnog ponašanja, kao i poticati rano otkrivanje najznačajnijih čimbenika rizika za nastanak IBS (arterijska hipertenzija, dijabetes, dislipidemija, pretilost).<sup>1-3</sup>

**Aim:** To define mortality and hospital morbidity from ischemic heart diseases (I20-I25, ICD-10) by sex and age in the Split-Dalmatia County, Croatia, in the period 2005-2014.

**Methods:** In this paper we used methods of descriptive epidemiology. In the analysis of mortality from IHD in the population of Split-Dalmatia County (SDC) we used database of Institute of Public Health Split-Dalmatia County formed on the basis of mortality and demographic data of the Croatian Bureau of Statistics. In the analysis of the hospital morbidity we used database formed on the basis of specific health and statistical reports (Patient-statistical form) of the population of SDC hospitalized in the Split University Hospital Center. The indicators of mortality and hospital morbidity were analysed as absolute number, percentage share, rate per 100.000 population.

**Results:** During the 10-year study period IHD were first or second major single cause of death of the population of SDC, accounting for 17.3% of total mortality. The analysis of mortality by age and sex shows that age-specific mortality rates for IHD rise with age and are higher in men than in women in all age groups (**Table 1**). At the age over 65 there were recorded 86 % of persons who died of IHD (76.9% men and 95.5% woman). IHD were the major cause of hospitalization of the population of SDC hospitalized in the Split University Hospital Center, with average 1.473 hospitalizations annually and the average length of stay for totals to 9.8 days. Crude mortality rates from IHD in the SDC were slightly lower than the Croatian average.

**Conclusion:** Analyzing IHD mortality trends in the SDC, we have observed the rising mortality trend during the 10-year study period. To reduce mortality and morbidity from IHD we need to empower healthier lifestyle promotion programs, to change health-risk behavior and to encourage early detection of the most important risk factors for IHD (hypertension, diabetes, dyslipidemia, obesity).<sup>1-3</sup>

**TABLE 1. Average annual mortality from ischemic heart diseases by age and sex in the Split-Dalmatia County, 2005 - 2014.**

Age group	Total		Male		Female	
	No.	%	No.	%	No.	%
20-34	1.3	0.2	1.3	0.3	0.0	0.0
35-64	109.9	13.8	92.1	22.8	17.8	4.5
65+	685.1	86.0	311.2	76.9	373.9	95.5
Total	796.3	100.0	404.6	100.0	391.7	100.0

Source: Institute of Public Health Split-Dalmatia County.

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