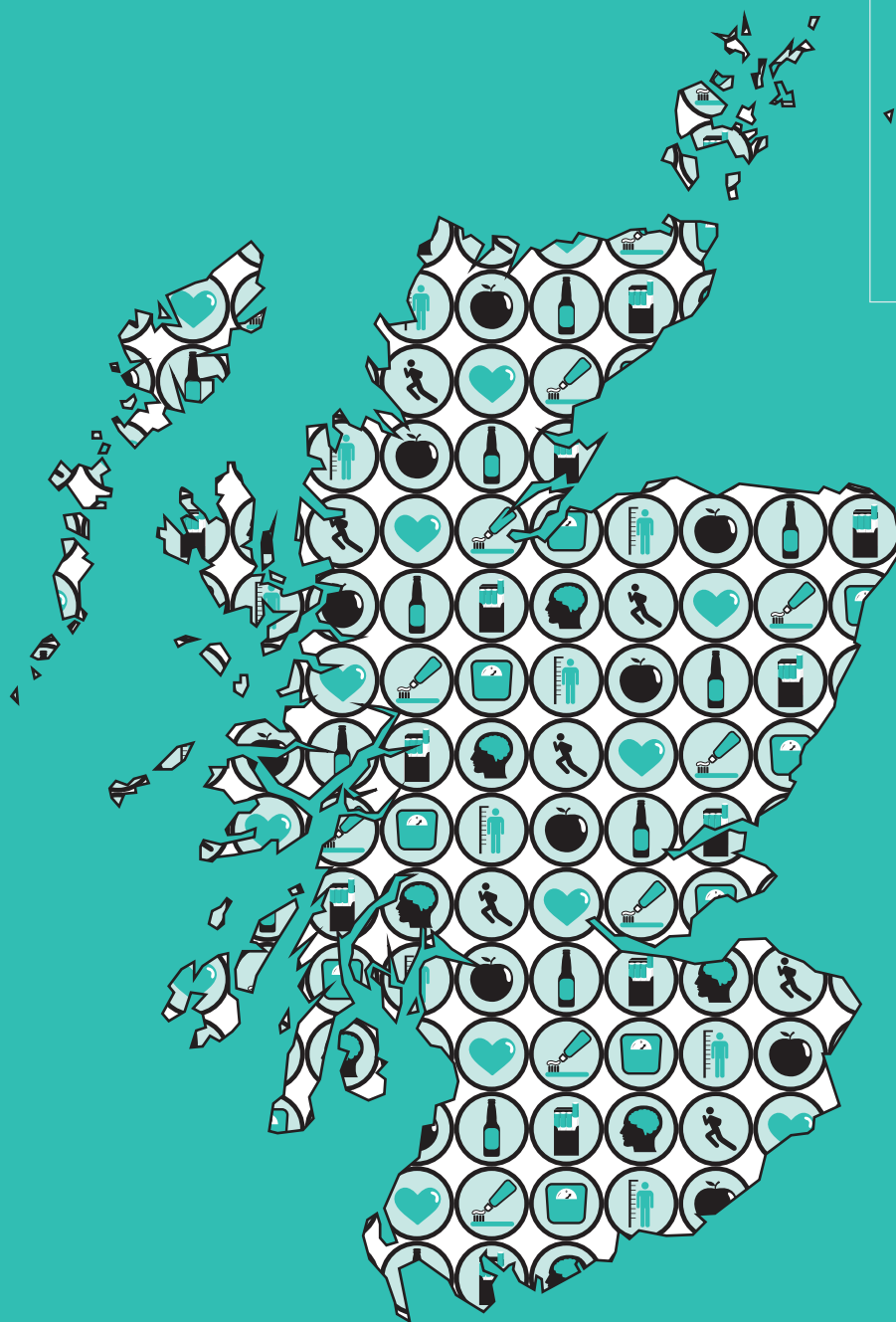




The Scottish
Government
Riaghaltas na h-Alba



The Scottish Health Survey

2013 edition | summary

A National Statistics Publication for Scotland

INTRODUCTION

The Scottish Health Survey (SHeS) series is commissioned by the Scottish Government Health Directorates to provide reliable information on the health, and factors related to health, of people living in Scotland that cannot be obtained from other sources. The series aims to:

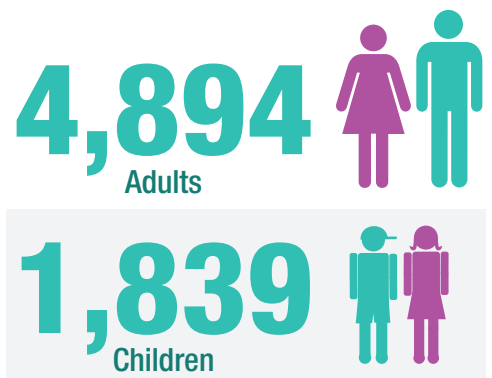
- estimate the occurrence of particular health conditions
- estimate the prevalence of certain risk factors associated with health
- look at differences between regions and between subgroups of the population
- monitor trends in the population's health over time
- make a major contribution to monitoring progress towards health targets

Key findings from the 2013 survey are presented here alongside trends, some of which extend back nearly two decades. Further discussion of the findings and full documentation of the survey's methods and questionnaire can be found in the 2013 annual report available from the Scottish Health Survey website: www.scotland.gov.uk/scottishhealthsurvey. The report is accompanied by an extensive set of web tables for 2013 and updated trends for key measures.

ABOUT THE SURVEY

The sample

SHeS has been designed to provide data on the health of adults (aged 16 and above) and children (aged 0-15) living in private households in Scotland annually. In 2013, 4,894 adults and 1,839 children took part in the survey. Representative data for adults in each NHS Health Board for the 2012-2015 period will be available in 2016.



The interview

The principal focus of the survey is cardiovascular disease (CVD) and related risk factors. Some questions and topics are asked annually while others vary from year to year. In addition to the questionnaire, height and weight measurements are collected from everyone aged 2 and over.

Each year a sub-sample of adults also complete a biological module which includes blood pressure and waist circumference measurements along with urine and saliva sample collection. Participants are also asked for permission to link survey responses to their administrative NHS health records. Key topics included in the 2013 survey were:

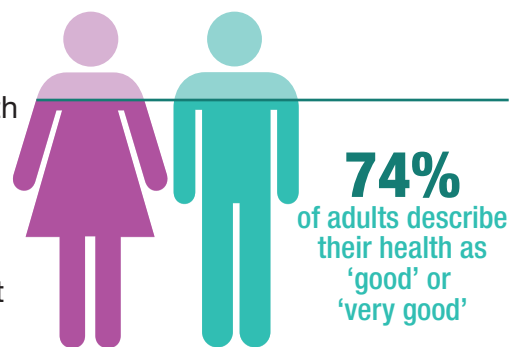
-
- mental health and wellbeing
 - cardiovascular disease, hypertension and diabetes
 - fruit and vegetables consumption
 - obesity
 - smoking
 - alcohol consumption
 - physical activity
 - dental health

GENERAL HEALTH AND MENTAL WELLBEING

General health

In 2013, similar to previous years, three quarters (74%) of adults (aged 16 and over) assessed their health in general as either 'good' or 'very good.' Eight percent described their health as 'bad' or 'very bad.'

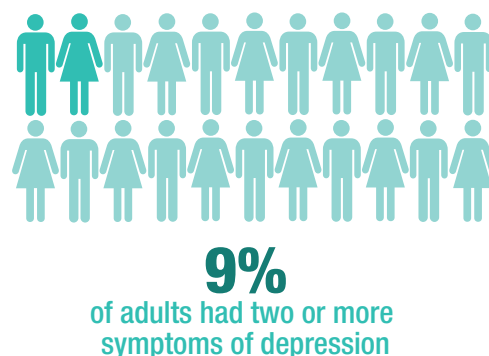
Assessments of children's health in general have not changed significantly in recent years. For 95%, their general health was described as either 'good' or 'very good' in 2013, while for just 1% it was described as 'bad' or 'very bad.'



Depression and anxiety

In 2012/2013, around one in ten (9%) adults had two or more symptoms of depression, indicating moderate to high severity. Prevalence of two or more symptoms of anxiety was also 9%.

There has been a significant increase in the percentage of adults displaying 1 symptom of depression (from 5% in 2010/2011 to 8% in 2012/2013), coupled with a small drop in the percentage displaying no symptoms (from 86% in 2008/2009 to 83% in 2012/2013). A similar pattern was observed for symptoms of anxiety (11% of adults had one symptom in 2012/2013).



Suicide attempts and self-harm

In 2012/2013, 5% of adults reported having attempted suicide at some point in their life, with women more likely than men to report having made an attempt (6% compared with 3%).

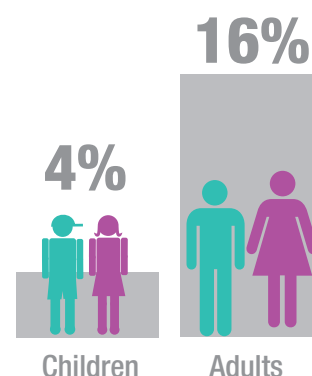
The percentage of adults reporting that they had deliberately self-harmed without suicidal intent at some point in their life was 5% in 2012/2013. Although this represents a significant increase from 2% in 2010/2011 and 3% in 2008/2009, some of this increase may be due to a change in the way the questions have been asked since 2012.

Unpaid care provision

In 2013, women were more likely than men to provide unpaid care (19% and 13%, respectively), with the gap between the genders most notable for the 35 to 64 age group.

Unpaid caring levels were similar for boys and girls in 2013, but children aged 12-15 were much more likely to be carers than those aged 4-11 (8% and 2%, respectively).

Providing unpaid care to a family member or friend



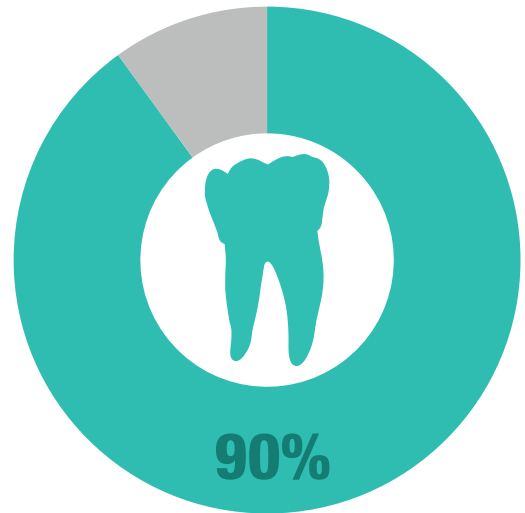
DENTAL HEALTH

Natural teeth prevalence

In 2013, nine in ten adults (aged 16 and above) had some natural teeth, with men significantly more likely than women to have at least some (92% compared with 88%). Although the Scottish Government's target that 90% of all adults living in Scotland would possess some natural teeth by 2010 has been met overall, the proportion of women with natural teeth (88%) remained below the target level in 2013.

The proportion of 16 to 64 year olds with no natural teeth has decreased since 1995 (11%), remaining at around 4% since 2008.

In line with earlier years, natural teeth prevalence decreased with age in 2013, with over half (55%) of adults aged over 75 reporting some natural teeth. Older men were significantly more likely than older women to have at least some natural teeth.



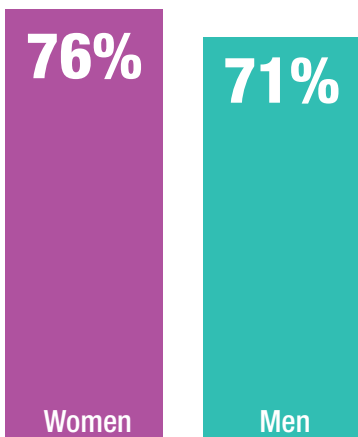
90% of adults had at least some natural teeth

Visiting the dentist

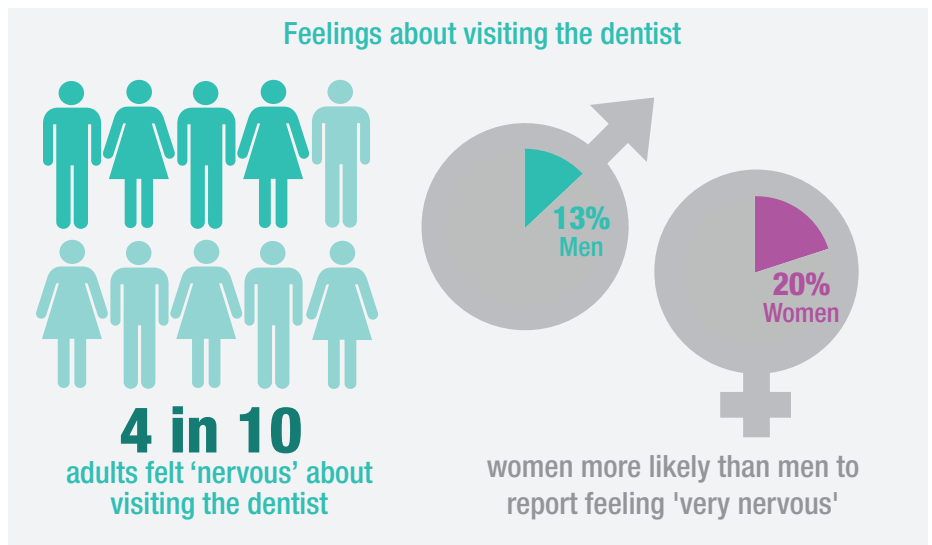
In 2013, three quarters (74%) of adults reported visiting the dentist in the year prior to interview, an increase from 69% in 2009.

Women remain more likely than men to have been to the dentist in the previous 12 months (76% compared with 71% of men).

Most adults (72%) did not experience any difficulties when visiting the dentist. One in ten reported difficulties getting an appointment that suited and a similar proportion reported that dental treatment was too expensive (9%).

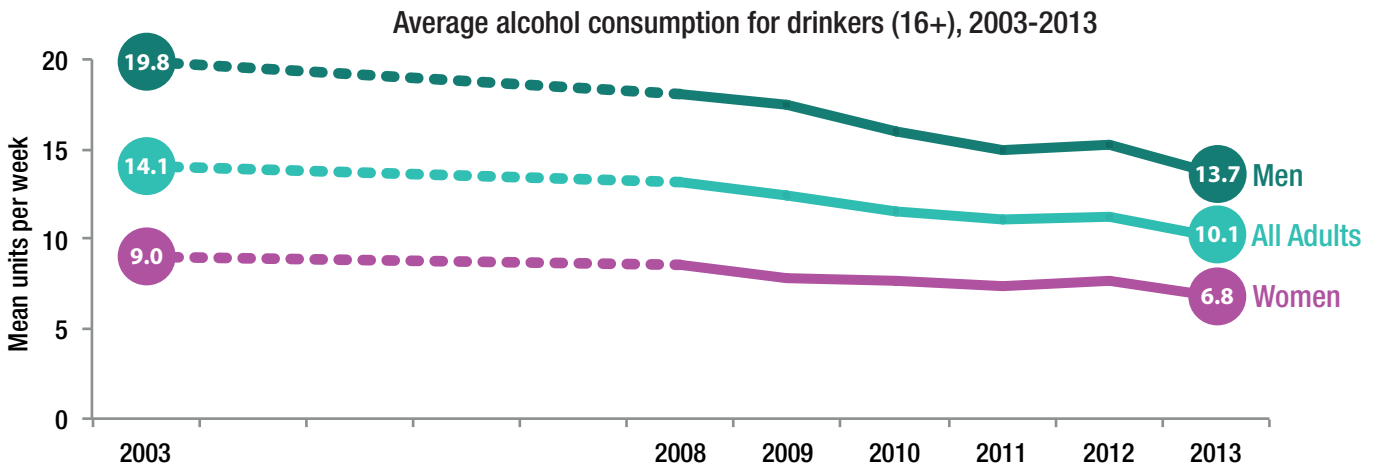


76% Women
71% Men
have been to the dentist in the previous year



ALCOHOL CONSUMPTION

Weekly consumption



In 2013, one in five women (20%) reported that they did not drink alcohol, a significant increase on previous years (17% in 2012, and 13% in 2003). Twelve percent of men, in 2013, reported that they did not drink.

A person is defined as drinking at hazardous or harmful levels if they are a man consuming more than 21 units per week or a woman drinking more than 14 units per week. In 2013, just over a fifth (22%) of men and 16% of women drank at hazardous or harmful levels.

Hazardous or harmful drinking has declined among both men and women since 2003 (from 33% to 22% for men and from 23% to 16% for women) but did not change significantly between 2012 and 2013.

Mean weekly unit consumption for hazardous/harmful drinkers



Daily consumption

In 2013, men drank an average of 5.2 units on their heaviest drinking day in the previous week; the figure for women was 2.8 units.

While average daily unit consumption has declined over the years (from 6.5 and 3.6 units for men and women, respectively, in 2003 to 5.2 and 2.8 units respectively in 2013), it did not change significantly, for either men or women, between 2012 and 2013.

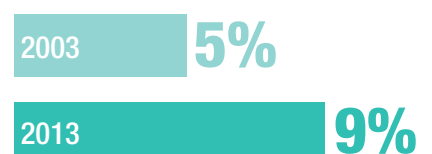
Average daily unit consumption



Adherence to guidelines on sensible drinking

The percentage of adults drinking outwith government guidelines has fallen significantly over the years. While there has been little change in the percentage of adults adhering to the weekly and/or daily drinking guidelines (44% in 2013), instead there has been an increase in the proportion of adults describing themselves as an ex-drinker.

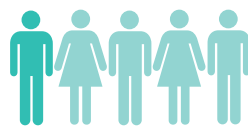
Rise in the proportion of adults classified as ex-drinkers



SMOKING

Smoking prevalence

Men remain significantly more likely than women to smoke cigarettes (23% and 20%, respectively, in 2013). Smoking prevalence was highest among those aged 25 to 54 (24-25%).



1 in 5
adults (21%) reported that they currently smoked cigarettes

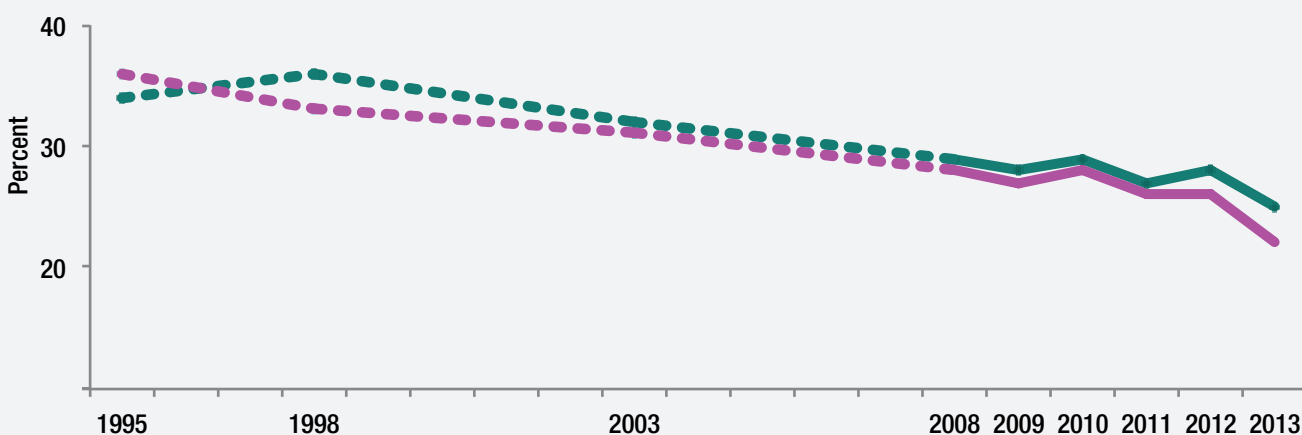


Smokers, on average smoked...

13
cigarettes per day in 2013

The decline in cigarette smoking continued in 2013 with a significant drop in the percentage of adults reporting that they smoked cigarettes since 2012 (from 25% to 21%). This decline was not matched in the Scottish Household Survey. Future years of data from both surveys will be required to determine whether this reduction is due to sampling variation or represents a true decrease in the last year.

Current cigarette smoking prevalence among adults (aged 16-64), 1995-2013



Children's exposure to tobacco smoke in the home

A new target has been set to reduce children's reported exposure to second-hand tobacco smoke in the home to 6% by 2020. The figure for 2013, 11%, was not significantly different to exposure levels in 2012 (12%). Exposure levels varied significantly by age, with lower reported exposure among younger children.



Children's reported exposure to second-hand tobacco smoke in the home

11% in 2013

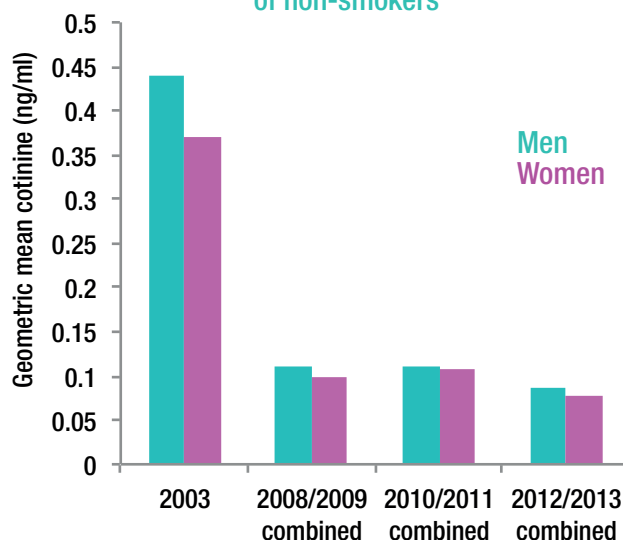
Non-smokers' exposure to tobacco smoke

One in seven (14%) non-smoking adults (aged 16 and above) reported being exposed to second-hand smoke in their own or in someone else's home in 2013, while 17% reported being exposed to smoke in any public place.

Non-smokers' (aged 16-74) exposure to tobacco smoke in their own or others' homes has declined over the years (from 33% in 1998 to 15% in 2013) but did not change significantly between 2012 and 2013.

Younger adult non-smokers remain most likely to be exposed to second-hand smoke in their own or someone else's home (31% of non-smokers aged 16-24), and in any public place (35%).

Cotinine levels in saliva samples of non-smokers



DIET

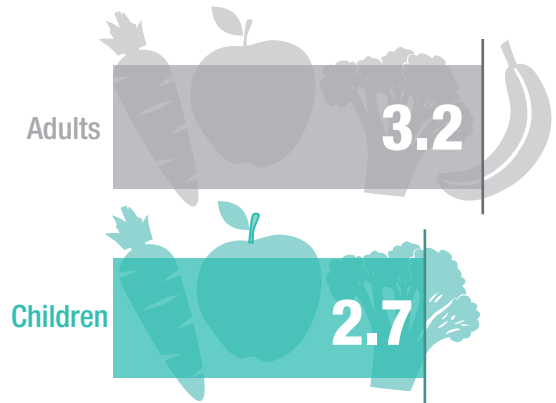
Adult fruit and vegetables consumption

The percentage of adults meeting the 5-a-day recommendation has not changed significantly in the last decade (21% in 2003 and 22% in 2013).

Adults consumed an average of 3.2 portions of fruit and vegetables per day in 2013, with 9% reporting that they consumed no portions in the day prior to interview.

As seen in previous years, consumption is not significantly different for men and women and does not vary significantly by age.

Mean portions of fruit and vegetables per day in 2013



Children's diets

On average, children consumed fewer portions of fruit and vegetables per day than adults in 2013 (2.7 portions).

Just 13% met the 5-a-day recommendation in 2013, while one in ten did not eat any fruit or vegetables in the day prior to interview.

There has been no significant change in children's fruit and vegetables consumption over the last decade. In both 2003 and 2013 12% of 5-15 year olds met the recommended target of at least five portions per day.

The proportion of children aged 2-15 consuming oily fish once a week or more doubled from 8% to 16% between 2003 and 2012/2013.

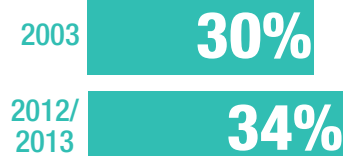
There has also been a sustained increase in the consumption of white fish once a week or more among children aged 2-15 (from 42% in 2003 to 53% in 2012/2013). In contrast, weekly tuna fish consumption declined from 33% in 2003 to 28% in 2012/2013.



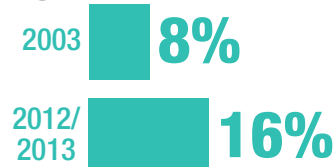
Proportion of children eating chips two or more times a week



Proportion of children eating cakes at least twice a week



Proportion of children consuming oily fish once a week or more

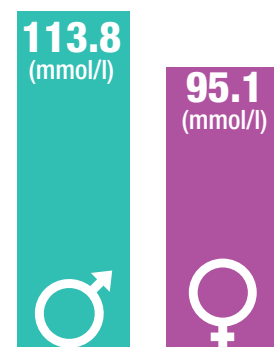


Urinary sodium in adults

Mean urinary sodium concentration in urine samples was 113.8 mmol/l for men and 95.1 mmol/l for women.

While concentrations of both sodium and potassium have fallen since 2003, creatinine concentrations in the samples have also fallen and Na/Cre and K/Cre ratios have risen. The changes in sodium and potassium concentrations cannot, therefore, be assumed to reflect changes in dietary intake.

Mean urinary sodium, 2012/2013

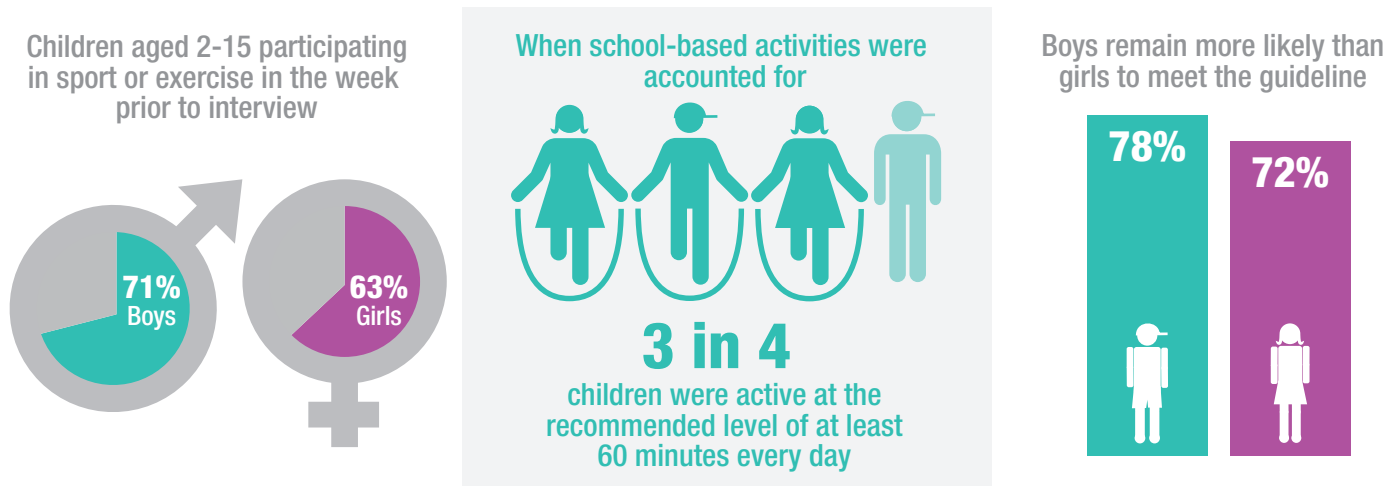


PHYSICAL ACTIVITY

Child activity levels

With the exception of 2012, the 2008-2013 period saw a steady increase in the percentage of children active at the recommended level of at least 60 minutes every day (from 71% to 75%), when school-based activities were included. The longer-term trend dating back to 1998, excluding school activities, has seen more fluctuation.

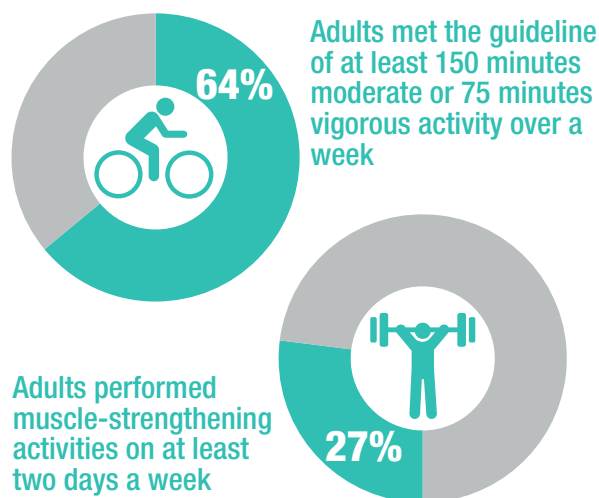
Activity levels decline with increased age, and this remains more pronounced for girls than boys. 81% of girls aged 5-7 met the guideline, compared with 51% of those aged 13-15. The equivalent figures for boys were 86% and 68%, respectively.



Adult activity levels

Men remain significantly more likely than women to meet the guideline on aerobic activity (71%, compared with 58%).

As seen in earlier years, activity levels are significantly associated with age, with older people least likely to meet the aerobic activity guideline. In 2013 26% of those aged 75 and over were active at the recommended level, compared with 79% of those aged 16-34 and 71% of those aged 35-54.



Knowledge of the physical activity recommendations

Just 4% of adults knew the guideline on aerobic activity, 77% over-estimated what was advised and 19% underestimated. Those aged 19-24 were most likely to overestimate the recommended level or aerobic activity each week (84%), while those aged 75 and over were most likely to underestimate it (31%).

Adults with very low activity levels (less than half an hour a week of moderate physical activity or equivalent) were more likely than those with higher activity levels to underestimate the guideline (29% compared with around 18%).

Knowledge of the guidelines for children (at least 60 minutes every day) was higher. Around a quarter (26%) of parents aged 5-12 knew the recommended level of activity for children, as did a similar proportion (24%) of children aged 13-15. Most who did not know the guideline overestimated it.

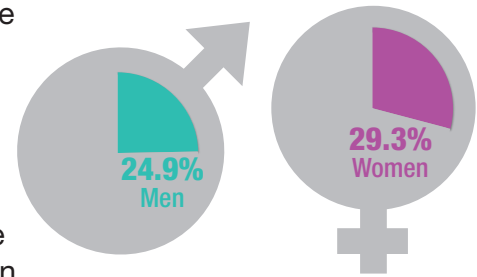
OBESITY

Adult obesity

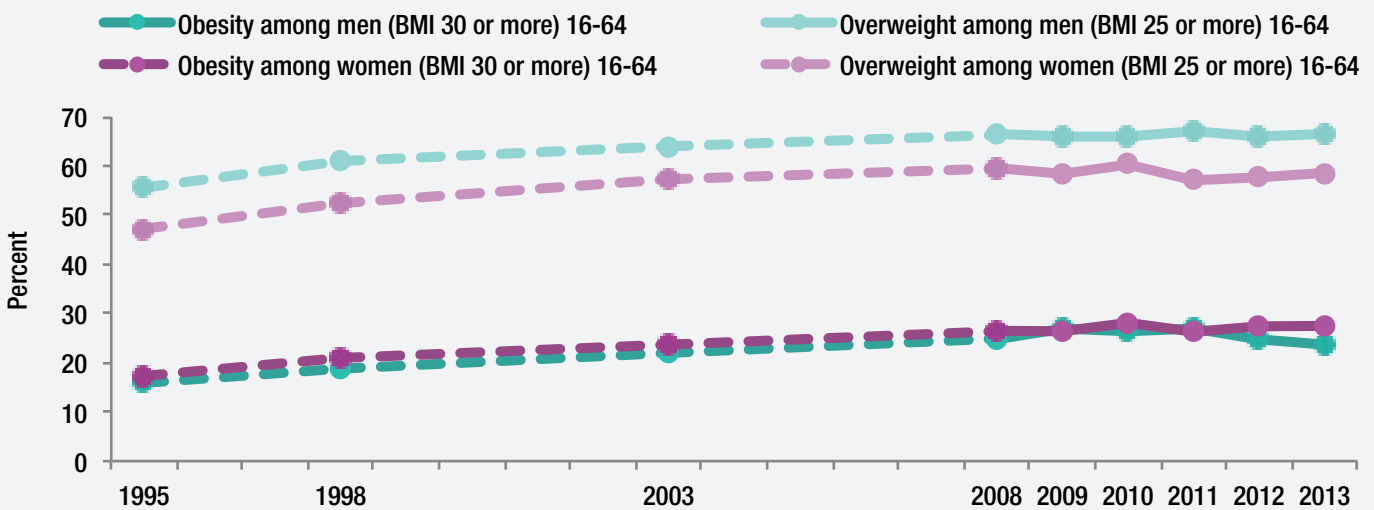
Obesity prevalence remained higher among women than men (29.3%, compared with 24.9%) in 2013, whereas men were more likely to be overweight including obese (68.3%, compared with 61.0% of women).

As seen in previous years, both obesity and overweight prevalence remain significantly associated with age, with levels generally higher among older people. For example, around three quarters of those aged 45-74 were overweight including obese in 2013, and over a third of those aged 55-74 were obese.

Over one quarter of adults were obese (BMI of 30 kg/m² or above) in 2013



Prevalence of overweight and obesity in men and women (aged 16-64), 1995-2013

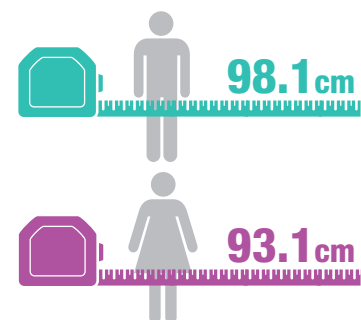


Adult waist circumference

Half of women (50.4%) and a third of men (32.7%) had a raised waist circumference in 2012/2013, indicating an increase in the risk of obesity related diseases.

BMI and waist measurements can be combined to provide a better indication of risk of disease from obesity related illness. In 2012/2013 women remained significantly more likely than men to be at high risk (including very and extremely high risk) of obesity-related disease (52.6% compared with 35.9%).

Mean waist circumference in 2012/2013



Prevalence of raised waist circumference in men and women (aged 16-64), 1995-2012/2013



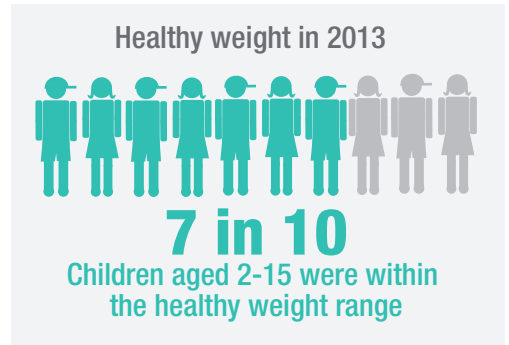
OBESITY (CONTINUED)

Child obesity

Girls remain more likely than boys to be a healthy weight (72.1% and 67.3%, respectively in 2013).

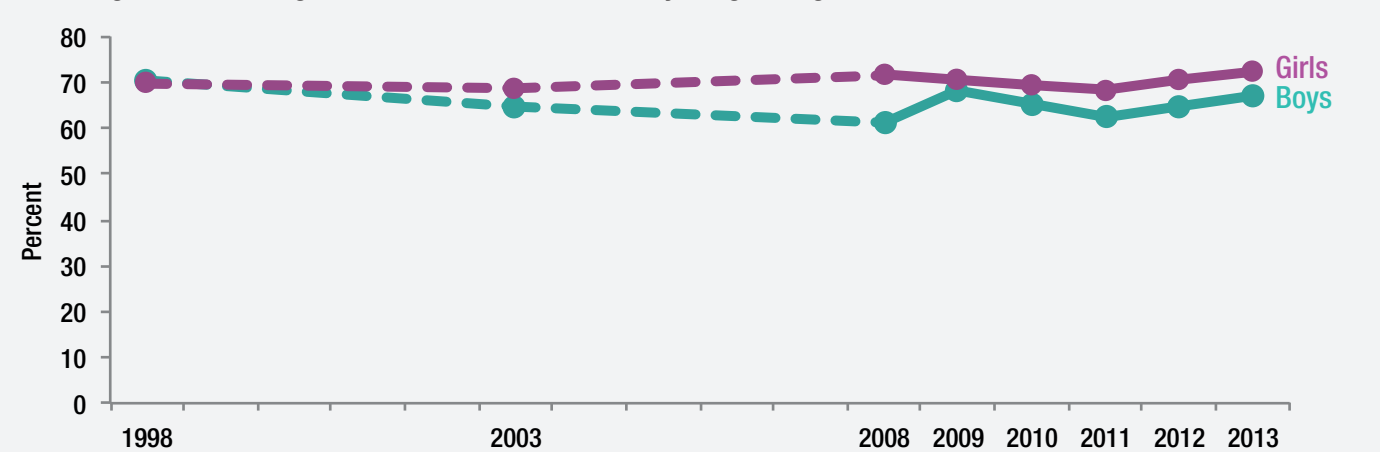
Three in ten children (28.8%) were at risk of overweight or obesity in 2013. Prevalence did not vary significantly by gender (30.9% and 26.6% for boys and girls, respectively) or age in 2013. A third (34.0%) of boys aged 7-11 were at risk of overweight including obesity. The equivalent figure for girls of the same age was 24.8%.

Sixteen percent of children aged 2-15 were at risk of obesity in 2013. The percentage of boys at risk increased between 1998 and 2008 (from 14.5% to 18.7%) and has fluctuated around this level since then (17.2% in 2013). For girls the rate has remained relatively stable since 1998 varying between 13.7% and 15.9% (14.8% in 2013).



at risk of obesity in 2013

Percentage of children aged 2-15 with BMI in the healthy weight range, 1998-2013



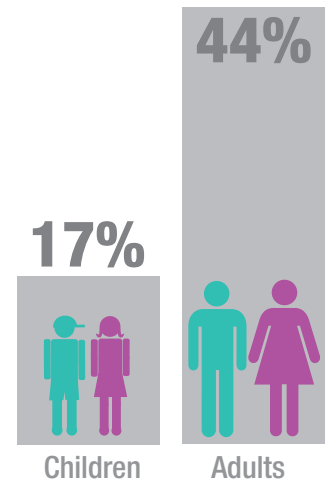
LONG TERM CONDITIONS

Long term conditions in 2013

Long term conditions

Forty-four percent of adults had a long term condition in 2013, with one in three (31%) reporting that they had a condition that limited their daily activities in some way. Women remain significantly more likely than men to have a long term condition (46% compared with 41%). Prevalence did not change significantly for adults between 2012 and 2013.

Around one in six (17%) children aged 0-15 had a long term condition in 2013 (19% of boys and 15% of girls) and for 9% their condition limited their daily activities in some way. The proportion of boys reporting that they had a long term condition increased significantly between 2008 and 2013 (from 15% to 19%) but not between 2012 and 2013.



Asthma

Asthma prevalence did not change significantly in 2013. Levels of doctor-diagnosed asthma did not vary significantly between boys and girls in 2013 (15% and 12%, respectively).

Diagnosed with asthma by a doctor



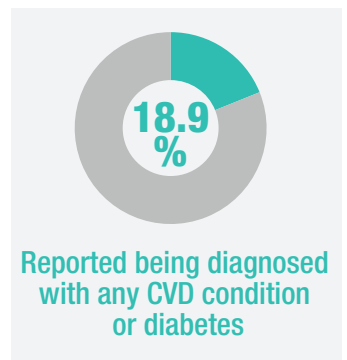
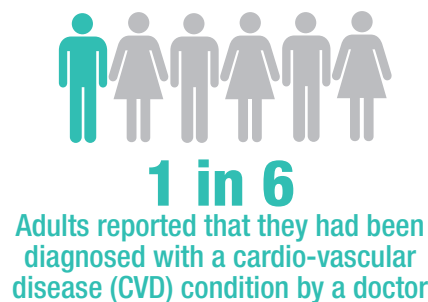
Chronic Obstructive Pulmonary Disease (COPD)

In 2013, 4% of adults reported that they had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD) by a doctor. COPD prevalence has not changed significantly since 2008.

Cardiovascular disease (CVD)

In 2013, 5.6% of adults reported that they had been diagnosed with diabetes by a doctor (6.1% for women and 5.1% for men)

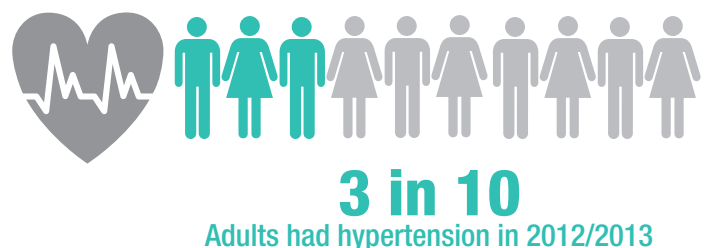
One in twelve (8.3%) adults, in 2013, reported that a doctor had diagnosed them with Ischaemic Heart Disease (IHD) or stroke (9.5% of men and 7.2% of women).



Hypertension

Hypertension levels in 2012/2013 were not significantly different from those recorded in 1998.

In 2012/2013, 22.8% adults had doctor-diagnosed hypertension, compared with 29.1% that had survey-defined hypertension. The difference between doctor-diagnosed and survey-defined hypertension was slightly larger for men than for women (7.2 percentage points, compared with 5.3 for women).



MULTIPLE RISKS

A risk index for poor health in adults was created, based on 21 measures of risks and vulnerabilities included in the survey in 2012 and 2013. These spanned current chronic disease risk factors, family or historic risks, current morbidities, low wellbeing, and socio-economic disadvantage. The median number of risks in adults aged 16 and over was 5 in 2012/2013.

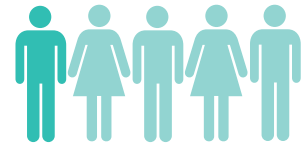
Around a third (32%) of adults had between 0 and 3 of the risks in 2012/2013, while 19% had 8 or more.

Overall, risk scores for men and women were almost identical, however young men (aged 16-24) were significantly more likely than young women to be in the lowest risk group (62% and 49%, respectively).

The presence of multiple risks increased with age: just 3% of those aged 16-24 were in the highest risk group compared with 40% of those aged 75 and over.

People living in areas with high levels of multiple deprivation were most likely to have a high number of individual risks. Among the 45-64 age group, 48% of those living in the 20% most deprived areas of Scotland had 8 or more risks, compared with 9% of those living in the least deprived SIMD quintile.

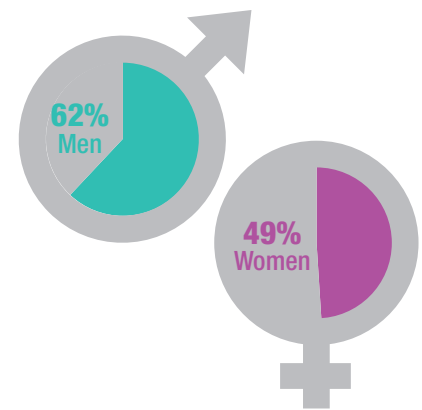
Risks and vulnerabilities



1 in 5

had 8 or more risks and vulnerabilities

% of 16-24 year olds in the lowest risk group (0-3 risks & vulnerabilities)



The 2013 Scottish Health Survey was carried out by:

ScotCen
Social Research



A NATIONAL STATISTICS PUBLICATION FOR SCOTLAND

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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How to access background or source data

The data collected for this statistical report:

will be made available via the UK Data Service

may be made available on request, subject to consideration of legal and ethical factors. Please contact scottishealthsurvey@scotland.gsi.gov.uk for further information.

Further breakdowns of the data:

are available via the Scottish Health Survey website

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>

Complaints and suggestions

If you are not satisfied with our service or have any comments or suggestions, please write to the Chief Statistician, 3WR, St Andrews House, Edinburgh, EH1 3DG, Telephone: (0131) 244 0302, e-mail statistics.enquiries@scotland.gsi.gov.uk.

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