

Scotland's Health

SCOTTISH HEALTH SURVEY 1995

Volume 1

A survey carried out on behalf of The Scottish Office Department of Health

comments

The Scottish Health Survey 1995

Editors' Acknowledgements

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The Scottish Health Survey 1995

Foreword

This report is the outcome of the first Scottish Health Survey. It was commissioned by the Scottish Office Department of Health and carried out by the Joint Health Surveys Unit of Social and Community Planning Research and the Department of Epidemiology and Public Health at University College, London. It is intended that the Survey should be repeated every three years.

Sound information about the population's health is essential to assist policy formulation and the development of new initiatives. This new Survey, of a nationally representative sample of adults in the 16-64 age group, provides us now, for the first time, with detailed information on the prevalence of a number of specific health conditions - and their associated risk factors - and the socio-demographic characteristics of the Survey respondents. It also supplies further clear evidence of the adverse impact on health of our eating habits, our smoking and drinking behaviours and our reluctance to take enough physical exercise. Subsequent Surveys, which, it is proposed, should extend to other population groups, will further enhance this information.

I warmly welcome, therefore, this new and important Survey and first Report and would especially like to thank the Survey respondents who gave of their valuable time to participate. The outcome is a wealth of data which will make a vital contribution to our knowledge and to the development of policies for improving health in Scotland.

Sir David Carter
Chief Medical Officer

comments

Chapter 1

Introduction

This chapter gives the background to the Scottish Health Survey, outlines the design and content of the 1995 survey, and describes the structure of this report.

1.1 The 1995 Scottish Health Survey

The 1995 Scottish Health Survey is the first of a series of surveys designed to make a major contribution to monitoring progress towards the health targets set out in 1991 in *Health Education In Scotland: A National Policy Statement*, [1] and towards the dietary targets announced in 1994. The establishment of the programme of surveys was set out in 1992 in *Scotland's Health: A Challenge To Us All*. [2] The survey was commissioned by The Scottish Office Department of Health, and is planned to be repeated every three years.

The aim in setting targets is to focus the development and delivery of health services, including health promotion services, so as to achieve gains in health and thus an increase in life expectancy and in the quality of peoples' lives. *Health Education in Scotland* recognised that a health strategy for improving life quality involved a number of approaches designed not only to reduce the amount of ill-health - through high quality services, healthier lifestyles and improved physical and social environments - but also to alleviate its effects.

The health of the population of Scotland, as measured by standardised mortality rates, is consistently worse than in England and many other western developed countries, with deaths and ill-health from coronary heart disease being a particular problem in Scotland. Reducing the prevalence of coronary heart disease was identified as a top priority in *Health Education in Scotland*. To date, there has been little systematic information available on health and health-related behaviour which could help researchers understand the reasons for these differences in mortality. While there are statistics on the number and causes of death, and other statistics (such as hospital admissions) derived from people's contacts with the National Health Service, these tend to be concerned with limited aspects of health, albeit at the more serious end of the spectrum of disease. There is no comprehensive picture of the health of the population, its biological characteristics or health-related behaviour available at national level, nor on how these characteristics may be changing over time; thus, there is little information available in order to observe trends or to aid in the explanation of the differences in mortality.

The Scottish Health Survey was therefore designed to overcome this lacking of knowledge, with a number of specific aims:

1. to estimate the prevalence of particular health conditions in Scotland
2. to estimate the prevalence of certain risk factors associated with these health conditions and to document the pattern of related health behaviours
3. to look at differences between regions and between subgroups of the population in the extent of their having these particular health conditions or risk factors, and to make comparisons with other national statistics for Scotland and England
4. to monitor trends in the population's health over time
5. to make a major contribution to monitoring progress towards the health targets set out in *Health Education In Scotland* and towards the dietary targets announced in 1994

The survey programme will thus fill many gaps in current knowledge and supplement the useful but limited information available from mortality statistics.

The Scottish Health Survey was closely modelled on the Health Survey for England, an annual survey which started in 1991. Similar to the survey in England, it is intended that the Scottish survey should consist of a number of core questions and measurements (such as height and weight) which would be included in each survey, plus modules of questions on selected topics that could change, as desired, from one survey to the next. It is planned that the Scottish Health Survey will be carried out every three years. The specific topic included in the 1995 survey was cardiovascular disease and its associated risk factors.

The 1995 Scottish Health Survey was carried out by the Joint Health Surveys Unit of Social and Community Planning Research (SCPR) and the Department of Epidemiology and Public Health at University College London Medical School (UCLMS) to a design determined by The Scottish Office Department of Health.

1.2 Overview of survey design

This section provides a short description of the survey methodology. A more detailed description can be found in the Technical Report.

1.2.1 Sample design

The sample was designed to provide a nationally representative sample of the working age population of Scotland (ages 16-64) living in private households. Residents living in institutions (who tend to be older than people in private households) were excluded from the survey.

As one aim of the Health Survey was to look at regional differences within Scotland, it was important for the sample sizes to be large enough to permit analysis of the data at a regional level. For the purposes of the survey, seven 'regions' were defined by aggregating (mainly) contiguous Health Boards, as follows:

Highland & Islands (Orkney, Shetland, Western Isles)

Grampian & Tayside

Lothian & Fife

Borders, Dumfries & Galloway

Greater Glasgow

Lanarkshire, Ayrshire & Arran

Forth Valley, Argyll & Clyde

In order to provide sufficient sample sizes within each of these seven regions, the two smallest regions - Highland & Islands and Borders, Dumfries & Galloway - were slightly over-sampled, while the other five regions were sampled (roughly) in proportion to their population size.

Overall, a random sample of 14,358 addresses was selected within 312 postcode sectors from the Postcode Address File (PAF), using a stratified multi-stage sample design. Within the sampled postcode sectors, depending on region, either 45 or 47 addresses were systematically selected. At each address containing a private household, one person aged 16-64 was randomly selected (using the Kish Grid technique) to be included in the survey. A full description of the sample design is given in the Technical Report (Section 1.4).

Since addresses and individuals did not all have equal chances of selection, the data were weighted at the analysis stage.

1.2.2 Fieldwork design

Each sampled address was sent an advance letter and then visited by an interviewer. The interviewer randomly selected one adult aged 16-64 at the address, and sought that person's consent for an interview. The interview was carried out using Computer Assisted Personal Interviewing (CAPI) and covered amongst other topics: general and dental health, longstanding and acute illness, cardiovascular disease, eating, smoking and drinking habits, recent accidents, psychosocial factors, and background information. Interviewers also measured informants' height and weight. The interviewer then sought agreement for a visit by a nurse.

The nurse collected information about use of prescribed medicines and recent experience of gastroenteritis; nurses then took blood pressure, lung function, and waist and hip measurements.

With the written agreement of the informant, a small blood sample was taken by the nurse, which was then analysed for: serum total cholesterol; HDL-cholesterol; plasma fibrinogen; haemoglobin; serum ferritin; gamma-glutamyl transpeptidase (gamma gt); and serum cotinine. In a sub-sample of sampling points, an extra tube of blood was taken, which was analysed for vitamins A, C, and E, and carotenoids.

It was made clear to informants that participation at each stage of the survey, and each measurement, was voluntary and that they could opt-out whenever they wished.

Fieldwork began in March 1995; 26 sampling points were issued each month over a twelve month period, with the vast

majority of fieldwork being completed by the end of February 1996.

More detailed information on the conduct and content of the survey may be found in the Technical Report, and copies of survey documentation may be found in Appendix A to the Technical Report.

1.2.3 Survey response

Interviews were obtained from 7,932 persons aged 16-64, which was 81% of all eligible adults.

Of those interviewed, 6,958 informants were visited by a nurse, and blood samples were taken from 6,184 informants. This represents response rates of 88% and 78%, respectively, based on adults who were interviewed. The 'true' response rates - that is, response based on the estimated number of eligible adults in the selected sample - for the different stages of the survey were:

Interviewed 81%

Height measured 78%

Weight measured 75%

Saw nurse 71%

Waist-hip measured 69%

Blood pressure measured 70%

Lung function measured 69%

Agreed to blood sample 65%

Blood sample obtained 63%

1.2.4 Data analysis

For a number of reasons, it was necessary to weight the data before it could be used for analysis. Details of the weighting scheme may be found in the Technical Report (Section 1.6). The weighted sample size was scaled to a total of 7,900 on the data set. All analyses contained in this report are based on weighted data.

As the Scottish Health Survey is a cross-sectional survey of the population at a particular point in time, it can examine associations between current health and personal characteristics or types of behaviour; it cannot however determine causality, because current health may reflect past, rather than present, behaviour and other conditions. Although (limited) questions about past behaviour were included in the survey, these questions are subject to memory and other types of error and therefore are limited in their usefulness.

Various analysis techniques, including age-standardisation, multiple linear and logistic regression, have been used in this report. Descriptions of the techniques used may be found in the Glossary in the Technical Report (Appendix E).

1.2.5 Ethical approval

Information about the Health Survey, its objectives and design was circulated to all the Research Ethics Committees for all Area Health Boards in Scotland. Ethical approval was obtained from all fifteen committees.

1.3 This report

The 1995 Scottish Health Survey report consists of two volumes. This volume reports the survey results (Chapters 2 to 13). Each chapter begins with a summary of the main findings, and contains a description of the data analysed. The main analysis variables in this report are age/sex, region and social class. The tables relating to each chapter are given at the end of the chapter and referenced within the text. (See Section 1.6 for a description of the conventions used within the report tables.)

The second volume is the Technical Report, which gives a detailed account of survey methods.

Given the close correspondence between the 1995 Scottish Health Survey and the 1994 Health Survey for England, and the fact that both surveys were carried out by overlapping research teams within SCPR/UCL, in order to aid comparison between

the two surveys it was decided that this report should be modelled on the report of the 1994 English survey. [3]

In most chapters, some comparisons are made between the Scottish Health Survey results with results from the Health Survey for England and/or the Scottish Heart Health Study. These surveys are described more fully in Sections 1.4 and 1.5.

1.3.1 Volume I: Findings

Chapter 2: Physical activity

Three types of physical activity were covered by the questionnaire: occupation, home, and sports and exercise. Two measures of physical activity were used: a frequency-intensity activity level and a maximum intensity level. The chapter examines the contribution of each of the three components to overall activity levels, and looks at attitudes towards taking more exercise.

Chapter 3: Eating habits

Information on self-reported eating habits was collected for a wide range of food types. This chapter describes the self-reported eating habits for each food type and summarises differences by region and social class.

Chapter 4: Smoking

This chapter examines self-reported current and past smoking behaviour, attitudes to stopping smoking, and exposure to other people's tobacco smoke. Levels of serum cotinine are used to validate self-reports of smoking behaviour.

Chapter 5: Drinking

Self-reported levels of weekly alcohol consumption are described and estimates are made for daily consumption levels. This chapter also examines attitudes to cutting down drinking, problem drinking among 16-17 year olds, and the relationship between the blood analyte gamma gt and reported alcohol consumption.

Chapter 6: Blood pressure

Blood pressure levels for the survey population are described. Differences in blood pressure by region and social class are examined, as is the relationship between blood pressure and a number of behavioural characteristics.

Chapter 7: Obesity

This chapter presents the distributions of height, weight, body mass index (BMI), and waist-hip ratio. Differences in BMI, obesity and waist-hip ratio are examined by region and social class, and the relationship between them and a number of behavioural characteristics are examined.

Chapter 8: Respiratory symptoms and lung function tests

Distributions for three common respiratory symptoms - phlegm production, breathlessness and wheezing - are presented, along with variations by region, social class and smoking status. Results from lung function tests for FEV₁, FVC and PEF are also presented.

Chapter 9: Blood analytes

Distributions are shown for total and HDL-cholesterol, fibrinogen, haemoglobin and serum ferritin. Regional and social class variations are examined. The distributions of vitamins A, C and E, and carotenoids are also presented.

Chapter 10: Cardiovascular disease and its risk factors

The prevalence of self-reported cardiovascular conditions and intermittent claudication are presented, and variations by region and social class are described. The prevalence of the main risk factors - obesity, smoking, drinking, raised total cholesterol, high blood pressure - among all informants and those with cardiovascular disorder and with ischaemic heart disease or stroke is also examined.

Chapter 11: General health, use of health services, prescribed medicines and dental health

The first part of this chapter looks at self-reports of general health, longstanding illness or disability, and acute sickness. The second part looks at the prevalence of gastroenteritis in the population. The third part examines the use of a number of health services - GP consultations, inpatient stays and outpatient visits, blood pressure and cholesterol monitoring. The fourth part

describes informants' reports of the prescribed medicines they take. The final section looks at prevalence of false teeth, and dental practices.

Chapter 12: Psychosocial well-being

This chapter looks at emotional well-being using the GHQ12, and its relationship with a number of socio-economic and behavioural characteristics.

Chapter 13: Accidents

The number and causes of accidents are examined, along with their location and the types of injuries incurred. Accidents in work are separately examined.

1.3.2 Volume II: Technical report and documentation

Chapter 1: Survey methodology and response

A complete account of the survey design is provided, including sample design, response rates, and weighting. Also included are sampling errors associated with the estimates given in this report.

Chapter 2: Blood analytes, quality control and quality assessment

This chapter provides a description of the biochemical assay methods used, along with external and internal quality control results.

Appendices

Appendix A contains copies of the main fieldwork documents and the CAPI questionnaire. Appendix B includes the protocols used for taking the blood sample and for all measurements: height, weight, waist and hip circumferences, blood pressure, and lung function. A map showing the Health Board regions in Scotland is found in Appendix C. Appendix D is a brief description of the results from two experiments designed to give estimates of the reliability of some of the physical measurements taken by nurses and interviewers. Appendix E is a glossary which contains descriptions of the main analysis techniques and survey terms frequently used throughout the report.

1.4 Comparison with the health survey for England

As mentioned above, mortality in Scotland tends to be higher than that in England for various causes, including cancer, coronary heart disease and strokes, and there is therefore particular interest in understanding the factors which may underlie these differences. For this reason, it was decided that the Scottish Health Survey should be similar in design to the series of annual health surveys which began in England in 1991.

For four years, from its inception through 1994, the focus of the Health Survey for England was on cardiovascular disease. The main focus of the 1995 Scottish Health Survey was therefore on cardiovascular disease. (The 1995 English survey focused on asthma, accidents and disability.)

Given the aim of comparison between Scotland and England, the interviewer and nurse questionnaires used in Scotland in 1995 were almost identical to those used in England in 1994. The questions on CVD were in fact exactly the same, as were the questions for most of the main risk behaviours (with the exceptions of physical activity and eating habits) and the measurement protocols for height, weight, blood pressure and lung function (with only very small differences for the waist and hip measurements). The main blood sample analyses for the Scottish and English surveys were carried out using the same laboratory.

Given the similarities between them, it is possible to make direct comparisons between the results of the Scottish and English surveys and, in most chapters, a few such comparisons have been made. In general, results have been compared with the most recent data available in England: that is, for core topics, Scottish results were compared with those from the 1995 Health Survey for England; however, for CVD, blood pressure, obesity and blood analytes, comparisons were made with results from the 1994 English survey.

More generally, in order to aid comparison of the Scottish and English health surveys, the format and content of this report (including the layout of tables) is very closely based upon the 1994 Health Survey for England report. However, one word of caution is in order for readers who may wish to use the Scottish and English reports in order to compare results from the two

countries: it should be remembered that, since the age range of adults included in the two surveys differed (16-64 in Scotland; 16+ in England), the percentages (and other figures) shown in the 'Total' column of most tables in the two reports will relate to differently defined adult populations and therefore are *not* directly comparable. In this report, all comparisons with English survey results have been made for the equivalent population of 16-64 year olds in England. (In 1995, the English sample included interviews with 5895 men and 6824 women aged 16-64.)

1.5 comparison with the scottish heart health study

In a few chapters, results from the Health Survey are also compared with data from the Scottish Heart Health Study (SHHS). This study was carried out in 1984-1986 among adults aged 40-59 years living in 22 districts in Scotland. Results from the SHHS may be found in a number of publications. [4]

The main focus of the study was similar to that of the 1995 Scottish Health Survey - that is, it looked at lifestyle and coronary heart disease risk factors. Thus, an important reason for comparing Health Survey data with that from the SHHS is to look for trends over time. However, differences in results between these surveys must be interpreted with caution because there were a number of important differences in methodological design between the SHHS and the Health Survey. Firstly, the SHHS questionnaire was self-administered (rather than carried out by personal interview). Secondly, informants visited a clinic staffed by nurses where measurements were made and a blood sample taken (rather than nurses visiting informants in their own homes). Thirdly, the study was based in 22 (of the then 56) mainland local authority districts in Scotland (whereas all areas in Scotland, except for the smaller islands, were eligible for inclusion in the Health Survey). Fourthly, the SHHS sample involved selecting patients from GPs' lists (whereas the Health Survey sample was obtained by selecting addresses from PAF).

In the following chapters, whenever comparisons are made with the SHHS, the Health Survey results have been limited to informants aged 40-59 years to ensure comparability between the two surveys.

1.6 notes to tables

1 The following conventions have been used within tables:

* category not applicable

- no observations (zero value)

0 non-zero values of less than 0.5% and thus rounded to zero

[] used to warn of small sample bases, that is unweighted bases of less than 50

2 The row or column percentages may add to 99% or 101% because of rounding. (When more than one answer could be given to a question, percentages may add to considerably more than 100%.)

3 If a percentage is quoted in the text for a single category that aggregates two or more of the percentages shown in a table, the (more precise) percentage in the text has been recalculated and may differ by one percentage point from the sum of the percentages in the table.

4 Values for means, medians, percentiles and standard errors (SE) are shown to an appropriate number of decimal places.

5 'Missing values' occur for several reasons, including: refusal or inability to respond to a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or self-completion questionnaire); and questions which were not applicable to informants. In general, missing values have been omitted from all tables and analyses.

Most tables in the report show a 'dependent' variable (comprising the rows of the table) cross-tabulated by an 'independent' variable (comprising the columns). The percentage base for the values of the dependent variable is normally found at the bottom of each column. It excludes missing values. Informants with a missing value on the independent variable are not shown as a separate column, but are included in the total column (unless they also have a missing value on the dependent variable).

6 The tables show both the weighted and unweighted bases. The weighted bases are shown in order to reflect the true relative sizes of the groups analysed. The unweighted bases are shown because the accuracy of the results depends on their size.

References and notes

1 The Scottish Office Home and Health Department. Health Education in Scotland: A National Policy Statement. HMSO, Edinburgh, 1991.

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2The Scottish Office. Scotland's Health: A Challenge To Us All: A Policy Statement. HMSO, Edinburgh, 1992.

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3 Colhoun H and Prescott-Clarke P, eds. Health Survey for England 1994. HMSO, London, 1996.

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4 See for example: Smith WC, Kenicer MB, Tunstall-Pedoe H, Clark EC, Crombie IK. Prevalence of coronary heart disease in Scotland: Scottish Heart Health Study. British Heart Journal, 1990; **64**(5): 295-298; and Smith WCS, Tunstall-Pedoe H, Crombie IK, Tavendale R. Concomitants of excess coronary deaths - major risk factor and lifestyle findings from 10,359 men and women in the Scottish Heart Health Study. Scot Med J 1989; **34**: 550-5.

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comments

Physical Activity

Andrea Nove

Summary

- Level of physical activity is estimated in the Health Survey from information on the time spent being active, the intensity of the activity undertaken, and its frequency. Informants were classified to one of six physical activity levels (0-5) on the basis of their reported participation in different activities in an average week.
- Overall, men were slightly more likely than women to be physically active; 44% and 35% respectively were active to levels 3-5 (moderate/vigorous activity at least three days a week).
- Among men, physical activity declined with age. Women's activity varied little with age (except that the 55-64 age group was less active than the under-55s).
- A quarter (23% of men and 26% of women) were classified as 'inactive' (no moderate or vigorous activity in an average week). However, only 7% reported no activity at all in an average week. Therefore, most took part in at least some physical activity, but much of this activity was not sufficiently intensive and/or frequent to make a difference to their health.
- Overall activity comprised three components: home activity (heavy housework, gardening and DIY), sports and exercise, and activity at work. For men, sports and exercise made the largest contribution to overall activity levels (54% participated in at least one occasion of moderate sporting activity in an average week), whereas for women, home activity made the largest contribution (62%).
- There was little variation with respect to region, but residents of Highland & Islands and Borders, Dumfries & Galloway tended to be slightly more active than those from other regions.
- Men in manual social classes tended to be more physically active than those in non-manual groups. This was mainly due to the former being more likely to be physically active at work. However, men in non-manual social classes were most likely to be moderately active in sports. There was less of a pattern among women with respect to social class, except that, like men, those in non-manual social classes were more likely to be active in sports.
- Most informants (53% of men and 62% of women) acknowledged that they did not get enough exercise. Seven in ten said they would like to take more exercise, and the most common reason for considering this was a desire to feel healthier or fitter.

2.1 Introduction

2.1.1 Background

This chapter reports on the level of physical activity achieved by informants. Section 2.1.2 describes the method used in the survey, and Section 2.1.3 explains how the summary measures used in the chapter were derived. Section 2.2 discusses overall levels of activity in terms of the frequency and intensity of activity undertaken. Section 2.3 looks at the contribution made to informants' overall activity levels by individual components of activity. In Section 2.4, informants' views on their own physical activity levels and propensity to take more exercise are reported. Regional variations in activity are covered in Section 2.5, and social class differences in Section 2.6.

Past research has illustrated the importance of physical activity as part of a healthy lifestyle. A low level of physical activity has been shown to be one of the major risk factors for cardiovascular disease.[1] [2] [3] [4] Lack of physical activity can also contribute to other health problems such as non-insulin-dependent diabetes mellitus and osteoporosis. Conversely, higher levels of physical activity have been shown to be associated with longevity.[5] [6]

In the Health Survey, level of physical activity is measured in terms of the time spent being active, the intensity of the activity undertaken, and the frequency with which it is done. This allows the classification of individuals into various activity levels.

There is no consensus with respect to the most appropriate way to apply this classification, and there has been considerable debate on the subject in recent years.

Until recently, the internationally accepted guidelines on the most beneficial level of physical activity were for people to take part in vigorous activity lasting at least 20 minutes on three or more occasions a week. Such patterns of activity have been shown to produce maximum cardiac benefit. However, recent research has concluded that these targets may be unrealistic for much of the population, and that there is greater potential for improving the health of the population as a whole if greater emphasis is placed on encouraging people with a sedentary lifestyle to take part in regular activity at a moderate level.[7] [8] [9] [10]

Therefore, this chapter presents results for both the proportion of the population doing at least 20 minutes' vigorous activity on three or more days a week, and the proportion which undertakes at least 30 minutes' moderate activity most days (i.e., five or more days a week).

2.1.2 Method

The questions used in the physical activity section of the Health Survey interview were loosely based on those used in the 1994 (and previous) Health Surveys for England (HSE), which in turn were based on questions from the Allied Dunbar National Fitness Survey (ADNFS).[11]

However, because of differences in the way questions were asked and responses recorded, the classification system used in the Scottish survey differs from that used in the reports of the English surveys, and the results are *not* directly comparable. The classification system is described in Section 2.1.3, which also highlights the differences between the Health Survey and the HSE.

2.1.3 Classification

Three types of physical activity were covered in the questionnaire (all of which contribute to the summary measures used to estimate level of physical activity):

activity at home (i.e., 'heavy' housework, gardening and DIY)

sports and exercise

activity at work

For each type of activity, informants were allocated to a level of intensity and a level of frequency. Intensity levels were based on an estimate of the energy cost of the activity, [12] as follows:

<i>Vigorous</i>	Activities with an energy cost of at least 7.5 kcal/minute
<i>Moderate</i>	Activities with an energy cost of at least 5 kcal/minute but less than 7.5 kcal/minute
<i>Light</i>	Activities with an energy cost of at least 2 kcal/minute but less than 5 kcal/minute
<i>Inactive</i>	Activities with an energy cost of less than 2 kcal/minute

For each individual activity undertaken by an informant, frequency in 'an average week' was measured on a five-point scale as follows:

6+ times per week

4-5 times per week

2-3 times per week

once per week

less than once per week

The method of allocating informants to intensity and frequency levels differed for each type of activity. Each method is described below.

Home activity

There were three components to 'home activity': heavy housework, heavy gardening or DIY in spring or summer, and heavy gardening or DIY in autumn or winter. [13]

In order to register on the *intensity* scale, informants had to undertake at least one aspect of home activity in an average week. If this criterion was met, the activity was classified as 'moderate'. However, if an informant was involved in home activity only in spring/summer or autumn/winter, the activity was classified as 'light'.

In order to work out overall *frequency* of home activity, the number of times informants undertook any kind of home activity was taken into account. This was done by converting the five-point frequency scale into 'mean' numbers as follows:

6+ times per week	6 occasions
4-5 times per week	4.5 occasions
2-3 times per week	2.5 occasions
once per week	1 occasion
less than once per week	0.5 occasions [14]

It was thus possible to sum the total number of occasions of home activity in an average week and estimate a mean for spring/summer and autumn/winter.

The Health Survey differed slightly from the HSE on the intensity measure. In the former, informants were asked only about 'heavy' home activity, whereas in the HSE, they were asked about both 'heavy' and 'light' home activity and classified accordingly. Further, the HSE did not make a seasonal distinction.

Frequency was also measured quite differently in the HSE, in that informants gave their responses in absolute numbers, and were asked to answer in relation to the four-week period prior to interview. In the Health Survey, not only were the response categories pre-coded, but informants were asked to give their answers in terms of 'an average week'.

Sports and exercise

Each sport reported by informants was first classified into 'vigorous', 'moderate' or 'light'. [15]

This classification was combined with informants' own assessment of the amount of energy used (i.e., the degree of breathlessness usually experienced) which allowed their classification into one of the four *intensity* categories:

<i>Vigorous</i>	Vigorous sport resulting in breathing faster than normal or gasping for breath
<i>Moderate</i>	Vigorous sport which has no effect on breathing or moderate sport resulting in faster breathing or gasping for breath
<i>Light</i>	Moderate sport which has no effect on breathing, or any light sport
<i>Inactive</i>	No sport

In order to work out overall *frequency* of sports activity, the total number of occasions of activity was calculated in the same way as for home activity, i.e., using means (see above).

While the Health Survey followed a similar logic to the classification used for the HSE, there were two fundamental differences. Firstly, HSE informants' assessments of the amount of energy used was measured in terms of whether or not the activity made them 'out of breath or sweaty' rather than 'breathing faster than normal' or 'gasping for breath'. Secondly, while the Health Survey included walking and golf on the list of sports which was shown to informants, walking was treated as a separate category of activity in the HSE, and was covered in a separate question. The differences between the Health Survey and the HSE in terms of sport frequency are the same as for home activity.

Work activity

First, the informant's Standard Occupational Classification (SOC) code was classified into 'vigorous', 'moderate' or 'other'. [16] This classification was combined with the informant's assessment of the amount of energy used (i.e., the extent to which the work is physically demanding) to allow their classification into one of the four *intensity* categories:

<i>Vigorous</i>	Vigorous SOC code and work very demanding
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<i>Moderate</i>	Moderate SOC code and work at least fairly demanding, or vigorous SOC code and work fairly demanding, or 'non-vigorous' SOC code and work very demanding
<i>Light</i>	Work fairly demanding
<i>Inactive</i>	Work not demanding or informant not in work

Informants were not asked for the *frequency* of their work activity, so the following assumptions were made:

<i>5 times a week</i>	Full-time worker in light, moderate or vigorous work
<i>2 times a week</i>	Part-time worker in light, moderate or vigorous work
<i>Never</i>	Not in work or in inactive work intensity category

The method of classification of intensity of work activity used for the Health Survey was directly comparable to that used in the HSE. However, with regard to frequency, HSE informants who were active at work were assumed to be so on at least three days a week.

Overall frequency-intensity level

The frequency-intensity scale is a summary measure which takes into account the data for the three types of activity measured in the survey. For both home activity and sports and exercise, only occasions of vigorous activity lasting 20 minutes or longer, and occasions of moderate activity lasting 30 minutes or longer, were counted. Information was not collected on duration of work activity, so it was assumed that those who achieved moderate or vigorous activity at work did so for at least 30 minutes.

Each informant was classified into one of six levels, as follows:

<i>Level 5</i>	Three or more occasions of vigorous activity per week
<i>Level 4</i>	Three or more occasions of a mixture of vigorous and moderate activity per week
<i>Level 3</i>	Three or more occasions of moderate activity per week
<i>Level 2</i>	More than one, less than three, occasions of moderate or vigorous activity per week
<i>Level 1</i>	One occasion of moderate or vigorous activity per week or less
<i>Level 0</i>	No occasions of moderate or vigorous activity per week

In discussing frequency-intensity levels, comparisons are made between those who achieved at least three occasions of moderate or vigorous activity (levels 3-5), and those who achieved less than this. An alternative measure is also included, which shows the proportion of informants who achieved moderate or vigorous activity on five or more days a week (i.e., most days).

The logic behind the construction of this scale was similar to that used in the HSE. However, as pointed out above, the methods of deriving the frequency and intensity measures for each type of activity were quite different across the two studies. There were also differences in how this scale was derived. In the HSE, information on duration of home activity was not collected, so in that study no minimum duration was imposed. Further, the HSE imposed a minimum duration of 20 minutes on every sports/exercise activity, whether it was vigorous or moderate.

2.2 Overall levels of physical activity

2.2.1 Frequency-intensity activity level

Table 2.1 shows frequency-intensity levels recorded by men and women in different age groups. It shows that few informants (14% of men and 5% of women) were active to level 5, which is the level of activity consistent with maximum cardiac benefit.

Less than half of men (44%) and just over a third of women (35%) were active to levels 3-5, and therefore could be said to be at least moderately active on three or more days a week.

Among men, frequency-intensity level declined sharply with age (58% of male 16-24 year olds were active to levels 3-5, compared with 27% of those aged 55-64). Among women, there was less variation - the proportion active to levels 3-5 was fairly constant at around 40% for those aged under 45, and then fell to 34% among those aged 45-54 and 25% among those aged 55-64. Differences between the sexes were therefore most striking in the younger age groups. Once past the age of 45,

frequency-intensity levels of men and women were practically the same.

The other side of the coin is *inactivity*, which is shown as level 0 (no moderate or vigorous activity in an average week). Similar proportions of each sex fell into this category (23% of men and 26% of women), which is perhaps surprising given that men's activity levels were generally higher than women's. This is explained by the finding that women were more likely than men to fall into the lower frequency-intensity levels (levels 1 and 2), i.e., they were less likely to be very physically active, but more likely to be slightly active.

Inactivity among men increased in line with age (13% of 16-24 year olds, rising to 40% of 55-64 year olds). Again, there was less variation among women; those aged 16-44 recorded fairly similar levels of inactivity (between 20% and 26%), and those aged 45+ were more likely to be inactive.

Table 2.1

Table 2.2 shows the alternative frequency-intensity measure, i.e., the proportion of the population which was active to at least a moderate level on five or more days per week. Around a third of men (32%) and a fifth of women (22%) fell into this category, with activity basically decreasing with age, but not as markedly as on the previous measure. Again, there was less variation among women than among men.

Table 2.2

2.2.2 Maximum intensity level

This measure classifies individuals with respect to the maximum intensity level reached in any type of activity in an average week. Neither duration nor frequency of activity are taken into account in this classification.

Table 2.3 shows that the majority of informants reported at least one occasion of moderate or vigorous activity in an average week (78% of men and 83% of women). Women were less likely than men to achieve vigorous activity (27% and 37% respectively), but more likely to be moderately active (56% and 41% respectively).

Table 2.3 also shows that 7% of both sexes reported no activity at any level in an average week. (Note that this differs from the 23% of men and 26% of women who were classified as 'inactive' in the frequency-intensity scale. There are two reasons for this difference: firstly, the frequency-intensity scale takes into account duration of activity, but this is ignored for classifying on the maximum intensity scale, and secondly, the frequency-intensity scale excludes light activity.)

Among men, maximum intensity level tended to decrease in line with age: 89% of 16-24 year olds were active to at least a moderate level, compared with 59% of 55-64 year olds. This decrease was most marked among those achieving a maximum activity level of vigorous (66% of 16-24 year olds and 9% of 55-64 year olds).

Women showed less variation with respect to age. The proportion active to at least a moderate level was over 80% in all age groups except 55-64 (75%). Only in the 16-24 age group were men more likely than women to be at least moderately active, and the difference was slight (89% and 83% respectively). However, men under the age of 45 were considerably more likely than women of the same age to achieve a maximum level of vigorous activity.

Table 2.3

2.2.3 Frequency

Table 2.4 shows the mean number of occasions of moderate/vigorous activity reported in an average week. Men reported a mean of 4.6 occasions of moderate/vigorous activity of any duration, and a mean of 3.5 occasions of moderate activity lasting at least 30 minutes or vigorous activity lasting at least 20 minutes. Women reported fewer occasions: a mean of 3.6 of any duration and 2.7 for activity lasting 20/30 minutes or longer.

Among men, the number of occasions decreased with age, from 6.5 (4.9) among 16-24 year olds to 2.6 (2.0) among 55-64 year olds. As on the other measures, there was less variation among women with respect to age. The mean for 16-24 year olds was smaller than that for those aged 25-44, and frequency decreased with age once past the age of 25 (although less markedly than among men). Therefore, there was very little difference between men and women in the 45-64 age group.

Table 2.4

2.2.4 Comparisons with the Health Survey for England

This section compares the Scottish results with data from the 1994 Health Survey for England (HSE).[17] However, the comparisons must be treated with extreme caution owing to the different questions and response categories used in the two surveys as well as their different methods of classification (as described in Section 2.1.3). Given the differences between the Scottish and English surveys, differences in the results could be due as much to variations in classification as to the existence of 'true' differences between the two countries.

In terms of frequency-intensity level, the population in Scotland was less active than that in England; in Scotland, 44% of men and 35% of women were active to levels 3-5, whereas the comparable figures for England were 55% and 45% respectively. Furthermore, in England, only 12% of men and 11% of women were classified into level 0, compared with 23% of men and 26% of women in Scotland. However, the proportion active to level 5 was practically the same across the two studies (14% of men and 5% of women in Scotland, compared with 13% of men and 5% of women in England).

Comparison with the 1994 HSE in terms of the alternative frequency-intensity measure also suggests that the Scottish population was somewhat less active than the English. In Scotland, 32% of men and 22% of women were moderately active most days, compared with 42% and 26% respectively in England.

The survey findings with respect to maximum intensity level reinforce the comparisons made above. While the majority of the Scottish population achieved at least one occasion of moderate activity in an average week (77% of men and 83% of women), the figures for England were higher (89% and 90% respectively).

comments

Physical activity

2.3 Individual components of activity

2.3.1 Home activity

Overall, 45% of men were moderately active in the home in an average week. In the youngest age group (16-24) only 34% achieved this level of activity at home, whereas home activity peaked in the 35-44 age band (51%), and fell slightly among 55-64 year olds (42%).

As might be expected, women were more likely than men to be moderately active in the home (62%), and a similar age pattern was evident for them as for men (43% of 16-24 year olds, around two-thirds of 25-54 year olds, and 60% of 55-64 year olds).

Table 2.5

Table 2.6 shows that among men who said they achieved at least one occasion of moderate home activity in an average week, a mean of 2.7 occasions of home activity was reported. When a minimum duration of 30 minutes was applied, this mean fell to 2.1 occasions. Whilst women were more likely than men to report any moderate home activity, among those who did, the mean number of occasions was very similar to that recorded for men (2.6 occasions of any duration, and 1.9 occasions of 30 minutes or longer).

Among those who undertook any home activity, there was little variation with respect to age in terms of frequency of activity.

Table 2.6

2.3.2 Sports and exercise

Overall, the proportions of men and women active to at least a moderate level in sports and exercise were similar (54% and 51% respectively). There was a decline with age which was particularly marked among men: 81% of 16-24 year olds compared with 26% of 55-64 year olds. The equivalent figures for women were 67% and 33%.

Table 2.5

Men who said they undertook at least one moderate or vigorous sports activity per week reported a weekly average of 4.9 occasions of moderate or vigorous activity of any duration, and 3.6 occasions lasting at least 20 minutes (for vigorous) or 30 minutes (for moderate). Among women who undertook any sports activity, these mean figures were lower than among men (3.4 with no minimum duration and 2.4 with minimum duration).

Among both sexes, the mean number of occasions of sports activity decreased in line with age. Therefore, not only were older informants less likely to undertake sports activity at all, but those who did, tended to do so less frequently.

Table 2.6

2.3.3 Work activity

Table 2.5 shows that 14% of men and 8% of women achieved at least a moderate level of physical activity at work, and that there was no obvious pattern with respect to age. When these figures are re-calculated so that they are based only on those who were in (full-time or part-time) work, they rise to 20% among men and 15% among women.

Table 2.5

Table 2.7 shows the type of work activity undertaken by informants. It is based on all informants in work, including those who were not classified as being in an 'active' occupation.

Among men in work, a quarter (26%) had jobs which involved mostly walking about rather than standing or sitting. The youngest (16-24) and oldest (55-64) age groups were most likely to report this type of activity (32% and 30% respectively). More than a third (36%) of men in work reported that their job entailed at least some climbing, e.g., of ladders or scaffolding,

and this activity was also most prevalent among 16-24 year olds (45%). More than half (56%) reported usually having to lift and/or carry loads which they found heavy, again most prevalent among younger informants (75% of 16-24 year olds).

Just under a third of men (30%) reported doing none of these activities at work. In general, the older the informant, the less likely he was to have a job entailing any of these three types of activity. However, the 55-64 age group bucked this trend, being more likely to have work which involved at least one of these types of activity than those in the 35-54 age range.

Women in work were just as likely as their male counterparts to have jobs which involved mostly walking about (29%), and almost as likely to have to lift/carry heavy loads (49%). However, they were much less likely to do any climbing at work (9%). Unlike men, the tendency to walk about at work increased noticeably with age such that younger women were much less likely than men to do this, but older women much *more* likely. There was less of an age pattern with respect to climbing and lifting/carrying.

The 'none of the above' figures in Table 2.7 show that women under the age of 45 were less likely than men of the same age to undertake these types of activity at work, but above this age there was relatively little difference between the sexes. However, in all age groups, women were less likely than men to do at least two of these activities (23% and 38% respectively). Overall, therefore, working women were almost as likely as working men to do at least one of these types of activity at work, but they were less likely to do more than one.

Table 2.7

The 1984-86 Scottish Heart Health Study (SHHS - see Chapter 1 for a description)[18] looked at the proportion of informants who were physically active in work (the definition of 'work' included housework). It found that 42% of 40-59 year-old men and 47% of 40-59 year-old women were 'active' in work (although the definition of what is meant by 'active' is different to that used in the Health Survey). These figures are similar to those found in the Health Survey; 42% of 40-59 year-old men and 51% of 40-59 year-old women achieved at least a moderate activity level at work and/or at home. (Table not shown.)

2.4 Attitudes towards taking more exercise

2.4.1 Perceptions of current physical activity level

Informants were asked whether or not they felt they got enough exercise for their age and health. Most (53% of men and 62% of women) acknowledged that they did not. However, this still left considerable proportions feeling that they *did* get enough exercise (47% and 38% respectively), despite the fact that physical activity levels were relatively low.

Among men, those in the youngest (16-24) and oldest (55-64) age groups were most likely to feel that they took sufficient exercise, whereas among women, the tendency to feel this increased in line with age. Therefore, the difference between the sexes was most apparent in the younger age groups.

Table 2.8

Male informants' tendency to feel that they took enough exercise increased in line with frequency-intensity level, such that 77% of men active to level 5 and 54% of those active to levels 3-4 were satisfied that they took enough. However, as many as 36% of men active to levels 0-2 were similarly satisfied.

Among women, there was a similar, but less marked, pattern. A third (33%) of those active to levels 0-2 and 46% of those active to levels 3-4 thought they took enough exercise. This figure rose to 61% among those active to level 5.

Table 2.9

2.4.2 Desire to take more exercise

Around seven in ten informants (69% of men and 72% of women) said they would like to take more exercise. Among men, those aged 25-34 were most likely to feel this way (78%), and among women this view was most prevalent among those aged 16-34 (80%).

Table 2.8

Among both sexes, the desire to take more exercise was widespread among all levels on the frequency-intensity scale. As might be expected, those active to level 5 were least likely to feel this way (61% among men and 64% among women).

Table 2.9

Almost half of those who thought they got enough exercise said they would like to take more (48% among men and 46% among women). Furthermore, 89% of informants of both sexes who did not think they got enough exercise expressed a desire to take more. (Table not shown.)

2.4.3 Reasons for considering taking more exercise

All informants were asked if they would consider taking more exercise for any of a number of reasons shown to them on a card. Among both sexes, a desire to feel healthier or fitter was the main reason given for considering taking more exercise (65% of men and 68% of women).

The main difference between the sexes was that women were more likely than men to mention a desire to lose weight as a factor (59% and 44% respectively). This difference was most marked in the 16-24 age group (56% and 29% respectively). Apart from this, the rank order of reasons was similar among men and women. Enjoyment was a common reason (53% of men and 47% of women), as was prevention of disease or ill-health (46% and 48% respectively). Less often mentioned were: a desire to reduce stress (33% and 38% respectively) and a desire to look better (25% and 35% respectively).

Women were more likely than men to mention all of the reasons given, apart from 'to enjoy myself'. They were therefore more likely to give several answers to this question, suggesting that women had a greater tendency to see several benefits to being physically active.

Despite the fact that this question was asked of everyone - even those who had previously stated that they did not wish to take more exercise - relatively small proportions (11% of men and 8% of women) said that they would *not* consider taking more exercise for any of the reasons given. As might be expected, this figure rose to 33% of men and 25% of women who had said that they did not want to take more exercise (table not shown), but this still means that the majority even of this group said they would consider taking more exercise for at least one of the reasons given.

Younger informants were more likely than older ones to state that they would consider taking more exercise to feel healthier/fitter and/or for enjoyment. Those in the middle age range were more likely than younger and older informants to mention prevention of disease/ill-health, weight loss and stress reduction as potential motivating factors. Older informants were generally less likely than others to consider taking more exercise for any of the reasons given, which suggests either that they were less likely to want to take more exercise (as was shown in Section 2.4.2), or that they may wish to take more but for reasons other than those shown.

Table 2.10

2.5 Regional variations

2.5.1 Frequency-intensity level

As physical activity level is strongly associated with age, it is important to allow for the effects of age when looking at the relationship between physical activity and other characteristics such as region or social class. For example, observed regional differences could be due more to variations in regional age profiles than to actual differences. Therefore, in Sections 2.5 and 2.6, age-standardised data are shown in addition to observed data. It is thus possible to determine whether or not an observed difference still holds true once the influence of age has been taken into account. The findings reported here show that age-standardisation tends to make little difference to the data.

Table 2.11 shows how frequency-intensity level varies with respect to region. It gives both observed and age-standardised proportions of the population which are active to at least level 3, and also the proportions at level 0. Men in Highland & Islands were the most active (61% active to levels 3-5 - age-standardised proportion), and those in Greater Glasgow the least (38%). Among women, residents of Borders, Dumfries & Galloway and Highland & Islands were most likely to achieve levels 3-5 (46% and 42% respectively).

Table 2.11

The alternative frequency-intensity measure reinforces this finding. It shows that 47% of men in Highland & Islands and 28% of men in Greater Glasgow achieved moderate or vigorous activity on five or more days per week. Again, there was less variation among women, such that only Highland & Islands (27%) and Borders, Dumfries & Galloway (31%) were noticeably different from the national figure.

Table 2.12

2.5.2 Maximum intensity level

This measure reinforces the findings reported in Section 2.5.1. Men living in Highland & Islands were most likely to achieve a maximum intensity level of moderate or vigorous activity (86%), and men in Greater Glasgow and Lanarkshire, Ayrshire & Arran were the least likely to reach this level of activity (both 75%).

Again, women showed less regional variation, although those in Highland & Islands and Borders, Dumfries & Galloway were most likely to achieve a maximum intensity level of moderate or vigorous activity (88% and 89% respectively).

Table 2.13

2.5.3 Frequency

In terms of frequency of physical activity, again men and women in Highland & Islands (age-standardised means of 6.3 and 4.4 occasions of moderate or vigorous activity per week respectively), and women in Borders, Dumfries & Galloway (4.4) stood out. Men in Greater Glasgow were moderately active least frequently (3.9 times a week on average), whereas among women, no specific regions stood out as being less frequently active than the norm. Analysis of variance confirms these findings as being statistically significant.

Table 2.14

2.5.4 Individual components of activity

It appears that the main reason for informants in Highland & Islands and Borders, Dumfries & Galloway having the greatest tendency to reach moderate activity level was their increased tendency to be active in the home (55% and 50% respectively of men and 69% of women in both regions). Their activity levels in sports and at work were, comparatively, not much different from the norm, except for the sports and exercise figure for men in Highland & Islands (64% active to at least a moderate level).

Men in Greater Glasgow and women in Grampian & Tayside were least active in the home (38% and 53% respectively). Men in Lanarkshire, Ayrshire & Arran and women in Greater Glasgow were the least sporty (52% and 46% respectively).

Table 2.15

2.6 Social class variations

2.6.1 Frequency-intensity activity level

The analysis in this section is based on the informant's own social class rather than that of the chief income earner in the household (which is used for most of the analysis in other chapters). This is because activity at work can contribute to an informant's overall activity level. As in the previous section, both observed and age-standardised data are shown.

Among men, those in non-manual social classes were least likely to achieve activity levels 3-5 (40% in Social Classes I and II and 38% in Social Class IIINM, compared with 47% in Social Class IIIM and 51% in Social Classes IV and V). However, there was less variation in terms of the proportion classified as level 0, because those in non-manual social classes who were not very physically active were more likely to be active to levels 1-2.

Women exhibited a somewhat different pattern. Those in Social Class IIINM were least likely to reach activity levels 3-5 (30%), whereas the figure for those in Social Classes I and II was broadly comparable with those in manual social classes (around two-fifths).

Table 2.16

The alternative frequency-intensity measure (moderate or vigorous activity on at least 5 days per week) shows a similar pattern according to social class. Among men, levels of activity were higher among those in manual social classes. Among women, the lowest level of activity was in Social Class IIINM (16%). In the other social classes, activity levels were more or less constant, with around a quarter being classified as moderately active most days.

Table 2.17

2.6.2 Maximum intensity level

Among both sexes, there was very little variation with respect to social class in the proportion achieving at least one occasion of at least moderate activity in an average week. When looking solely at vigorous activity, however, differences do become apparent. Those in non-manual social classes were more likely than those in manual social classes to achieve at least one occasion of vigorous activity (43% of men in Social Classes I and II, and 51% in Social Class IIINM, compared with 34% in Social Class IIIM and 30% in Social Classes IV and V). Among women, those in Social Classes I and II were most likely to achieve at least one occasion of vigorous activity (36%), and those in Social Classes IV and V were least likely (19%).

Table 2.18

2.6.3 Individual components of activity

Social class had little effect on the propensity of men to be active in the home; only men in Social Classes IV and V were different from the norm, being slightly more likely to be moderately active at home (50%). There was more variation among women, with those in Social Classes IV and V being most likely to be active in the home (71%) and those in Social Class I least likely (56%).

Among both sexes, those in non-manual social classes were most likely to achieve a moderate or vigorous level of activity in sports.

Not surprisingly, men in manual social classes were much more likely than those in non-manual social classes to be physically active at work (26% of those in Social Classes IV and V and 21% of those in Social Class IIIM, compared with 6% of those in non-manual social classes). The pattern for women was slightly different, in that those in Social Class IIINM were least likely to be active at work (4%), and those in other social classes were broadly comparable with one another.

Table 2.19

In terms of types of physical activity undertaken at work, again there was a clear distinction between manual and non-manual social classes. The former were considerably more likely than the latter to undertake each type of activity shown in Table 2.20 (walking about, climbing and lifting/carrying). Half of men in non-manual social classes did none of these things at work, whereas over half of those in manual groups did at least two of them.

Among women, the picture was less clear-cut. In general, those in Social Classes I and II had more in common with those in manual social classes than with those in Social Class IIINM, in that they were almost as likely to undertake each of the activities shown.

Table 2.20

2.6.4 Attitudes towards taking more exercise

There was little variation according to social class in terms of the proportions feeling that they got enough exercise for their age and health. Only those in Social Classes IV and V were slightly different from the norm, being a little more likely to feel this way (52% among men and 43% among women).

Those in non-manual social classes were most likely to express a desire to take more exercise, with around three-quarters of each sex feeling this way. The figures for manual social classes were nearer to two-thirds.

Table 2.21

In terms of reasons for considering taking more exercise, men in non-manual social classes were generally more likely than those from manual social classes to mention each of the reasons given. This means that the former tended to mention a greater number of reasons. However, the rank order of reasons was the same among all social classes, suggesting that priorities did not differ greatly according to social class.

The pattern among women was similar, although less marked. The difference between the social classes was least clear-cut with respect to disease prevention and weight loss, in that similar proportions in all social class groupings gave these responses.

Table 2.22

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13 Examples of 'heavy' home activities were shown to informants. 'Heavy' housework examples included: walking with heavy shopping for more than 5 minutes, moving heavy furniture, spring cleaning, scrubbing floors with a scrubbing brush, cleaning windows. 'Heavy' gardening/DIY examples included: digging, clearing rough ground, building in stone/bricklaying, mowing large areas with a hand mower, felling trees, chopping wood, mixing/laying concrete, moving heavy loads, refitting a kitchen or bathroom.

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14 Informants had to say they undertook an activity in an average week for these questions to apply, so 'less than once a week' was counted as 'every other week'.

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15 Examples of 'vigorous' sports include: boxing, cycling, weight training, martial arts, running, football, squash, aerobics, trampolining. Examples of 'moderate' sports include: basketball, canoeing, climbing, dancing, hang gliding, horse riding, water sports. Examples of 'light' sports include: abseiling, archery, bowls, cricket, fishing, rambling, rounders, yoga.

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16 Only a small number of SOC codes were classified as 'vigorous': fishing and related workers, furnace operatives (metal), rollers, smiths and forge workers, face-working coal mining workers/shotfirers/deputies, mine (excluding coal) and quarry workers, building and civil engineering labourers, forestry workers. 'Moderate' SOC codes included: roofers, scaffolders, sheet metal workers, steel erectors, fire service officers, rail or road construction and maintenance workers, dockers, goods porters, refuse collectors.

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comments

Eating Habits

Kavita Deepchand

Summary

- The Health Survey collected information on self-reported eating habits for a wide range of food types in order to give a broad indication of the population's eating habits.
- Younger informants were more likely to say they added sugar to tea and to report regular consumption of confectionery and soft drinks; older informants were more likely to say they ate biscuits and cakes on a daily basis.
- Women were more likely than men to say their usual type of milk was skimmed or semi-skimmed (70% compared with 64%).
- About two in three (62%) informants said they ate meat on two or more days a week, while one in three (36%) said they ate meat products (burgers, meat pies, etc.) this often. Younger informants were much more likely than older ones to report regular consumption of meat products. Half of informants said they ate poultry on two or more days a week.
- Just over half of informants said they ate white fish at least once a week, and about one-third said they ate oil-rich fish this often.
- About one-third of informants said their usual type of bread was wholemeal or brown bread; women were more likely than men to say they ate this type of bread. About two-thirds of informants said they usually ate breakfast cereals; of those who did, about half said they ate high fibre cereals.
- Over half of informants said they ate potatoes (excluding chips), pasta or rice at least five days a week, with reported consumption higher among older than younger informants.
- While fewer than half of the sample reported eating fresh fruit every day, over one-quarter (34% of men and 22% of women) said they ate fruit once a week or less. About two in five informants said they ate cooked green vegetables five or more days a week, while just over one in five reported eating cooked root vegetables that often. Over half of informants said they ate raw vegetables or salad once a week or less.
- Women and older informants were more likely to say they used dietary supplements (vitamins, etc.) than men and younger informants.
- Consumption of meat products, chips, crisps, salt, sugar and soft drinks was reported more often by those in manual social classes. Those in non-manual social classes were more likely to report using skimmed or semi-skimmed milk, eating fresh fruit and vegetables, high fibre breakfast cereals and wholemeal bread, and taking dietary supplements.
- Compared with England, informants in Scotland were more likely to add sugar to drinks, eat biscuits and confectionery and to use butter or hard margarine; they were less likely to eat fruit and wholemeal bread, and to take dietary supplements.

3.1 Introduction

The relationship between diet and health is widely accepted. A well-balanced diet is essential to good health. Conversely, poor eating habits can play a significant role in mortality from heart disease, stroke and cancer, which together account for two-thirds of premature deaths in Scotland. [1] In addition, inappropriate nutrition is also associated with a wide range of other health problems including diabetes and tooth decay.

The causes of coronary heart disease (CHD) and its possible relationship to diet have been of great concern. A number of committees, including the Committee on Medical Aspects of Food Policy (COMA), have published reports on diet including recommendations on dietary changes to decrease the incidence of CHD.[2] In 1994 the Scottish Office announced a series of

targets for dietary improvement in Scotland by the year 2005.[3] These targets apply to food groups (rather than to specific foods) and specify the average weight for optimum consumption by the population. The Diet Action Group was established to help achieve these targets and an Action Plan for Scotland was drawn up outlining a number of key national dietary targets based on the findings of the 1993 James Report. This report found that the Scottish diet lacks certain vitamins and fibre and contains an excess of saturated fat, refined sugar and salt. The broad goals for the year 2005 are to:

double the intake of fruit and vegetables

increase consumption of wholemeal and brown breads

double the daily intake of breakfast cereals

reduce the intake of total fat, especially saturated fatty acids

reduce average sodium (salt) intake

ensure the intake of non-milk extrinsic (NME) sugars does not increase

increase the intake of non-sugar carbohydrates

maintain consumption levels of white fish and double that of oil rich fish.[4]

The Health Survey included a series of questions on informants' reported eating habits, particularly with regard to milk, fat spreads, bread, breakfast cereals, sugar, salt, fruit, vegetables and dietary supplements. The detailed information collected for these food types is shown by social class and age in Tables 3.1 to 3.31 and by region in Tables 3.33 to 3.63. Table 3.64 shows a few comparisons in reported eating habits between Scotland and England, and Table 3.65 highlights some differences by age (in Scotland). In this chapter, the food types have been grouped together in a number of broad categories for discussion: foods containing sugar (Section 3.2) and fat (Section 3.3); meat and poultry (Section 3.4); fish (Section 3.5); foods with fibre and starches (Section 3.6); fruit and vegetables (Section 3.7); salt and dietary supplements (Sections 3.8 and 3.9).

The questions in the Health Survey deal with reported behaviour relating to the consumption of certain foods and aim to give a broad indication of the population's eating habits. Much more detailed information on diet is collected in other surveys which cover Scotland and England, notably the National Food Survey and the biennial national diet and nutrition surveys carried out among different age cohorts.[5] (However, sample sizes for Scotland in these other surveys are not large enough to permit detailed sub-group analysis.) Biological measurements of some aspects of nutritional status - including total cholesterol, HDL-cholesterol, ferritin, haemoglobin and vitamins - were measured and the results are presented in Chapter 9.

3.2 Consumption of foods containing sugar

Sugars are important in providing energy and for the maintenance of life. As well as occurring naturally in fruit, vegetables and milk, sugars are used in a variety of products such as biscuits, cakes, confectionery and beverages. Foods high in NME sugars tend to contain few other nutrients. The prevalence of dental caries is directly related with the amount of NME sugar in the diet. [6] The target for sugar is that the intake of NME sugars (such as honey and table sugar) should not increase.

3.2.1 Sugar in tea and coffee

Informants were asked whether they added sugar to tea and coffee. Significantly lower proportions of women than men said they did (27% compared with 50% for tea and 32% compared with 55% for coffee). Those aged 16-44 were slightly more likely than those aged 45-64 to add sugar to tea (51% compared with 46% for men and 29% compared with 23% for women, respectively).

Tables 3.1 - 3.2

There was a strong relationship between social class and self-reported use of sugar in tea and coffee. Men in Social Classes IV and V were most likely to say they added sugar to tea (60%) while those in Social Classes I and II were least likely to do so (38%). Among women, 38% of those in Social Classes IV and V said they added sugar to tea compared with 16% in Social Classes I and II. Similar social class patterns were also found for adding sugar to coffee.

3.2.2 Biscuits, cakes and confectionery

Foods such as biscuits, cakes and confectionery tend to be high in both sugar and fat. Informants were asked how often they

usually ate biscuits, cakes and confectionery and, for those who said more than once a day, how many cakes or biscuits they usually ate in a day. In summary, the following patterns were found:

the proportions of informants who reported eating these items every day were: over one in three (37%) for biscuits, one in twelve (8%) for cakes and one in four (26%) for confectionery;

there was little variation between the sexes in self-reported frequency of eating these foods, although men were more likely than women to report eating biscuits five or more days a week (47% compared with 40%); among informants who ate biscuits daily, men reported eating more biscuits per day than women (38% of men said they ate four or more a day compared with 24% of women);

people in the oldest age group, particularly women, were most likely to say they ate biscuits and cakes every day; it was the youngest informants, on the other hand, who were the most likely to eat confectionery every day;

in all age groups, women were more likely than men to eat confectionery every day.

There were few significant differences in the self-reported frequency of eating biscuits, cakes and confectionery by social class. There was a slight tendency for those in Social Classes I and II to be less likely than average to eat biscuits and confectionery every day.

Tables 3.3 - 3.7

The Health Survey also included questions on the frequency of consumption of crisps and savoury snacks, ice cream and soft drinks.

Tables 3.8 - 3.10

3.3 consumption of foods containing fat

Fats are a concentrated source of energy which means they are high in calories. Fat also helps in the absorption of vitamins A, D, E and K. Sources of total fat intake include milk and fat spreads (reported on in this section) as well as biscuits, cakes and puddings (described in Section 3.2) and meat and meat products (which are covered in Section 3.4). Too much fat, especially saturated fatty acids (SFA) is associated with raised plasma cholesterol levels and risk of CHD. [7]

The targets set out in the Diet Action Plan for Scotland are to reduce by the year 2005 the average intake of total fat from the current 40.7% to no more than 35% of food energy and to reduce the average intake of saturated fatty acids from 16.6% to no more than 11% of food energy. Part of this target is to reduce butter intake by two-thirds and to replace saturated fat margarines and spreads with low saturated fat equivalents.

3.3.1 Fat spreads

Fat spreads include butter, margarine and other spreads. While the fat content of these spreads varies considerably, hard fat spreads, such as butter and some hard margarines, have a higher SFA content than soft, polyunsaturated margarines or reduced fat spreads.

Informants were asked what type of fat spread they usually used on bread. Most popular were reduced or low fat spreads used by nearly half of informants (49%); just under one quarter of informants (23%) stated that they usually used a hard fat spread; a similar proportion (22%) used a soft margarine.

Compared with those aged 16-44, higher proportions of both sexes aged 45-64 reported using hard fat spreads (20% compared with 28%). Informants in Social Classes I and II were the most likely to say they used butter or hard margarines.

Table 3.11

Figure 3A: Usual type of fat spread, by age and sex

3.3.2 Milk

The fat content of milk varies according to whether it is skimmed, semi-skimmed or whole, and the Health Survey asked what kind of milk people usually used for drinks, in tea or coffee, and on cereals.

In the Health Survey, higher proportions of women (70%) than men (64%) stated that their usual type of milk was either

skimmed or semi-skimmed. There were no significant age differences in usual type of milk consumed.

There was a strong association with social class for both men and women: those in manual social classes were much more likely than those in non-manual social classes to report using whole milk.

Table 3.12

3.3.3 Cheese

Cheese also varies considerably in fat content, and the Diet Action Plan aims to encourage people to switch to low fat cheeses. The Health Survey asked informants how often they ate cheese (not including cottage cheese or other reduced fat cheeses).

About one in four (23%) informants said they ate cheese five days a week or more. The vast majority of informants ate cheese two to four days a week (39%) or less often than that (38%).

Table 3.13

Overall men reported eating cheese slightly more frequently than women. Informants aged 16-44 were more likely than those aged 45-64 to report eating cheese on five or more days a week.

3.4 Consumption of meat

3.4.1 Meat and meat products

Fat derived from meat provides around one quarter of the total fat and SFA intake of the Scottish population. [8] A reduction in the consumption of meat fat, particularly in meat products, is therefore seen as an important step in reducing diet-related mortality in Scotland.

Meat

Informants were asked how often they ate meat, such as beef, lamb or pork. Overall, 5% of informants reported eating meat at least once a day, 57% on 2-6 days a week, and 38% once a week or less. Women reported eating these types of meat less frequently than men (44% compared with 32% reported eating meat once a week or less).

Table 3.14

Informants aged 16-44, particularly women, reported eating meat less frequently than those aged 45-64: 50% of women aged 16-44 said they only ate meat once a week or less, compared with 34% of women aged 45-64; the equivalent figures for men were 34% and 26% respectively.

Meat products

Meat products (burgers, sausage rolls, meat pies, etc.) contain high levels of hidden fat and should be limited in order to reduce the intake of total fat consumption. The target is to halve current consumption of such meat products by year 2005.

Frequency of consumption of meat products was as follows: 7% of the sample said they ate meat products five or more days a week, 29% on 2-4 days a week, and 64% once a week or less. Women reported eating these meat products much less frequently than men (74% of women said they ate these products once a week or less compared with 54% of men).

Reported consumption of meat products also varied significantly by age, with older informants much less likely to say they ate these products than younger ones. Among men, 65% of those aged 45-64 said they ate meat products once a week or less compared with 48% of 16-44 year olds; among women, the differences were less marked, with 79% of 45-64 year olds eating meat products once a week or less compared with 70% of women aged 16-44.

Table 3.15

There was also a very strong association with social class, with the likelihood of eating meat products more than once a week being much higher among manual than non-manual social classes.

3.4.2 Poultry

Women were a bit more likely than men to report eating poultry on at least two days a week, but the difference was not large

(54% compared with 50%). Age differences were also small, although men aged 16-44 were more likely than those aged 45-64 to say they ate poultry on two or more days a week.

There were quite large differences by social class, with informants in the non-manual social classes much more likely to say they ate poultry on two or more days a week than those in the manual social classes (60% compared with 45% respectively).

Table 3.16

3.5 Fish consumption

Higher consumption of fish, in particular oil-rich fish, has been shown to be associated with reduced mortality from CHD and improved blood lipid profiles.[9] The Diet Action Plan for Scotland has set targets for consumption of white fish to be maintained at current levels whilst doubling the consumption of oil-rich fish from 44 to 88 grams per week. Overall, the aim is for 50% of the population to eat fish twice a week.

3.5.1 White fish

Around half of informants in the Health Survey reported eating white fish (cod, haddock, whiting, sole, plaice, etc.) once a week or more (54% of men and 53% of women). For both sexes, older informants reported eating white fish more often than younger informants.

Table 3.17

3.5.2 Oil-rich fish

Self-reported frequency of consumption of oil-rich fish (herring, tuna, mackerel, salmon, kippers, etc.) was much lower than for white fish. Overall, 36% reported eating oil-rich fish once a week or more (33% for men and 39% for women). Informants aged 45-64 said they ate oil-rich fish more often than those aged 16-44.

The likelihood of eating oil-rich fish varied by social class, with those in manual social classes much more likely than those in non-manual social classes to say that they rarely or never ate oily fish.

Table 3.18

3.6 Consumption of foods containing fibre and starches

Foods which are high in fibre and starch supply energy and nutrients with very little fat. Breakfast cereals (and other cereals in the form of bread, pasta and rice) are a major source of energy in the diet. They are important sources of many minerals, including iron, as well as vitamins and dietary fibre. Fibre is also present in fruit and vegetables (described in Section 3.7).

3.6.1 Bread and rolls

Wholemeal bread tends to provide more fibre than other types of bread. The dietary targets for Scotland state that current daily bread intake of 106 grams should increase by 45% by year 2005, mainly using wholemeal and brown bread.

Informants were asked which type of bread they usually ate and the number of slices of bread or rolls they usually ate per day. Among those informants with a usual type of bread, [10] white or soft grain bread was the type mentioned most often by informants (69% of men and 58% of women). Next most popular was wholemeal bread (23% of women and 16% of men), with brown, granary and wheatmeal the least often mentioned (19% of women and 15% of men).

Women aged 16-44 were more likely to report eating wholemeal, brown and granary bread than those aged 45-64; the opposite was found among men.

Table 3.19

There were also significant variations in type of usual bread eaten according to social class, with those from non-manual social classes much more likely than those from manual social classes to report eating wholemeal bread. For example, informants in Social Classes I and II were more than twice as likely to report eating wholemeal bread than those in Social Classes IV and V (23% compared with 11% for men and 35% compared with 16% for women).

Men reported greater consumption of bread than women: over half (54%) of men said they ate four or more slices of bread or rolls each day compared with one in four (27%) women. The majority of women (55%) said they ate 2-3 slices of bread or rolls each day.

Table 3.20

For men, there was a clear association with age, with younger men reporting greater bread consumption than older men, but this did not apply to women.

Both men and women in Social Classes IV and V reported eating more slices of bread than those in Social Classes I and II (for example, 64% of men in Social Classes IV and V said they ate four or more slices a day compared with 43% of men in Social Classes I and II).

3.6.2 Breakfast cereals

Breakfast cereals provide many nutrients including fibre, minerals and vitamins. However, there is significant variation in the fibre content of breakfast cereals, with some containing only negligible amounts. The dietary target for Scotland for the year 2005 is to double the current average intake of breakfast cereals to 34 grams per day.

Informants were asked which type, and how often, they usually ate breakfast cereals. Their responses were coded into one of two categories: high fibre cereals and all other types.

Over two-thirds of men (68%) and women (71%) said that they usually ate breakfast cereals.

Table 3.21

Higher proportions of those in non-manual than manual social classes reported eating breakfast cereals.

Among men who said they ate cereals, under half (44%) usually ate high fibre cereals (50% for women). Informants of both sexes aged 45-64 were much more likely to say they ate high fibre cereals than the under 45s.

Men and in Social Classes I and II, and women in Social Classes I, II and IIINM, were more likely to say they ate high fibre cereal than those in the other social classes.

Nearly two-fifths of men (37%) and women (39%) said they ate breakfast cereals every day.

Table 3.22

Informants in non-manual social classes were more likely than those in manual social classes to say they ate breakfast cereals daily.

3.6.3 Potatoes, pasta, rice and chips

Potatoes, pasta and rice, which contain non-sugar complex carbohydrates, are a major component of people's diets. The proposed dietary target for total complex carbohydrates is to increase the current intake of 124 grams per day by 25% by year 2005 through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta. Potato consumption is targeted to increase by 25%. Greater intake of these commodities is also an appropriate substitute for calories derived from fat.

Informants were asked how often they ate potatoes (excluding chips), pasta or rice. Approximately one in three informants said they ate potatoes, pasta or rice once a day or more (32% of men and 37% of women), and a further one in five said 5-6 days a week (21% of men and 22% of women).

Table 3.23

Among both sexes, informants aged 45-64 were more likely than those aged 16-44 to say they ate these foods every day.

There was also a strong association with social class, with informants in Social Classes I and II the most likely to eat potatoes, pasta or rice on a daily basis.

Reported consumption of chips was much higher among men than women, with half (51%) of men saying they ate chips two or more days a week compared with one-third (35%) of women. There was also a significant association with age, with 16-44 year old informants reporting more frequent chip consumption than those aged 45-64. Self-reported chip consumption was also much higher for informants, especially men, from manual than non-manual social classes: for example, the proportion of men saying they ate chips on two or more days a week increased from 37% in Social Classes I and II to 65% in Social Classes IV and V.

Table 3.24

3.6.4 Pulses

Many pulses have a high fibre and starch content. When asked how frequently they ate pulses (such as baked beans, dried beans and lentils), around half said they did so on two days a week or more (53% men and 48% women), while three-quarters of men (78%) and women (73%) said they did so at least once a week.

Table 3.25

For both sexes, higher proportions in the younger age groups (16-44) reported eating pulses at least once a week (which is probably accounted for by consumption of baked beans).

Informants in manual social classes were a bit more likely than those in non-manual occupations to report weekly consumption of pulses.

3.7 consumption of fresh fruit and vegetables

High intake of fruit and vegetables can help to protect against ischaemic heart disease and a variety of cancers and intestinal disorders whilst providing a wide range of nutrients and other biologically active components which are increasingly recognised as protective of health. Young adults should be eating three or more portions of fruit and vegetables per day. The dietary target is to double average current consumption of fruit and vegetables to more than 400 grams per day by the year 2005.

Informants were asked how often they usually ate fresh fruit, cooked green and root vegetables, and raw vegetables and salad.

3.7.1 Fresh fruit

Overall, fewer than half (46%) of informants reported eating fresh fruit every day. Women tended to report eating fresh fruit more frequently than men: 52% of women said they ate fruit once a day or more compared with 39% of men. Although the majority of informants (72%) said they ate fruit at least 2 days a week, one-third of men (34%) and over one fifth of women (22%) said they only ate fruit once a week or less.

Table 3.26

Informants aged 45-64 were more likely to report eating fresh fruit every day than were those aged under 45.

There was a strong relationship between social class and the self-reported consumption of fresh fruit. Those who reported eating fresh fruit daily increased from 30% in Social Classes IV and V to 47% in Social Classes I and II for men and from 39% to 63% for women.

Figure 3B: Percentage eating fresh fruit daily, by social class of chief income earner and sex

3.7.2 Cooked green vegetables

Just over one in four informants (26% of men and 30% of women) reported eating cooked green vegetables (such as peas, broccoli, cabbage, spinach, cauliflower, green beans, etc.) every day. About one in five said they only ate these types of vegetables once a week or less (23% of men and 18% of women).

Table 3.27

Informants aged 45-64 (36%) were more likely than those aged 16-44 (24%) to eat cooked green vegetables every day.

Informants in Social Classes I and II were the most likely to say they ate cooked green vegetables every day; those in Social Classes IV and V, on the other hand, were the most likely to report eating these vegetables once a week or less.

3.7.3 Cooked root vegetables

Overall, only 15% of informants reported eating cooked root vegetables (carrots, parsnips, turnips, etc.) daily, while one in three (34%) said they ate cooked root vegetables once a week or less. Informants were most likely to say they ate these vegetables 2-4 times a week (43%). Women reported eating root vegetables more often than men (17% compared with 12% said they ate root vegetables every day).

Table 3.28

Informants aged 45-64 reported more frequent consumption of root vegetables than those aged 16-44. Those in Social Classes I and II also reported more frequent than average consumption of cooked root vegetables.

3.7.4 Raw vegetables or salad

Only very small numbers of informants said they ate raw vegetables or salad on a daily basis: 6% of men and 11% of women. About half the sample said they ate raw vegetables or salad once a week or less (57% of men and 45% of women), while one in three did so on 2-4 days a week (34% men and 38% women). There were no clear age differences in the reported frequency of eating salad.

Table 3.29

In terms of social class, informants in Social Classes I and II reported eating raw vegetables or salad much more frequently than those in Social Classes IV and V. Among men in Social Classes I and II, 52% said they ate salad twice a week or more compared with 33% of men in Social Classes IV and V. The equivalent figures for women were 64% in Social Classes I and II and 48% in Social Classes IV and V.

3.8 Salt consumption

Sodium chloride (salt) is present in all body fluids and small amounts are necessary in the diet. [11] Sodium and chloride are not naturally found in high concentrations in foods, but are added to many foods by manufacturers and in the home. It is generally accepted that average salt intake is needlessly high, probably several times higher than the body's daily requirements. High levels of salt intake are associated with raised blood pressure. The target for the year 2005 is to reduce the average sodium intake from the current 163 mmol to 100 mmol per day.

The Health Survey asked informants whether they added salt to their food at the table. Overall, higher proportions of men (53%) than women (41%) stated that they usually added salt to their food, while a further 19% of men and 22% of women said that they occasionally did so. Moreover, men were much more likely than women to say they added salt without tasting the food first (37% compared with 25%).

Table 3.30

Informants aged 45-64 were a bit more likely than those aged under 45 to say they rarely or never added salt.

There was a much stronger relationship between adding salt and social class, with informants in manual social classes more likely to say they added salt to their food than those in non-manual social classes. For example, nearly half of men (45%) in Social Classes IV and V said they added salt to food without tasting it compared with 28% of men in Social Classes I and II (the equivalent figures for women were 33% and 17% respectively).

Figure 3C: Adds salt to food at table, by social class of chief income earner and sex

3.9 Dietary supplements

Vitamins are required in small quantities for growth and metabolism. They are essential substances which (with the exception of vitamin D) cannot be synthesised in the body and are therefore required in the diet. Minerals - including calcium, phosphorus, iron, potassium, sodium, chlorine and magnesium - are also essential for normal functions of the body and required in the diet in small amounts. A varied diet should be sufficient to meet the recommended dietary intake of all necessary vitamins and minerals. For individuals who do not have a sufficiently varied diet (for whatever reason), or who have greater mineral or vitamin requirements, food supplements can play an important part.

During the nurse visit, informants were asked whether they took any vitamin or mineral supplements or anything else to supplement their diet or improve their health (other than those prescribed by a doctor). Overall one in four (26%) women and one in seven (15%) men reported taking a dietary supplement.

Table 3.31

Informants aged 45-64 were more likely than those aged 16-44 to say they took a food supplement (18% compared with 13% of men and 32% compared with 22% of women).

Of the dietary supplements taken, vitamin supplements were reported most often (8% of men and 15% of women) followed by fishoils (7% of men and 9% of women).

3.10 Social class differences

Some of the largest differences in self-reported eating habits between non-manual and manual social classes are summarised in Table 3.32. It can be seen from this table that informants in non-manual social classes tended to report eating habits more in line with 'healthy eating' messages than did those from manual social classes

Table 3.32

3.11 Regional comparisons

The distributions for all the different food types described in the earlier sections are shown by region in Tables 3.33-3.63. In general, it appears that eating habits did not differ greatly by region. Moreover, where there were differences, they tended more often to be found among men than women. The most distinctive region would appear to be the Highland & Islands, as this region was the most likely to differ from the other six regions in terms of self-reported eating habits. Some of the larger regional differences are described below.

Men in the Highland & Islands and Borders, Dumfries & Galloway were the most likely to report eating biscuits and cakes every day.

Informants of both sexes in Borders, Dumfries & Galloway were by far the most likely to say they usually used whole fat milk.

Men in the Highland & Islands tended to report less frequent consumption of poultry (along with those in Borders, Dumfries & Galloway); but Highland & Islands men reported higher than average consumption of white fish and much higher than average consumption of oil-rich fish.

Men and women in the Highland & Islands were the most likely to say they ate wholemeal or brown bread and high fibre cereal.

Reported consumption of potatoes, pasta and rice showed significant variation: it tended to be lower than average in Lanarkshire, Ayrshire & Arran, Forth Valley, Argyll & Clyde and Greater Glasgow, and higher than average in Highland & Islands and Grampian & Tayside.

Informants in the Highland & Islands were by far the most likely to say they ate fresh fruit every day, while those in Greater Glasgow were the least likely to. Similar patterns were found for reported consumption of cooked vegetables, with informants in the Highland & Islands tending to report more frequent than average consumption and those in Greater Glasgow reporting less frequent consumption.

Tables 3.33 - 3.63

3.12 Comparisons with England

The 1994 Health Survey for England included a few questions on diet, covering milk, fat spreads, sugar, salt, bread, and breakfast cereals. Table 3.64 compares the Health Survey results for men and women with the results for 16-64 year olds in England as a whole, and for 16-64 year olds in Northern England (that is, the Northern & Yorkshire and North West regions. Compared with England, the main differences were:

Higher proportions of informants in Scotland, particularly men, reported eating fruit less than once a week.

Higher proportions of men and women in Scotland reported eating biscuits and confectionery every day.

Informants in Scotland were less likely to say they usually ate wholemeal or brown bread.

Men and women in Scotland were much more likely to usually add salt to their food at the table.

Informants in Scotland were a bit more likely to say they used butter or hard margarine, and were a bit less likely to take dietary supplements.

Significantly fewer informants in Scotland reported adding sugar to tea and coffee.

Table 3.64

3.13 Comparisons with the scottish heart health study

The results found in the Health Survey are similar to the findings of the 1984-86 Scottish Heart Health Study (SHHS), which asked informants whether they had eaten any fruit in the previous week (see Chapter 1 for a description of this study). [12] For informants aged 40-59 (the age range included in the SHHS), 20% of men and 10% of women said they had eaten no fruit in the previous week. The Health Survey found 21% of men and 11% of women aged 40-59 who said that they ate fruit less than once a week.

Looking at vegetable consumption in the SHHS, 12% of men and 7% of women reported eating no vegetables or salad in the previous week, which is slightly higher than the 8% of men and 4% of women in the Health Survey who said they ate raw vegetables or salad once a week or less.

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References and notes

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5 The Ministry of Agriculture Fisheries and Food (MAFF) commission the continuous National Food Survey, which looks at household food consumption and expenditure. The Department of Health and MAFF have jointly commissioned a series of biennial dietary and nutrition surveys throughout England, Wales and Scotland. Each survey covers a different age cohort. The most recent surveys include: Gregory JR, Collins DL, Hughes J, Clarke P, Davies PD. *The National Diet and Nutrition Survey: children aged 1 to 4 years.* HMSO, London, 1994; the 1994-95 survey amongst adults aged 65 or more will be published in 1997.

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10 The small group of informants (9% of men and 8% of women) who said they did not eat bread or that they had no usual type of bread were excluded from this analysis.

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comments

Smoking

Kavita Deepchand

summary

- Just over one in three (35%) informants reported that they were current cigarette smokers, that is, they smoked cigarettes at all at the time of the interview. When broken down by sex, 34% of men and 36% of women were current cigarette smokers. If pipe and cigar smoking are included, self-reported smoking prevalence was 39% for men and 36% for women. Serum cotinine analysis suggests that a small proportion of self-reported ex- and non-smokers were in fact smokers, giving adjusted estimates of smoking prevalence of 43% for men and 38% for women.
- There was no clear relationship between cigarette smoking and age for men or women. When cigar and pipe smokers are included, the proportion of men who smoked at all increased with age, from 36% of those aged 16-24 to 42% of those aged 55-64. However, the estimates of overall smoking prevalence derived from the serum cotinine analysis, did not reveal an association between age and smoking prevalence. The adjusted figures for men smoking at all were 45% in the youngest age group and 44% in the oldest; among women, the adjusted figures were 36% of those in both the youngest and oldest age groups.
- Among cigarette smokers, the mean number of cigarettes smoked per day was higher for men than for women: 18.1 and 15.4 respectively. For both men and women, the number of cigarettes smoked increased with age up to the 45-54 age group, after which it decreased slightly for women and stayed the same for men.
- Among current cigarette smokers aged 18-64, 36% of men and 38% of women had received medical advice to stop smoking. Among those who had, 16% of men and 21% of women had received this medical advice in the past year. One in four (27%) current or past cigarette smokers said they had tried to give up smoking because of a health condition.
- Informants in manual social classes were more likely to report that they smoked cigarettes than those in non-manual social classes. Among men, self-reported cigarette smoking prevalence increased from 23% in Social Classes I and II to 49% in Social Classes IV and V. Among women, the figures were 22% and 49% respectively.
- Self-reported smoking prevalence was higher in Scotland than in England among both men and women. In Scotland, 34% of men reported that they currently smoked cigarettes compared with 32% in England. For women the difference was larger with 36% of women in Scotland reporting that they smoked cigarettes compared with 30% in England. Among men, a higher proportion of those aged 45-64 smoked cigarettes in Scotland than in England: 34% in Scotland compared with 27% in England. Among men aged 16-44 there were no significant differences between England and Scotland with respect to smoking prevalence. For all age groups, apart from those aged 16-24, women in Scotland were more likely to smoke than women in England. Cigarette smokers in Scotland also smoked more cigarettes per day than those in England: for men the mean was 18.1 per day in Scotland compared with 15.9 in England; among women mean daily consumption was 15.4 in Scotland and 13.6 in England.

4.1 Introduction

As stated in a policy document issued by the Scottish Office, smoking 'is the single most important contributor to ill-health in Scotland.' [1] The Scottish Office has set targets to reduce the prevalence of smoking in Scotland from the 1986 levels of 30% for 12-24 year olds and 40% for 25-65 year olds to 21% and 32% respectively by the year 2000. [2] As well as action taken to reduce smoking prevalence at the UK level, for example through restrictions on advertisements for tobacco products, additional measures are taken in Scotland through health education programmes by the Health Education Board for Scotland and by individual Health Boards, voluntary organisations, employers and local authorities.[3]

The Scottish Health Survey has collected smoking data using identical questions to those used in the General Household

Survey (GHS) and in the series of Health Surveys for England.[4] The questions focused on cigarette smoking, whether ready-made or roll-ups, although questions about the prevalence of pipe and cigar smoking were also included.

The data on smoking for informants aged 18-64 was collected by means of a face-to-face interview. Those aged 16 and 17 were asked by the interviewer to complete a self-completion questionnaire. Of course, in either case the presence of other household members in the same room may have had an effect on an informant's responses.

Those aged 16 and 17 were only asked a sub-set of the smoking questions: whether they currently smoked and if so how many, at what age they had started smoking, whether they had tried to give up, and if they were exposed to smoke in particular places. Informants aged 18-64 were asked these questions plus additional ones including (if relevant) how long ago they had stopped smoking, the reasons why they stopped, if they smoked during pregnancy, and if they had ever received medical advice to stop. Serum cotinine was analysed for all informants who gave a blood sample during the nurse visit.

This chapter is divided into nine substantive sections. Sections 4.2 and 4.3 analyse smoking prevalence and the number of cigarettes smoked by age and sex. Section 4.4 looks at past cigarette smoking (for informants aged 18-64). Section 4.5 analyses serum cotinine levels in the blood samples provided by informants. Section 4.6 looks at passive smoking. Sections 4.7 and 4.8 analyse smoking prevalence by social class and region respectively. Section 4.9 compares smoking prevalence in Scotland with that in England, using data from the 1995 Health Survey for England. [5] Finally, Section 4.10 compares Health Survey data with the earlier Scottish Heart Health Study.

4.2 Self-reported smoking prevalence by sex and age

4.2.1 Smoking status by sex

Throughout this chapter a distinction is made between 'current smokers' and 'current cigarette smokers': whereas the latter refers to those who said they smoked cigarettes at all at the time of the interview, the former also includes those who said they smoked cigars or a pipe. Some of these informants smoked very little - for example, 2% smoked on average less than one cigarette a day.

Just over one in three informants were current cigarette smokers: 34% of men and 36% of women (a difference which was not statistically significant). Women were slightly more likely than men to say they never regularly smoked cigarettes: 49% women and 45% men. Men, on the other hand, were more likely than women to say they had been regular smokers in the past: 21% men and 16% women. Thus men were more likely than women to have *ever* been regular smokers (i.e., current regular smokers plus ex-regular smokers): 55% men and 51% women.

Table 4.1

Six percent of men reported that they smoked a pipe or cigar but not cigarettes; the proportion of women who fell into this category was negligible. Thus, the inclusion of pipe and cigar smoking reversed the difference between men and women, with men significantly more likely than women to smoke: 39% of men compared with 36% of women were thus classified as current smokers. (Section 4.5 presents evidence from blood analyses which suggests that there was some under-reporting of current cigarette smoking, and that men were more likely than women to under-report.)

4.2.2 Smoking status by age

For five age groups, Figure 4A shows the proportion of men and women who reported smoking cigarettes and, for men only, the proportion smoking at all (cigarettes, pipe, cigar). The proportion of current cigarette smokers varied by age but no clear pattern emerged. For both men and women the age group most likely to report that they currently smoked cigarettes was 25-34 years.

Figure 4A: Proportion of men and women currently smoking, by age

When pipes and cigars are included, the proportion of men reporting that they smoked at all (cigarettes, pipe, cigar) tended to increase with age. As very few men in the youngest age group said they smoked a pipe or cigar but not cigarettes, the proportion of men under age 35 classed as smokers was not greatly affected by the inclusion of pipe and cigar smoking. However, starting with the 35-44 age group, the proportion of men smoking increased by about seven to nine percentage points when pipes and cigars were included. Thus, the increase in smoking with age was due to the higher proportion of men in the older age groups who smoked pipes or cigars. With the inclusion of pipe and cigar smoking, men were more likely than

women to report smoking in all age groups and, as age increased, the difference between the proportions of men and women smokers also increased.

The Scottish Office target for smoking prevalence for 25-65 year olds is 32% by the year 2000; the current level (for 25-64 year olds) measured by the Health Survey is somewhat higher at 35%.

4.3 Number of cigarettes smoked by age and sex

4.3.1 Estimating consumption

In order to derive estimates of the number of cigarettes smoked on an average day, current cigarette smokers were asked how many cigarettes they usually smoked a day on weekdays and how many per day they usually smoked at weekends. The weekday figure was then multiplied by five and the weekend figure by two, and total weekly consumption was estimated by adding these two figures together. This sum was then divided by seven in order to estimate average daily consumption.

4.3.2 Number of cigarettes smoked

Among current cigarette smokers, 41% reported smoking 20 or more a day (18% smoked 20, 14% between 20 and 30, and 9% smoked 30 or more). By contrast, 8% reported smoking less than five a day, and 2% smoked less than one a day.

Sex differences

There was a significant difference between the proportions of men and women smoking 20 or more cigarettes a day. Forty-five percent of male smokers said they smoked 20 or more cigarettes a day (15% smoked 20, 17% between 20 and 30, and 14% said 30 or more) compared with 37% of female smokers (20% smoked 20, 12% between 20 and 30, and 5% said 30 or more). Based on the total sample of 16-64 year olds, rather than on current cigarette smokers only, 15% of men and 13% of women smoked 20 or more cigarettes a day.

Table 4.2

Men smoked, on average, significantly more cigarettes per day than women: 18.1 compared with 15.4. The median number of cigarettes smoked was also higher for men than women: 17 and 15 respectively.

By giving current non-smokers a value of zero cigarettes per day, it becomes possible to calculate average consumption for the whole sample: on this base, the overall mean for men was 6.1, while for women it was 5.5

Age differences

The average number of cigarettes smoked per day is shown in Figure 4B by age for men and women smokers. As can be seen, the average increased with age until the 45-54 age group, after which it fell slightly for women and stayed the same for men.

Figure 4B: Average number of cigarettes smoked per day, by age

4.4 Past cigarette smoking

4.4.1 Whether ever smoked cigarettes

Overall, 43% of men and 49% of women said that they had never regularly smoked cigarettes ('regularly' is at least one per day). When current pipe or cigar smokers who had never regularly smoked cigarettes are included, the total increases to 45% of men but stays the same for women.

Table 4.1

A further 18% of men and 16% of women had been regular cigarette smokers in the past, but had stopped by the time of the Health Survey. If current cigar or pipe smokers who had previously been regular cigarette smokers are added in, the total of past regular cigarette smokers increases to 21% for men, but remains the same for women at 16%.

It is not surprising to find that the proportion of ex-regular cigarette smokers increased with age for both men and women. Thus, among men aged 45-64, almost seven out of ten (68%) had regularly smoked cigarettes at some time (i.e., including current and ex-regular smokers). But of the men aged 16-44, only 48% had ever been regular cigarette smokers. Of women currently aged 45-64, 57% had smoked cigarettes regularly at some time, compared with 48% of those aged 16-44.

Figure 4C: Past and present cigarette smoking, by current age

4.4.2 How long ago stopped smoking

As the self-completion questionnaire answered by informants aged 16 and 17 did not cover the remaining topics in Section 4.4, the following analyses are restricted to those aged 18-64.

Ex-regular cigarette smokers were asked how long ago they had stopped smoking. Women were more likely than men to have stopped within the past five years (35% compared with 30%). This difference is explained by the higher proportion of ex-smokers among older men who gave up long ago, rather than by women being inclined at the present time to give up smoking at a faster rate than men. There was a significant difference between the percentage of men and women who had stopped smoking 10 or more years ago: 53% of male ex-regular smokers had given up 10 or more years ago, compared with 47% of women.

Table 4.3

A quite high proportion of men and women ex-smokers had given up smoking in the past twelve months: 11% of men and 9% of women. Although the analysis that can be done with this group of recent ex-smokers is limited because of their small numbers in the sample, it appears that women aged 18-24 were the group most likely to have given up smoking in the twelve month period before the interview. As Table 4.4 shows, out of all women who had given up smoking in the past twelve months, the largest group were the 18-24 year olds; out of all men who had given up smoking during this period, the largest group were the 25-34 year olds.

Table 4.4

4.4.3 Medical advice to stop smoking

Current and ex-cigarette smokers (aged 18-64) were asked if they had ever been advised to stop smoking by a doctor or nurse. The likelihood of being advised to stop smoking increased with age for men and, to a lesser extent, for women after age 45. However, the group most likely to have been given such advice within the past year was women aged 18-24; as described in the previous section, it was precisely this group who were also the most likely to have stopped smoking in the year before the interview.

Table 4.5

Among men, 36% of current cigarette smokers said they had received medical advice to stop smoking, as did 21% of ex-regular cigarette smokers, and 5% of those who had smoked cigarettes occasionally. The figures for women were similar. However, among current cigarette smokers, women were more likely than men to have been advised in the past year to stop smoking (21% compared with 16%).

Among current smokers, the likelihood of being advised to stop was directly related to the number of cigarettes smoked per day. For example, the proportion advised to stop smoking was 19% among men who currently smoked less than 10 a day, while it was 34% of men smoking between 10 and 20 a day and 44% of men smoking 20 or more a day. The pattern among current women smokers was similar, with the proportions being advised to stop in each of these three categories slightly higher than for men

Table 4.6

4.4.4 Whether tried to give up smoking due to a health condition

Twenty-seven percent of those who were current or ex-cigarette smokers (including regular and occasional ex-smokers) said they had tried at some point to give up smoking because of a health condition. Women were more likely than men to have tried to give up smoking for health reasons (34% compared with 21%).

Those who had tried to give up smoking for health reasons were asked to specify the particular condition concerned. Half (50%) of all women who said they tried to give up smoking as a result of a health condition mentioned pregnancy. It is worth noting that, as pregnancy might not be regarded by all women as a 'health condition', this may be an underestimate of the proportion of women who try to stop smoking because of pregnancy.

Table 4.7 shows the health conditions mentioned by informants (other than pregnancy). Informants could mention up to eight health conditions (from a list of twelve) as possible reasons for their attempts to give up smoking. In Table 4.7, three of the

categories of conditions subsume a number of those from the initial list: 'cardiovascular condition' includes both heart problem and high blood pressure; 'respiratory problem' includes bronchitis, cough, shortness of breath and other respiratory problems (including asthma); and 'other health reason' includes ulcer and other gastro-intestinal problems, diabetes and any other health conditions not included on the list. The figures shown in the table refer to those mentioning any of the conditions within the relevant category.

Table 4.7

Respiratory problems were the category of conditions mentioned most frequently. Over three in five of those who had tried to stop smoking mentioned them (62% of men and 65% of women). Among men, the next largest category (though much smaller) was cardiovascular conditions, which increased with age and peaked at 36% of those aged 55-64. A similar, but less marked, increase by age was found among women who mentioned cardiovascular conditions.

4.4.5 Smoking and pregnancy

Women who were either current cigarette smokers, or who had given up smoking in the past year and who were currently pregnant or had been pregnant in the past twelve months, were asked if they had smoked at all during their pregnancy. Ninety-eight women fell into this category. The small group answering these questions does not allow detailed analysis. (The figures quoted below are unweighted.)

Out of this group, twelve women were currently pregnant. Ten of these twelve had not smoked at all since they had known they were pregnant and two had smoked some of the time. Of these twelve, eight said they either stopped smoking or only smoked some of the time because of the pregnancy, and the other four had done so for some other reason.

Eighty-six women who fell into the group of current smokers or recent ex-smokers had been pregnant in the previous twelve months. Out of these 86, 53 of them reported that they had smoked all the time during their pregnancy, 16 had smoked some of the time and 17 had not smoked at all during their pregnancy. Of those who smoked some of the time or not at all during their pregnancy, 25 had done so because of the pregnancy and 7 for some other reason (one person did not answer the question).

4.4.6 Age at which started regular cigarette smoking

Informants aged 18-64 who were current or ex-regular cigarette smokers (regular being defined as at least one cigarette a day) were asked at what age they had first started smoking.

Over four in five cigarette smokers (81% of male, and 82% of female, smokers) said they started smoking regularly between the ages of 14 and 24. About half of smokers had started between the ages of 14 and 17 (53% of male smokers and 51% of female smokers).

Table 4.8

In general, women claimed to have started smoking somewhat later than men. Significantly more women than men had started smoking at age 20 or later: 16% of men compared with 21% of women. And the proportion of informants who started smoking before they were 14 years old was 15% for men and 11% for women.

Of course, this analysis is inevitably somewhat confounded by the fact that some of the younger non-smoking informants are likely to take up cigarette smoking later in their lives. However, as Table 4.8 shows, women aged 45-64 tended to start smoking cigarettes at a later age than women aged under 45: 35% of the former started smoking at or over the age of 20, but only 13% of the latter had done so. It seems unlikely that there will be enough new smokers in future in the current 25-44 age group to bring the proportion of women starting after age 20 up to 35%. Of women now aged 45-64, 6% said they began smoking before the age of 14, which is much lower than the 15% of women aged 18-44 who started by age 14. It appears, therefore, that women are taking up smoking at an earlier age nowadays than they did in earlier decades.

The pattern for men was somewhat different. Although more men aged 45-64 claimed that they had started smoking at or over the age of 20 compared with men aged 25-44 (20% and 15% respectively), it is not clear that in the future the current 25-44 age group could not bring the proportion of those starting at 20 or over to a similar percentage. Furthermore, the same proportion of men aged 45-64 had started smoking before age 14 as current 18-44 year olds (15% for both age groups). So, unlike the evidence for women, it does not appear that men are starting to smoke at an earlier age nowadays.

For the younger age group (18-44), the pattern for men and women was similar: 15% of both sexes had started smoking before the age of 14. By contrast, among those aged 45-64, men were much more likely than women to begin smoking before the age

of 14 (15% of men compared with 6% of women).

4.5 Serum cotinine

4.5.1 Introduction

Obtaining accurate information on smoking behaviour can be a difficult task to undertake in a survey which relies on self-reports of what may be considered by some people to be a 'sensitive' activity. There are several reasons why this may be so. Firstly, when interviews take place in informants' own homes, they may not wish to reveal whether, or how much, they smoke in front of other household or family members. Similar considerations might also apply in other settings - for example, in clinical settings, informants may wish to conceal their actual behaviour from their own doctor because of medical advice they may have been previously given or because of worries in getting insurance cover, and so on. Secondly, even if there is no intention to conceal the truth, informants may still experience difficulties in estimating average levels of consumption for a behaviour that most likely varies both day to day and over longer periods of time.

Therefore, in order to improve estimates on levels of smoking, a number of biological markers have been developed as potential indicators of active and/or passive smoking (particularly among children). Some of these markers include carbon monoxide, thiocyanate and cotinine (which is a metabolite of nicotine). [6] While no marker is ideal for this purpose, cotinine has generally been considered the most useful by experts.[7]

The cotinine analysis in the Health Survey was based on a blood sample taken during the nurse visit. The Health Survey used gas chromatography, which allows very low concentrations of serum to be detected. (Further details about all blood analytes may be found in the Technical Report.)

Previous research suggests that serum cotinine levels above (approximately) 20 nanograms per millilitre (ng/ml) provide good evidence that the person is a smoker; on the other hand, levels of (approximately) 8 ng/ml or less indicate a non-smoker. Analysis of serum cotinine levels therefore has potential to be used as an external validation of self-reported smoking behaviour.

As nicotine replacement products (including patches, chewing gums and nasal sprays) are known to affect levels of serum cotinine, the small number of people who had used such products within seven days of the nurse visit have been excluded from the analysis described below.[8]

4.5.2 Serum cotinine levels

When those on nicotine replacement products are removed, cotinine assays were recorded for 5,763 respondents (which is 73% of the total unweighted sample). The youngest age group (16-24) was slightly under-represented in the assay sample (17% among men and 15% among women) compared with the total sample (19% and 17% respectively).

Table 4.9

Serum cotinine levels ranged from under 0.1 ng/ml to over 700 ng/ml. There was a very large cluster of low values, which tended to be well below 8 ng/ml and was mainly found among self-reported non-smokers. There was also a smaller cluster of values well above 20 ng/ml, which were largely found among self-reported smokers.

Overall, 61% of informants had serum cotinine levels below 8 ng/ml (60% of men and 62% of women). Forty-eight percent of all measured levels were very low, that is below 1.5 ng/ml. Only 1% of serum cotinine levels fell between 8 and 20 ng/ml (that is, between the upper limit of the non-smoker threshold and the lower limit of the smoker threshold).

Above 20 ng/ml, informants were divided into four bands of approximately equal size (although the lowest of these was slightly smaller than the other three): 20 to less than 150 ng/ml (18% of all 20 ng/ml or over), 150 to less than 250 (26%), 250 to less than 350 (27%), and 350 or over (29%).

4.5.3 Serum cotinine levels by self-reported smoking status

Current smokers

Among those informants who said they were current cigarette smokers, 3% had serum cotinine levels under 8 ng/ml (that is, below the threshold normally identified for smokers). Most (81%) of this group were estimated to smoke fewer than five cigarettes a day on average, and almost half (48%) averaged less than one a day.

Thus, the low serum cotinine levels for this group could be explained by this apparently low average consumption among them. Another possible reason could be that, given that serum cotinine has a short half-life (of 16-20 hours), the smoking behaviour of these informants was untypical in the day or two before the nurse visit.

Not a current cigarette smoker

Among those who said they did not currently smoke cigarettes, 91% had serum cotinine levels below 8 ng/ml, 2% had levels of 8 ng/ml to less than 20 ng/ml, and 7% had levels of 20 ng/ml or more. Among the latter, 40% currently smoked a pipe or cigars, which may have accounted for their having a serum cotinine value of 20 ng/ml or more. (Almost three quarters of the pipe or cigar smokers had in the past smoked cigarettes regularly.)

Previous research suggests that informants with a serum cotinine value of 20 ng/ml or more who said that they did not smoke at all will most likely have been smokers. Using the terminology of the reports on the Health Survey for England, this group is referred to as 'misreporters'. There were 171 such cases (using the weighted figures). Among these, 57% said they were ex-regular cigarette smokers, and a further 27% that they had previously smoked cigarettes occasionally (and 25% of these ex-smokers said they had given up within the past year). The misreporters were more likely to be men than women (60% and 40%); and 36% were under age 25 (compared with 18% of the total sample and 17% of current smokers).

If it is assumed that these 171 cases were in fact current smokers, a revised estimate can be made for the proportion of the population classified as smokers. The misreporters were classified by sex and age group. For each age group, the number of misreporters was expressed as a percentage of those classified as non-smokers. To project the assay sample results onto the total sample, the percentage derived from the assay sample was multiplied by the number of non-smokers in the full sample for that age group in order to estimate the number of additional smokers for each age group. This figure was then added to the number of self-reported smokers, and expressed as a percentage of the whole sample in the age group. Looking at all age groups, the adjusted estimate of smoking prevalence was 40% overall, 43% for men and 38% for women.

Table 4.10

Because the misreporters were not distributed in proportion to the size of the different age/sex groups, the adjusted estimates for smoking prevalence by age and sex differ in some respects from the unadjusted estimates. The most likely to misreport were men aged 16-24: the proportion of 16-24 year old men who smoked increased by nine percentage points, but the increase was only one to three percentage points in other age groups. This results in a higher estimate of smoking prevalence among men aged 16-24 years than among those aged 25-34 years.

The proportion of women classed as smokers increased by two or three percentage points for all age groups except the youngest (16-24) where the increase was four percentage points.

Of course, as this adjustment deals only with those informants whose serum cotinine levels were within the range considered to be clearly indicative of a smoker (i.e., at least 20 ng/ml), it leaves out the possibility that some misreporters may have had levels below 20 ng/ml (as some self-reported smokers had levels below this). Regardless of which estimate is used, the unadjusted or the adjusted, it must in any case be borne in mind that some informants classed as current cigarette smokers had very low levels of consumption.

Smoking

4.5.4 Serum cotinine levels by sex and age

When those on nicotine products are removed from the sample (but not misreporters), overall 36% of those from whom a cotinine assay sample was recorded had serum cotinine levels of 20 ng/ml or more (37% of men compared with 35% of women). These figures may be compared with the unadjusted figures for smoking prevalence (that is, those who reported smoking either cigarettes, pipes or cigars): 39% of men and 36% of women. When the adjusted figures are used, that is, when those who misreported (had cotinine levels of 20 ng/ml or more but reported not currently smoking) are included as current smokers, the proportion of smokers increased to 43% of men and 38% of women.

The mean level of serum cotinine was higher for men than women (104 compared with 93), which is consistent with self-reported data on mean number of cigarettes smoked which was also higher for men than women (18.1 per day compared with 15.4).

Table 4.11

Figure 4D compares the proportion of men and women with serum cotinine levels of 20 ng/ml or more with the proportion of self-reported current cigarette smokers for each age group. For both sexes, the comparison shows that the proportions were very similar. Among men, the proportions with cotinine levels of 20 ng/ml or more decreased with age until the 35-44 age group, after which it increased and remained stable at 38% for the two oldest age groups (45-54 and 55-64). The larger difference between the proportion of men classed as current cigarette smokers and the proportion with cotinine levels of 20 ng/ml or more in the youngest age group (35% compared with 42%), can be accounted for by the higher proportion of misreporters in that age group compared with the others. Among women, cotinine levels of 20 ng/ml or more followed very closely reported cigarette smoking.

Figure 4D: Proportion with cotinine levels >20 ng/ml, proportion of self reported

Figure 4E shows, separately for men and women, mean serum cotinine level and mean number of cigarettes smoked per day (based on the whole sample), by age. Given that these both attempt to measure the volume of cigarette consumption, a relationship between these two measurements would be expected. As in the previous figure, the relationship between these two measures was very close. Among men, mean serum cotinine level increased between the first and second age groups, then decreased between the second and third before increasing again for those aged 45 or over. As the figure shows, the mean number of cigarettes smoked per day followed a similar pattern.

If the sample is divided into two age groups, mean serum cotinine levels were significantly different for men aged 16-44 (99.8) and those aged 45-64 (112.9).

Figure 4E: Mean serum cotinine level and mean number of cigarettes per day, by age

Among women, mean serum cotinine levels and mean number of cigarettes per day matched each other closely by age group. They both increased between the first and second age groups, decreased between the second and third, increased again slightly before decreasing again for those aged 55-64. However, there was little overall difference between mean serum cotinine levels of those aged 16-44 and those aged 45-64 (91.7 and 94.4 respectively).

4.5.5 Serum cotinine levels and current smoking behaviour

Table 4.12 looks at serum cotinine levels by self-reported smoking status. As misreporters (see 4.5.3 above) could distort the results within the smoking categories, they have been removed from this table.

For current smokers of both sexes, serum cotinine levels markedly increased along with the number of cigarettes smoked. For men, the median level was 106 ng/ml for light smokers (under 10 a day), 275 ng/ml for moderate smokers (10 to 19) and 344 ng/ml for heavy smokers (20 or more). The equivalent median figures for women were 81 ng/ml for light smokers, 262 ng/ml for moderate smokers and 319 ng/ml for heavy smokers.

Pipe and cigar smokers (among men) tended to have serum cotinine levels similar to those of light smokers if they were ex-cigarette smokers; otherwise, their levels were much lower than even light cigarette smokers. Its possible that the ex-cigarette

smokers may have been more likely to inhale pipe or cigar smoke.

Serum cotinine levels were very similar for the other three categories of informants: ex-regular cigarette smokers, never regular cigarette smokers and never smoked at all.

Table 4.12

4.6 Passive smoking

4.6.1 Passive smoking by sex

'Passive smoking' refers to exposure to other people's tobacco smoke. All informants who were not current cigarette smokers were asked if they were ever regularly exposed to other people's tobacco smoke in any of the following places: in their own home; at work; in other peoples' homes; on public transport; in pubs; or in other public places.

The highest proportion of both sexes said they were most likely to be exposed to other people's smoke in pubs than in any other places: 52% of men and 32% of women. Of course, exposure to smoke in pubs and other public places is relatively short-lived, whereas exposure in homes and workplaces is likely to be of much longer duration. The evidence suggests that quite high proportions of informants are exposed to other people's smoke both in their workplaces (32% of men and 20% of women) and in their own homes (22% of men and 23% of women).

Overall, women were more likely than men to say they were not exposed to other people's smoke in any of these places (31% compared with 22%).

4.6.2 Passive smoking by age

Among both sexes, the likelihood of non-smokers saying they were not exposed to other people's smoke increased with age. The proportions saying they had no exposure to smoke ranged from 7% of men and 14% of women aged 16-24 to 33% of men and 45% of women aged 55-64.

Among both men and women non-smokers, 16-24 year olds were significantly more likely to be exposed to smoke in their own home than any other age group: 30% of men, 33% of women (compared with averages of 22% and 23% among all men and women respectively).

Similarly, the proportion of those exposed to smoke at work also tended to decline with age. Among men, 36% of those aged 16-44 said they were exposed to smoke at work, compared with 23% of those aged 45-64. Among women, the figures were 23% and 15% respectively.

A similar trend was found for exposure to smoke in pubs, where the youngest age group were by far the most likely to mention such exposure: 64% of 16-24 year old men and 51% of women in this age group said they were exposed to smoke in pubs. This declined with age to 32% of men and 11% of women aged 55-64.

Table 4.13

4.6.3 Passive smoking by social class

There were also significant variations in passive smoking by social class. The social class measure used is based on that of the chief income earner within the informant's household (see the Technical Report for details on the derivation of social class). Men in Social Class I and women in Social Classes I and II were by far the most likely to say they were not exposed to other people's smoke in any of the places mentioned. Men and women in Social Class IV were the most likely to say they were exposed to other people's smoke.

Table 4.14

While these social class differences applied to all the types of places described, the largest differences between informants in non-manual and manual social classes were found for exposure to smoke in their own home, at their workplace, and in other people's homes (with those in manual social classes being more likely than those in non-manual social classes to mention exposure to smoke in each of these places).

4.6.4 Passive smoking by level of serum cotinine

Among both male and female non-smokers, those who said they were exposed to smoke in their own home tended to have higher serum cotinine levels than those who were not: for example, for men non-smokers, only 9% of those who were exposed to smoke in the home had the lowest serum cotinine level (from 0 to 0.5 ng/ml) compared with 48% of those who were not exposed to smoke in the home. The equivalent figures for women were 13% and 54% respectively.

Table 4.15

The results suggest that, while exposure to cigarette smoke in the home increases the concentration of serum cotinine in the blood, it does not, in general, raise it to levels associated with active cigarette smoking.

4.7 Smoking and Social Class

Table 4.16 shows the proportion of current cigarette smokers by social class (of the chief income earner within the informant's household) within sex and age groups. The same data are also illustrated in Figure 4F. As this figure shows, informants in the manual social classes were much more likely than those in non-manual social classes to be current smokers.

Table 4.16

Figure 4F: Proportion currently smoking cigarettes, by social class of chief income earner within age group

While the sample sizes in some age/sex/social class groups were small, the differences in the proportions of current cigarette smokers between manual and non-manual social classes were found for all sex and age groups.

As can be seen from Table 4.17, informants in manual social classes were not only more likely to smoke than those in non-manual social classes, their average consumption of cigarettes was also higher. Among men, 24% of those in non-manual social classes reported that they were current cigarette smokers compared with 42% of men in manual social classes. Among male cigarette smokers, those from non-manual social classes smoked on average 16.7 cigarettes per day compared with 18.8 per day for those from manual social classes. Similar differences were found among women: 27% of women from non-manual social classes were current cigarette smokers compared with 44% of women from manual social classes; female cigarette smokers from non-manual social classes smoked on average 14.0 cigarettes per day compared with 16.5 per day for those from manual social classes.

Table 4.17

Among all informants, the proportion with serum cotinine levels of 20 ng/ml or more was 21% in non-manual social classes and 34% in manual social classes. (Table not shown.)

When self-reported cigarette smoking prevalence was taken as the dependent variable, a logistic regression showed significant social class effects for men and women separately after allowing for age. Again, for men and women separately, after age, there were significant social class effects when both the proportion of the sample smoking 20 or more cigarettes a day and the proportion with a serum cotinine level of 20 ng/ml or more were the dependent variables.

4.8 Smoking and region

Among both men and women, self-reported cigarette smoking prevalence was highest in Greater Glasgow: 38% for men and 41% for women. The prevalence of current cigarette smoking was lowest in Lothian & Fife for men (31%) and in Highland & Islands for women (31%). In general, however, prevalence of cigarette smoking showed little variation between regions.

Table 4.18

Looking at male current cigarette smokers, men in Borders, Dumfries & Galloway were the most likely to smoke 20 or more cigarettes a day (56%), while those in Highland & Islands (39%) were the least likely to smoke this amount. The mean number of cigarettes smoked per day was also highest in Borders, Dumfries & Galloway (21.0) and lowest in Highland & Islands (16.5).

Among current women smokers, there was less regional variation in level of cigarette consumption. On average, women in Greater Glasgow smoked the most per day (16.2), while those in the Highland & Islands smoked the least (14.9).

Table 4.19

When misreporters (those who said that they were not current smokers but had serum cotinine levels of 20 ng/ml or more, as described in Section 4.5.3) were included, the proportions smoking at all (cigarettes, pipes or cigars) increased for both sexes in all regions: among men, the increase was between two and six percentage points, while among women it was between one and four percentage points.

Table 4.20

A logistic regression showed no significant regional effects for either men or women, after allowing for age and social class, when self-reported cigarette smoking prevalence was the dependent variable. There were also no significant regional effects when the proportion smoking 20 or more cigarettes per day, or the proportion with a serum cotinine level of 20 ng/ml or more, were taken as the dependent variables. There were still no significant regional differences for any of the variables mentioned above when only age (rather than age and social class) was taken into account.

4.9 Comparison of Scotland and England

4.9.1 Self-reported smoking prevalence in Scotland and England

Data on smoking status and cigarette consumption from the Health Survey were compared with similar results from the 1995 Health Survey for England. There were significant differences between Scotland and England in the proportions of both sexes reporting that they currently smoked cigarettes. Men in Scotland were a bit more likely than those in England to be current cigarette smokers: 34% compared with 32%, a small, but statistically significant, difference. Among women, the difference was larger with 36% of women in Scotland classed as current cigarette smokers compared with 30% in England.

Table 4.21

Figure 4G shows, separately for Scotland and England, and by age group, the proportion of men who reported smoking at all (cigarettes, pipe, cigar) and the proportion of men who reported smoking cigarettes.

Among men aged 16-45, there were no significant differences in the proportion of current cigarette smokers between the two countries. However, among those aged 45-64, a higher proportion of men reported smoking cigarettes in Scotland than in England: 34% compared with 27%.

Figure 4G: Proportion of men smoking in Scotland and England, by age

With the inclusion of pipe and cigar smoking, there were still no significant differences between the younger age groups; but, significantly more men from older age groups in Scotland smoked at all compared with those in England: 43% of those aged 45-64 in Scotland, 35% in England.

Figure 4H shows, separately for Scotland and England, by age group, the proportion of women who reported smoking cigarettes. While in England the proportion of women smoking cigarettes decreased with age, in Scotland there was no clear relationship between age and cigarette smoking. In England, more 16-24 year old women reported smoking cigarettes than any other age group, whereas in Scotland the largest age group reporting that they smoked cigarettes were women aged 25-34. For all age groups except the youngest, women in Scotland were more likely than women in England to be current cigarette smokers.

Figure 4H: Proportion of women smoking in Scotland and England, by age

4.9.2 Number of cigarettes smoked: comparison of Scotland and England

There were also significant differences between Scotland and England in the proportions of both sexes reporting that they smoked 20 or more cigarettes a day. Male smokers in Scotland were a bit more likely than those in England to report that they smoked 20 or more cigarettes a day (46% compared with 41%). For women the difference was larger, with 37% of female smokers in Scotland smoking 20 or more cigarettes a day compared with 29% in England.

Figure 4I shows the proportion of men smoking 20 or more cigarettes a day (based on current cigarette smokers) by age group, separately for Scotland and England. In both countries, the proportion of men smoking 20 or more cigarettes a day tended to increase with age (although there was a slight decrease in England between the last two age groups). In Scotland, however, the increase was greater than that in England: the increase in Scotland was from 23% in the youngest age group to 60% in the oldest, while in England, it was from 23% to 53% (in the 45-54 age group).

Figure 4I: Proportion of men smoking 20 or more cigarettes a day in Scotland and England, by age

Figure 4J shows the same data for women. In both Scotland and England, the proportion of women smoking more than 20 cigarettes a day increased with age until the 45-54 age group, and then decreased slightly among 55-64 year olds. However, in Scotland the increase was greater (from 18% in the youngest age group to 46% in the 45-54 age group) than that in England (from 16% to 37% in these groups). In all age groups, women in Scotland were more likely than those in England to smoke 20 or more cigarettes a day (although not all these differences were statistically significant).

Figure 4J: Proportion of women smoking 20 or more cigarettes a day in Scotland and England, by age

Smokers in Scotland also had higher average daily cigarette consumption than those in England. Among men, the mean number of cigarettes smoked in Scotland was 18.1, while it was 15.9 in England. For all age groups, average daily consumption was greater in Scotland than in England. Similarly, among women, mean daily consumption was 15.4 in Scotland and 13.6 in England. For all age groups except the youngest, Scottish women smokers had significantly higher average daily cigarette consumption than those in England.

Figure 4K: Average number of cigarettes per smoker per day, by age and country

4.9.3 Comparison of Scotland and Northern England

A comparison of smoking in Scotland with Northern England (which comprises the two regions of Northern & Yorkshire and North West) showed no significant difference between the proportion of men reporting that they currently smoked cigarettes: 34% of men in Scotland compared with 33% in Northern England. There was a significant difference for women, however, with women in Scotland a bit more likely to be current cigarette smokers than those in Northern England: 36% compared with 33%.

Figure 4L shows separately for men in Scotland and Northern England the proportion of self-reported current cigarette smokers and the average number of cigarettes smoked per day, by age group. In all age groups except the oldest, the proportion of male smokers was similar; among 54-64 year olds, a significantly higher proportion of men in Scotland than in Northern England were current smokers (34% compared with 24%). The number of cigarettes smoked per day was also similar for all age groups except the oldest. Among 55-64 year old male smokers, those in Scotland tended to smoke more cigarettes per day than those in Northern England (20.9 compared with 15.6).

Figure 4L: Proportion of men smoking and number of cigarettes per smoker per day in Scotland and Northern England, by age

Figure 4M shows the same data for women in Scotland and Northern England. As can be seen, the patterns were similar to those found among men. Thus, among younger women (16-45), there were few differences in the proportion classed as current smokers, but women in Scotland aged 45-64 were more likely than those in Northern England to say they currently smoked (36% compared with 30%). There were no significant differences between women in Scotland and Northern England in the average numbers of cigarettes smoked per day for any of the age groups.

Figure 4M: Proportion of women smoking and number of cigarettes per smoker per day in Scotland and Northern England, by age

4.10 Comparison of scottish health survey WITH THE 1984-86 scottish heart health study

The Scottish Heart Health Study (SHHS) looked at lifestyle and coronary heart disease risk factors in 10,359 men and women aged 40-59 between 1984 and 1986 (see Chapter 1 for a more complete description). [9] One of the factors measured was cigarette smoking status. The SHHS found that 39% of men and 38% of women were, at that time, current cigarette smokers. A comparison of these figures with results from the Health Survey suggests that the proportion of the population (aged 40-59) classed as current cigarette smokers has decreased over the past decade, by about five percent in men (from 39% in SHHS to 34% in the Health Survey) and three percent in women (from 38% in SHHS to 35% in the Health Survey). [10]

Furthermore, the proportion of men and women who had never regularly smoked cigarettes increased over this period. At the time of the SHHS, 27% of men and 42% of women aged 40-59 had never regularly smoked cigarettes; the figures in the Health Survey were 36% for men and 45% for women in this age range.

Among men aged 40-59, the proportion of ex-regular cigarette smokers decreased during this time, from 34% in SHHS to 30% in the Health Survey. This reduction was not found among women, where the proportion of ex-regular cigarette smokers was 20% in both the SHHS and the Health Survey.

There was also a difference between the studies in the proportion of heavy smokers: in the SHHS, 25% of male smokers (aged 40-59) smoked 20 cigarettes or more a day compared with 20% in the Health Survey; the figures for women were 18% in the SHHS and 15% in the Health Survey.

It would appear therefore that, not only has the prevalence of cigarette smoking decreased over the past decade, but so has the prevalence of heavy smoking.

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References and notes

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4 Colhoun H. and Prescott-Clarke P, eds. *Health Survey for England 1994*, HMSO, London, 1996; *Living in Britain: Results from the 1994 General Household Survey*, HMSO, London, 1996.

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6 Woodward M, Tunstall-Pedoe H. An iterative technique for identifying deceivers with application to the Scottish Heart Health Study. *Prev Med.* 1992 Jan; 21(1): 88-97.

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9 Smith WCS et al. Concomitants of Excess Coronary Deaths - Major Risk Factor and Lifestyle Findings from 10,359 Men and Women in the Scottish Heart Health Survey. *Scottish Medical Journal.* 1989; 34: 550-5.

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10 There may be a slight difference in the definition of 'current cigarette smoker' between the SHHS and the Health Survey. Whereas the SHHS defined current cigarette smokers as those who reported smoking at least one cigarette per day, the Health Survey definition included informants who smoked less than one cigarette per day on average.

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comments

Alcohol consumption

Bob Eren

Summary

- One in three (33%) men drank more than 21 units, and 8% more than 50 units, a week.
- Among women, 12% drank more than 14 units, and 1% more than 35 units, a week.
- Men and women in the youngest age group (16-24 year olds) were the most likely to consume more than 21 (men)/14 (women) units a week: 37% of men and 18% of women exceeded these levels.
- On days they did drink, 78% of men drank 4 or more units. Over two in three (69%) women consumed 3 or more units on their drinking days.
- Men in manual social classes tended to have higher consumption than did men in non-manual social classes. In particular, men in Social Classes IIIM and IV had the highest mean levels of consumption, while those in Social Classes II and IIINM had the lowest mean consumption.
- Among women, it was those in Social Classes I and IIINM who had the highest levels of consumption, while women in Social Classes IIIM and V had the lowest consumption.
- There were few significant differences in drinking patterns by region. The main differences were: among men, the highest levels of consumption were in Greater Glasgow, while the lowest were in Borders, Dumfries and Galloway; among women, the highest consumption was in Lothian and Fife, and the lowest was in Borders, Dumfries and Galloway.
- On average, men in Scotland drank more than men in England: 20.1 units a week compared with 18.3 units a week, a statistically significant difference.
- By contrast, women in Scotland drank slightly less than women in England: 6.3 units a week compared with 7.0 units a week (also statistically significant).

5.1 Introduction

Alcohol misuse contributes to a wide range of health problems including high blood pressure, cirrhosis of the liver, and cancers of the mouth, pharynx, larynx and gullet. Excessive alcohol consumption affects large numbers of the Scottish population, and is estimated to contribute to the death of 3,000 people every year.

Targets for drinking were originally set out in *Health Education in Scotland*. The specified target is to achieve by the year 2000 a reduction of 20% over 1986 levels in the proportion of the population exceeding the sensible limits of alcohol consumption. Because the effects of alcohol are related to body mass, the sensible limits differ between men and women: the limits identified in *Health Education in Scotland* were 21 units a week for men and 14 units for women.[1] It was estimated that about 24% of men and 7% of women were exceeding these limits in 1986.

Furthermore, alcohol consumption levels of more than 50 units per week for men and 35 units per week for women are thought to pose a potentially serious risk to health, possibly resulting in an increased risk of acquiring alcohol related diseases or physiological dependence (depending on the individual).

Since the publication of *Health Education in Scotland*, guidance on sensible drinking limits has been changed following a report compiled by an inter-departmental Working Group.[2] The Working Group recommended that drinking guidelines should be based on daily rather than weekly consumption and should acknowledge the increasing evidence that moderate levels of alcohol consumption may benefit the health of particular groups in relation to heart disease (such as men over 40 and post-menopausal women). Advice about sensible drinking for adults has therefore been revised as follows:

the health of men aged over 40 and of post-menopausal women can benefit from drinking between one and two units a day.

there is no significant health risk for men (of all ages) who regularly consume between 3 and 4 units a day and for women (of all ages) who regularly consume between 2 and 3 units a day.

regular drinking of 4 or more units a day for men, or 3 or more a day for women, is likely to result in increasing health risk and is not advised.

This revised advice about sensible drinking was published in December 1995. As the majority of the Health Survey interviews had been completed by then, it is unlikely that the new guidance will be significantly reflected in the results.

The questions contained in the Health Survey were the same as those used in the General Household Survey (GHS), with minor differences.[3] In line with the earlier advice on sensible drinking, these questions were designed to estimate average weekly consumption, and do not provide detailed information about daily drinking patterns. However, an attempt is made in section 5.3.6 to shed some light on the issue of daily consumption. For the majority of this chapter, alcohol consumption levels are reported on the same estimated weekly average basis as used in the reports on the 1995 (and earlier) Health Surveys for England (as well as the GHS series).

5.2 Estimating weekly alcohol consumption

Informants were asked how often they had drunk five different types of alcoholic drink (beer, spirits, wine, fortified wine and shandy) during the past twelve months; for each they had drunk, they were asked how much of it they usually drank on any one day. Weekly consumption was then estimated by multiplying the amount they said they usually drank of each particular drink (converted into units of alcohol) by the average number of days. The exact calculation is given at the end of this chapter. [4]

It is generally known that surveys tend to underestimate levels of alcohol consumption. Not only are there problems with memory, it is also a difficult task for people to give an average estimate for an activity that varies from one day to the next. When describing levels of alcohol consumption, there may also be a tendency for informants to slant their reporting in a direction they believe to be 'socially desirable'.

However, the survey results are useful for classifying people into broad consumption bands and for calculating other statistics such as means. While mean consumption is a useful statistic for comparing different sub-groups, it should be remembered that it is not a precise estimate of actual consumption.

Since advice about sensible drinking limits has been revised, interest has shifted from weekly to daily drinking patterns. Section 5.3.6 attempts to relate the questions on frequency and quantity in order to provide a rough estimate of average daily drinking. However, it should be remembered that this approach suffers both from the problems to do with estimating consumption and the fact that the questions were designed to elicit weekly, not daily, consumption estimates.

5.3 Alcohol consumption levels

5.3.1 Current drinkers, ex-drinkers, and never-drinkers

The vast majority (87%) of the population aged 16-64 said they drank alcohol "nowadays". Those who said they did not were asked, as a check, whether they ever had an occasional drink; a further 5% of the sample said that they did, making the total of current drinkers 92%.

The 8% who were not current drinkers were asked whether they had ever drunk alcohol in the past: 5% had never drunk and 3% were ex-drinkers.

All current drinkers were asked to give details of their alcohol consumption over the past 12 months to enable their usual weekly consumption to be estimated. Men and women were then categorised into never-drinkers, ex-drinkers, and current drinkers with different consumption levels. [5]

5.3.2 Alcohol consumption by sex and age

Among the 16-64 year old Scottish population, 6% percent of men and 10% of women said that they did not drink any alcohol at all nowadays. Among this group, 3% of men were ex-drinkers and 3% said they had never drunk alcohol; for women the

figures were 3% ex-drinkers and 7% who had never drunk.

Table 5.1 shows the consumption bands, along with overall mean consumption. Overall, 33% of men were drinking more than 21 units of alcohol a week on average, and 8% were drinking more than 50 units a week. Mean consumption for men was 20.1 units per week. (This mean, and those presented below, are based on the total sample; ex-drinkers and those who had never drunk are given a value of zero units per week.)

Table 5.1

Among women, 13% were estimated to be drinking more than 14 units of alcohol a week, and 1% were drinking more than 35 units a week. For women, mean consumption was 6.3 units per week.

Thus, men were much more likely than women to exceed the (previously) recommended drinking limits. Moreover, the proportion of informants exceeding 21 (men)/14 (women) units a week was much higher in 1995 than the Scottish Office estimates in 1986 (although the 1986 estimates quoted in Section 5.1 are based on all ages rather than just on 16-64 year olds).

Figure 5A and Table 5.1 show that, for both sexes, informants in the youngest age category (16-24) were the most likely to be drinking more than 21 units (men) or 14 units (women) a week: 37% of men and 18% of women in this age group exceeded these amounts. As age increased, there was a gradual reduction in the proportions drinking more than this weekly amount, so that by the oldest age category (55-64) 29% of men and 8% of women were consuming more than these amounts.

Figure 5A: Proportion drinking more than 21 (men)/14 (women) units per week, by age and sex

The estimated mean number of alcohol units consumed also showed some decline with age, although the trend was less clear for men than women.

For both sexes, the oldest age group (55-64) had significantly lower mean consumption than the remainder of the sample.

5.3.3 Drinker 'profiles'

Table 5.2 gives sex and age 'profiles' of those people drinking more than the advised limits (before the guidelines were revised in 1995). Thus, although less than half the sample were men, they accounted for 71% of those drinking more than the previously advised level of 21 units a week. One-third of those exceeding this level were men aged 16-34.

Table 5.2

This table also shows that, of those exceeding the higher levels of 50 units a week for men and 35 units a week for women, 88% were men, and nearly half (45%) were men aged 16-34.

5.3.4 Drinking frequency

Informants were asked a separate question on how many days a week they usually had any kind of alcoholic drink. Table 5.3 shows their responses by age and sex.

Men drank more frequently than women: one in three (34%) men were drinking at least three days a week compared with one in seven women (14%). Women were twice as likely as men to drink less often than once a month: 28% compared with 14%.

A majority of men in all age groups drank between one and four days a week, although the proportion doing so decreased after the 35-44 age group (from 62% to 59% for men aged 45-54 and 51% for men aged 55-64). On the other hand, the proportion of men drinking almost every day increased with age (from 4% in the 16-24 age group to 15% of those aged 55-64). Men in the oldest age group (55-64) were not only the most likely to drink almost every day; they were also the most likely to not drink at all (9%).

Women were most likely to drink once or twice a week, although the proportion doing so decreased with age from about two in five aged 16-44 to one in three aged 55-64. As for men, the proportion of women drinking almost every day tended to increase with age, as did the proportion who did not drink at all.

Table 5.3

5.3.5 Comparison with the Health Survey for England

Table 5.4 compares weekly alcohol consumption in Scotland with that for England as a whole, and separately for Northern

England (using results from the 1995 Health Survey for England).[6]

Looking at the results for all 16-64 year old men, the table shows that men in Scotland drank more than men in England, both in terms of mean units consumed per week (20.1 compared with 18.3) and the likelihood of consuming more than 21 units per week (33% compared with 31%). However, men in England were more likely than those in Scotland to consume alcohol on 3 or more days a week.

Table 5.4

If the comparison is confined to that between Scotland and Northern England, however, there is then no significant difference for men in mean alcohol consumption; but men in Northern England were more likely than men in Scotland to consume more than 21 units of alcohol a week (36% compared with 33%).

The pattern for women is quite different. Compared with women in England, those in Scotland both drank less frequently and consumed less alcohol on average. Women in the Scottish Health Survey consumed 6.3 units a week on average, while those in the same age range in England consumed 7.0 units a week. Moreover, 25% of the latter drank alcohol on three days a week or more, compared with only 14% of women in Scotland.

The differences were greater when comparing women in Scotland (6.3 units) with those in Northern England, where mean weekly alcohol consumption was 8.0 units.

5.3.6 Average daily drinking

In order to estimate average daily alcohol consumption, it is first necessary to estimate the average number of days a week on which informants drank by assigning numeric values to the different response categories. This was done using a similar method for estimating total weekly consumption (see section 5.2), except that the values were applied to the general question on drinking frequency (for example, "five or six days a week" is given a value of 5.5). An estimate of average daily consumption was then obtained by dividing the estimated total weekly consumption by frequency expressed in number of days per week.

The average reported frequency of drinking alcohol, and the estimated amount drunk per day, is shown in Figures 5B for men and 5C for women. Among both sexes (except for the youngest category of women), average drinking frequency increased with age. By contrast, the estimated amount consumed per day decreased with age for both sexes.

Figure 5B: Daily alcohol consumption for men, by age

Figure 5C: Daily alcohol consumption for women, by age

Table 5.5 shows the proportion of current drinkers who drank with different frequencies and drank different quantities per day. Percentages are based not on the numbers with each different frequency of consumption (i.e., the number in each column) but on the total number of drinkers for each sex.

The total column shows that, on average, 63% of men drinkers consumed six or more units on each day they drank. Adding this to the two figures immediately above shows that 78% of men drank four or more units per day (the revised recommended level) on days they drank.

On days when women drank, they were much less likely than men to drink six or more units a day - only 30% did. But 69% drank on average three or more units (the revised recommended level) each day they had a drink.

Table 5.5

Looking at frequency and quantity together, it can be seen that over one in four men and women drank once or twice a week; moreover, this group includes over one in three informants who drank 4 (men)/3 (women) or more units a day.

5.4 Types of drink

This section looks at alcohol consumption for each of five types of drink.

Looking at men and women combined, over half (54%) of total alcohol units consumed was accounted for by beer, lager, stout or cider, with shandy accounting for another 2%. Spirits (whisky, gin, brandy, vodka, etc.) accounted for 27% and wine (other than fortified) for 15%. Sherry and other fortified wines (such as vermouth, martini and port) accounted for the final 2%.

There were significant differences between the sexes. Beer was much more likely to be drunk by men than women: nearly two-thirds (64%) of the alcohol units consumed by men consisted of beer, compared with only 20% for women. On the other hand, spirits and wine accounted for much higher proportions of women's alcohol units than men's.

Table 5.6

Within the sexes, there were also large differences by age. While beer accounted for the highest proportion of alcohol units consumed among men of all age groups, the proportion decreased from 73% among those aged 16-24 to 52% in the 55-64 age group. The share of spirit consumption remained steady for the three youngest age categories, and then increased significantly for the 45-64 age group.

Among women in the youngest age category, beer and spirits accounted for similar shares of total alcohol units consumed (37% and 36% respectively). For women aged 25-44, wine and spirits had equal shares, while spirits had the largest share for women aged 45-64.

Figure 5D shows the estimated number of alcohol units consumed for each type of drink. For this analysis, those who were not current drinkers were assigned a value of zero for each drink type. For each sex and age group, the height of the bar shows the estimated total number of units consumed, while the segments show the units for each of four drink types (with beer and shandy combined into one type). The much higher total alcohol consumption of men compared with women can be clearly seen, as can the higher beer consumption among young men in particular.

Figure 5D: Mean weekly amounts drunk of different types of drink, by sex and age

Table 5.7

Figure 5E analyses the proportion of each type of drink consumed by estimated overall weekly consumption. Among both sexes, as the amount of alcohol consumption increased, the proportion of it accounted for by beer also tended to increase, while the proportion of wine tended to decrease (although this was more marked among men than women).

Figure 5E: Proportion of alcohol consumed in different types of drink, by sex

Table 5.8

5.5 Changes in drinking Behaviour

5.5.1 Cutting down drinking over the past five years

Current drinkers were asked a number of questions about cutting down their alcohol consumption over the past five years. These questions about changes in drinking behaviour were confined to respondents aged 20 or more.

Among current drinkers aged 20 or more, 43% said that (at the time of the interview) they were drinking less that five years ago, and 20% said they were drinking more. Aside from the youngest group (20-24) who were more likely to say their consumption had increased rather than decreased, informants in all other age categories were more likely to have reported a decline in their drinking.

Of those who reported a decline in drinking, 10% percent of men and 13% of women said they decreased their consumption because of a particular health condition (including pregnancy). The health conditions most often mentioned by men were ulcers or other gastro-intestinal problems (26% of men who cut down drinking for health reasons), heart disease (21%), excess weight (13%), and high blood pressure (12%). Women who cut down for health reasons most often did so because of pregnancy (51%) or because of ulcers, etc. (14%).

All current drinkers aged 18 or more were asked if they had ever been given medical advice to reduce their level of alcohol consumption. Overall, 5% said they had; men were more likely than women to have been given such advice (7% compared with 2%). Among men, the likelihood of being given such advice increased with age from 4% of 16-24 year olds to 13% of 55-64 year olds.

Whether informants had been advised to reduce their drinking was also related to their estimated total alcohol consumption: 21% of men with levels of consumption of over 50 units a week were advised to cut down compared with 4% of men drinking 1-10 units per week. (Tables not shown.)

5.5.2 Reasons for stopping drinking

Overall, 3% of the sample were classified as ex-drinkers. They were asked a separate series of questions about their reasons for giving up. (These questions were not included in the self-completion questionnaire completed by 16-17 year olds, so the results relate to informants aged 18 or more.)

About one in three men and women who had stopped drinking said they had done so because of a health condition (including pregnancy). The conditions mentioned most often were ulcers and other gastro-intestinal problems (15%), pregnancy (16%) and alcoholism (17%). (These results must be treated with caution because of the small bases.)

Overall, 19% of the ex-drinkers said they had been medically advised to stop drinking: 31% of male, compared with 9% of female, ex-drinkers were given this advice. (Tables not shown.)

5.6 Social class differences

Table 5.8 shows the proportion of men drinking more than 21 alcohol units a week, and women more than 14 units, by social class. Two versions of social class are shown: the first is based on that for the 'chief income earner' within the informant's household, and the second on the informant's own social class. The following commentary is based mainly on social class of the chief income earner.

The evidence suggests that men in manual social classes were more likely than those in non-manual classes to drink more than 21 units of alcohol a week. In particular, men in Social Classes IIIM (based on own and chief income earner social class) and IV (own social class) were significantly more likely than average to exceed this amount.

The opposite applied among women, with those in non-manual classes tending to drink more than those in manual classes. Thus, 19% of women in Social Class I (based on chief income earner) consumed more than 14 units a week compared with only 9% in Social Class V (and an average of 13% for all women).

Table 5.8

These relationships still held (for both men and women) after adjusting for the effects of age using logistic regression.

Looking at mean consumption (based on social class for chief income earner), men's highest estimated mean consumption was found in the manual Social Classes IIIM and IV, while lowest mean consumption was found among non-manual Social Classes II and IINM. An analysis of variance showed these differences to be significant.

Table 5.9

Again, the pattern for women was quite different: analysis of variance showed that those in Social Classes I and IINM had significantly higher mean alcohol consumption than women in Social Classes IIIM and V.

In Table 5.10, the proportion of men drinking more than 21 units a week is shown for four social class groups (combining I with II and IV with V) within two broad age bands. In each age group, men in manual social classes - especially in Social Class IIIM - were more likely to consume more than 21 units of alcohol a week. **Table 5.10**

In terms of women drinking more than 14 units a week, the picture was less clear-cut. Amongst the younger women (aged 16-44), there was little difference between social classes in the likelihood of their drinking more than 14 units a week. But for older women (45-64), those in Social Classes I and II were the most likely to drink more than this amount, while women in Social Classes IV and V were the least likely to do so.

5.7 Regional differences

Table 5.11 shows levels of alcohol consumption by region. Table 5.12 shows the proportion of men in each region drinking more than 21 units, and more than 50 units, a week, as well as estimated mean weekly units consumed. The data have been age standardised. It can be seen in Table 5.12 that the proportion of men drinking more than 21 units a week is significantly higher than average in Greater Glasgow. The proportion drinking more than 50 units a week is also higher than average in Greater Glasgow, while it is lower than average in Borders, Dumfries and Galloway.

Tables 5.11, 5.12

Similarly, at 26.2 units a week (after standardising for age), men's estimated mean alcohol consumption was significantly

higher than average (20.3 units a week) in Greater Glasgow; it was lower than average in Borders, Dumfries and Galloway (15.7 units a week).

Although there was less regional variation among women than men, the data show that women in Lothian and Fife were more likely than average to drink 14 or more units a week (16% compared with the average of 13%), while those in Borders, Dumfries and Galloway were less likely to do so (9%). Looking at the (age standardised) mean number of units consumed, women in Lothian & Fife drank significantly more than average (7.9 units a week compared with the age standardised average of 6.4).

However, although some regional differences remain, a logistic regression shows that age and social class explain much more of the variation in the level of alcohol consumption than does region.

5.8 problem drinking among 16-17 year olds

5.8.1 Drinking among 16-17 year olds

A special self-completion questionnaire including questions on smoking and drinking was given to 16-17 year old informants so that they would be able to answer without other household members overhearing their responses. At the end of this questionnaire there were a number of questions about drinking problems and drunkenness. As these questions were not asked of the rest of the sample, the base for the following analysis includes only 16-17 year olds. Because there were relatively few in the sample, the analysis has been confined to an examination of differences between the sexes. (Also because of the small bases, the results must be treated with caution.)

Eighty-five per cent of 16-17 year olds were classed as current drinkers: 88% of men and 82% of women in this age group. About one in eight (12%) of 16-17 year old men reported drinking more than 21 units a week; among 16-17 year old women, 9% drank more than 14 units a week.

Looking at current 16-17 year old male drinkers, they were most likely to say they had an alcoholic drink once or twice a week (46%) or once or twice a month (29%), with 4% saying they consumed alcohol on five days a week or more. Current female drinkers aged 16-17 drank alcohol less often than men: 13% drank only once or twice a year, 23% drank once every couple of months, 35% drank once or twice a month, and 28% drank once or twice a week. (Tables not shown.)

5.8.2 Problem drinking

Informants completed six self-completion items which form part of the "CAGE" questionnaire, a scale which has been validated in other general population studies (although not specifically for 16-17 year olds).[7] Table 5.13 shows the proportion of 16-17 year old men and women drinkers endorsing each of the items of the CAGE scale.

Table 5.13

Three of the items relate to physical dependence: 'There have been occasions when I felt unable to stop drinking'; 'I have had a drink first thing in the morning to steady my nerves or get rid of a hangover'; and 'There have been occasions when I felt that I was unable to stop drinking'. The other three were: 'I have felt that I ought to cut down on my drinking'; 'I have felt ashamed or guilty about my drinking'; and 'People have annoyed me by criticising my drinking'.

Overall, the item most frequently mentioned by the youngest informants in the Health Survey was 'I have felt that I ought to cut down on my drinking' (9%). However, this was much more likely to be mentioned by men than women informants (15% compared with 2%). Women aged 16-17 were most likely to say they "felt ashamed or guilty" about drinking (7%).

Agreement with two (or more) of the six CAGE items is taken as a possible indicator of "problem drinking". The proportion of young current drinkers who were identified as 'problem drinkers' using this definition was 6% of 16-17 year old men; there were no 16-17 year old women problem drinkers in the sample. (If the base is taken as all 16-17 year olds, rather than current drinkers only, then the proportion of men problem drinkers would be 5%.)

Looking at the three items on physical dependence, 95% of young drinkers said none of them applied and 5% said one of the items applied. (None of them said more than one of these items applied.)

5.8.3 Drunkenness

Young drinkers were asked three items about drunkenness: 'I have been drunk at least once a week, on average, in the last three months'; 'Drinking has made me slightly (or very) drunk in the last three months'; and (if yes to 2) 'How many times in

the last three months'.

Three measures have been derived from these questions:

- 1 The proportion who had been drunk at least once a week in the past three months.
- 2 The proportion who had been at least slightly drunk three or more times in the past three months.
- 3 The proportion who had been at least slightly drunk at least once in the past three months.

Among current 16-17 year old male drinkers, 69% said they had been slightly (or very) drunk at least once in the past three months (which is 61% of all 16-17 year old men in the sample, including non-drinkers). The comparable figure for women was 53% (or 43% of all 16-17 year old women).

The number of 16-17 year olds who said they were at least slightly drunk three or more times within the last three months was much lower at 36% of male, and 22% of female, current drinkers.

Twenty-three per cent of 16-17 year old current male drinkers said they had been drunk at least once a week on average in the past three months; among female drinkers, the figure was much lower at 8%. (Based on all 16-17 year olds in the sample, 20% of men and 6% of women had been drunk at least once a week in the past three months.)

Table 5.14

5.9 Gamma gt

5.9.1 Analytical considerations

Evidence from clinical studies show that levels of gamma-glutamyl transpeptidase (gamma gt) in the blood may be associated with levels of alcohol consumption as well as with diseases of the liver, biliary tract and pancreas. [8] In these clinical studies, alcohol consumption and gamma gt were precisely measured over the same period of time. This differs from the Health Survey, where the consumption data is based on informants' own reports of their usual drinking behaviour. As alcohol tends to raise gamma gt levels for only a short period (of about 24-48 hours after ingestion), the Health Survey data is less likely than a clinical study to show a close relationship between responses about drinking and levels of gamma gt.

Gamma gt levels may be raised by certain drugs, particularly those used to treat epilepsy. The small number (56) of informants taking such drugs have been excluded from the following analyses. [9]

5.9.2 Gamma gt results

Gamma gt results are shown in Table 5.15 by age and sex and in Table 5.16 by self-reported alcohol consumption levels. These tables first show the distribution of gamma gt in a number of bands, and then a few percentiles, including the median. The percentiles start at the bottom of the distribution, so that the 90th percentile (for example) is the boundary for the ten per cent with the highest gamma gt levels.

Next in the tables are the mean and standard error; it should be noted that the means are not robust for small sub-samples because the distribution is markedly skewed and there are small numbers of very high values. For this reason, the geometric mean is also shown, which may be a better measure of central tendency for gamma gt because it is less sensitive to very high values.

As Table 5.15 shows, mean gamma gt levels were higher for men than for women and tended to increase with age for both sexes (except for men they then drop slightly among the oldest group aged 55-64). For men, the geometric mean increased from 19 in the 16-24 age group to 35 at age 45-54, and then decreased slightly to 33 for those aged 55-64. Among women, the geometric mean increased with age from 14 in the youngest age group to 24 in the oldest.

Table 5.15

It also appears that gamma gt is related to levels of alcohol consumption. For current drinkers, mean gamma gt tended to increase along with estimated consumption. Mean gamma gt was also quite high for ex-drinkers (especially among women); this could be partly due to ex-drinkers giving up alcohol consumption for health reasons.

Table 5.16

References and notes

1 A unit of alcohol is 8 gms of ethanol, and is the amount contained in half a pint of beer or lager, or in a small glass of wine, or in a measure of spirits.

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2 *Sensible drinking: the report of an inter-departmental working group*, Department of Health, London 1995.

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3 The main difference is that quantities for beer and shandy were recorded as half-pints in the Health Survey, but as pints on the GHS. While in theory this should not make any difference to the results, in practice there could have been recording error as a result of confusion between pints and halves (and the degree of this confusion could vary with each type of recording unit). The other questions used to estimate consumption were the same between the Health Survey and GHS, but a number of other questions asked about drinking differed between the two surveys. It should also be borne in mind when comparing the results from the Health Survey with those from the GHS that the different contexts of the drinking questions - the GHS is a general purpose survey, and is not specifically concerned with health issues - could affect responses.

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4 For informants aged 16 and 17, details on alcohol consumption were collected as part of a special smoking and drinking self-completion questionnaire. For those aged 18 or over, the information was collected as part of the face-to-face interview.

The method of estimating consumption follows that used in the GHS and the Health Survey for England. For five types of alcoholic drink (shandy, beer/lager/stout/cider, spirits/liqueurs, fortified wines, and wine), informants were asked about how often they had drunk each one in the past twelve months, and how much they had usually drunk on any one day. The amount given to the latter question was converted into units of alcohol, with a unit equal to half a pint of beer/lager/cider, a single measure of spirits, one glass of wine, or one small glass of fortified wine. The number of units was then multiplied by the frequency to give an estimate of weekly consumption for each type of drink. The frequency multipliers were:

Drinking frequency	Multiplying factor
Almost every day	7.0
5 or 6 times a week	5.5
3 or 4 times a week	3.5
Once or twice a week	1.5
Once or twice per month	0.375
Once every couple of months	0.115
Once or twice a year	0.029

The separate consumption figures for each type of drink were rounded to two decimal places and then added together to give an overall weekly consumption figure. The results were then banded, using the same bands as the ones used for the Health Survey for England. The bandings for men are as follows:

- 1 Under 1 unit (less than or equal to 0.50 units)
- 2 1 - 10 units (over 0.50 units, but less than or equal to 10.00 units)
- 3 Over 10 - 21 (over 10.00 units, but less than or equal to 21 units)
- 4 Over 21 - 35 (over 21.00 units, but less than or equal to 35 units)
- 5 Over 35 - 50 (over 35.00 units, but less than or equal to 50 units)
- 6 Over 50 (over 50.00 units)

The bands for women are similarly defined, but with breaks at 7, 14, 21 and 35 units, instead of 10, 21, 35 and 50. Back

5 Some current drinkers had a usual weekly consumption of zero over the last twelve months, even though they regarded themselves as occasional drinkers. The classification used follows that in the 1994 and 1995 Health Survey for England reports. There are differences between this classification and the one used in earlier Health Survey for England reports. Details may be found in Chapter 10 of the 1994 report on the Health Survey for England (page 339).

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6 Northern England includes the two health authority regions of Northern & Yorkshire and North West.

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7 Smart RG. Use of CAGE scale in a population survey of drinking. *Journal of Studies on Alcohol* 1991; **52(6)**:593-596.

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8 Whitfield JB et al. A multi-variate assessment of alcohol consumption. *International Journal of Epidemiology* 1981; **10**:281-288.

Shaper AG, Pocock SJ, Ashby D, Walker M, Whitehead T. Biochemical and haematological response to alcohol intake. *Annals of Clinical Biochemistry* 1985; **22**:5-061.

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9 Oral contraceptives may also affect gamma gt levels. However, as the 1993 report on the Health Survey for England showed that excluding women who were taking oral contraceptives made no noticeable difference to the results, they have been included in the analysis in this chapter. *Health Survey for England 1993* (p 483).

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comments

Blood pressure

Wei Dong, Paola Primatesta and Lualhati Bost

Summary

- Among all informants aged 16-64 years, mean systolic blood pressure (SBP) was 128 mmHg. Mean SBP was 131 mmHg among men and 124 mmHg among women. Mean diastolic blood pressure (DBP) was 71 mmHg among all informants; it was 73 mmHg among men and 68 mmHg among women.
- The prevalence of high blood pressure (i.e., SBP \geq 160 mmHg or DBP \geq 95 mmHg or on anti-hypertensive drugs) was 11.9% among all informants, 11.0% among men and 12.9% among women.
- Among those who had high blood pressure, 60% reported a history of hypertension and 68% were receiving anti-hypertensive medications. Of those on treatment, 83% were normotensive (i.e., SBP <160 mmHg and DBP <95 mmHg).
- There were small regional variations in mean SBP and DBP in women, but no differences in men. There was no difference in the prevalence of high blood pressure between regions for either sex.
- The prevalence of high blood pressure was significantly higher among women in manual social classes than women in non-manual social classes. There were no social class differences in men. There were also no social class differences in mean SBP or mean DBP for either sex.
- Blood pressure results were lower than those reported in the 1984-86 Scottish Heart Health Study, in particular for DBP and for the proportion of informants with DBP >100 mmHg. (A comparison of results from these two surveys must be interpreted with caution.)
- Compared with informants in the Health Survey for England, informants in Scotland had lower mean SBP and mean DBP and appeared to have better treatment and control of high blood pressure.

6.1 Introduction

In *Scotland's Health: A Challenge To Us All*, The Scottish Office identified coronary heart disease as a top priority for improving the health of the Scottish population and set a target of reducing mortality among adults aged under 65 by 40% between 1990 and 2000. [1] One of the major risk factors for heart disease and stroke is raised blood pressure. A reduction in blood pressure through primary and secondary prevention should therefore be targeted in order to achieve a decline in cardiovascular disease (CVD) mortality and morbidity.[2] [3]

Blood pressure is determined by genetic and environmental factors, known and unknown. It is associated with many factors such as age, sex, socioeconomic status, body weight, salt intake, excessive alcohol consumption and physical activity. [4] In addition, many medications may affect blood pressure levels.

It is widely accepted that the relationship between blood pressure and CVD is continuous and there is no threshold effect in risk for CVD. However, in clinical settings it is common practice to classify individuals as being hypertensive or normotensive using various definitions and to report prevalence of hypertension at a population level.

The Scottish Health Survey is the first survey to provide data on blood pressure based on a nationally representative sample of the Scottish population (aged 16-64). This chapter describes the Health Survey results for: mean systolic and diastolic blood pressures; the prevalence of high blood pressure; and the proportion of those with high blood pressure who were aware of their condition (detected), and whose condition was treated and controlled. An important aim of this chapter is to provide baseline data which may be useful in assessing trends over time. Variations in blood pressure between regions and between social classes are also presented, and the relationships between blood pressure and various life-style factors are examined.

Finally, the Health Survey results are compared with data from the 1984-86 Scottish Heart Health Study (SHHS) in order to look at changes in blood pressure over the last decade, and with results from the 1994 Health Survey for England (1994 being

the most recent year in which the English survey focused on cardiovascular disease).

6.2 Methods

The detailed protocol for blood pressure measurement is contained in Appendix B in the Technical Report. Briefly, blood pressure was measured using an automated device, the Dinamap 8100 monitor. This device has been validated against the mercury sphygmomanometer and was found to give systolic readings and diastolic readings that are slightly higher in older age groups but lower in younger age groups.[5]

Using an appropriately sized cuff, three blood pressure readings were taken on the right arm with the informant in a seated position after five minutes rest. Blood pressure of pregnant women was not measured. The data presented here are based on the mean of the second and third readings from informants in whom all three recordings were completed.

Blood pressure readings were obtained from 6851 informants, which is 98% of all those visited by a nurse. However, informants who had eaten, drunk alcohol or smoked in the 30 minutes prior to the measurement were excluded from the analysis (14% of those measured), as were informants from whom less than three readings were obtained (1%). Thus, the analysis includes valid blood pressure readings from 5768 informants (2580 men and 3188 women).

Table 6.1

Of those seen by a nurse, women aged 16-44 years had a slightly lower response rate than men due to the exclusion of pregnant women; women aged 45-64 years had a slightly higher response rate than men of that age, as fewer women had eaten, drunk or smoked prior to the measurement (a full discussion of response rates may be found in the Technical Report).

Among the informants who had three valid blood pressure readings, 528 were taking one or more anti-hypertensive agents which may affect blood pressure readings. Of these, 40% were on diuretics, 45% were on beta-blockers, 17% were taking ACE inhibitors and 30% were on calcium antagonists. (It should be noted that these categories of medicine are not mutually exclusive.) In line with the reports on the Health Survey for England, informants who were taking these medications were included in the analysis (unless otherwise stated).

Table 6.2

6.3 Classification of blood pressure levels

Informants were classified into one of four groups on the basis of their systolic (SBP) and diastolic (DBP) blood pressure and current use of anti-hypertensive medications, as follows:

Normotensive-untreated	SBP <160 mmHg and DBP <95 mmHg, not currently taking any anti-hypertensive drug(s)
Normotensive-treated	SBP <160 mmHg and DBP <95 mmHg, currently taking anti-hypertensive drug(s)
Hypertensive-treated	SBP ≥ 160 mmHg and/or DBP ≥ 95 mmHg, currently taking any anti-hypertensive drug(s)
Hypertensive-untreated	SBP ≥ 160 mmHg and/or DBP ≥ 95 mmHg, not currently taking anti-hypertensive drug(s)

The term *high blood pressure* is used to refer to those who were normotensive treated, hypertensive treated or hypertensive untreated.

6.4 Blood pressure by age and sex

6.4.1 Systolic blood pressure (SBP)

Mean SBP for all informants was 128 mmHg. Mean SBP was 131 mmHg for men and 124 mmHg for women.

Mean SBP increased continuously with age in men, from 126 mmHg in the 16-24 age group to 141 mmHg in those aged 55-64 years. In women, mean SBP remained fairly constant until age group 25-34 after which it increased continuously with age: mean SBP rose from 117 mmHg in women aged 16-24 years to 139 mmHg in those aged 55-64 years. Men had higher SBP than women in each of the five age groups.

Systolic blood pressure was approximately normally distributed in men but was slightly skewed to the right in women. The variability of SBP increased with age in men and women after the 35-44 age group.

Table 6.3

Figure 6A: Distribution of systolic blood pressure (mmHg), by sex

Figure 6B: Systolic blood pressure (SBP), by age and sex

6.4.2 Diastolic blood pressure (DBP)

Mean DBP was 71 mmHg for all informants. It was 73 mmHg in men and 68 mmHg in women.

Among men, mean DBP rose with age until the 45-54 age group and then remained unchanged. It increased from 61 mmHg in those aged 16-24 years to 80 mmHg in those aged 45-54 and 55-64 years. Among women, mean DBP increased continuously with age, from 62 mmHg in those aged 16-24 years to 74 mmHg in those aged 55-64 years. Men had higher mean DBP than women in all five age groups.

Diastolic blood pressure was normally distributed in men and women. The variability of DBP remained fairly constant with age in men but increased slightly with age in women.

Table 6.4

Figure 6C: Distribution of diastolic blood pressure (DBP), by sex.

Figure 6D: Diastolic blood pressure (DBP), by age and sex

6.4.3 Pulse pressure

Pulse pressure is the difference between SBP and DBP. Among men, mean pulse pressure decreased continuously between the 16-24 (64 mmHg) and 45-54 (54 mmHg) age groups, and then increased for men aged 55-64 years (61 mmHg).

Among women, mean pulse pressure decreased between the 16-24 and 25-34 age groups, and thereafter increased with age, with women aged 55-64 years having the highest mean pulse pressure (65 mmHg). This is consistent with the results that, after age 25-34 years, mean SBP in women increased more than DPB.

Table 6.5

6.4.4 Mean arterial presure (MAP)

Mean arterial pressure is defined as the sum of the level of DBP plus one third of the difference between SBP and DBP. MAP increased with age in both sexes. For men, MAP rose from 87 mmHg in those aged 16-24 years to 105 mmHg in those aged 55-64 years. For women, MAP rose from 84 mmHg in those aged 16-24 years to 100 mmHg in those aged 55-64 years. Men had a higher MAP than women across all five age groups.

Table 6.6 Figure 6E: Mean arterial pressure (MAP), by age and sex

6.4.5 High blood pressure

The survey definition of *high blood pressure* consists of three categories, namely normotensive treated, hypertensive treated and hypertensive untreated. The prevalence of high blood pressure was 11.9% among all informants (11.0% among men and 12.9% among women). The prevalence increased with age in both sexes: in men, from 0.4% in those aged 16-24 years to 33.6% in those aged 55-64 years; in women, it increased from 0.2% in those aged 16-24 years, to 40.6% in those aged 55-64

years.

The prevalence of high blood pressure was very similar among men and women for all age groups but the oldest (55-64), with normotensive treated being more common in women and hypertensive untreated being more common in men (see also Section 6.4.6). For those aged 55-64 years, high blood pressure was more common among women than men, with the main difference being more women in the normotensive treated category than men.

Table 6.7

Figure 6F: Prevalence of high blood pressure, by age and sex

6.4.6 Detection, treatment and control of high blood pressure

While there is general recognition of the importance of reducing blood pressure, the levels of detection, treatment and control of high blood pressure are unsatisfactory in many countries.[6] [7] [8] In this report, the 'detection rate' for high blood pressure was estimated as the proportion of those with survey-defined high blood pressure who also reported a history of hypertension. 'Treatment rate' was defined as the proportion of all those with high blood pressure who were currently taking anti-hypertensive medications; and 'control rate' was defined as the proportion of those taking anti-hypertensive medication who had a SBP < 160 mmHg and DBP < 95 mmHg. It should be noted that the number of informants with high blood pressure was small in both men and women (particularly those aged under 45), so the results should be interpreted with caution.

The detection rate was 60% for men and women. Informants aged 45-64 years had a higher detection rate than those aged 16-44 in both sexes.

Table 6.8

Among those with high blood pressure, the treatment rate was about 68% for all informants. It was lower among men than women (60% vs. 74%). This sex difference was greater among those aged under 45 years, possibly because younger women tend to have more contact with medical services than men of a similar age (because of pregnancy or contraception-related consultations).

Table 6.9

Among those with high blood pressure who were treated, the control rate was 83% for all informants, 77% for men and 88% for women. The control rate was lower in men than women in both the 16-44 (based on small numbers) and 45-64 age groups.

Table 6.10

6.5 Blood pressure and region

6.5.1 Region and mean systolic and diastolic blood pressure

Table 6.11 shows mean SBP and mean DBP by region. Regional differences in mean SBP were very small. Among men, mean SBP was either 131 or 132 mmHg, except for the Highland & Islands where it was 130 mmHg. Among women, mean SBP varied between 122 mmHg and 126 mmHg across regions. (Note that the estimates in Table 6.11 for some of the age-sex groups within regions are based on small sample sizes.)

Table 6.11

After adjustment for age using linear regression, significant variations in mean SBP between regions were found among women ($p=0.008$) but not among men ($p=0.82$). Among women, mean SBP was lowest in the Forth Valley, Argyll & Clyde region, being 1.9 mmHg lower than the overall mean; it was highest in the two regions of Borders, Dumfries & Galloway and Lanarkshire, Ayrshire & Arran, being 1.7 mmHg higher than the overall mean.

Table 6.12

Similarly, the variations in unadjusted mean DBP were very small across the regions in both men (ranging from 72 mmHg to 74 mmHg) and women (ranging from 66 mmHg to 70 mmHg).

After adjustment for age using linear regression, significant variations in mean DBP between regions were found among women ($p<0.001$) but not among men ($p=0.087$). Among women, mean DBP was lowest in the Forth Valley, Argyll & Clyde

region, being 2.3 mmHg lower than the overall mean. Mean DBP in other regions did not differ significantly from the overall mean.

6.5.2 Region and high blood pressure

The prevalence of high blood pressure by region, age and sex is shown in Tables 6.13 and 6.14. Age-standardised prevalence varied from 7.4% in the Highland & Islands and Lothian & Fife to 12.6% in Greater Glasgow among men; and from 8.1% in Lothian & Fife to 15.8% in Borders, Dumfries & Galloway among women.

Tables 6.13, 6.14

After adjustment for age using logistic regression analysis, there was no statistically significant difference in the prevalence of high blood pressure between regions in either men or women ($p=0.25$ for men and $p=0.46$ for women).

6.6 Blood pressure and social class

Coronary heart disease and stroke in Scotland, as in many other countries, have shown significant social class variations in both sexes, with the more socio-economically disadvantaged being at higher risk.[9] [10] [11] [12] Some of these differences may be due to social class differentials in known CVD risk factors such as blood pressure which, in turn, may be attributed to social class differentials in obesity.[13]

This section examines variations in mean SBP, mean DBP and the prevalence of high blood pressure by social class. Social class is defined as the occupation of the chief income earner within the informant's household (see the Glossary - Appendix E in the Technical Report - for details).

6.6.1 Systolic and diastolic blood pressure and social class

For both sexes, social class variations in mean SBP were small, ranging from 131 mmHg to 132 mmHg in men, and from 124 mmHg to 127 mmHg in women.

Similarly the social class variations in mean DBP were very small, ranging from 72 mmHg to 74 mmHg in men, and from 68 mmHg to 70 mmHg in women.

After adjustment for age using linear regression, no statistically significant association between mean blood pressure (systolic and diastolic) and social class was found ($p=0.89$ in men and $p=0.48$ in women for SBP, and $p=0.08$ in men and $p=0.86$ in women for DBP).

Tables 6.15, 6.16

6.6.2 High blood pressure and social class

The prevalence of high blood pressure by social class, age and sex is shown in Tables 6.17 and 6.18. Among men, age-standardised prevalence varied from 6.7% in Social Class I to 10.5% in Social Class IIIM, with no clear gradient between manual and non-manual social classes. Among women, the age-standardised prevalence varied from 7.9% in Social Class II to 14.2% in Social Class IV, with manual social classes showing a higher prevalence of high blood pressure than non-manual social classes.

Tables 6.17, 6.18

After adjustment for age using logistic regression, social class difference in the prevalence of high blood pressure was significant in women ($p=0.019$) but not in men ($p=0.18$). Women in manual social classes, particularly Social Classes IIIM and IV, had a higher prevalence than those in non-manual social classes.

6.7 Blood pressure and behavioural characteristics

A number of behavioural characteristics which are common in Scotland - such as excessive alcohol consumption, being overweight, and low levels of physical activity - are known to have adverse effects on blood pressure. This section examines the association between blood pressure and some of these behavioural factors.

It should be borne in mind that, given the cross-sectional nature of the Health Survey, the direction of an association cannot be presumed. This is especially true since it is likely that some informants may have altered their lifestyle because of a previous

diagnosis of hypertension. The 528 informants (192 men and 336 women) who were taking anti-hypertensive agents were included in the following analysis, which might therefore underestimate any existing association.

The unadjusted mean blood pressures according to the level of each factor is shown in Tables 6.19-6.22. In order to examine the independent associations of these risk factors with blood pressures adjusting for age, linear regressions including all factors and age were used.

Obesity

Among both sexes, mean SBP and mean DBP increased as level of BMI increased for men and women of all ages.

Table 6.19

Cigarette smoking

Among men and women of all ages, unadjusted mean SBP and mean DBP tended to be higher among ex-smokers and informants smoking at least 20 cigarettes per day, although the differences were small. Part of the reason for a higher blood pressure among ex-smokers may be because they were on average older, or they had stopped smoking as a result of a diagnosis of hypertension.

Table 6.20

Alcohol consumption

Among men, unadjusted mean SBP and mean DBP were highest among those who drank over 21 units per week, and tended to be lower among ex-drinkers. Among women, unadjusted mean SBP and mean DBP were highest among ex-drinkers. There was very little variation in blood pressure among other categories of alcohol consumption level. (It should be noted that, as the number of ex-drinkers was small, the data should be interpreted with caution.)

Table 6.21

Physical activity

For both men and women, mean SBP and mean DBP were negatively associated with levels of physical activity in most age groups. (See Chapter 2 for a description of how levels of physical activity were derived.)

Table 6.22

In a linear regression analysis for SBP, adjusted for age, BMI, cigarette smoking, alcohol consumption and physical activity, significant association was only found between alcohol consumption and SBP in men: compared with non- or occasional drinkers, those who drank over 21 units of alcohol a week had significantly higher (2.4 mmHg) SBP, while ex-drinkers had significantly lower (5.5 mmHg) SBP. For DBP, significant associations were only found in men between alcohol consumption, physical activity level and DBP. Compared with non- or occasional drinkers, those who drank over 21 units of alcohol a week had significantly higher (1.8 mmHg) DBP, while ex-drinkers had significantly lower (3.8 mmHg) DBP. Those who took exercise more than twice a week (levels 3-5) had DBP 1.4 mmHg lower than those who did not take at least this amount of exercise. These results remained unchanged after further adjustment was made for the use of anti-hypertensive agents.

Table 6.23

6.8 Comparison with the Scottish heart health study

This section compares the blood pressure results from the Health Survey with similar data from the 1984-86 Scottish Heart Health Study (SHHS) in order to estimate changes in blood pressure over the last decade. Comparisons have been restricted to those aged between 40-59 years only, as this was the age range included in SHHS.

Because of a number of important differences in survey methodology between the Health Survey and SHHS (see Chapter 1), the results presented below should be interpreted with caution. While it is beyond the scope of this chapter to examine in detail all the possible reasons why there may be differences in blood pressure between the Health Survey and SHHS, some of the likely causes are discussed in Section 6.8.3.

6.8.1 Comparison of systolic and diastolic blood pressure

Among men, mean SBP was 134 mmHg in both surveys. Among women, mean SBP was lower in the Health Survey at 129 mmHg than in SHHS where it was 131 mmHg.

Mean DBP was lower in the Health Survey than in SHHS for both sexes and across all age groups. Among men, mean DBP was 84 mmHg in SHHS and 79 mmHg in the Health Survey. The corresponding figures for women were 81 mmHg and 72 mmHg respectively.

6.8.2 Comparison of the prevalence of raised blood pressure

The proportion of people with DBP over 100 mmHg (as reported in SHHS) showed a marked decline between SHHS and the Health Survey a decade later: for men it fell from 10% in SHHS to 3% in the Health Survey, and for women it fell from 7% in SHHS to 1% in the Health Survey.

Table 6.24

6.8.3 Discussion

Changes in blood pressure results between SHHS and the Health Survey may be at least partly explained by differences in study design. For example, an important source of variation in measuring blood pressure is the type of equipment used, and the two studies used different equipment for taking their measurements. While SHHS used the Hawksley random zero sphygmomanometer, the Health Survey used the DINAMAP 8100 monitor. Evidence suggests that the Dinamap tends to give higher SBP readings (of about 6-8 mmHg) and lower DBP readings (of 1 mmHg and possibly 3-9 mmHg) than the random zero sphygmomanometer.[14] [15] [16]

In other words, if the random zero sphygmomanometer had been used on the Health Survey, results of mean SBP would have been lower and mean DBP would have been higher than those obtained using the DINAMAP monitor. Therefore, it seems likely that some of the observed difference, particularly in mean DBP, between these two surveys is explained by the different types of equipment used.

The studies also differed in the way in which blood pressure was recorded and presented. In SHHS, results were based on the average of the only two blood pressure readings taken. In the Health Survey, on the other hand, the results were based on the mean of the final two of the three readings taken, a method which gives physiologically more representative results, as blood pressure tends to decrease between the first and subsequent readings.

In order to address this difference, data from the Health Survey were re-computed based on the mean of the *first* two readings taken. This resulted in slightly higher means for both SBP (+2 mmHg) and DBP (+1 mmHg). Comparing these revised results for the Health Survey with SHHS data, it can be seen that, in men mean SBP was slightly higher in the Health Survey than in SHHS (136 versus 134 mmHg), while in women mean SBP was 131 mmHg in both surveys. Using the revised mean DBP, it was still lower in the Health Survey than in SHHS for both sexes (80 versus 84 mmHg in men, 73 versus 81 mmHg in women respectively). The difference in the proportion of men and women with DBP >100 mmHg remained much lower in the Health Survey than in SHHS.

It may be that the results in Scotland mirror those in England, where blood pressure has shown an apparent decline between 1991 and 1995.[17] Although the reasons for this are not well understood, it is thought that better diagnosis and treatment of hypertension may have partly contributed to this improvement. It is possible that there has been a similar reduction in blood pressure in Scotland in recent years, although this cannot be confirmed until data from future Health Surveys are available.

6.9 Blood pressure in Scotland and England

This section compares blood pressure results in Scotland with those from the 1994 Health Survey for England. Comparisons are with England as a whole as well as with Northern England, which includes the two regional health authorities of Northern & Yorkshire and North West.

The Health Surveys for Scotland and England were similar in design, and blood pressure data were collected using exactly the same equipment and measurement protocol. Moreover, nurses working in Scotland and England were trained by the same personnel. Therefore, it is very unlikely that blood pressure measurements would systematically differ between these two surveys.

Response rates to the blood pressure measurements were also very similar between the two countries, although a higher proportion of informants in Scotland than in England smoked, ate or drank immediately before their blood pressure was

measured. These informants from both surveys have been excluded from the results described below. (Further analysis showed that their exclusion makes very little difference to the results. This was expected, as the number of informants who smoked half an hour prior to the blood pressure measurement was relatively small and would not therefore be expected to have a significant impact on the level of mean blood pressure in the survey.)

6.9.1 Comparison of systolic and diastolic blood pressure

Mean SBP was lower in Scotland than in England across all age groups for both men (131 vs. 135 mmHg) and women (124 vs. 128 mmHg). Among all informants, mean SBP was 128 mmHg in Scotland compared with 131 mmHg in England. The difference between the countries in mean SBP was slightly larger than the difference between them in median SBP, which suggests that there were more people with very high SBP in England.

Table 6.25

Figure 6G: Mean systolic blood pressure for Scotland and England, by age and sex

After adjustment for age using linear regression, mean SBP was 3.0 mmHg lower among men, and 4.2 mmHg lower among women, in Scotland than in England ($p < 0.001$ for both men and women). There was a significant interaction of the difference in mean SBP with treatment (i.e., taking any anti-hypertensive agents) in women, suggesting that the difference was not consistent between treated and untreated groups, with the greater difference found among those who were treated.

Similarly, mean DBP was lower in Scotland than in England across all age groups for both men (73 vs. 75 mmHg) and women (68 vs. 71 mmHg). Among all informants, mean DBP was 71 mmHg in Scotland compared with 73 mmHg in England. The difference between the two countries in median DBP was similar to that in mean DBP.

Table 6.26

After adjustment for age using linear regression, mean DBP was 1.7 mmHg lower among men, and 2.7 mmHg lower among women, in Scotland than in England ($p < 0.001$ for both men and women). Again, there was an interaction of the difference in mean DBP with treatment (i.e., taking any anti-hypertensive agents) in women, suggesting a greater difference among those who were treated.

Comparing mean SBP and mean DBP between Scotland and Northern England showed even greater differences than the comparison with England as a whole.

6.9.2 Comparison of high blood pressure

Compared with England, the prevalence of *high blood pressure* (i.e., being normotensive treated, hypertensive treated or hypertensive untreated) among men was slightly lower in Scotland in most age groups, with a prevalence of 11.0% for men in Scotland and 12.9% for men in England.

Among women, in contrast to the significantly lower mean SBP and mean DBP in Scotland, the prevalence of high blood pressure (i.e., being normotensive treated, hypertensive treated or hypertensive untreated) was greater in Scotland than in England for women in three of the five age groups (35-44, 45-54 and 55-64). For all women informants, the prevalence of high blood pressure was 12.9% in Scotland and 11.2% in England. After adjustment for age using logistic regression, the prevalence of high blood pressure was significantly higher for women in Scotland than in England ($p = 0.02$), but there was no difference for men ($p = 0.08$).

Given that women in Scotland have lower mean blood pressure (both SBP and DBP) than women in England, it is somewhat surprising to find that women in Scotland are more likely than those in England to have *high blood pressure*. This could be explained by differences between the two countries in the normotensive treated and hypertensive treated categories. For example, looking at informants aged 45-64 (who were more likely to have high blood pressure than younger informants and so give more stable estimates), treatment was more common in Scotland than in England (64% versus 52% in men, and 74% versus 63% in women). In addition, among those being treated, blood pressure was more likely to be controlled (SBP < 160 and DBP < 95) in Scotland than in England: in Scotland, the control rates were 75% in men and 86% in women, while in England, they were 71% and 74% respectively.

These results were supported by further analysis which looked at the proportion of informants with raised blood pressure (SBP ≥ 160 mmHg or DBP ≥ 95 mmHg), *regardless of treatment* (i.e., with hypertensive treated and hypertensive untreated). This proportion was significantly lower in Scotland than in England for both men and women, adjusted for age. (Table not shown.)

The pattern was similar between Scotland and Northern England: i.e., compared with Northern England, the prevalence of high blood pressure in Scotland was lower in men and higher in women, although the magnitude of the differences were greater than that between Scotland and England as a whole.

Table 6.27

6.9.3 Discussion

Given that Scotland has higher rates of cardiovascular disease mortality than England, it is somewhat surprising to find that Scotland had significantly lower blood pressure than England. The Health Survey findings are supported by evidence from the national Dietary and Nutritional Survey of British Adults (NDNS). This study, which was based on a nationally representative sample of 16-64 year olds, also reported lower systolic and diastolic blood pressure for people (especially men) living in Scotland than in England.[18] As the NDNS results excluded people who were taking anti-hypertensive agents, the Health Survey data was re-analysed in order to compare mean blood pressure between Scotland and England after excluding those informants on treatment. The revised results tended to be 1 mmHg lower for both SBP and DBP for most age/sex groups in both Scotland and England. Mean blood pressure remained lower in Scotland than in England.

Finally, it should be noted that the Health Survey only included people aged 16-64 years, and that simple extrapolation of the survey results to the entire adult population would not necessarily be valid; further data would be needed to determine if this pattern applied to adults aged 65 and over.

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comments

Obesity

Lualhati Bost, Wei Dong and Paola Primatesta

Summary

- Mean BMI was approximately the same for both sexes aged 16-64: 26.0 kg/m² in men and 25.7 kg/m² in women. Mean BMI increased with age in both sexes.
- Overall, 56% of men and 47% of women were either overweight (BMI over 25-30 kg/m²) or obese (BMI greater than 30 kg/m²). A greater proportion of men (40%) than women (30%) were overweight, but there was no difference in terms of obesity, with 16% of men and 17% of women classed as obese.
- The prevalence of obesity was slightly higher among the (1995) Scottish population than the (1994) English population (16% versus 13% for men and 17% versus 16% for women). Scottish men were 1.3 times more likely to be obese than English men, after adjustment for age.
- The prevalence of age-adjusted obesity among women varied significantly between regions. Women in Greater Glasgow were significantly less likely to be obese than Scottish women in general. No significant regional variations were apparent among men.
- The age standardised prevalence of obesity among men in Social Class I was less than half that observed in the other classes, all of which tended to have a similar prevalence. Among women the prevalence was lower in the non-manual (I, II, IIIM) than the manual (IIIM, IV, V) social classes.
- Mean waist-hip ratio (WHR) was 0.89 in men and 0.78 in women. Overall, 20% of men had a WHR of 0.95 or more, and 14% of women had a WHR of 0.85 or more.
- The variation between regions in mean age-adjusted WHR was statistically significant in men but not in women.
- Mean age-adjusted WHR varied significantly between social classes in both men and women. Mean WHR of men in Social Classes II to V were all significantly higher than those in Social Class I. In women, mean WHR increased from Social Classes I to V.

7.1 Introduction

Obesity is associated with several adverse health outcomes, including ischaemic heart disease, stroke and other cardiovascular diseases.[1] [2] These diseases contribute to the majority of deaths, particularly in middle and old age, in Scotland. Of those who died below the age of 65 in 1990, over a third died from circulatory diseases including heart disease and stroke.[3]

Over the past decade, the prevalence of obesity has been rising in countries such as England,[4] USA,[5] Germany,[6] and Scandinavia.[7] [8] Similar data on trends in the prevalence of obesity are, however, not available for Scotland, and this chapter aims to provide baseline data against which future trends may be measured. This chapter examines the age-sex distributions of anthropometric measures relevant to obesity and compares these with findings from two surveys: the 1994 Health Survey for England and the 1984-1986 Scottish Heart Health Study. In addition the chapter analyses regional and social class variations and examines the associations between measures of obesity and three behavioural factors: cigarette smoking, alcohol consumption, and physical activity.

Two widely-used indicators of obesity are: body mass index (BMI), a combined index of height and weight; and waist-hip ratio (WHR). Their definitions and measurement protocols are described below.

7.2 Methods and definitions

7.2.1 Characteristics measured

Interviewers measured height and weight, and nurses measured waist and hip circumferences. Full details of the measurement protocols can be found in Appendix B in the Technical Report.

Height

Height was measured using a portable stadiometer with a sliding head plate, a base plate and three connecting rods marked with a metric measuring scale. Informants were requested to remove their shoes and to stretch (to maximum height) with their head positioned in the Frankfort plane. A single measurement was recorded to the nearest even millimetre. Informants who were ill, chairbound, or unsteady on their feet were not measured.

Weight

Weight was measured using a battery-operated Soehnle scale with a digital display. Informants were asked to remove their shoes, heavy outer garments and jewellery, loose change and keys. A single measurement was recorded to the nearest 100 grams. Informants who were pregnant, chairbound, in pain, or unsteady on their feet were not weighed. Informants who weighed more than 130 kg were asked for their 'estimated weight' because the scales are inaccurate above this level.

In the analysis of height and weight, data for those who were considered by the interviewer to have unreliable measurements (for example, those who had excessive clothing or made excessive movements during measurement, or those for whom only estimated weights were available) were excluded from the analysis.

Body mass index

Body mass index (BMI) is defined as weight (kg) divided by the square of height (m^2). BMI was calculated for all informants who had a valid height and weight measurement. Weight alone is not an appropriate measure of obesity as it is strongly related to height. BMI does not, however, differentiate between heaviness due to body fat and heaviness due to muscle bulk, nor does it indicate the distribution of fat. In younger and middle-aged groups, changes in weight and in BMI are mainly due to changes in fatness. In older groups, these changes can be due to a true change in fatness or a loss in bone density or muscle bulk. Nevertheless, BMI is the most widely used measure of obesity, and it is the index used in both the Health Survey for England and the Scottish Heart Health Study.

Informants were classified into the following categories:

BMI (kg/m^2)	Description
20 or less	Underweight
Over 20 to 25	Desirable
Over 25 to 30	Overweight
Over 30	Obese

Waist and hip circumferences

Waist is defined as the point midway between the iliac crest and the costal margin (lower rib). Hip is defined as the widest circumference over the buttocks and below the iliac crest.

Waist and hip were measured twice to the nearest even millimetre using an insertion tape with a metal buckle at one end which is connected to a spring balance. Informants were asked to remove all outer layers of clothing, shoes with heels, tight garments intended to alter the shape of the body, and belts. They were also asked to empty their pockets.

All those who were pregnant, chairbound or had a colostomy or ileostomy were excluded from measurement. In the analysis, all those whose measurements were considered by the nurse to be unreliable, for example, due to excessive clothing or movement, were excluded from the analysis as were those whose two waist or hip measurements differed by more than 3 cm.

Waist-hip ratio

Waist-hip ratio (WHR) is defined as the waist circumference divided by the hip circumference, i.e., waist girth (m)/hip girth (m). It is a measure of the distribution of abdominal fat, i.e., central obesity. Raised WHR has been shown to be associated with certain health risks and may be a stronger predictor than BMI of the risk of coronary disease for older men,[9] the risk of death in older women,[10] and the risk of diabetes or insulin resistance.[11]

Unlike BMI, there is no consensus on the definition of a raised WHR.[4] Following the reports on the Health Survey for England, a raised WHR has been taken to be 0.95 or more in men and 0.85 or more in women.

7.2.2 Response to anthropometric measurements

Of the 7,825 informants who were interviewed and were not pregnant, 95% of men and 94% of women cooperated with the BMI measurements. Men aged 35-54 and women aged 55 and over were slightly less likely to have cooperated with the weight and height measurements than the other age-sex groups. Almost all of those who cooperated (over 99%) had valid measurements.

Of the 6,869 informants who had a nurse visit and were not pregnant, almost all (over 99%) cooperated with the waist and hip measurements. Most of them (99% of men and 98% of women) had valid waist and hip measurements.

Tables 7.1, 7.2

7.3 Anthropometric measures by age and sex

7.3.1 Height by age and sex

Mean height was 175.1 cm for men and 161.4 cm for women. In both sexes, mean height decreased with age: in men from 177.1 cm in the youngest age group (16-24) to 172.1 cm in the oldest (55-64); in women the corresponding decrease was from 162.7 cm to 158.9 cm.

Table 7.3

7.3.2 Weight by age and sex

Mean weight was 79.7 kg for men and 66.7 kg for women. Among men, mean weight increased with age until the 45-54 age group and then declined for those aged 55-64. Men aged 45-54 were 10 kg heavier than the youngest age group (16-24) and 1.5 kg heavier than the oldest age group (55-64). Women's weight consistently increased with age. Women in the oldest age group were 7.4 kg heavier than the youngest age group.

Table 7.4

7.3.3 Body mass index by age and sex

Mean BMI was approximately normally distributed in men and was slightly positively skewed in women. The variability of BMI across age groups was fairly constant in men. In women variability increased with age but declined slightly in the oldest age group.

Figure 7A: Histogram of body mass index (BMI), by sex

Figure 7B: Body mass index (BMI), by age and sex

Mean BMI was about the same for both sexes: 26.0 kg/m² in men and 25.7 kg/m² in women. Mean BMI increased with age in both sexes, although in men it rose more steeply in earlier ages and plateaued at the last two age groups. Mean BMI was lower in men than in women in the youngest and oldest groups but was higher in the other age groups. The difference in mean BMI between the youngest and the oldest groups was approximately 4 kg/m² for both men and women.

Overall, 56% of men and 47% of women were either overweight (BMI over 25-30 kg/m²) or obese (BMI greater than 30 kg/m²). A greater proportion of men than of women were overweight (40% versus 30%), but there was little difference between the sexes in terms of obesity (16% of men and 17% of women). In all age groups except the youngest, the proportions who were overweight were higher in men than women. The proportions who were obese were similar between the sexes for age groups 25-34 and 45-54, but in the youngest and oldest groups women were significantly more likely than men to be obese.

Table 7.5

7.3.4 Waist-hip ratio by age and sex

In both sexes, the WHR was approximately normally distributed, and its variability across age groups was fairly constant.

Figure 7C: Histogram of waist-hip ratio, by sex

Figure 7D: Waist-hip ratio (WHR), by age and sex

Mean WHR was 0.89 in men and 0.78 in women. Mean WHR increased with age in both sexes: from 0.83 to 0.94 in men and from 0.75 to 0.81 in women. Mean WHR rose more steeply by age in men than in women. If raised WHR is defined as 0.95 or more in men and 0.85 or more in women, 20% of men and 14% of women had a raised WHR.

Table 7.6

7.3.5 Waist-hip ratio and body mass index

As expected WHR and BMI were highly positively correlated, although more closely in men than in women. The correlation was highest in the 25-34 and 35-44 age groups in men and the three oldest age groups in women.

Tables 7.7, 7.8

7.4 Comparison of Scotland and England

This section compares BMI and obesity for Scotland with data from the Health Survey for England (HSE). Comparisons are with results from the 1994 HSE, as this was the most recent year in which cardiovascular disease was the primary focus. The English and Scottish health surveys were carried out by the same organisation, and both surveys used identical equipment and measurement protocols for measuring height and weight.

Among those aged 16-64, mean BMI was approximately 26 kg/m² for men and women in both Scotland and England. Between the two countries, there were no differences in mean BMI of more than 0.5 kg/m² for any age-sex group.

Table 7.9

The prevalence of being overweight or obese was similar in the two countries. Men in Scotland were a bit less likely to be overweight than men in England (40% versus 43%), but they were a bit more likely to be obese (16% versus 13%). There were virtually no differences between women.

In a logistic regression analysis which adjusted for age, the prevalence of obesity varied significantly between countries in men (p=0.04) but not in women. After adjusting for age, men in Scotland were 1.3 times more likely to be obese than men in England.

7.5 Comparison with The Scottish Heart Health Study (SHHS)

This section compares data from the Health Survey with results from The Scottish Heart Health Study (SHHS) carried out in 1984-86 (see Chapter 1 for a description of this study). Because of the differences in survey design and methodology between the Health Survey and the SHHS, the following comparisons must be treated with caution.

In both sexes aged 40-59 (the age range covered by the SHHS), mean BMI increased by approximately 1 kg/m² over the decade, from 26 kg/m² in the SHHS to 27 kg/m² in the Health Survey. This increase of about 1 kg/m² appeared to occur in all the 5-year age groups in both sexes.

Table 7.10

Using the Royal College of Physicians' (of London) definition of obesity (BMI greater than 30 kg/m² for men and 28.6 kg/m² for women),[12] 12% of men and 21% of women were obese in the SHHS. The corresponding values in the Health Survey were 22% of men and 28% of women aged 40-59. Thus, the increase in obesity appeared to be greater in men than in women.

7.6 Regional variations

7.6.1 Region and mean body mass index

In men the unadjusted mean BMI ranged from 25.7 kg/m² in both Greater Glasgow and Lothian & Fife to 26.6 kg/m² in Highland & Islands. In women the corresponding range was from 25.3 kg/m² in Greater Glasgow to 26.2 kg/m² in the

Highland & Islands.

Table 7.11

After adjustment for age, the variation in mean BMI between regions was statistically significant for men ($p=0.021$) and women ($p=0.049$). Mean BMI was significantly lower than the overall average in Greater Glasgow for men (by 0.44 kg/m^2) and women (by 0.42 kg/m^2).

Table 7.12

7.6.2 Region and raised body mass index

Among men, the age-standardised prevalence of being overweight (BMI over $25\text{--}30\text{ kg/m}^2$) was lowest in Greater Glasgow and highest in Borders, Dumfries & Galloway; among women, it was lowest in Borders, Dumfries & Galloway and highest in Lothian & Fife.

Table 7.13

In a logistic regression analysis which adjusted for age, the prevalence of being overweight varied significantly between regions among men ($p<0.001$) but not among women. Men in Greater Glasgow were significantly less likely to be overweight than men in general. There were no significant differences from the overall mean for the other regions.

The age-standardised prevalence of obesity (BMI over 30 kg/m^2) was lowest in Lothian & Fife and highest in Lanarkshire, Ayrshire & Arran among men; it was lowest in Greater Glasgow and highest in Highland & Islands among women.

Figure 7E: Age standardised prevalence of obesity, by region and sex

Table 7.13

The prevalence of obesity varied significantly between regions among women ($p=0.041$) but not among men in a logistic regression analysis which adjusted for age. Women in Greater Glasgow were significantly less likely to be obese than women in general. There were no significant differences from the overall mean for the other regions.

7.6.3 Region and waist-hip ratio

WHR unadjusted for age differed little between regions. The range for men was from 0.887 in Lothian & Fife to 0.902 in Borders, Dumfries & Galloway. The range for women was from 0.776 in Grampian & Tayside to 0.786 in Borders, Dumfries & Galloway. Female informants from Greater Glasgow, who had lower mean BMI and prevalence of obesity, had higher than average WHR, a measure of central obesity.

Table 7.14

After adjustment for age, the variation between regions in mean WHR was statistically significant only in men ($p=0.023$). Mean WHR was significantly lower in Lothian & Fife (by 0.004) than the overall average for men but was not significantly different from the overall mean for men in the other regions.

7.7 Social class variations

Several studies have shown a strong inverse relationship between socio-economic status and obesity, particularly among women.[13] These studies have assessed socio-economic status using a wide variety of indicators such as income, education and occupation. In the Health Survey, social class is defined on the basis of the occupation of the chief income earner within the informant's household. The Glossary (Appendix E in the Technical Report) gives further details on the derivation of social class for the Health Survey.

7.7.1 Social class and body mass index

Mean BMI unadjusted for age generally increased from Social Class I to Social Class V in women: from 25.1 kg/m^2 and 25.0 kg/m^2 in Social Classes I and II to 26.3 kg/m^2 in Social Classes IV and V. The pattern was less clear in men; mean BMI was highest in Social Classes II and IIIM.

Table 7.15

After adjustment for age, the variation in mean BMI between social classes was statistically significant in both men ($p=0.018$) and women ($p<0.001$). Compared with men in Social Class I, those in all other social classes except for Social Class V had significantly higher mean BMI: approximately 0.9 kg/m^2 higher in Social Classes II and IIIM and 0.7 kg/m^2 higher in Social Classes IIINM and IV. In women the differences from Social Class I increased from Social Class II to Social Class IV and decreased in Social Class V, although the differences were significant only for Social Classes IIINM, IIIM, and IV.

Table 7.16

7.7.2 Social class and obesity

The age-standardised prevalence of obesity among men in Social Class I was about half that observed in the other social classes, all of which tended to have similar prevalence. Among women the prevalence was lower in the non-manual (I, II, IIINM) than the manual social classes (IIIM, IV, V).

Figure 7F: Age standardised prevalence of obesity, by social class of chief income earner and sex

Table 7.17

In a logistic regression analysis which adjusted for age, obesity varied significantly by social class in men ($p=0.013$) and women ($p<0.001$). Men in each of Social Classes II to V were more than twice as likely to be obese than those in Social Class I. Women in Social Class IV had the highest prevalence and were more than twice as likely to be obese than women in Social Class II who had the lowest prevalence.

7.7.3 Social class and waist-hip ratio

Mean WHR unadjusted for age increased from Social Class I (0.765) to Social Class V (0.804) in women. In men mean WHR tended to be higher in the manual social classes (IIIM, IV and V) than in non-manual social classes (I, II, IIINM).

Table 7.18

After adjustment for age, mean WHR varied significantly between social classes in men ($p<0.001$) and women ($p<0.001$). Mean WHR of men in Social Classes II to V were all significantly higher than those in Social Class I. The differences in WHR compared with those in Social Class I increased from 0.012 for those in Social Class IIINM to 0.027 in Social Class V. In women the differences increased from 0.007 in Social Class II to 0.033 in Social Class V, the differences being significant for all social classes except Social Class II.

Table 7.19

7.8 Obesity and behavioural factors

Studies in England and other countries have shown significant associations between obesity and behavioural factors including smoking, alcohol consumption and physical activity. A review of 27 cross-sectional studies, mainly in North America and Europe, found generally positive associations between alcohol intake and adiposity for men and negative associations for women.[14] In a study of 1950 men and women aged 50-79 years in the USA, cigarette smokers were found to have more central adiposity than non-smokers.[15] A study of 5282 men and women in Finland showed strong associations between obesity and five 'environmental' factors which included exercise, alcohol consumption, and smoking. These factors were found to be more strongly associated with WHR than BMI in men, while in women BMI was the more strongly associated measure.[16] It should be borne in mind that, as the Health Survey is a cross-sectional study, the direction of an association cannot be presumed.

7.8.1 Body mass index and behavioural factors

Smoking

Compared with those who never regularly smoked, both men and women current smokers generally had a lower BMI while ex-smokers had a higher BMI. Those who smoked less than 20 cigarettes a day had a lower BMI than those who smoked 20 or more a day.

Table 7.20

Alcohol consumption

Regular drinkers generally had a lower BMI than non- or occasional drinkers among men and women aged 45-64, but there was little difference among those aged 16-44. Among women drinkers, BMI decreased with increasing quantity of alcohol regularly consumed.

Tables 7.21, 7.22

Physical activity

Men and women classified in physical activity levels 1-2 and levels 3-5 (see Chapter 2 for a description of how these levels were derived) had lower BMI than those in level 0 (the lowest activity level).

Table 7.23

All factors

Regression analyses of BMI (separately analysed for men and women) adjusted for age and these three behavioural factors showed similar patterns as described above. However, BMI was only significantly associated with smoking in men ($p<0.001$) and women ($p<0.001$) and alcohol consumption in men ($p<0.001$).

7.8.2 Waist-hip ratio and behavioural factors

Smoking

Compared with those who never regularly smoked, current and ex-smokers tended to have a higher WHR in both sexes. Among current smokers, those who smoked less than 20 cigarettes a day had a lower WHR than those who smoked 20 or more a day.

Table 7.24

Alcohol consumption

Men who were regular drinkers tended to have a higher WHR than non- or occasional drinkers, while female drinkers had a slightly lower WHR.

Tables 7.25, 7.26

Physical activity

Men and women with physical activity levels 1-2 and levels 3-5 had lower WHR than those with level 0.

Table 7.27

All factors

The regression analyses of WHR with these behavioural factors showed similar patterns as described above. The statistically significant associations found were with smoking in men ($p=0.004$) and women ($p<0.001$), alcohol consumption in men ($p=0.010$), and physical activity in men ($p<0.001$) and women ($p=0.012$).

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comments

Respiratory symptoms and lung function tests

Wei Dong, Paola Primatesta and Sara Walsh

Summary

- Among all informants aged 16-64 years, the prevalence of phlegm production was 13% among men and 9% among women. The prevalence of breathlessness was 20% in men and 30% in women. For wheezing, the prevalence was 20% in both sexes. The prevalence of these respiratory symptoms did not change much by age through the 35-44 age group, but then increased quite sharply for those aged 45 or more, especially for phlegm and breathlessness.
- The prevalence of phlegm and of breathlessness was significantly higher in Scotland than in England in both sexes, and the difference was largest among the two age groups most likely to have these symptoms (45-54 and 55-64 years).
- For both sexes, high prevalence of respiratory symptoms in Scotland was strongly associated with the manual social classes, and with current cigarette smoking status.
- Among all informants, mean FEV_1 (l) was 3.9 in men and 2.8 in women. Mean FVC (l) was 4.9 in men and 3.4 in women. Mean PEF ($l \cdot min^{-1}$) was 571 in men and 386 in women. Lung function increased with height, but decreased with age.
- The majority of the population (53% of men and 54% of women) had FEV_1 lung function levels equal to, or in excess of, the predicted value. This proportion decreased continuously with age in men to 36% in those aged 55-64. For women, the pattern was less clear.
- The proportion of informants having low lung function levels (over 1.64 SD below the predicted values) was 8% in men and 6% in women. Low lung function levels were related to the manual social classes and current cigarette smoking.
- Informants who reported having phlegm, breathlessness or wheezing were more likely to have lung function levels 1.64 SD below the predicted values.

8.1 Introduction

Among the adult population in Scotland, respiratory diseases (bronchitis, emphysema and related diseases) cause substantial illness and are estimated to kill 3000 people per year.[1] As part of the Health Survey, respiratory symptoms were recorded and lung function tests were performed.

The MRC Respiratory Symptom Questionnaire (the 1986 and earlier versions) was designed as a simple device to measure chronic bronchitis and other diseases of chronic airway limitation.[2] It has been used in studies in occupational epidemiology [3] and in a number of the recent Health Surveys for England.[4] Presence or absence of common respiratory symptoms, namely, *phlegm production, breathlessness and wheezing or whistling in the chest* were examined.

Designed to assess airflow limitation, lung function tests have been commonly used in clinical settings to follow the progress of the patient and check the effectiveness of treatment. These tests have also been used to study lung function at a population level, and have been shown to be predictive of mortality from respiratory disease as well as cardiovascular disease and all cause mortality.[5] [6] [7] [8]

Three measures of respiratory function were employed in the Health Survey: a) FEV_1 (Forced Expiratory Volume) which is the volume of air in litres that can be forced out of the lungs in the first second following a full inspiration; b) FVC (Forced Vital Capacity), which is the volume of gas in litres delivered during an expiration made as forcefully and as completely as possible starting from full inspiration; c) PEF (Peak Expiratory Flow) which is the fastest rate of exhalation in litres per minute recorded during the measurement. On the basis of these measures, relative lung function levels were calculated in relation to predicted values (see Section 8.3.2).

This chapter is divided into two main sections: the first deals with respiratory symptoms by age and sex, and their variation between regions, social classes, and smoking status. The results are also compared with those obtained from the 1994 Health Survey for England.

In the following sections, after describing the methods used, the lung function results are presented. Estimates of FEV₁, FVC and PEF by age, sex and height are reported, followed by the results on relative lung function levels. Data on the following are also presented: variation in lung function levels between regions and social classes (Sections 8.4.3 and 8.4.4 respectively); and the relationships of lung function levels with cigarette smoking (Section 8.4.5) and with respiratory symptoms (Section 8.4.6) are then examined.

8.2 Respiratory symptoms

8.2.1 Methods and definitions

The prevalence of respiratory symptoms was assessed using the MRC Respiratory Questionnaire: informants were asked about phlegm production (morning and other phlegm), breathlessness (shortness of breath occurring when either hurrying or walking) and wheezing. Breathlessness was classified as grade 1 or grade 2, grade 2 being more severe. Wheezing was defined as an attack, within the last twelve months, of wheezing or whistling in the chest at any time, or of breathlessness at night.[2] For a full description of these definitions see the Glossary (Appendix E in the Technical Report).

8.2.2 Respiratory symptoms by age and sex

The majority of those who reported phlegm production had morning phlegm, with a very small proportion of informants reporting phlegm during the day or at night only. Therefore, both types of phlegm production were combined. The prevalence of phlegm production was 13% in men and 9% in women.

For both sexes, the prevalence was similar for the 16-24, 25-34 and 35-44 age groups, but it then increased sharply: in men, to 16% among those aged 45-54 and to 19% among those aged 55-64; the figures for women in these two age groups were 11% and 13% respectively.

The categories for grade 1 and grade 2 breathlessness were combined, as the majority of those who reported having breathlessness were in grade 1. The prevalence was 20% in men and 30% in women, and at all ages it was higher in women than in men. As for phlegm, the prevalence of breathlessness increased markedly among the two oldest age groups in both sexes: in men, it was 25% in the 45-54 age group and 41% in the 55-64 age group; among women, the corresponding figures were 36% and 47% respectively.

The prevalence of wheezing was 20% in both men and women. There was little difference in the prevalence of wheezing between age groups, although it was highest among those aged 55-64 (25% in men and women).

Table 8.1

8.2.3 Comparison with England

This section compares the prevalence of respiratory symptoms in Scotland with results from the 1994 Health Survey for England. Comparisons are with England as a whole and with Northern England, which includes the two health regions of Northern & Yorkshire and North West.

The Health Surveys for Scotland and England were similar in design and objectives (see Chapter 1). Data on respiratory symptoms were collected using the same MRC questionnaire.

Phlegm

The prevalence of phlegm production was significantly higher in Scotland than in England after adjustment for age ($p=0.002$ for men and $p<0.001$ for women). Among men, the prevalence was 13% in Scotland compared with 11% in England; the differences were greatest among those aged 45-54 (16% in Scotland vs 10% in England) and 55-64 (19% vs 15%). Among women, the prevalence was 9% in Scotland compared with 6% in England; the differences were greatest among those aged 55-64 (13% vs 9%) and 45-54 (11% vs 8%).

The differences between Scotland and Northern England were less marked. Among men, the prevalence was similar for all age groups; among women, it was slightly higher in Scotland than in Northern England, particularly for women aged 55-64.

Breathlessness

The prevalence of breathlessness was significantly higher in Scotland than in England after adjustment for age ($p < 0.001$ in both sexes). Among men, the overall prevalence was 20% in Scotland and 15% in England. The differences in prevalence were greatest among those aged 45-54 (25% vs 18%) and 55-64 (41% vs 29%). Among women, the overall prevalence was 30% in Scotland and 25% in England. The corresponding figures in the 45-54 and 55-64 age groups were: 36% in Scotland vs 30% in England, and 47% vs 34% respectively.

The prevalence of breathlessness in Scotland was also higher than in Northern England in both sexes, with the differences being largest for those aged 55-64 years.

Wheezing

The prevalence of wheezing was very similar between Scotland and England across all age groups. In both men and women, the prevalence was 19% in Scotland and 20% in England (and 20% in Northern England).

Table 8.2

Figure 8A: Respiratory symptoms in Scotland and England, by age and sex

8.2.4 Respiratory symptoms and region

For phlegm, the regional prevalence varied from 8% to 18% in men and from 5% to 11% in women; for breathlessness, it varied from 15% to 24% in men, and from 26% to 35% in women; and, for wheezing, the prevalence varied from 15% to 25% in men and from 15% to 24% in women.

In general, the prevalence of respiratory symptoms tended to be higher among men and women living in Greater Glasgow and Lanarkshire, Ayrshire & Arran; it was lower among those living in Borders, Dumfries & Galloway and Grampian & Tayside.

Table 8.3

8.2.5 Respiratory symptoms and social class

In general, the prevalence of these symptoms increased continuously from Social Class I to Social Class V in both sexes. The respiratory symptoms tended to be much more common among informants in manual than non-manual social classes.

The prevalence of phlegm increased from 7% in Social Class I to 26% in Social Class V in men; the corresponding figures for women were 4% and 13%. The prevalence of breathlessness also increased, in men from 9% in Social Class I to 30% in Social Class V, and in women from 18% to 44% respectively. Similarly, for wheezing, between Social Class I and Social Class V, the prevalence increased from 12% to 26% in men, and from 15% to 30% in women.

Table 8.4

8.2.6 Respiratory symptoms by smoking status

Cigarette smoking is one of the major contributing factors to respiratory disease in adults in Scotland. In general, the prevalence of respiratory symptoms was lowest among non-smokers, followed by ex-smokers. It was highest among those who smoked 20 cigarettes or more per day. This was true for each of the three respiratory symptoms, and for both sexes and all age groups. For example, in men, the prevalence of phlegm production increased from 5% among those who never smoked to 28% in those who smoked 20 cigarettes or more per day. The corresponding figures in women were 4% and 26%. Similar patterns were seen for the prevalence of breathlessness and wheezing by smoking status.

Table 8.5

8.3 Lung function tests

8.3.1 Methods and definitions

The detailed measurement protocol is contained in Appendix B in the Technical Report. Briefly, lung function was measured using the Vitalograph Escort spirometer with a calibration device.[9] Before the test, the spirometer was calibrated in the informant's house. The ambient temperature was entered into the spirometer and the spirometer was then automatically

corrected for BTPS conditions (body temperature, ambient pressure, saturated with water vapour).

The test procedures were demonstrated by the nurse using a detached mouthpiece. While in a standing position (unless chairbound), informants were asked to perform a forced inspiration, then an expiration with maximal effort without hesitation. Results of FEV₁, FVC and PEF were displayed on the spirometer from each expiration.

Lung function tests require the person being tested to learn the technique and to apply considerable effort to the task. In order to allow an opportunity to practice, and to allow also for invalid attempts, informants were asked to repeat the performance up to four more times, giving a maximum of five tests in total. The value of this was demonstrated by the fact that the lung function test results for any individual tended to increase from the first test to the third and fourth, and thereafter to remain stable (data not shown).

The data presented here are based on the highest values for each of the three parameters (FEV₁, FVC, PEF) from any of the five technically satisfactory tests. A test was considered to be technically satisfactory if it was without any of the following: 1) an unsatisfactory start of expiration; 2) laughing or coughing, especially during the first second of expiration; 3) holding the breath in; 4) a leak in the system; or 5) an obstructed mouthpiece. The values of the three parameters used for a particular informant may not all come from the same test.

8.3.2 Predicted values and *relative* lung function levels

In this chapter, on the basis of lung function tests, *relative* lung function levels were calculated which categorise informants into one of the following four levels:

- 1 *equal to, or in excess of, the predicted values*
- 2 *within 1 standard deviation below the predicted values*
- 3 *1 to 1.64 standard deviations below the predicted values*
- 4 *more than 1.64 standard deviations below the predicted values*

It is common practice for results of lung function tests to be interpreted in the context of predicted values. This also enables sub-group comparisons in which lower than predicted lung function levels can be related to impaired respiratory function. A lung function measurement over 1.64 standard deviations (SD) below the predicted value is generally considered to be outside the normal range.[10] But individuals with lung function measurements between 1 SD and 1.64 SD below the predicted values are also likely to have impairment of their lung function.

Predicted values have usually been derived from small-scale studies among subjects who were generally non-smokers and without (previous) disease which could compromise their respiratory function. Examples include those published by the ECSC (European Community for Steel and Coal), the ATS (American Thoracic Society) and others. In this chapter, the ECSC reference values have been used, as recommended by the European Respiratory Society in 1993.[11] Respiratory function indices are dependent on a variety of factors, but most standard reference values, including the ECSC ones, allow only for the effects of age, height and sex. The ECSC predicted values for FEV₁ and FVC have been shown to closely correspond with results observed in various European populations. There is less correspondence for predicted values for PEF, partly because tests for PEF measures are more effort-dependent than, for example, FEV₁. Therefore, only FEV₁ and FVC levels are presented.

It must be emphasised that these results should be interpreted with caution. Lung function measurements are affected by the way the informant performs the required task. This in turn is dependent upon the ability of the technician in explaining the task and in motivating informants to perform it as well as they possibly can. Moreover, possible differences in choice of equipment, measurement procedures and study settings must be taken into account when comparing the Health Survey results with those from other studies.

8.3.3 Response rate to the lung function test

All informants (including those who were chairbound) were eligible for the test, except for those who: were pregnant; had abdominal or chest surgery in the preceding three weeks; or had been admitted to hospital with a heart disease or stroke in the preceding six weeks. (See the Technical Report for a full discussion of response rates.)

Valid readings were obtained from 6,707 informants (3,050 men and 3,657 women), which is 96% of all those visited by a nurse. The remainder were excluded because the tests performed were all technically unsatisfactory, or because the informants

did not co-operate or were ineligible for the reasons described above. Of those visited by a nurse, women aged 16-44 had a slightly lower response rate to the lung function test, largely due to the exclusion of pregnant women.

Table 8.6

8.4 Lung function results

8.4.1 Mean FEV₁, FVC and PEF by age and sex

FEV₁ (l)

In general, FEV₁ increased with increasing height, but declined with increasing age. Mean FEV₁ was higher among men than women (3.9 compared with 2.8). Among men, mean FEV₁ decreased continuously from 4.5 in those aged 16-24 to 3.0 in those aged 55-64 years. Among women, mean FEV₁ decreased from 3.3 in those aged 16-24 to 2.1 in those aged 55-64 years.

Among men of all ages, mean FEV₁ increased from 3.2 in the shortest group (height <170 cm) to 4.5 in the tallest group (height ≥ 180 cm). Among women of all ages, mean FEV₁ increased from 2.5 to 3.2 from the shortest group (height <160 cm) to the tallest (height ≥ 165 cm).

FEV₁ was approximately normally distributed in men, but was negatively skewed in women. The variability of FEV₁ was higher in men than in women.

Table 8.7

Figure 8B: Frequency distribution of FEV₁, by sex

Figure 8C: FEV₁(l) by height groups, age and sex

FVC (l)

Like FEV₁, FVC increased with increasing height, but declined with increasing age. Mean FVC was higher among men than women (4.9 compared with 3.4). Among men, FVC decreased continuously from 5.3 in those aged 16-24 to 3.9 in those aged 55-64 years. The corresponding decrease among women was from 3.8 to 2.7.

Among men of all ages, mean FVC increased from 4.0 in the shortest group (height <170 cm) to 5.6 in the tallest (height ≥ 180 cm). Among women of all ages, mean FVC increased continuously from 3.0 to 3.9 between the shortest group (height <160 cm) and the tallest (height ≥ 165 cm).

FVC was approximately normally distributed in both men and women. The variability of FVC was higher in men than in women.

Table 8.8

Figure 8D: Frequency distribution of FVC, by sex

Figure 8E: FVC(l) by height groups, age and sex

PEF (l.min⁻¹)

Like FEV₁ and FVC, men had higher mean PEF levels than women (571 compared with 386). In both sexes, mean PEF peaked in the 25-34 age group and then declined with age. Among men, PEF was 607 for those aged 25-34, and it then decreased continuously to 487 in those aged 55-64. Among women a similar pattern was observed: mean PEF was 411 for those aged 25-34, and it then decreased to 323 in those aged 55-64.

Among men of all ages, mean PEF increased from 507 in the shortest group (height <170 cm) to 618 in the tallest (height ≥ 180 cm). Among women of all ages, mean PEF increased continuously from 357 to 419 from the shortest (height <160 cm) to the tallest (height ≥ 165 cm) groups.

PEF had a slight negative skew in both men and women. The variability of PEF was higher among men than women and remained fairly constant with age.

Table 8.9

Figure 8F: Frequency distribution of PEF, by sex

Figure 8G: PEF (l.min⁻¹) by height groups, age and sex

8.4.2 Relative lung function levels by age and sex

This section presents data on relative lung function levels (observed values in relation to predicted values) for FEV₁ and FVC. It should be noted that low lung function levels should not be interpreted simply as 'abnormal'.

Relative FEV₁ levels

Over half of informants had results equal to, or in excess of, predicted values (53% in men and 54% in women). This proportion decreased continuously with age in men from 59% in those aged 16-24 to 36% in those aged 55-64. For women there was no clear pattern, although those aged 55-64 had the lowest proportion (43%).

The proportion of informants with FEV₁ levels below 1.64 SD of the predicted value was 8% among men and 6% among women. In both sexes, there was little variation by age, except for a large increase in the oldest age group (55-64 years) to 18% in men and 12% in women.

Table 8.10

Relative FVC levels

As with FEV₁, the majority of informants had results equal to, or in excess of, the predicted values (59% in men and 67% in women). This proportion was somewhat lower in men than in women for all age groups.

The proportion of informants with FVC levels below 1.64 SD of the predicted values was 5% among men and 4% among women. There was little variation by age until the oldest age group: among those aged 55-64, 10% of men and 8% of women fell below 1.64 SD of the predicted values.

Table 8.10

8.4.3 Relative lung function levels by region

In this section, the proportions of informants in each lung function level category are presented by region. Regional data on mean FEV₁ and FVC are not shown because of the relatively small sample bases in many of the groups defined by the inter-linking sex, age and height categories within each region.

As expected, the majority of informants in each region had lung function levels equal to or in excess of the predicted values. Nonetheless, there was some variation in the proportion of respondents having lung function levels 1.64 SD below the predicted values. For FEV₁ level, this proportion varied from 6% to 10% in men and from 4% to 7% in women. For FVC level, this proportion varied from 3% to 7% in men and from 2% to 6% in women. Low lung function levels tended to be more common among those living in Greater Glasgow, Lanarkshire, Ayrshire & Arran and Forth Valley, Argyll & Clyde; they were less common among those in Highland & Islands. This applied to both FEV₁ and FVC levels in both sexes.

Tables 8.11, 8.12

8.4.4 Relative lung function levels by social class

This section examines lung function levels by social class of the chief income earner within the informant's household. Social class data on mean FEV₁ and FVC are not presented, because of the relatively small sample bases in many of the groups defined by the inter-linking sex, age and height categories within each social class.

In general, compared with the non-manual social classes, informants in manual social classes were more likely to have lung function results below 1.64 SD of the predicted values and were less likely to have lung function levels equal to, or in excess of, the predicted values. This social class difference tended to be greater in men than in women, and it applied to both FEV₁ and FVC.

For example, the proportion having FEV₁ levels equal to, or in excess of, the predicted values decreased from 65% in Social Class I to only 36% in Social Class V in men, and from 64% to 49% in women (respectively); on the other hand, the proportion having FEV₁ levels 1.64 SD below the predicted values increased from 3% in Social Class I to 21% in Social Class V in men, and from 3% to 13% in women (respectively).

Tables 8.13, 8.14

8.4.5 Relative lung function levels by cigarette smoking status

Cigarette smoking is known to have an adverse impact on respiratory function.[12] In general, the proportion of informants having lung function levels equal to, or in excess of, the predicted values was highest among non-smokers, followed by ex-smokers; it was lowest among those who smoked 20 or more cigarettes a day. The proportion of informants with lung function levels below 1.64 SD of the predicted values was higher among heavy smokers than non-smokers. This applied to both FEV₁ and FVC levels, and was generally the case for both sexes and most age groups.

For example, among men, 60% of non-smokers had FEV₁ levels equal to, or in excess of, the predicted values, compared with only 33% of those who smoked 20 cigarettes or more a day, while the proportion with low FEV₁ levels was 6% in non-smokers and 18% in heavy smokers (20 cigarettes or more a day). A similar pattern was seen for women for FVC, although the differences in prevalence between smoking categories were smaller than those for FEV₁.

Tables 8.15, 8.16

8.4.6 Relative lung function levels by respiratory symptoms

This section looks at variations in relative FEV₁ and FVC levels by the presence or absence of respiratory symptoms as assessed using the MRC respiratory questionnaire (see Section 8.2).

In general, those who reported having had respiratory symptoms were more likely to have lung function levels 1.64 SD below the predicted values and were less likely to have lung function levels equal to, or in excess of, the predicted values. These differences were greater among those aged 45-64 than those aged 16-44, and applied to all three symptoms in both sexes.

For example, among men, the proportion with FEV₁ levels 1.64 SD below the predicted values was: 22% among those with phlegm production compared with 6% among those without; 21% among those with breathlessness compared with 5% among those without; and 20% compared with 5% between those with and without wheezing in the chest. Similar patterns were seen for women, although the differences were smaller than for men.

For both men and women, the differences in FVC levels between those with and those without respiratory symptoms were smaller than the differences found for FEV₁ levels. In general, the differences were greater among those aged 45-64 than among those aged 16-44.

Tables 8.17, 8.18

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Phlegm

Informants were classified into one of three categories:

No phlegm

Morning phlegm phlegm usually produced in the morning during winter

Other phlegm phlegm usually produced during the day or night in winter but not first thing in the morning.

>

Breathlessness

Three categories were defined as follows:

None not troubled by shortness of breath except when performing strenuous exercise

Grade 1 if breathlessness occurred when hurrying on level ground or walking up a hill

Grade 2 if breathlessness occurred when walking on level ground at the informant's own pace or at the pace of the informant's peers.

Wheezing

Informants were classified as having wheezed if :

1 they reported having had attacks of wheezing or whistling in the chest at any time in the past twelve months; or

2 they had been woken at night by attacks of breathlessness within the past twelve months.

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Phlegm

Informants were classified into one of three categories:

No phlegm

Morning phlegm phlegm usually produced in the morning during winter

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Breathlessness

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Wheezing

Informants were classified as having wheezed if :

1 they reported having had attacks of wheezing or whistling in the chest at any time in the past twelve months; or

2 they had been woken at night by attacks of breathlessness within the past twelve months.

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comments

Blood analytes

PART I: Lualhati Bost, Wei Dong and Paola Primatesta

PART II: Wei Dong, Lualhati Bost, Patricia E. Fitzsimons and David I. Thurnham

Summary

- Mean total cholesterol was the same in men and women (5.6 mmol/l) and increased with age. Men had higher levels than women except in the youngest (16-24) and oldest age groups (55-64). Overall 22% of men and 21% of women had cholesterol levels of 6.5 mmol/l or above. Total cholesterol varied significantly between regions in both men and women, but not between social classes in either sex after adjustment for age.
- Mean HDL-cholesterol was 1.3 mmol/l in men and 1.6 mmol/l in women. The proportion of men having levels less than 0.9 mmol/l (14%) was more than three times that of women (4%). There was a significant regional variation in age-adjusted HDL-cholesterol in men but not in women, while there was a significant social class variation in women but not in men. Women in manual social classes had lower HDL-cholesterol than those in non-manual social classes.
- Significant positive associations were found between: total cholesterol and body mass index (BMI) in men and women; total cholesterol and cigarette smoking in women; HDL-cholesterol and alcohol consumption in both sexes; and HDL-cholesterol and physical activity in women. On the other hand, associations were negative between HDL-cholesterol and BMI and smoking in both sexes; and total cholesterol and physical activity in men.
- The geometric mean fibrinogen was 3.2 g/l in men and 3.5 g/l in women. It increased with age in men, while it increased with age only in the post-menopausal groups in women. Age-adjusted fibrinogen varied significantly between regions and between social classes in both sexes, generally increasing from Social Class I to Social Class V.
- Fibrinogen levels, adjusted for age, increased with the number of cigarettes smoked a day in both men and women.
- The prevalence of anaemia (haemoglobin less than 13 g/dl in men and less than 12 g/dl in women) was 2% in men and 8% in women. There were significant variations between regions in age-adjusted mean haemoglobin and mean ferritin in men but not in women. There was no significant social class variation in either sex after adjustment for age.

Part I Cholesterol, Fibrinogen, Ferritin and Haemoglobin

9.1 Introduction

Part I of this chapter presents findings on five blood analytes: total cholesterol, HDL-cholesterol, fibrinogen, haemoglobin and ferritin. The first three are associated with cardiovascular disease, while the last two are indicators of iron status. The chapter examines the age-sex distributions and regional and social class variations for each analyte. In addition, it looks at cholesterol monitoring, and analyses the associations between fibrinogen and cigarette smoking, and between total and HDL-cholesterol and selected lifestyle factors: BMI, cigarette smoking, alcohol consumption and physical activity.

In Part II, results for vitamins A, C and E and carotenoids are presented.

9.1.1 Response to measurements

Of the 7,932 informants interviewed, 6,958 were also visited by a nurse (88% of men and 87% of women). Of these, 6,813 informants were eligible to give a blood sample. The 145 informants who were not eligible consisted of the following: those with bleeding or clotting disorders, those on oral anticoagulants, pregnant women, and those aged 16-17 for whom parental or

guardian consent was not available.

Of the 6,813 informants who were eligible, 6,183 had a blood sample taken. The rest either refused a blood sample, or the nurse was not able to obtain a sample from them. The 6,183 informants who had a blood sample taken comprised 78% of all those interviewed (81% of men and 76% of women). Most of those who gave a blood sample had valid measurements.

Tables 9.1, 9.2

Women were less likely than men to have a blood sample taken, mainly because pregnant women were ineligible. Younger informants and those in Social Class V were also less likely to have a blood sample taken and were thus slightly under-represented: the proportion with a blood sample among those aged 16-34 was 72%, while it was 81% among those aged 35-64; the proportion was 72% in Social Class V and ranged from 77% to 80% in the other social classes. Caution should therefore be observed in generalising the findings in this chapter, as the sample may not fully represent the total population with regard to these (and possibly other) factors.

9.1.2 Comparisons with the 1994 Health Survey for England and the 1984-86 Scottish Heart Health Study

The age-sex distributions for each analyte in the Health Survey were compared with their equivalents from these two surveys (depending on their availability).

The 1994 Health Survey for England

Total cholesterol, fibrinogen, ferritin and haemoglobin were measured in both the 1994 Health Survey for England (HSE) and the 1995 Scottish Health Survey. As mentioned in the Introduction to this report (Chapter 1), the HSE was carried out by the same institutions as the Health Survey and used the same protocols. The same laboratory employing the same analysis methods was used for both surveys (see the Technical Report for details on the laboratory analysis and quality control).

However, caution should be observed in comparing the findings of these surveys because of the relatively low response rates for the blood analytes. Among adults aged 16-64, 72% of all those interviewed in the 1994 English survey, and 78% in the Scottish survey had a blood sample taken.

Women, young adults and those in Social Class V were less likely to have a blood sample taken in both the 1994 English [1] and 1995 Scottish health surveys. Therefore, although the blood test results from these two surveys may not be fully representative of their target populations, both studies appear to slightly under-represent the same groups of people.

The 1984-86 Scottish Heart Health Study

Total cholesterol, HDL-cholesterol and fibrinogen were measured in both the 1984-86 Scottish Heart Health Study (SHHS) and the Health Survey. The overall response rate in the SHHS was 74%, based on those selected and currently resident in the sample districts at the time of the study.

The two surveys are not strictly comparable. As described in Chapter 1, the studies differed considerably both in sampling methods and design. Moreover, the 10-year gap between the two surveys and the advancements in technology over this period mean that laboratory analysis could vary between the two studies even when the same general methods were used.

9.2 Total and HDL-Cholesterol

9.2.1 Introduction

Two important components of blood lipids and lipoproteins were measured in the survey: total cholesterol and HDL-cholesterol. Cholesterol is transported in the plasma together with several lipoproteins. In a normal individual, HDL (high density lipoprotein) constitutes approximately 20% of the total plasma cholesterol, while the other main cholesterol-carrying lipoprotein, LDL (low density lipoprotein), makes up about 70%.

There is considerable evidence that raised total cholesterol is positively related to the risk of coronary heart disease in men and women. [2] Studies have shown that lowering total cholesterol through changes in diet, particularly the decrease in saturated fat intake, and drug treatment reduces the subsequent risk of cardiovascular death.

[3] [4] [5] [6] [7] [8]

On the other hand, HDL-cholesterol is negatively associated with cardiovascular disease independent of other major risk

factors.[2] This association may be due to HDL's role of 'reverse cholesterol transport' (i.e., HDL promotes the transport of extrahepatic cholesterol back to the liver for elimination). From puberty onwards, women tend to have higher HDL-cholesterol levels than men. This may partly explain the lower cardiovascular disease morbidity and mortality among women than among men of the same age until the menopause.[9]

In this report, informants were classified into the following conventional categories on the basis of their cholesterol concentration:

Total cholesterol level	Description
Less than 5.2 mmol/l	Desirable range
≥ 5.2 but <6.5 mmol/l	Mildly raised
≥ 6.5 but <7.8 mmol/l	Moderately raised
7.8 mmol/l or over	Severely raised

HDL-cholesterol level	Description
Less than 0.9 mmol/l	Low
≥ 0.9 mmol/l	Desirable

It should be noted that the HDL-cholesterol level should be considered in the context of total cholesterol as well. LDL-cholesterol was not measured in the survey. A *proxy* measure, defined as the difference between total cholesterol and HDL-cholesterol (uncorrected for serum triglycerides), was used in this report. LDL-cholesterol is positively related to the risk of cardiovascular disease.

Of the informants who had a valid total and HDL-cholesterol measurement, 46 were on lipid lowering drugs. These informants were included in the analysis. Because of their very small number, it is unlikely they would affect the results presented here.

9.2.2 Total cholesterol by age and sex

Total cholesterol in the sample was approximately normally distributed. Mean cholesterol was the same in men and women (5.6 mmol/l) and increased with age. Men had higher mean cholesterol than women, except in the youngest and oldest age groups.

Although a cholesterol level of 5.2 mmol/l is considered mildly raised, a level of 6.5 mmol/l or above is the more common threshold level for intervention. Overall, 22% of men and 21% of women had a cholesterol level of 6.5 mmol/l or above. Among men, this increased with age up to the 45-54 age group. Among women, this proportion consistently increased with age, particularly in the last two age groups, which is consistent with the reported increase in cholesterol after menopause. [10]As for mean total cholesterol, men had a higher prevalence than women of levels of 6.5 mmol/l or above in age groups 25-34 to 45-54, while the prevalence was higher in the youngest and the oldest groups in women.

Table 9.3

Figure 9A: Total cholesterol, by age and sex

Figure 9B: Percentage of informants with total cholesterol greater than or equal to 6.5 mmol/l, by age and sex

Comparison with the 1994 Health Survey for England

Men and women in Scotland had slightly lower mean total cholesterol than those in England, both overall (5.6 mmol/l compared with 5.7 mmol/l) and in most age groups. The difference in mean total cholesterol between the two surveys was statistically significant in men (p=0.001) and women (p<0.001) after adjustment for age. These differences remained unchanged after further adjustment for body mass index.

A lower proportion of men had a cholesterol level of 6.5 mmol/l or above in the Scottish survey than in the English survey (22% compared with 26%). After adjustment for age and body mass index, men in the English survey were 1.2 times more likely to have a total cholesterol of 6.5 mmol/l or above than men in the Scottish survey (p<0.001). There was no significant

difference among women, for which the equivalent figures were 21% in Scotland and 22% in England.

The pattern was similar when Scotland was compared with Northern England alone (which consists of the Northern & Yorkshire and North West regions), although the difference was slightly greater for men.

Table 9.4

Comparison with the 1984-86 Scottish Heart Health Study (SHHS)

Among adults aged 40-59, mean total cholesterol was higher in the 1984-86 SHHS (6.4 mmol/l among men and 6.6 mmol/l among women) than in the Health Survey (6.1 mmol/l among men and 6.0 mmol/l among women). Mean total cholesterol was higher for each of the five-year age groups.

Table 9.5

Similarly, the prevalence of having total cholesterol greater than 6.5 mmol/l was higher in the 1984-86 SHHS than in the Health Survey: 42% and 31% respectively in men, and 49% and 29% respectively in women. (Note that the SHHS used 'greater than 6.5 mmol/l' and not '6.5 mmol/l or above' as the threshold for raised total cholesterol.)

9.2.3 Region and total cholesterol

The unadjusted mean total cholesterol ranged in men from 5.5 mmol/l in Lothian & Fife to 5.9 mmol/l in Borders, Dumfries & Galloway, and in women from 5.4 in Lothian & Fife to 5.7 in three regions (Highland & Islands, Borders, Dumfries & Galloway, and Forth Valley, Argyll & Clyde).

The regional variation in age-adjusted mean total cholesterol was statistically significant in men ($p=0.014$) and women ($p=0.048$). Among men, mean total cholesterol in Borders, Dumfries & Galloway was significantly higher by 0.2 mmol/l than the overall mean for men, while in Lothian & Fife it was significantly lower by 0.1 mmol/l. Women in Lothian & Fife also had significantly lower cholesterol (by 0.1 mmol/l) than women in general in the sample.

The prevalence of having total cholesterol of 6.5 mmol/l or above among men was lowest in Forth Valley, Argyll & Clyde and highest in Borders, Dumfries & Galloway. Among women, it was lowest in Lothian & Fife and highest in Highland & Islands and Forth Valley, Argyll & Clyde. The differences between regions were not, however, significant in either men or women in a logistic regression analysis which adjusted for age.

Table 9.6

9.2.4 Social class and total cholesterol

Previous studies in England have shown very little variation in total cholesterol between social classes.[1] [11] Similarly, this study found little difference between social classes in both men and women. No significant social class variations were apparent after adjustment for age.

Table 9.7

9.2.5 Cholesterol monitoring

A greater proportion of men (31%) than women (23%) said they had ever had their blood cholesterol measured by a doctor or a nurse. In both men and women aged 45-64, this proportion was about twice that in the 16-44 age group.

Table 9.8

Of those who ever had their cholesterol monitored, more than two-thirds (70%) of men and women said it was last measured in the past three years. Those aged 45-64 were more likely than those aged 16-44 to have had their cholesterol level checked in the last year.

Table 9.9

The proportion of men who said they had ever had their cholesterol monitored was lowest in Highland & Islands, the region with the lowest mean total cholesterol among men; it was highest in Borders, Dumfries & Galloway, the region with the highest mean total cholesterol among men. Among women, the proportion was lowest in Highland & Islands and highest in Greater Glasgow, which were not the regions with either the lowest or highest mean total cholesterol levels among women.

The World Health Organisation's MONICA (monitoring trends and determinants in cardiovascular disease) project in Glasgow from 1985 to 1991 may have increased monitoring in this region.[12] (Further details on cholesterol monitoring can be found in Chapter 11.)

Table 9.10

9.2.6 HDL and LDL-cholesterol by age and sex

HDL-cholesterol

Mean HDL-cholesterol was 1.4 mmol/l for all informants. Women had higher HDL-cholesterol than men both overall (1.5 mmol/l versus 1.3 mmol/l) and in all age groups. Mean HDL-cholesterol was the same for all age groups in men, while in women it was slightly higher in the 35-44 and 45-54 age groups. HDL-cholesterol was approximately normally distributed and its variability remained fairly constant with age in both men and women.

Overall, 9% had a HDL-cholesterol level of 0.9 mmol/l or less. The proportion was more than three times higher in men (14%) than in women (4%), and generally increased with age in men (but not in women).

Table 9.11

Figure 9C: HDL-cholesterol, by age and sex

Figure 9D: Percentage of informants with HDL-cholesterol less than 0.9 mmol/l, by age and sex

Comparison with the 1984-86 Scottish Heart Health Study (SHHS)

Among informants aged 40-59, mean HDL-cholesterol was higher in the 1984-86 SHHS (1.36 mmol/l among men and 1.67 mmol/l among women) than in the Health Survey (1.30 mmol/l among men and 1.56 mmol/l among women). Mean HDL-cholesterol was higher in the SHHS in all the five-year age groups in both sexes. However, as mentioned above, differences in assay methods and other aspects of study design should be borne in mind in interpreting these results.

Table 9.12

Estimated LDL-cholesterol

Mean LDL-cholesterol was estimated as 4.2 mmol/l for all informants, 4.3 mmol/l for men and 4.0 mmol/l for women. Women had lower LDL-cholesterol than men until the 55-64 age group, where women had higher LDL-cholesterol than men.

Table 9.13

9.2.7 Region and HDL-cholesterol

There were small variations in mean HDL-cholesterol between regions, ranging from 1.2 to 1.3 mmol/l among men and from 1.5 to 1.6 mmol/l among women. In linear regression analyses which adjusted for age, there were significant differences between regions among men ($p=0.004$), with HDL-cholesterol being highest among those living in Grampian & Tayside. No significant variation was found among women.

Among men, the prevalence of having HDL-cholesterol 0.9 mmol/l or less ranged from 11% in Highland & Islands and Grampian & Tayside to 16% in Forth Valley, Argyll & Clyde (compared with 14% overall). Among women the range was narrower, from 3% to 6%. However, there were no significant regional differences in the prevalence of low HDL-cholesterol in either men or women in logistic regression analyses which adjusted for age.

Table 9.14

9.2.8 Social class and HDL-cholesterol

In general, women in manual social classes tended to have lower HDL-cholesterol than those in non-manual social classes. No such pattern was seen in men. In linear regression analyses which adjusted for age, an inverse gradient between social class and mean HDL-cholesterol was found among women ($p<0.001$) but not among men: mean HDL-cholesterol was significantly lower among women in Social Classes IIINM, IIIM, IV and V than in Social Class I.

The prevalence of having HDL-cholesterol levels of 0.9 mmol/l or less in men increased from 10% in Social Class I to 16% in Social Class IIIM and then declined slightly for Social Classes IV and V. In women the proportion with low HDL-cholesterol

was lower in the non-manual Social Classes (I, II, IINM) and higher in the manual social classes, except for Social Class V which had a small base. In a logistic regression analysis which adjusted for age, significant variation in the prevalence of having HDL-cholesterol levels of 0.9 mmol/l or less was found in women ($p<0.001$), with the prevalence being higher among the manual social classes. No significant social class variation was found in men.

Table 9.15

9.2.9 Total and HDL-cholesterol and lifestyle factors

Body mass index

Total cholesterol increased, and HDL-cholesterol declined, with increasing body mass index (BMI) in both men and women. The associations between BMI and both total and HDL-cholesterol were statistically significant after adjustment for age, cigarette smoking, alcohol consumption, and physical activity.

Tables 9.16, 9.20

Cigarette smoking

Among women total cholesterol increased, and HDL-cholesterol decreased, as the number of cigarettes smoked per day increased. Among men there was no clear pattern in total cholesterol, and HDL-cholesterol was constant across the different categories of smoking status.

After adjustment for age and other lifestyle factors, a significant positive association was found between smoking and total cholesterol in women ($p<0.001$) with smokers having higher total cholesterol. The association in men was not significant ($p=0.08$), although heavy smokers also tended to have higher total cholesterol than non-smokers. There was a negative association between smoking and HDL-cholesterol in both men and women.

Tables 9.17, 9.20

Alcohol consumption

Among women total cholesterol declined, and HDL-cholesterol increased, as the weekly quantity of alcohol regularly consumed increased. However, only HDL-cholesterol was significantly associated with alcohol consumption after adjusting for age and lifestyle factors.

Among men HDL-cholesterol increased along with increasing units of alcohol regularly consumed, both before and after adjustment for other factors. Total cholesterol was highest among ex-drinkers but varied little between the other categories of alcohol consumption level; however, after adjusting for age and lifestyle factors, total cholesterol was lower for ex-drinkers than for current drinkers.

Tables 9.18, 9.20

Physical activity

Among men total cholesterol declined, and HDL-cholesterol remained constant, with increasing levels of physical activity (see Chapter 2 for a description of the frequency-intensity physical activity scale). After adjusting for age and lifestyle factors, physical activity was negatively associated with total cholesterol and positively associated with HDL-cholesterol.

Among women total cholesterol slightly declined, and HDL-cholesterol slightly increased, with increasing levels of physical activity. After adjustment for age and lifestyle factors, however, neither total cholesterol nor HDL-cholesterol was significantly associated with physical activity.

Tables 9.19, 9.20

9.2.10 Total and HDL-cholesterol and cardiovascular morbidity

Informants were classified as having any cardiovascular disorder if they reported a previous doctor-diagnosis of the following conditions: angina, heart attack, abnormal heart rhythm, heart murmur, other heart trouble, stroke, high blood pressure, or diabetes (see Chapter 10 for a description of cardiovascular disorders).

In the two broad age groups (16-44 and 45-64), both men and women who had any cardiovascular disorder had higher total

cholesterol than those who did not have a disorder. HDL-cholesterol was slightly lower for those with a cardiovascular disorder compared with those without a disorder in the 45-64 age group; however, this difference was not found in the 16-44 age group.

Table 9.21

Regression analyses adjusting for age showed significant associations between having any cardiovascular disorder with both total cholesterol ($p=0.003$ in men and $p<0.001$ in women) and HDL-cholesterol ($p<0.001$ in men and $p=0.001$ in women).

9.3 fibrinogen

Fibrinogen is a soluble protein essential in the blood clotting mechanism. Studies have shown that high fibrinogen is related to increased risk of cardiovascular disease. [13] [14] Several factors, particularly smoking, are associated with high fibrinogen levels.[15]

As fibrinogen is not normally distributed, fibrinogen level was logarithmically transformed, and the geometric mean (see the Glossary in the Technical Report) was used as the summary measure.

9.3.1 Fibrinogen by age and sex

The geometric mean fibrinogen was 3.2 g/l in men and 3.5 g/l in women. It increased continuously with age in men, while in women it only increased after the 35-44 age group. Fibrinogen levels were higher in women than in men in all age groups (which is consistent with the findings from the 1994 Health Survey for England).

Table 9.22

Figure 9E: Fibrinogen, by age and sex

Comparison with the 1994 Health Survey for England

Geometric mean fibrinogen was higher in Scotland than in England: 3.2 g/l in Scotland vs. 2.8 g/l in England among men, and 3.5 g/l vs. 3.0 g/l respectively among women. The levels were higher in Scotland for all age groups. The difference between the two surveys was statistically significant in men ($p<0.001$) and women ($p<0.001$) after adjustment for age. The differences in geometric mean fibrinogen increased for men and decreased for women when Scotland was compared with Northern England alone, where the values were 2.5 g/l in men and 3.2 g/l in women.

Table 9.23

The higher levels of fibrinogen in Scotland than in England do not seem to be due to differences in smoking habits between the two populations, as smoking prevalence did not differ greatly between the two countries (19.9% in Scotland smoked less than 20 cigarettes a day compared with 19.3% in England; 13.7% and 10.2% respectively smoked 20 or more cigarettes a day). Furthermore, regression analyses adjusting for age and cigarette smoking status did not alter the above findings (i.e., that levels were higher in Scotland).

Comparison with the 1984-86 Scottish Heart Health Study

Only mean fibrinogen levels, and not geometric mean levels, were available for comparison. Mean levels were much higher in the Health Survey than in the SHHS (3.51 g/l compared with 2.31 g/l among men, and 3.70 g/l compared with 2.38 g/l among women), and these differences were apparent for all age groups.

Table 9.24

9.3.2 Region and fibrinogen

Geometric mean fibrinogen varied in men from 3.1 g/l in Grampian & Tayside and Lothian & Fife to 3.3 g/l in Greater Glasgow and Lanarkshire, Ayrshire & Arran; in women it ranged from 3.4 g/l in Grampian & Tayside and Forth Valley, Argyll & Clyde to 3.6 g/l in Greater Glasgow and Lanarkshire, Ayrshire & Arran. Women had higher fibrinogen than men in all regions. The regional variation in the logarithmically transformed fibrinogen was statistically significant in men ($p=0.001$) and women ($p=0.021$) after adjustment for age.

Table 9.25

9.3.3 Social class and fibrinogen

Fibrinogen levels were generally lower in the non-manual (I, II, IIINM) than in the manual social classes (IIIM, IV, V). Among men, geometric mean fibrinogen was the same in the non-manual social classes (3.1 g/l), and it then increased from 3.2 g/l in Social Class IIIM to 3.4 g/l in Social Class V. Among women, geometric mean fibrinogen increased from 3.3 g/l in Social Class I to 3.8 g/l in Social Class V. After adjustment for age, the logarithmically transformed fibrinogen was statistically significantly associated with social class in men ($p<0.001$) and women ($p<0.001$), generally increasing from Social Class I to Social Class V.

Table 9.26

9.3.4 Cigarette smoking and fibrinogen

Mean fibrinogen increased with the level of cigarette smoking in both men and women. Among men, ex-smokers and current smokers had significantly higher levels than never smokers ($p<0.001$). Among women, only current smokers had significantly higher levels ($p<0.001$).

Table 9.27

9.4 Haemoglobin

Haemoglobin is the oxygen carrying, iron-containing molecule in red blood cells. The level of haemoglobin is mainly determined by the iron status in the body. Low haemoglobin or anaemia is most commonly caused by iron deficiency which arises when iron requirements exceed supply, either through excessive blood loss or inadequate dietary supply. Women of childbearing age tend to have lower haemoglobin due to menstrual blood loss.

This report uses the World Health Organisation definition of anaemia, which is a haemoglobin concentration of less than 13 g/dl in men and less than 12 g/dl in women.

Of the 6,020 informants who had a valid haemoglobin measurement, 42 (0.7%) were taking iron supplements. These informants were included in the analyses as they did not alter the findings.

9.4.1 Haemoglobin by age and sex

Mean haemoglobin was 15.1 g/dl in men and 13.3 g/dl in women. It varied little between age groups in men. In women it was constant in the younger age groups, decreased in the 35-44 age group and then increased in the older groups.

Overall, 2% of men and 8% of women had low haemoglobin (anaemia). In men the prevalence of anaemia differed little between the 16-24 and 45-54 age groups (1-2%), but was much higher in the oldest age group (6%). In women, the prevalence increased from the 16-24 to 35-44 age groups and declined thereafter.

Table 9.28

Figure 9F: Haemoglobin, by age and sex

Figure 9G: Percentage of informants with low haemoglobin, by age and sex

Comparison with the 1994 Health Survey for England

Both overall and within age groups for men and women, mean haemoglobin was higher in Scotland than in England. The overall mean for men was 15.1 g/dl in Scotland and 14.9 g/dl in England, while for women the figures were 13.3 g/dl and 13.1 g/dl respectively. The difference in mean haemoglobin between the two surveys was statistically significant in men ($p<0.001$) and women ($p<0.001$) after adjustment for age.

The overall prevalence of anaemia in men was the same in England and Scotland (2%). For women the prevalence was slightly higher in England (11%) than in Scotland (8%). Women in England were 1.4 times more likely to be anaemic than those in Scotland after adjustment for age ($p<0.001$).

As Northern England generally had the same values as all of England, the pattern was similar for both sexes when comparing Scotland with Northern England.

Table 9.29

9.4.2 Region and haemoglobin

Among men mean haemoglobin was lowest in Lothian & Fife and Borders, Dumfries & Galloway (15.0 g/dl) and highest in Greater Glasgow and Forth Valley, Argyll & Clyde (15.2 g/dl). Among women mean haemoglobin was 13.3 g/dl in all regions except for Grampian & Tayside where it was 13.4 g/dl. After adjustment for age, there was significant variation in mean haemoglobin between regions in men ($p=0.013$) but not in women.

The prevalence of anaemia among men was lowest in Greater Glasgow and Highland & Islands (1%) and highest in Borders, Dumfries & Galloway (3%). Among women, the prevalence was lowest in Grampian & Tayside and Lanarkshire, Ayrshire & Arran (6%) and highest in Greater Glasgow (10%). The variations in the prevalence of anaemia between regions were not, however, statistically significant for either sex in logistic regression analyses which adjusted for age.

Table 9.30

9.4.3 Social class and haemoglobin

Mean haemoglobin varied little between social classes in both men and women. No significant associations were found after adjustment for age.

The prevalence of anaemia in men was constant in all social classes (2%). In women the prevalence was higher in Social Classes IIINM, IIIM and IV than in the other social classes, but these variations were not significant.

Table 9.31

9.5 Ferritin

Ferritin is a circulating protein which indicates the amount of iron stored in the body. It provides a more definite indicator of low iron status than haemoglobin, as ferritin is often depleted before the haemoglobin concentration when the body's iron status is low. Moreover, low haemoglobin can be due to conditions other than iron deficiency. On the other hand, infection and several diseases can raise the levels of ferritin.

Ferritin was measured by immunoassay, a method which shows a wide variability between laboratories. There is therefore no universally accepted level of ferritin which indicates low iron status. For the purposes of this report, sex specific quintiles (see the Glossary in the Technical Report) were used to categorise ferritin levels. Those in the lowest quintile (less than 54 μ g/l for men and less than 20 μ g/l for women) were classified as having low ferritin.

As ferritin is not normally distributed, the geometric mean is used in describing ferritin levels.

9.5.1 Ferritin by age and sex

Geometric mean ferritin was 94.1 μ g/l in men and 37.1 μ g/l in women. In both sexes, ferritin generally increased with age: in men from 61.9 μ g/l in the 16-24 age group to 111.0 μ g/l in the 55-64 age group, and in women from 29.5 μ g/l to 63.9 μ g/l respectively. Ferritin sharply increased in women between the 45-54 and 55-64 age groups, reflecting the reduced loss of iron after menopause.

The prevalence of low ferritin in men (as defined by the lowest quintile) sharply declined with age up to 35-44 and remained constant thereafter: from 37% in the youngest age group to 14% in the 35-44 age group and above. On the other hand, the prevalence of low ferritin in women did not vary much between the 16-24 to 45-54 age groups (ranging from 19% to 26%), but dropped to 7% in the oldest age group.

Table 9.32

Figure 9H: Ferritin, by age and sex

Comparison with the 1994 Health Survey for England

Geometric mean ferritin was higher in Scotland than in England: among men, 94.1 μ g/l in Scotland and 79.6 μ g/l in England, and 37.1 μ g/l and 32.6 μ g/l respectively among women. The difference was statistically significant in men ($p<0.001$) and women ($p<0.001$) after adjustment for age.

In both Scotland and England, the prevalence of low ferritin (for 16-64 year olds, the lowest quintile in England was defined as less than 46.5 μ g/l for men and less than 17 μ g/l for women) was markedly higher in the youngest age group in men and markedly lower in the oldest age group in women.

Similar patterns were observed when Scotland was compared with Northern England, as the values in Northern England were similar to those for England as a whole.

Table 9.33

9.5.2 Region and ferritin

Geometric mean ferritin was lowest in Borders, Dumfries & Galloway (82.6) and highest in Greater Glasgow (103.4) in men. It varied little between regions in women. After adjustment for age, ferritin varied significantly between regions in men ($p=0.014$) but not in women.

Table 9.34

9.5.3 Social class and ferritin

There was no clear pattern in the distribution of ferritin by social class, and age-adjusted ferritin did not vary significantly between social classes in either men or women.

Table 9.35

9.5.4 Low haemoglobin and ferritin

Among informants with a normal haemoglobin level, 18% of men and 16% of women had low ferritin. In both men and women, this percentage decreased with age.

Table 9.36

The prevalence of having low ferritin only was greater than the prevalence of having low haemoglobin only for both sexes and all age groups (within sex). The prevalence of having both low haemoglobin and low ferritin was higher in women (6%) than in men (2%).

Table 9.37

Blood analytes

Part II: Vitamins and carotenoids

9.6 Vitamins C, A and E and carotenoids

9.6.1 Introduction

As part of the Health Survey, serum concentrations of vitamins C, A and E and carotenoids were measured to determine the nutritional status of micronutrients among informants.

Vitamins are a group of organic compounds which are required in small amounts for the normal functioning of the body. The majority of them cannot be synthesised adequately in the body and hence must be obtained from the diet. Their inadequate intake may result in conditions which have a wide variety of clinical manifestations, such as scurvy (extremely severe vitamin C deficiency) and night blindness (vitamin A deficiency). In recent years, there has been increasing interest in the antioxidant effects of vitamins C and E and carotenoids. For example, low levels of blood concentrations (or dietary intake) of these antioxidants have been related to increased risk for deaths from cardiovascular disease and cancer [16] [17] [18]

On the basis of their physical properties, vitamins may be classified into broad categories such as water-soluble vitamins (e.g., vitamin C) and fat-soluble vitamins (e.g., vitamins A and E). In order to assess the nutritional status of these micronutrients amongst individuals, blood levels of vitamins and carotenoids are usually measured

Vitamin C (ascorbic acid)

Vitamin C is the generic descriptor for compounds exhibiting the biological activity of ascorbic acid. Fresh fruits and vegetables are good dietary sources of vitamin C. The measurement of blood levels of ascorbic acid is the most common procedure for evaluating vitamin C nutritional status in the population. There has been very little published literature on the population distributions of blood levels of vitamin C. A vitamin C level in the range 16-88 μ mol/l is usually considered to be biologically acceptable, while 11-16 μ mol/l, and less than 11 μ mol/l, respectively represent marginal and severe risks of deficiency.

Vitamin A (retinol) and carotenoids (β -carotene and others)

Vitamin A is the generic descriptor for preformed vitamin A (retinol) and some pro-vitamin A carotenoids. Preformed vitamin A is found in food of animal origin such as dairy products, liver and fish. It can also be formed in the body from provitamin A carotenoids such as β -carotene and α -carotene found in green or yellow leafy vegetables, and β -cryptoxanthin predominantly found in fruit, with oranges being the richest source in the Western diet. β -carotene is the most important of the provitamin A carotenoids. Other carotenoids such as lycopene and lutein are thought to have no provitamin activity. Dietary carotenoids have significant antioxidant activity, regardless of their provitamin A activity.

Blood concentration of retinol remains constant over a wide range of intakes. It is only when liver reserves are nearly depleted that it falls significantly, and it only rises significantly at the onset of toxic signs. Serum retinol below 0.7 μ mol/l may be indicative of inadequate vitamin A status or infection.[20]

Vitamin E (α -tocopherol and γ -tocopherol)

Vitamin E is the generic descriptor for several compounds exhibiting the biological activity of α -tocopherol. It has important antioxidant activity. Plant products, particularly plant oils, are rich in vitamin E. As vitamin E is transported in lipoproteins, the amount of vitamin E in the plasma is determined by the amount of lipids in the plasma (particularly cholesterol). Therefore, the α -tocopherol:total cholesterol ratio is the marker of vitamin E status.[21]

There are large tissue reserves of vitamin E in the body. A very low plasma vitamin E level (e.g., α -tocopherol less than 12 μ mol/l, or a α -tocopherol:total cholesterol ratio less than 2.25 μ mol/mmol) suggests long-term low intake of vitamin E.[22]

In this section, age/sex distributions for vitamins C, A, and E and carotenoids are presented. Comments are focused on the 'major' analytes: vitamins C, retinol, β -carotene, α -tocopherol and γ -tocopherol: total cholesterol ratio. For these analytes,

distributions by several population characteristics and by season are also examined.

9.6.2 Data interpretation

The following issues should be born in mind when interpreting results presented here.

Representativeness of the sample

Firstly, for practical reasons, the vitamin and carotenoid analyses were only carried out among a sub-sample of informants (approximately 15% of informants participated in this part of the survey); the sampling points for this part of the study were not selected from the whole country and therefore are *not* nationally representative. Because the blood used for these analytes had to be processed (and frozen) within about four hours of venepuncture, it was only possible to include sampling points within, at most, an hour's drive of one of the (seven) local processing laboratories used for sample preparation. Therefore, only a sub-group of sampling points (i.e., postcode sectors) was eligible for inclusion in this part of the study, and 60 sectors in all were selected. The result of the sub-sample selection was that most informants included in the vitamin and carotenoid analysis lived within a relatively short distance of one of these local processing laboratories and they were more heavily concentrated within urban areas (and particularly within the Glasgow and Edinburgh conurbations) than the sample as a whole.

The sub-sample of informants for whom vitamin and carotenoid results were obtained was comparable with the full sample on a number of variables. While the average age of those in the sub-sample was slightly greater than that for the full sample, adjustments for age had little effect on the results.[23] In terms of other likely predictors of vitamin intake (such as social class), the distribution of the sub-sample was reasonably close to that of the full sample.

Deterioration

There may have been some deterioration of the samples (for example, oxidation) particularly during storage. For logistic reasons, samples were stored for various periods, ranging from one to nine months before they were analysed (see the Technical report for details). In an attempt to evaluate the potential impact of storage on sample deterioration, about 90 samples were re-analysed after nine months of storage at -40°C . A deterioration of 13% in vitamin C concentration was found over this period. However, as vitamin C is the most labile of the analytes measured, and these samples were thawed twice (rather than only once for all other samples) and had the longest period of storage, it can be concluded that deterioration during storage for most of the other analytes would be minimal.

Fed and fasted blood

Although the majority of samples were taken as non-fasting samples, blood concentrations of retinol, tocopherol (and cholesterol) are not affected by the fed or fasted status. For carotene, it is also very unlikely that food consumed in the previous four hours will have affected blood level. However, fruit or fruit juice consumed within one hour of venepuncture may have an impact on blood levels of vitamin C, and therefore the few informants who said they had consumed fruit or fruit juice during this period were excluded from the vitamin C results (see Section 9.6.3).

9.6.3 Results by age and sex

In the sub-sample of 60 sampling points selected for vitamin and carotenoid analysis, 1361 informants were visited by a nurse. Of them, 1146 provided blood samples for vitamin and carotenoid analysis. Results for vitamins A and E and carotenoids were obtained from 1106 samples; the rest (40) were not analysed because of insufficient samples or other technical reasons.

For vitamin C, the final sample size presented here is 1026 informants. Seventy-four samples were not analysed for technical reasons (of them, 31 samples were thawed on arrival at the assay laboratory). Another 40 thawed samples were analysed but their results were thought to be unreliable. A further six informants were excluded because they had consumed fresh fruit or fruit juice within one hour before the nurse visit.

Vitamin C

Vitamin C is not normally distributed and is skewed to the right. Mean vitamin C was $30.4 \mu\text{ mol/l}$ among men and $37.0 \mu\text{ mol/l}$ among women, with the median being $24.9 \mu\text{ mol/l}$ for men and $33.3 \mu\text{ mol/l}$ for women. Vitamin C levels were higher among those aged 16-44 than those aged 45-64 years in both sexes. These results are somewhat higher than those reported in a small scale study (131 subjects) among adults in Scotland aged 40-49, which showed a median of $18.2 \mu\text{ mol/l}$ and a 5th and a 95th percentile of $5.7 \mu\text{ mol/l}$ and $61.3 \mu\text{ mol/l}$ respectively.[25]

While the majority of informants (61% of men and 72% of women) had vitamin C levels above $17 \mu\text{ mol/l}$ (the biologically

acceptable level), 25% of men and 15% of women had vitamin C concentrations below 11 μ mol/l which is indicative of severe *risk* of deficiency. The proportions with vitamin C levels less than 11 μ mol/l tended to be higher among those aged 45-64 years than among younger informants (16-44 years) in both sexes. These results should be interpreted with caution as possible deterioration may have occurred during storage (see Section 9.6.2).

Table 9.38

Vitamin A (retinol) and carotenoids (β -carotene and others)

Retinol is approximately normally distributed. Mean retinol was 2.6 μ mol/l among men and 2.4 μ mol/l among women. It increased slightly with age in both sexes, with mean retinol being slightly higher among those aged 45-64 than those aged under 45.

Very few (0.2%) informants in either sex had retinol levels below 0.7 μ mol/l which is suggestive of inadequate vitamin A status or infection.

β -carotene is not normally distributed and is skewed to the right. In general, men had lower β -carotene concentration than women, which is consistent with an earlier study. Mean β -carotene was 0.32 μ mol/l (median: 0.27) among men and 0.42 μ mol/l (median: 0.34) among women. Informants aged 45-64 tended to have slightly higher β -carotene than those aged under 45.

Table 9.38

Results for retinol and β -carotene were slightly higher than those reported by the National Dietary and Nutritional Survey of British Adults (NDNS).[27] The NDNS was carried out in 1986-1987 among a nationally representative sample of adults aged 16-64 years, with data on fat-soluble vitamins and carotenoids available for approximately 2000 individuals in the UK (of whom 150 were in Scotland).

Results for other carotenoids including α -carotene, β -cryptoxanthin, γ -cryptoxanthin, lycopene and lutein are also presented in Table 9.38. In general, women tended to have higher concentrations of α -carotene and β -cryptoxanthin than men, but there was little difference in the other carotenoids between the sexes. There was no clear pattern between informants aged 16-44 and those aged 45-64 years.

Table 9.38

Vitamin E

Among both men and women, α -tocopherol is approximately normally distributed. Mean α -tocopherol was 30.8 μ mol/l among men and 30.1 μ mol/l among women. The mean α -tocopherol:total cholesterol ratio was 5.39 μ mol/mmol in men and 5.47 μ mol/mmol in women. Although older informants had higher mean α -tocopherol in both sexes, no such difference was found in the ratio. In fact, women aged 45-64 had a lower α -tocopherol:total cholesterol ratio (5.30 μ mol/mmol) than women aged 16-44 (5.57 μ mol/mmol). The Health Survey results were slightly higher than those reported by the NDNS.[28]

Table 9.38

Very few informants in either sex had α -tocopherol below 12 μ mol/l (0.4% for men and women) or α -tocopherol:total cholesterol ratio below 2.25 μ mol/mmol (0.2% for men and 0.5% for women), which are indicative of long-term low vitamin intake.

Results for γ -tocopherol are also presented in Table 9.38.

9.6.4 Results by social class

Given the known variations in diet and health between social classes, levels of vitamins C, A, and E and carotenoids are examined by social class of the chief income earner within the informant's household (see the Glossary in the Technical Report for details on this classification). In view of the much smaller number of informants for whom vitamin and carotenoid results were available, it was necessary to group social class into the two broad categories of non-manual (Social Classes I, II and IIIM) and manual (Social Classes IIIM, IV and V).

Vitamin C

Vitamin C varied between social classes, with men and women from non-manual social classes having higher levels than

those from manual social classes. Among men, mean vitamin C was 37.6 μ mol/l (median: 35.4) in the non-manual social classes compared with 24.4 μ mol/l (median:18.5) in the manual social classes. Among women, mean vitamin C was 41.7 μ mol/l (median: 40.5) in the non-manual social classes compared with 31.7 μ mol/l (median:25.3) in the manual social classes. After adjustment for age using linear regression, there were statistically significant differences in log transformed vitamin C concentrations, which were lower among men and women from manual than from non-manual social classes (p<0.001).

Informants from manual social classes were also more likely to have vitamin C levels below 11 μ mol/l. Among men, the proportion was 35% in manual social classes compared with 14% in non-manual classes. The corresponding figures for women were 22% and 8% respectively. The differences were statistically significant after adjustment for age using logistic regression.

Table 9.39

Vitamin A (retinol) and carotenoids (β -carotene)

There was very little difference in preformed vitamin A (retinol) concentration between informants from manual and non-manual social classes for either sex. Among men, mean retinol was 2.7 μ mol/l in the non-manual social classes compared with 2.6 μ mol/l in the manual social classes, while among women mean retinol was 2.4 μ mol/l for both manual and non-manual social classes.

Table 9.39

There was some variation in β -carotene, the major provitamin A carotenoid. Informants in the non-manual social classes had higher β -carotene concentrations than those in manual social classes in both age groups for both sexes. Among men, mean β -carotene was 0.34 μ mol/l (median: 0.29) in non-manual social classes compared with 0.29 μ mol/l (median: 0.26) in manual social classes. The equivalent figures for women were 0.46 μ mol/l (median: 0.37) and 0.37 μ mol/l (median: 0.32) respectively. The differences in β -carotene between manual and non-manual social classes were statistically significant for both sexes (p<0.001), after adjustment for age.

Vitamin E

There was also some social class variation in α -tocopherol concentrations. Mean α -tocopherol was 31.3 μ mol/l and 30.8 μ mol/l for non-manual and manual social classes respectively among men; among women, the corresponding figures were 30.1 μ mol/l and 29.8 μ mol/l.

Similarly, there were small non-significant differences in the α -tocopherol:total cholesterol ratio between non-manual and manual social classes, being 5.5 μ mol/mmol in non-manual, and 5.3 in manual, social classes among men; the corresponding figures for women were 5.6 and 5.3 μ mol/mmol.

Table 9.39

9.6.5 Results by season

Results of vitamins C, A, and E and β -carotene by season are presented in Table 9.40. (When interpreting these results, it should be borne in mind that blood samples collected between April and November were stored for longer periods than samples collected during the other months of fieldwork.)

Among both men and women, vitamin C levels were lowest in Spring (March to May), with means of 26.4 μ mol/l (median: 14.6) for men and 33.7 μ mol/l (median: 29.0) for women; vitamin C levels were similar in the other seasons.

Retinol levels showed little variation between seasons. β -carotene was slightly lower in winter than in the other seasons for both sexes.

Vitamin E and the α -tocopherol:total cholesterol ratio also showed very little variation between seasons, although both vitamin E and the ratio tended to be slightly lower in summer.

Table 9.40

In linear regression analysis adjusted for age, there was no statistically significant difference in these analytes between seasons in either sex.

9.6.6 Results by other population characteristics

This section presents results of vitamins C, A, and E and β -carotene by cigarette smoking and alcohol consumption for men and women.

Cigarette smoking

There were significant variations in log transformed vitamin C concentrations between smoking categories after adjustment for age in both sexes ($p<0.001$ for both men and women). Current smokers had significantly lower vitamin C levels than non-smokers. For example, among men, mean vitamin C was $21.4 \mu \text{ mol/l}$ (median: 13.5) in those who smoked 1-19 cigarettes a day and $20.0 \mu \text{ mol/l}$ (median: 13.5) in those who smoked 20 or more cigarettes a day compared with $35.3 \mu \text{ mol/l}$ (median: 31.9) among non-smokers. Mean vitamin C concentrations were similar for ex-smokers and non-smokers.

Table 9.41

Retinol concentration was significantly associated with smoking categories in men ($p=0.024$) after adjustment for age, with ex-smokers having significantly higher mean retinol than non-smokers. No such associations were found among women.

Mean β -carotene, the major provitamin A carotenoid, was significantly related to cigarette smoking after adjustment for age ($p<0.001$ for both men and women), with current smokers having significantly lower levels of β -carotene in both sexes. For example, among men, mean β -carotene was $0.28 \mu \text{ mol/l}$ and $0.25 \mu \text{ mol/l}$ among those who smoked 1-19 and 20 or more cigarettes per day respectively, compared with $0.29 \mu \text{ mol/l}$ among non-smokers.

Table 9.41

Mean α -tocopherol was significantly associated with cigarette smoking status in men ($p=0.003$, adjusted for age), with those who smoked 20 or more cigarettes a day having significantly higher concentrations of α -tocopherol. No such associations were found among women.

There were significant differences in mean α -tocopherol:total cholesterol ratio between smoking status adjusted for age, particularly for men ($p<0.001$ for men and $p=0.04$ for women). Among men, mean α -tocopherol:total cholesterol ratio was 5.15 and 4.95 among those who smoked 1-19 and 20 or more cigarettes per day respectively, compared with 5.51 among non-smokers.

Table 9.41

Alcohol consumption

Among men, alcohol consumption was significantly related to log transformed vitamin C, retinol and mean β -carotene concentrations after adjustment for age. Vitamin C was higher among men who consumed alcohol regularly. Those who drank 1-21 units per week had significantly higher vitamin C compared with non/occasional drinkers. Those who drank alcohol also had significantly higher levels of retinol than non/occasional drinkers. However, those who drank over 21 units of alcohol per week had significantly lower levels of β -carotene.

Among women, alcohol consumption was only significantly related to retinol. Those who drank alcohol tended to have higher retinol levels than non-drinkers.

Table 9.42

In summary, current cigarette smoking was related to lower mean values of vitamin C, β -carotene and α -tocopherol:total cholesterol ratio in both men and women and to α -tocopherol in men. Alcohol consumption was related to higher mean values of retinol in both sexes, but lower mean β -carotene and higher mean vitamin C in men. These results are generally consistent with findings from other studies. [27] [28]

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comments

Cardiovascular disease and its risk factors

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Summary

- Overall, 20% of men and women reported having had any cardiovascular disorder. The prevalence increased with age in both sexes, being 48% for men and 41% for women aged 55-64 years.
- The prevalence of ischaemic heart disease (IHD) was 4.6% among all men and 2.9% among all women, and 19% for men and 12% for women aged 55-64 years. Very few informants reported having had stroke.
- The prevalence of intermittent claudication was 2.4% for men and 2.9% for women, and increased with age in both sexes. Intermittent claudication was more common among those who reported having had any cardiovascular disorder or IHD.
- The prevalence of any cardiovascular disorder was higher in Scotland than in England in men (19.3% vs. 17.6%, $p<0.01$) and women (20.2% vs. 18.4%, $p=0.08$). The prevalence of IHD was significantly higher in Scotland than in England in both sexes ($p<0.01$).
- There were significant regional variations in the prevalence of any cardiovascular disorder and of IHD in both sexes.
- There were significant social class differences in any cardiovascular disorder for men and women and in IHD for women. Those in manual classes were more likely to report having had these conditions.
- Major CVD risk factors such as obesity, cigarette smoking and heavy drinking were common among informants in Scotland as a whole, and among those with CVD conditions. For example, among those with IHD or stroke, 39% of men and 44% of women were current smokers; 17% of men drank over 28 units per week.

10.1 Introduction

Mortality from cardiovascular disease (CVD), including coronary heart disease and stroke, is higher in Scotland than in most other countries in the world. CVD is one of the two principal causes of premature deaths in Scotland (cancer being the other one). In its report, *Scotland's Health: A Challenge to Us All*, the Scottish Office set out as one of its priorities a reduction in morbidity and mortality from heart disease. Specifically, it set a target of a 40% reduction in heart disease mortality among people under age 65 between 1990 and 2000.[1]

As part of the Health Survey, information on various self-reported cardiovascular disease and related conditions was obtained and their prevalence are reported on in this chapter. Regional and social class differences in the prevalence of several conditions are also presented. Comparisons are made with results from the Health Survey for England for 1994 (the most recent survey to look at cardiovascular disease) and from the 1984-86 Scottish Heart Health Study. In addition, the prevalence of intermittent claudication, a peripheral vascular disease, was also assessed.

It has been recognised that prevention of CVD should be implemented through both an individual high risk approach and a broader population approach.[2] The high risk approach seeks to protect susceptible individuals, while the population approach deals primarily with the discovery and control of the causes of incidence. In this chapter, therefore, estimates of the frequency of common CVD risk factors in the total population and in those with previous CVD conditions are presented. The relationships between cardiovascular disease and its risk factor are also examined.

Given the age range of the survey informants (16-64 years), the prevalences of some conditions were too low to allow detailed examination in relation to region, social class, and CVD risk factors. Therefore, it is sometimes necessary to limit analyses to a few select measures of CVD (usually summary measures, see Section 10.2.3).

10.2 Methods and definition

10.2.1 Methods

In the Health Survey, three types of interviewer-administered questionnaire were used to collect information on cardiovascular disease and related conditions: the survey questionnaire for CVD conditions (see Section 10.2.2), the Rose chest pain questionnaire and the Edinburgh claudication questionnaire.

The survey questionnaire sought information on self-reported CVD conditions which had been previously *diagnosed by a doctor* (or a nurse in the case of hypertension). Informants were asked if they had ever had a CVD condition in the past, and if they had had the condition within the last 12 months (except in the case of hypertension and diabetes). Those who reported ever having hypertension were asked if they still had it. It is important to note that those who reported having had a particular condition in the last 12 months did not necessarily have the condition diagnosed during this time; their condition may have been diagnosed prior to this period, so these are not measures of incidence.

The CVD questionnaire has been used in the Health Survey for England since 1991. Its accuracy and reliability were examined in a GP enhancement study in 1993 which compared conditions measured by the survey with diagnoses made by GPs. It was concluded that, for most CVD conditions, data from these two sources agreed reasonably well.[3]

The Rose angina questionnaire was developed in the 1960's for assessment of cardiovascular symptoms in population surveys and has been used in the Health Surveys for England and the 1984-1986 Scottish Heart Health Study.[4] The questionnaire is used here to provide alternative estimates of prevalence of angina and heart attack.

The Edinburgh claudication questionnaire was developed from the WHO/Rose questionnaire on claudication. It is considered to have higher sensitivity and specificity than the original Rose questionnaire.[6]

10.2.2 Cardiovascular conditions

In this report, cardiovascular conditions refer to the following eight diagnoses:

angina, heart attack, stroke, heart murmur, abnormal heart rhythm, 'other heart trouble', diabetes and hypertension.

It should be noted that in order to maintain comparability with the Health Survey for England, hypertension and diabetes which are risk factors for CVD were also included in this section as CVD conditions. Women were not classified as having hypertension, diabetes or a heart murmur, if they had the condition when pregnant only.

10.2.3 Summary measures of cardiovascular disease

On the basis of self-reported CVD conditions, the following *summary measures* were also used:

Any cardiovascular disorder: Informants were classified as having any cardiovascular disorder if they had any of the self-reported CVD conditions confirmed by a doctor (or a nurse in the case of hypertension).

Ischaemic heart disease: Informants were classified as having ischaemic heart disease (IHD) if they reported a previous diagnosis of angina or a heart attack.

Ischaemic heart disease or stroke: Informants were classified as having ischaemic heart disease or stroke (IHD or stroke) if they reported a previous diagnosis of angina, a heart attack or a stroke. (In other studies, this group of conditions is often referred to as 'cardiovascular disease'.)

10.2.4 Rose angina and possible myocardial infarction

Based on standard criteria,[5] informants were classified as to whether or not they had Rose angina, or a possible myocardial infarction (MI). Angina was further classified as grade 1 or grade 2, with grade 2 being more severe. Informants were classified as having had a possible MI if they had ever had an attack of severe pain across the front of the chest, lasting for half an hour or more.

10.2.5 Intermittent claudication

Intermittent claudication shares many epidemiological and biological features with ischaemic heart disease. It has been shown to be independently related to mortality from cardiovascular disease and possibly non-cardiovascular disease.[7] Usually presented as calf pain on walking, it is a mild symptom of ischaemia of the lower limb. The prevalence of intermittent claudication can only be accurately assessed in a population survey as only a small proportion of patients with this condition

requires hospital referral.[6]

Informants were classified as having the condition if they reported leg pain on walking, but not at rest, which disappeared within 10 minutes after they stopped walking. Intermittent claudication was further classified as grade 1 or grade 2, with grade 2 being more severe.[8]

10.2.6 Interpretations

It should be emphasised that the data presented in this chapter should be interpreted with caution, since they are based on self-reported diagnoses or symptoms. Informants may have had a particular condition but not have recalled it. Recall of having a particular condition can be affected by many factors, such as informant's age, presence of co-existing conditions, level of education, and whether a condition is well defined in clinical and lay perspectives. There will therefore inevitably be some misclassification of the prevalence estimates.

10.3 Prevalence by age and sex

In general, the prevalence was very low among informants in the younger age groups (under 45 years), and comments are therefore mainly focused on the two older age groups (45-54 and 55-64 years) where the estimates were more stable.

10.3.1 Cardiovascular conditions

Angina

Among men, the prevalence of self-reported angina was 3.1%. This increased with age, and was 4.1% among those aged 45-54 and 14.4% in those aged 55-64 years. Among women, the prevalence was 2.5%, and it increased from 3.1% in those aged 45-54 to 9.9% in those aged 55-64 years.

Table 10.1

The proportion of informants who reported having angina in the past twelve months was 2.5% among men and 1.8% among women. This was 81% of men and 73% of women who reported ever having angina.

Heart attack

Overall, 2.4% of men and 1.1% of women reported having had a heart attack. Among men the prevalence increased from 3.5% in those aged 45-54 years to 9.8% in those aged 55-64 years. The prevalence among women increased from 1.5% in those aged 45-54 to 4.1% in those aged 55-64 years.

Table 10.1

Very few informants reported having had a heart attack in the past twelve months, with the prevalence being 0.4% among men and 0.1% among women. This was 16% of men and 10% of women who reported ever having had a heart attack.

Stroke

The proportion of informants who reported having had a stroke was very low, being 1.0% among men and 0.5% among women. This increased with age in both sexes, with the prevalence in those aged 55-64 years being 3.9% in men and 1.8% in women. Very few informants reported having had a stroke in the previous 12 months.

Table 10.1

Hypertension

For both men and women, hypertension was the most commonly reported condition. Overall, 13.3% of men and 13.9% of women reported having had hypertension. This increased with age in both sexes: in men, the prevalence increased from 1.4% in those aged 16-24 to 31.2% in those aged 55-64; in women, the increase was from 4.8% to 30.3% in the corresponding age groups. The prevalence was similar between the two sexes in most age groups, except for those aged 16-24 where the prevalence tended to be higher in women than in men (4.8% vs 1.4%). (These percentages for 16-24 year olds are based on a small number of informants, and must be treated with caution.)

Table 10.1

Diabetes

The prevalence of diabetes was 1.5% in both men and women and increased with age in both sexes. Among men the prevalence was 2.8% in those aged 45-54 years and 4.3% in those aged 55-64 years; the corresponding figures in women were 1.7% and 3.3% respectively. The prevalence tended to be higher in women than in men among those aged 16-24 to 35-44 years; thereafter, diabetes was more common in men than women.

Table 10.1

Heart murmur, irregular heart rhythm and 'other heart trouble'

The proportion of informants who reported having had a heart murmur was 2.1% among men and 3.2% among women. Irregular heart rhythm was reported by 2.9% of men and 4.0% of women. Overall, 0.6% of men and 0.8% of women reported having had 'other heart trouble'. The prevalence of each of these three conditions increased with age in both sexes and tended to be higher among women than men in most age groups.

Table 10.1

10.3.2 Summary measures of self-reported conditions

Any cardiovascular disorder

The proportion of informants who reported having had any cardiovascular disorder was 19.3% for men and 20.2% for women. The proportion increased with age in both sexes. The prevalence was less than 30% among men and women aged 45-54, but it was much higher among those aged 55-64 years (44.7% for men and 40.6% for women). In all age groups, a large proportion of those classified as having had any cardiovascular disorder consisted of informants who reported a previous diagnosis of hypertension.

Table 10.2

Figure 10A: Prevalence of any cardiovascular disorder, by age and sex

Ischaemic heart disease

The prevalence of ischaemic heart disease (heart attack or angina) was higher in men than in women, being 4.0% for men and 2.9% for women. This prevalence increased with age in both sexes. Among men the prevalence of IHD was 6.0% in those aged 45-54 years and 17.0% in those aged 55-64 years. Among women the corresponding figures were 3.4% and 11.4% respectively.

Ischaemic heart disease or stroke

The prevalence of IHD or stroke was only slightly higher than that of IHD alone, as very few informants reported having had a stroke: it was 4.6% in men and 3.2% in women. Similar to IHD, the prevalence of IHD or stroke increased with age and was higher in men than in women in most age groups, being 7.2% for men vs. 3.9% for women in those aged 45-54 years, and 19.0% vs. 12.4% in those aged 55-64 years.

Table 10.3

Figure 10B: Prevalence of ischaemic heart disease or stroke, by age and sex

10.3.3 Rose angina and possible myocardial infarction

Rose angina symptoms

The prevalence of Rose angina, combining grade 1 and grade 2, was 2.7% in both men and women. It increased with age in both sexes. Rose angina symptoms were more common in men than women among those aged 45-54 (3.9% for men vs. 3.1% for women) and even more so among those aged 55-64 (10.1% for men vs. 5.9% for women). The higher prevalence of Rose angina in men than in women among these older informants is consistent with the pattern for self-reported doctor-diagnosed angina (described in Section 10.3.1).

Table 10.4

Possible myocardial infarction

Overall, 3.4% of men and 2.5% of women had symptoms suggestive of possible myocardial infarction in the past. The prevalence increased with age in both sexes and tended to be higher among men than women in all age groups. Among men, the prevalence was 4.0% in those aged 45-54 years and 8.7% in those aged 55-64 years, with the corresponding figures in women being 3.7% and 6.0%, respectively.

Table 10.4

10.3.4 Intermittent claudication

Using the Edinburgh questionnaire, the prevalence of intermittent claudication was 1.7% among men and 1.9% among women. This increased with age in both sexes. The prevalence tended to be lower in men than women in those aged 45-54 years (1.9% vs. 3.4%) but higher in men than women in those aged 55-64 years (5.0% vs. 3.0%).

Table 10.5

In addition, the prevalence of intermittent claudication analysed by any cardiovascular disorder and by IHD or stroke are presented in Tables 10.6 and 10.7. It should be noted that the time sequence between claudication and CVD cannot be assessed with this dataset. Intermittent claudication was more common among those who ever had any cardiovascular disorder than those who had not (4.4% vs. 1.1% in men, and 4.4% vs. 1.2% in women). Similarly, claudication was more common among those with IHD or stroke than those without (10.1% vs. 1.3% in men, and 5.4% vs. 1.8% in women).

Tables 10.6, 10.7

10.3.5 Comparison with the 1984-86 Scottish Heart Health Study

The Scottish Heart Health Study (SHHS), which included people aged 40-59 years, collected data on CVD prevalence using self-reported medical history of angina and heart attack and a self-administered version of the Rose angina questionnaire. [9]

The prevalences of self-reported angina and heart attack were very similar between the SHHS and the Health Survey, except for angina in men which was lower in the Health Survey than in the SHHS.

The prevalences of Rose angina and of possible myocardial infarction (MI) were, however, much lower in the Health Survey than in the SHHS. In the Health Survey, the prevalence estimates for Rose angina and MI were largely consistent with those for self-reported angina and heart attack (except for MI in women); however, in the SHHS, the prevalences of angina and MI on the Rose questionnaire were considerably higher than the prevalence estimates for the self-reported history of these diseases.

Table 10.8

There were also differences in the prevalence estimates for intermittent claudication. In the Health Survey, among those aged 40-59 years the prevalence was 2.4% for men and 2.9% for women. These were higher than those from the SHHS, which reported a prevalence of 1.1% in men and 0.7% in women. This difference between the two surveys may be partly explained by differences in data collection: results from the SHHS study were based on the Rose Questionnaire which has a lower sensitivity (i.e., gives more false negatives) than its revised version, the Edinburgh questionnaire, which was used in the Health Survey.

10.3.6 Comparison with the Health Survey for England

This section compares prevalences of any cardiovascular disorder, ischaemic heart disease and stroke in Scotland with those from the 1994 Health Survey for England. The Health Surveys for Scotland and England were similar in design and objectives. Data on cardiovascular diseases were collected using exactly the same questionnaires. Comparisons are made with England as a whole, and with Northern England which includes the two health regions of Northern & Yorkshire and North West.

Any cardiovascular disorder

The prevalence of any cardiovascular disorder was similar between Scotland and England among those aged under 45, where the prevalence was low in both countries. The prevalence was higher in Scotland than in England for both men and women in those aged 45-54 and 55-64 years. Among men, the overall prevalence was 19.3% in Scotland compared with 17.6% in England. The difference was greatest among those aged 55-64 (44.7% vs. 37.4%) followed by those aged 45-54 (28.0% vs.

23.8%). Among women, the overall prevalence was 20.2% in Scotland compared with 18.4% in England; the difference was greatest among those aged 45-54 (27.9% vs. 23.5%) and those aged 55-64 (40.6% vs. 37.5%).

On adjustment for age using logistic regression analysis, the difference in the prevalence between Scotland and England was significant in men ($p=0.007$) but not in women ($p=0.08$).

The prevalence of any cardiovascular disorder was also higher in Scotland than in Northern England in both sexes, with the difference being biggest among the two older age groups (45-54 and 55-64 years).

Table 10.9

Figure 10C: Prevalence of any cardiovascular disorder in Scotland and England, by age and sex

Ischaemic heart disease

The prevalence of IHD was higher in Scotland than in England, with the difference being greatest among older informants. Among men, the overall prevalence was 4.0% in Scotland and 2.5% in England. The difference in prevalence was greatest among those aged 45-54 (6.0% vs. 3.0%) and those aged 55-64 (17.0% vs. 10.3%). Among women, the overall prevalence was 2.9% in Scotland and 1.5% in England. The corresponding figures in the 45-54 years and 55-64 years were 3.4% vs. 2.3%, and 11.4% vs. 5.9% respectively.

On adjustment for age using logistic regression analysis, the difference in the prevalence between Scotland and England was significant in both men and women ($p<0.001$).

The prevalence of IHD was higher in Scotland than in Northern England in both sexes ($p=0.038$ and $p=0.001$ for men and women respectively, adjusted for age), with the difference being largest among the two older age groups (45-54 and 55-64 years).

Figure 10D: Prevalence of ischaemic heart disease in Scotland and England, by age and sex

Stroke

The prevalence of stroke was very low in both the Scottish and English surveys. The age and sex specific prevalences of stroke are shown in Table 10.10. In general, the prevalence was higher in Scotland than in England (and Northern England); however, the number of stroke cases was too small to make any meaningful comparisons.

Table 10.10

10.4 Region and prevalence of Cardiovascular disease

In this section, regional differences in two summary measures of self-reported conditions, i.e., any cardiovascular disorder and ischaemic heart disease (angina or heart attack), are presented. It is expected that the regional pattern for IHD or stroke will be very similar to that of IHD alone, as very few cases of stroke were reported by informants. The number of cases for most other types of condition was too small to make meaningful comparisons for regional differences in disease prevalence.

Both the unadjusted prevalence and the age-standardised prevalence of any cardiovascular disorder and of IHD are presented. Logistic regression analysis adjusted for age was used to assess differences in prevalence, with each region being compared with the overall sample.

Any cardiovascular disorder

There were significant variations in the prevalence of any cardiovascular disorder in both men ($p=0.011$) and women ($p=0.016$). Among men, it was lowest (15.2%) in Grampian & Tayside ($p=0.012$) and highest (23.7%) in Forth Valley, Argyll & Clyde ($p=0.003$). Among women it was lowest (17.1%) in Lothian & Fife ($p=0.23$) and highest (25.0%) in Lanarkshire, Ayrshire & Arran ($p=0.002$).

Table 10.11

Ischaemic heart disease

There were significant variations in the prevalence of ischaemic heart disease in both men ($p=0.022$) and women ($p=0.003$).

Among men, it was lowest (1.8%) in Grampian & Tayside ($p=0.005$) and highest (6.1%) in Lanarkshire, Ayrshire & Arran ($p=0.016$). Among women the prevalence was lowest (1.6%) in Lothian & Fife ($p=0.17$) and highest (4.8%) in Lanarkshire, Ayrshire & Arran ($p<0.001$) and Greater Glasgow (4.4%, $p=0.007$).

Table 10.12

10.5 Social class and prevalence of Cardiovascular disease

In Scotland, as in many other countries, social class differences in cardiovascular disease morbidity and mortality have been reported, with the socio-economically disadvantaged groups having higher risk.[11] [12] [13] [14] In this section, prevalences of any cardiovascular disorder and of ischaemic heart disease (angina or heart attack) are presented as examples. As for the rest of the report, social class is based on the occupation of the chief income earner within the household (see the Technical Report for a description of how social class was derived).

Both unadjusted and age-standardised prevalences are presented, and logistic regression analysis, adjusted for age, was used to assess social class differences in prevalence, with each social class being compared with Social Class I.

Any cardiovascular disorder

There were significant variations in the prevalence of any cardiovascular disorder between social classes ($p=0.004$ for men and $p<0.001$ for women). The prevalence was higher among those in the manual than non-manual social classes, although no clear social gradient was seen in either sex. Among men, the age-standardised prevalence was lowest (12.4%) in Social Class I and highest in Social Classes IIIM (19.5%) and V (19.4%). Among women the age-standardised prevalence was lowest in Social Class II (14.2%) and the prevalences were similar in all other social classes. (It should be noted that the number of informants in Social Class I was very small in both sexes).

Table 10.13

Figure 10E: Age standardised prevalence of any cardiovascular disorder, by social class of chief income earner and sex

Ischaemic heart disease

There were significant variations in the prevalence of IHD in women ($p=0.003$) with a clear social class gradient, but not in men ($p=0.3$), although the prevalence tended to be higher in manual than non-manual social classes in both sexes. Among men the age-standardised prevalence was lowest in Social Class I (1.9%) and highest in Social Class V (4.7%). Among women the age-standardised prevalence was 0.9% in Social Class II and increased continuously to 4.0% in Social Class V. (Again the small sample bases for Social Class I should be noted.)

Table 10.14

10.6 Risk factors in the total and sub-group population

10.6.1 Introduction

Numerous studies have suggested that obesity, cigarette smoking, high blood pressure, raised total cholesterol and excessive alcohol consumption, many of which are inter-related, are major risk factors for cardiovascular disease. Distributions of these risk factors have been presented in previous chapters of this report.

From a public health perspective, the proportion with particular CVD risk factors among the general population and among those with previous CVD conditions has important implications for both the primary and secondary prevention of cardiovascular disease in Scotland. Therefore, this section first briefly summarises the prevalence of raised CVD risk factors among all informants. Then, the prevalences among those informants who reported a previous diagnosis of any cardiovascular disorder, and of IHD or stroke, are presented.

10.6.2 Definition of risk factors

The major CVD risk factors presented in this section are: raised BMI, smoking, drinking, high blood pressure and raised total cholesterol. Two cut-off points which generally correspond to those in other chapters were used to define 'raised' risk factor, with the lower category of risk factor subsuming the higher category. For example, the category of BMI over 25 kg/m² includes the next level of BMI over 30 kg/m².

Risk factors	Categories
Raised BMI	BMI over 25 kg/m ²
	BMI over 30 kg/m ² (obese)
Cigarette smoking status	Current smoker
	Current smoker of 20 or more cigarettes a day
Alcohol consumption	More than 21 (men)/14 (women) units per week
	More than 28 (men)/21 (women) units per week
High blood pressure	Normotensive treated
	Hypertensive treated
	Hypertensive untreated
Raised total cholesterol	6.5 mmol/l or over
	7.8 mmol/l or over (extremely high)

10.6.3 Risk factors in the total population

In general, a large proportion of the population had some of these major CVD risk factors, which presents a significant challenge for health education in Scotland. (See other chapters for further information on individual CVD risk factors.)

About half of the population (56% in men and 47% in women) had BMI >25 kg/m², and about one in six (16% in men and 17% in women) were obese (BMI >30 kg/m²). These proportions were higher among those aged 45-64 than those aged 16-44 in both men and women.

About one-third of the population were current cigarette smokers (34% in men and 36% in women), and about one in seven (15% in men and 13% in women) were heavy smokers (20 cigarettes or more per day). While the prevalence of current smoking was similar among those aged 16-44 and those aged 45-64, older informants, particularly older men, were more likely to be heavy smokers than younger informants.

Heavy alcohol consumption was particularly common in men. One-third of men drank over 21 units per week, and just over one-fifth (22%) drank over 28 units per week. For women, 13% drank over 14 units per week, and just 5% drank over 21 units per week. Among both sexes, younger informants were more likely than older ones to exceed these limits.

The prevalence of survey defined high blood pressure was 11% in men and 13% in women, with the prevalence among those aged 45-64 being 26% for men and 30% for women. About 4% of the population were hypertensive untreated (i.e., blood pressure >160/95 but not taking any anti-hypertensive agents). In the older age group (45-64), this proportion was 10% for men and 8% for women.

Overall, 23% of men and 22% of women in Scotland had total cholesterol of 6.5 mmol/l or above. The proportion with extremely high total cholesterol (7.8 mmol/l or above) was about 5% among both men and women. These proportions were much higher among those aged 45-64 than those aged 16-44 years.

Table 10.15

Figure 10F: Prevalence of CVD risk factors, by sex

10.6.4. Risk factors by cardiovascular conditions

This section examines the proportion of informants with raised CVD risk factors among those individuals at whom secondary prevention should be targeted. Results among informants who reported a previous diagnosis of any cardiovascular disorder, and of ischaemic heart disease or stroke, are presented as examples.

Informants with any cardiovascular disorder

Over 1700 informants reported a history of cardiovascular disorder. Nearly one-third of these informants were obese (31% of men and 32% of women). The prevalence with BMI over 25 kg/m² was 74% for men and 63% for women.

Many of these informants were current smokers (35% of men and 38% of women), despite their diagnosis of any cardiovascular disorder. About 19% of men and 16% of women smoked 20 cigarettes or more a day.

One-third of men with any cardiovascular disorder drank over 21 units per week, and 22% drank over 28 units per week. Among women, 10% drank over 14 units per week and 3% drank over 21 units a week. The problem of heavy drinking was more pronounced among younger informants (16-44) than older informants in both men and women.

Just under half of informants in this group had survey defined high blood pressure. The proportion with untreated hypertension (i.e., blood pressure >160/95 but not taking any anti-hypertensive agents) was 11% in men and 7% in women.

Just over one-third of these informants had total cholesterol of 6.5 mmol/l or above, while the proportion with extremely high cholesterol (7.8 mmol/l or above) was 7% in men and 10% in women. The majority of them were not taking lipid-lowering drugs.

Table 10.15

Informants with IHD or stroke

Similar to those with cardiovascular disorder, many informants who reported a history of IHD or stroke were obese, drank alcohol and smoked cigarettes heavily, and had high blood pressure or raised cholesterol.

It is worth noting that more than one-third of informants in this group (39% for men and 44% for women) were cigarette smokers, many of whom smoked over 20 cigarettes or more a day. Heavy drinking was found among a large proportion of men: 26% drinking over 21 units per week and 17% drinking over 28 units per week. The proportion with extremely high total cholesterol (7.8 mmol/l and above) was 7% in men and 16% in women.

Table 10.15

Figure 10G: Prevalence of CVD risk factors among those with IHD or stroke, by sex

10.7 Prevalence of cardiovascular and its risk factors

The associations between major CVD risk factors and cardiovascular disease are examined in this section by presenting the prevalence of CVD according to the levels of a number of risk factors including BMI, cigarette smoking, alcohol consumption, blood pressure and total cholesterol (definitions of these risk factors may be found in the relevant chapters dealing with each of them). Data on any cardiovascular disorder and IHD are presented as examples. It must be emphasised that, due to the cross-sectional nature of the survey, causality cannot be inferred from the Health Survey results. It should be borne in mind that any association observed will reflect not only causal associations between risk factors and CVD, but also modified behaviour as a result of a diagnosis of CVD.

Any cardiovascular disorder

The prevalence of any cardiovascular disorder increased with increasing levels of BMI in both age groups (16-44 and 45-64) for both men and women, with the highest prevalence being found among those who were obese (BMI > 30 kg/m²). For example, the prevalence in men was 9.1% among those with BMI under 20 kg/m² compared with 36.7% among those with BMI over 30 kg/m². For women, the corresponding figures were 10.6% and 37.0% respectively.

Turning to smoking behaviour, non-smokers had the lowest prevalence of any cardiovascular disorder for men (14.3%) and women (17.8%). In men the highest prevalence was found among ex-smokers (29.1%), and in women among heavy smokers (25.0%) and ex-smokers (24.8%). Among smokers, those who smoked 20 or more cigarettes a day tended to have higher prevalence than those who smoked 1-19 cigarettes a day. The high prevalence observed in ex-smokers may result from smoking cessation due to a diagnosis of disease.

For both sexes, the prevalence of any cardiovascular disorder was lower among those who consumed alcohol regularly, followed by non/occasional drinkers. The highest prevalence was found among ex-drinkers. For example, the prevalence was

17.7% for men and 18.8% for women among those drinking 1-21 units per week (men)/1-14 units per week (women) compared with 42.3% in men and 32.7% in women among ex-drinkers. Similar to cigarette smoking, ex-drinkers might have given up drinking due to health reasons.

The prevalence of any cardiovascular disorder was lower among informants who were normotensive untreated (blood pressure <160/ 95 mmHg and not taking any anti-hypertensive medications) than among those who were hypertensive untreated (blood pressure \geq 160/95 but not taking anti-hypertensive agents). For example, for men, the prevalence was 12.0% among those who were normotensive untreated compared with 48.1% among those who were hypertensive untreated. The corresponding figures for women were 12.5% and 40.8% respectively. (By definition, those who were being treated for high blood pressure would have been classified as having any cardiovascular disorder; they are therefore not described here.)

The prevalence of any cardiovascular disorder increased with increasing levels of total cholesterol in both men and women. For example, the prevalence was 11.9% among men with total cholesterol <5.2 mmol/l compared with 28.5% among men with total cholesterol \geq 7.8 mmol/l. The corresponding figures for women were 12.3% and 43.0% respectively.

Table 10.16

Ischaemic heart disease

The pattern for ischaemic heart disease by level of CVD risk factors was very similar to that for any cardiovascular disorder.

In general, the prevalence of IHD increased with increasing BMI (except for women where the lowest prevalence was found among those with BMI between 20-25 kg/m² followed by those with BMI under 20, but the prevalence was very low in these two groups).

Ex-smokers also had the highest prevalence of IHD for men (10.0%) and women (6.0%), while the prevalence was lowest among non-smokers (1.6% for men and 1.8% for women).

Ex-drinkers had the highest prevalence of IHD, followed by non/occasional drinkers. The prevalence was lowest among those who consumed alcohol regularly in both men and women.

It is not surprising that those who were taking anti-hypertensive agents had higher prevalence of IHD than did other informants, including the hypertensive untreated group, because these medications might be used as part of the management of IHD. The prevalence of IHD was lowest among the normotensive untreated group.

The prevalence of IHD increased with increasing level of total cholesterol. The prevalence was very low among those who had total cholesterol <5.2 mmol/l (1.5% for men and 0.6% for women) with the highest prevalence being found among those with total cholesterol 7.8 mmol/l or more (6.9% for men and 11.8% for women).

Table 10.17

In summary, in this cross-sectional survey cardiovascular disease was associated with raised BMI, raised total cholesterol, high blood pressure and current cigarette smoking. High prevalence of disease among ex-smokers and ex-drinkers may reflect behavioural changes among informants who had diagnoses of cardiovascular disease.

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5 'Rose angina' is defined as a chest pain or discomfort with the following characteristics:

- a) The site must include either the serum (any level) or the left arm and left anterior chest (defined as the anterior chest wall between the levels of clavicle and lower end sternum).
- b) It must be provoked by either hurrying or walking uphill (or by walking on the level, for those who never attempt more).
- c) When it occurs on walking it must make the subject either stop or slacken pace, unless nitro-glycerine is taken.
- d) It must disappear on a majority of occasions in 10 minutes or less from the time when the subject stands still.

Grade 1 angina occurs when the subject only experiences the chest pain when walking uphill or hurrying. Grade 2 angina occurs when the subject experiences the chest pain even when walking at an ordinary pace on the level.

'Possible myocardial infarction' is defined as one or more attacks of severe pain across the front of the chest lasting for 30 minutes or longer.

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8 Informants were classified as having positive claudication if they had leg pain with the following characteristics:

- a) A pain or discomfort in the legs on walking, but not at rest.
- b) The pain disappears within 10 minutes when the informant stands still.
- c) Informants were not considered as having claudication if the pain was indicated in the hamstrings, feet, shins or joints, or appears to radiate in the absence of any pain in the calf.

The degree of symptoms were further grouped as grade 1 if the pain occurs when walking uphill or hurrying, and as grade 2 if the pain occurs when walking at an ordinary pace on the level. Grade 2 is more severe than grade 1.

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comments

General health, use of Health Services, prescribed medicines and dental health

Andrew Shaw

Summary

- Around three-quarters of both men and women reported that in general their health was 'very good' or 'good'. However, fewer older informants (55-64) felt this way (55% of men and 65% of women). Social class variations were substantial (e.g., twice as many Social Class IV as Social Class II informants reported 'fair' or 'bad' health).
- One-third (35%) of informants said they had a longstanding illness or disability. This proportion increased with age from 22% (16-24 year olds) to 57% (55-64 year olds).
- In the *two weeks* preceding the interview, acute sickness was reported by 15% of informants, including 5% who said their activities were limited every day. A higher proportion of women (17%) and 55-64 year olds (20%) said they were acutely sick.
- In the *six months* preceding the interview, 16% of women and 11% of men reported suffering from symptoms of gastroenteritis associated with food poisoning.
- In the *two weeks* preceding the interview, 22% of women and 14% of men consulted a GP. Age made no systematic difference, though older men were more likely than young men to have visited a GP. People with a cardiovascular condition were more likely to have consulted a GP (27% of women and 21% of men).
- In the preceding *12 months*, 11% of informants had been an inpatient. Overall, more women than men were inpatients, but among 55-64 year olds the reverse was true. One in three (35%) had attended hospital as an outpatient. Slightly more women and older informants were outpatients, but the pattern associated with inpatient stays was not evident.
- Well over half of women (63%) but fewer men (43%) had their blood pressure measured by a doctor or nurse in the preceding 12 months. Most informants (73%) had *never* had their cholesterol level measured by a doctor or nurse, though 43% of those aged 55-64 years had done.
- More women (42%) than men (32%) were taking prescribed medicines when interviewed. Most 45-64 year olds were taking medicine, while most younger people were not. Four in ten 55-64 year olds were taking more than one medicine.
- Around four in ten women aged under 35 but very few older women were using the contraceptive pill. One in four women aged 45-54 years and a one in six aged 55-64 years were on HRT.
- One in six 45-54 year olds and four in ten 55-64 year olds had none of their own teeth. Nearly all people (95%) with their own teeth brushed them daily (though 12% of 45-64 year old men and of men in Social Classes IIIM and IV did not brush daily).
- Around two-thirds of women and one-half of men reported that, on average, they visited a dentist at least once every six months. But nearly one-third of men did not go bi-annually.

11.1 Introduction

This chapter has five sections. The first examines the general health of the population as assessed by informants. The second outlines the prevalence of gastroenteritis in a six month period. The third explores use of health services, including GP consultations and hospital attendances. The fourth section summarises the possession and consumption of prescribed medicines and the final section looks at dental health. The introduction to each section describes the survey questions and the

reasons for their inclusion.

11.2 General health

11.2.1 Introduction

This section is concerned with informants' perceptions of their general health, longstanding illnesses (over a period of time) and acute sickness (within the two weeks preceding the interview). The question wordings have largely been taken from the General Household Survey (GHS). The questions were also identical to those used in recent Health Surveys for England and certain comparisons are made with results from the 1995 English survey.

These health measures provide valuable indicators of the general health of the population and the prevalence of illness within it. However, a degree of caution is required. Data based on self-assessments of health may not be wholly reliable due to variations in *interpretation, readiness to report and knowledge*. Firstly, responses depend to some extent on attitudes, expectations and judgements which are likely to vary significantly in the population. Hence, we expect different interpretations of 'good health' or whether a certain condition represents a longstanding illness. If interpretations were to vary systematically according to characteristics such as age or social class, then comparisons of different groups would be affected.

Secondly, some illnesses, particularly mental ill health, may be under-reported due to reluctance to reveal this information.[1] Thirdly, informants may not be aware of their condition. Again this is likely to affect reported levels of mental illness. It is also a particular problem in classifying longstanding conditions. Illnesses were coded into broad categories on the basis of the International Classification of Diseases, which is used as a means of classifying on the basis of cause. The findings presented here rely on informants' reports of 'what is the matter' with them. Clearly this could reflect the symptoms rather than the cause and so, for example, someone with cancer might have their condition coded to the site or system, rather than as a neoplasm. Furthermore, the extent of reporting of causes and symptoms may depend on informants' knowledge of their condition, which in turn is a reflection of whether they have received and understood a doctor's diagnosis.

Nevertheless, obtaining informants' self-assessments of their health is valuable as it provides information about the health of the whole population, and therefore extends the picture that can be obtained from an examination of doctor and hospital records. Also, it is thought that self-perceptions of health may indicate potential demand for health services.

11.2.2 Perception of general health

Informants were asked to rate their health as 'very good', 'good', 'fair', 'bad' or 'very bad'. Three-quarters (77%) said that their health was 'good' or 'very good', nearly one in five (18%) said it was 'fair' and only one in twenty (5%) felt that it was 'bad' or 'very bad'.

Table 11.1

Overall, there was no difference between the proportions of men and women reporting good health. However, as one would expect, this proportion varied by age and in doing so reveals a gender difference among older informants.

The proportion reporting good health was 80% or more among those in age groups under 45 years, but then declined to 60% among 55-64 year olds. The decline was greater among men, among whom only 55% of 55-64 years olds reported good health compared with 65% of women in that age group.

Poor health was relatively uncommon in all the age groups surveyed, though the decline in health by age, especially for men, is underlined. The proportion reporting 'bad' or 'very bad' health rose sharply to 8% among 45-54 year olds and 12% among the oldest age group (16% of men though only 8% of women). Indeed among men the rate of bad health roughly doubles within successive ten-year age groups.

In regional terms, only Greater Glasgow diverged greatly from the national picture. Here, the proportion reporting 'very good' health was limited to 28%, while 9% - twice the national rate - said their health was 'bad' or 'very bad'.

Table 11.2

Informants in Scotland were slightly less likely to report 'very good' health than their counterparts in England (35% compared with 39%). With the same proportion (42%) reporting 'good' health, the combined rates for 'very good' and 'good' health were 77% and 81% respectively. This reflects lower levels of reported good health among young and older age groups in Scotland. Whereas 86% of young adults (16-24) in England reported good health, only 80% of those in Scotland did so. Among all 55-64 year olds, the respective rates were 68% and 61%, while among men of this age they were 67% and just 55%. In contrast,

there were no significant differences between those aged 35-44 years.

Table 11.2

Overall, the difference between informants in Scotland and those in Northern England (comprising the two regions of Northern & Yorkshire and North West) was a small one, though it remained statistically significant. Whereas in Scotland, 77% reported 'good' or 'very good' health, in Northern England 79% did so. Furthermore, the difference in these proportions for young adults aged 16-24 was much greater (80% compared with 87%).

Social class [2]differences were far greater than regional ones, affecting men and women equally. Moving across from Social Class I to Social Class V the proportion reporting good health fell in each successive social class. The result is a three-fold difference in the proportion of Social Class I (12%) compared to that of Social Class V (35%) informants who did *not* report 'good' or 'very good' health.

Table 11.3

11.2.3 Longstanding illness and disability

In order to estimate the extent of chronic sickness within the Scottish population, informants were asked whether they had any longstanding illness, disability or infirmity that affected them over a period of time and, if so, to describe its nature. Those who said they had a longstanding illness were also asked whether it limited their activities in any way. These descriptions were coded so that, as far as possible, they could be aggregated into groups corresponding to the main headings of the Ninth Revision of the International Classification of Diseases.[3] (The difficulties involved in classifying conditions based on self-reported data have already been noted in Section 11.2.1.)

Prevalence of longstanding illness and disability

Approximately one-third (35%) of informants said they had a longstanding illness or disability, including 11% who reported more than one. Differences by gender were not observed, either overall or within sub-groups. Age, though, had a sizeable impact. The proportion reporting an illness or disability increased from 22% among young adults to 31% among the 35-44 year olds and then accelerated to reach 57% among 55-64 year olds. Furthermore, over one-quarter of the older age group reported more than one illness or disability.

Table 11.4

Informants with a long-standing illness or disability were asked whether this limited their activities in any way. Just over one-half (56%) - or one in five of all informants - said that it did so. However, there were significant age differences. Two-thirds of 55-64 year olds with an illness or disability said that their activities were limited in some way, implying that nearly four in ten of all those in this age group had a limiting condition. In contrast, most 16-24 year olds with an illness or disability said that their activities were not limited. As a result, less than a tenth of this age group - though twice as many women as men - had a limiting condition.

Table 11.4

Regional differences were modest but not wholly negligible. The proportion reporting an illness or disability was three in ten in Grampian & Tayside but four in ten in Lanarkshire, Ayrshire & Arran. In two regions there was a significant difference between men and women. More men than women in Borders, Dumfries & Galloway reported an illness or disability, whereas the reverse was true in Grampian & Tayside. The proportions reporting limiting illnesses and disabilities reflect this pattern. The lowest percentage was among informants from Grampian & Tayside (15%) and the highest among those from Lanarkshire, Ayrshire & Arran (25%) and Greater Glasgow (24%).

Table 11.5

In 1995, the prevalence of self-reported longstanding illness and disability in Scotland (35%) and England (36%) was almost identical and showed no clear age or sex differences. (Table not shown.)

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Social class differences were also relatively modest, with one exception. Those in Social Class V were more likely than others (46% compared with 30% to 37% in other Social Classes) to have said they had an illness or disability. (Table not shown.)

Types of longstanding illness and disability

Conditions relating to the musculo-skeletal system (such as arthritis, rheumatism and back conditions) were by some way the most common, for both men and women. Overall, 13% - or 130 persons per thousand - reported conditions of this type. The reported rate of such conditions rose sharply with age, affecting over one-quarter of 55-64 year olds. In contrast, the rate of the second most common type of illness or disability - conditions of the respiratory system (principally asthma) - both varied much less and appeared to be lowest among the middle age groups (35-54 years).

Table 11.6

Conditions of the circulatory system (mainly cardiovascular conditions) and of the digestive system (including stomach ulcers and bowel/colon complaints) were the only other types to be mentioned by at least five percent of informants. Prevalence of both increased with age, most markedly for circulatory system illnesses and disabilities. This set of conditions, which was rare among those under 45 years, affected one-fifth of 55-64 year olds.

The regional patterns of illness and disability were quite similar. However, the prevalence of musculo-skeletal system conditions in Greater Glasgow and Lanarkshire, Ayrshire & Arran was notably higher than in other regions.

Table 11.7

The most prevalent types of illness and disability were particularly common among people, especially women, in Social Class V. For instance, 20% of women and 17% of men in this social class reported conditions of the musculo-skeletal system. Otherwise, there were no clear patterns of social class differences. (Table not shown.)

11.2.4. Acute sickness

Informants were asked whether, in the two weeks preceding the interview, they had been ill or injured to an extent which reduced their activities at home, at work or in their free time. Those who said they had been are described as having suffered acute sickness (which is consistent with the definition of acute sickness used in the GHS and in the Health Survey for England). In order to estimate the severity of their sickness, informants were also asked how many days the condition limited their activity.

Acute sickness was reported by 15% of informants, including 5% who said their activities were limited every day and a further 6% who had at least four days sickness. The extent of sickness reported by these people - a mean of 7.6 days - meant that the mean number of days of sickness for the whole population was 1.1 over the preceding fortnight.

Table 11.8

More women (17%) reported acute sickness than men (13%). This reflects differences in the age bands covering 25-54 years. However, only among 25-34 year olds did women who had been sick spend significantly more days being so. Clearly, this difference could reflect the effect of pregnancy and family-planning related problems.

Both the rates and periods of sickness increased with age. A fifth of 55-64 year olds reported acute sickness, nearly half of whom were limited for the entire 14 days. In contrast, the majority of young adults were affected by their sickness for less than a week.

Among regions, Greater Glasgow is prominent for its high prevalence of self-reported acute sickness (19%). Periods of sickness were also relatively high (a mean of 8.4 days). In contrast, informants in Grampian & Tayside reported both a low rate of acute sickness (12%) and relatively short durations (a mean of 6.8 days).

Table 11.9

In 1995, the overall prevalence of self-reported acute sickness was identical in Scotland and England. The rates for both sexes and all but one age group were very similar. The exception was among informants aged 55-64: in Scotland, 20% reported acute sickness, whereas in England 17% did so (a statistically significant difference, though clearly not a large one).

Social class differences were evident among women but not men. Women in Social Classes IV and V were much more likely than those in Social Classes I and II to report acute sickness (21% compared with 13%). (Table not shown.)

11.3 Prevalence of Gastroenteritis

As part of the Health Survey, informants were asked about symptoms of gastroenteritis associated with food poisoning - that

is, diarrhoea or vomiting - in the six month period before the interview. In this chapter, food poisoning is defined as having diarrhoea or vomiting three or more times within a 24 hour period, and which lasted no more than two weeks. Informants were also asked whether they consulted a doctor and whether they had any time off paid work due to the illness.[4]

Food poisoning (proven or suspect) is statutorily notifiable in Scotland.[5] However, because many patients with mild food poisoning may not always require medical treatment, it is possible that many cases will not be notified to designated medical officers of the Health Board. Results from the Health Survey, therefore, may provide a more accurate estimate of the prevalence of food poisoning among the Scottish population than that derived from medical records. It should be noted that foodborne diseases that do not present with gastroenteritis were not covered. On the other hand, cases of gastroenteritis due to non-infectious causes may be included in these estimates (although exclusion of cases longer than two weeks duration was intended to minimise this problem).

Approximately one in seven informants (14%) said they had suffered from this type of illness in the six months preceding the interview. The incidence of these conditions was higher among women (16%) than men (11%). There was no strong age pattern, though prevalence rates were highest among 25-34 year olds for both sexes. Regional and social class variations were negligible.

Table 11.10

Most of those who suffered from diarrhoea and/or vomiting did not consult a doctor, although one in three (33%) did so. More women (37%) than men (27%) consulted a doctor. It is likely that informants who did not consult a doctor had only minor symptoms; this lack of medical consultation may also give some indication of the likely extent to which routine health statistics under-estimate the incidence of food poisoning in the population.

One quarter (26%) of those who suffered this type of illness had time off work as a result. The picture is somewhat unclear because whether informants were in paid work at the time of their illness is not known. Using work status at time of interview as a proxy for this, it seems that a majority - about six in ten - of those in work did *not* take time off due to this illness. No pattern of regional or social class differences was revealed.

11.4 Use of Health Services

11.4.1 Introduction

this section reports the rates at which people consulted GPs, attended hospital as inpatients or outpatients, and had their blood pressure and cholesterol levels monitored by health professionals. Special attention is given to comparing the use of services by those with and without 'doctor-diagnosed' cardiovascular (CVD) conditions and, for those with such a condition, whether their use of health services was in connection with their CVD condition.[6]

Clearly the accuracy of the data depend on informants' recall. This may be fallible in two respects: firstly, events may be forgotten and at an increasing rate as time elapses; secondly, the timing of events may be mis-reported. As the salience of the events in question is likely to be high, it may be assumed that the former produces only a modest under-reporting. Clearly, people may forget that their blood pressure was taken once many years ago. However, very few people report never having had this measured. So the more significant concern is inaccurate dating of events and, in particular, telescoping (that is, bringing events forward in time). This is likely to increase reported rates of use within specified periods, and to do so variably, so that more salient events, such as a hospital visit, are recalled more accurately than visits to GPs. For this reason questions and analysis of rates of GP consultation were based on a limited (two week) period prior to interview, whereas hospital visits were based on a much longer period of twelve months.

11.4.2 GP consultations

Informants were asked whether they had talked to a doctor on their own behalf, apart from a visit to a hospital, during the fortnight prior to interview. Those saying that they had were assumed to have consulted a GP.

Men and women differed significantly in the rates at which they consulted GPs. Overall, 22% of women but only 14% of men contacted a GP in the two weeks preceding the interview. This sex difference was apparent in all age groups.

Furthermore, among those who had consulted a GP, fewer men than women did so more than once during this two week period (12% and 21% respectively).

Table 11.11

There was no general increase in the rate of consultation according to age, though men in the oldest age group (55-64 years) were noticeably more likely to have visited a GP than younger men. Nor was there evidence of significant regional differences. There was, though, some social class variation. For both men and women, consultation rates were lowest in Social Class I and highest in Social Class V.

Tables 11.12 , 11.13

As one would expect, a higher proportion of people with (doctor-diagnosed) CVD conditions consulted a GP within the past fortnight (21% of men and 27% of women). Eight per cent of these informants (the same proportion for both men and women) said their consultation was connected with their CVD condition. This meant that the proportion who consulted with regard only to other conditions was not significantly different from the proportions of people without a CVD condition who consulted a GP. (Table not shown.)

People with CVD conditions who had not consulted a GP about their condition in the preceding fortnight were asked when they had last done so. In total, 22% of people with a CVD condition reported consulting a GP about their condition within the preceding month. Similar proportions had consulted from one to less than three months, and from three months to less than one year ago. However, three in ten had not consulted a GP about their condition for at least one year, and 6% said they had never consulted a doctor outside of a hospital about their CVD condition.

Age rather than sex appears to impact on frequency of consulting GPs about CVD conditions. Half of 55-64 year olds with a CVD condition had consulted a GP within the preceding three months, whereas only a quarter of those aged under 35 years had done so. This may reflect the greater severity of CVD conditions among older informants (see Chapter 10).

11.4.3 Inpatient stays in hospital

An inpatient stay was defined to include a stay in hospital for at least one night. Just over one informant in ten (11%) reported that they had stayed in hospital overnight during the preceding twelve months. By a ratio of three to two, more women than men had been inpatients. However, there was a strong interaction between age and sex: while the proportion of women who were inpatients decreased with age, that among men increased. As a result, under age 45, women were much more likely than men to be inpatients. Indeed, women of child-bearing age were at least twice as likely as men to have been inpatients. This pattern is then reversed, such that significantly more men (12%) than women (8%) aged 55-64 reported an inpatient stay in hospital.

Table 11.14

People with (doctor-diagnosed) CVD conditions were more likely than those without to have been inpatients during this one year period. Of those who were inpatients, one-third (33%) were in hospital because of their CVD condition. Among men, the difference between those with a CVD condition and those without increased markedly with age, and explains the overall increase in inpatient numbers among older men. Among men with a CVD condition, those aged 45-64 were twice as likely as their younger counterparts to report an inpatient stay (20% compared with 8%). By contrast, among men with no CVD condition, a steady 6% or 7% were inpatients among all age groups.

Overall, regional rates of inpatient stays were fairly uniform with one noteworthy exception. Among both men and women the lowest rates (5% and 8% respectively) were found in Grampian & Tayside. (Table not shown.)

Social class differences in inpatient rates were low or negligible, though it appears that slightly fewer of those in Social Classes I and II than those in other social classes were inpatients. (Table not shown.)

General health, use of Health Services, prescribed medicines and dental health

11.4.4 Outpatient visits to hospital

Outpatient visits included visits to casualty and day-patient treatments. One informant in three (35%) visited hospital as an outpatient in the twelve months prior to interview. Slightly more women (37%) than men (32%) were outpatients, as were slightly more informants aged 45 and over (37%) than those under 45 years (33%). But there was not a strong age and sex pattern similar to that for inpatient stays.

Table 11.15

Nearly half of informants (46%) with (doctor-diagnosed) CVD conditions attended hospital as an outpatient; 31% of this group visited because of their condition. The proportion attending did not differ greatly by sex or age (overall). Among men with a CVD condition, though, the proportion who were outpatients was higher among those aged 45-64 than among younger age groups; and the proportion who were attending because of their CVD condition was much higher among those aged 45-64.

Overall, outpatient rates varied only between 31% in Highland & Islands and 39% in Forth Valley, Argyll & Clyde. In part, this reflects comparatively low attendance rates reported by CVD informants in Highland & Islands and Lothian & Fife. (Table not shown.)

Outpatient attendance showed little relation to social class, though people in Social Classes I and II had the lowest rate (32%). (Table not shown.)

11.4.5 Blood pressure monitoring

Informants were asked a number of questions about their past experience of having their blood pressure measured by a doctor or nurse. The vast majority of informants (97% of women and 89% of men) had had their blood pressure measured by a doctor or nurse at some point in their lives.

Over half of women of all ages reported that their blood pressure had been measured recently, that is, within the twelve months preceding the interview. Among men, it was not until the 45-54 age group that half or more had their blood pressure measured within the past year. Younger men were decreasingly likely to report blood pressure measurement within the last year. Indeed, nearly as many men aged 16-24 reported never having had their blood pressure taken as reported this having been done recently (27% compared with 31%). Only 12% of women aged 16-24 years reported no measurement having ever been taken.

Table 11.16

The regional figures on blood pressure monitoring were remarkably uniform. In every region between 2% and 5% of women and 9% and 12% of men reported never having had this measured by a doctor or nurse. The proportions reporting a measurement having been taken within the preceding year ranged only from 57% to 66% among women and 39% to 47% among men.

Table 11.17

The distributions by social class were as even as those for regions, with just one exception: 18% of men in Social Class V said their blood pressure had never been measured. (Table not shown.)

People with a CVD condition were very likely to report that their blood pressure had been measured in the last year (74%) or at least within three years (89%). Again there was a sex difference. Around four-fifths of women in all age groups reported a measurement in the last year, a proportion matched only among men aged 55-64. By contrast, only just over half of men aged under 45 reported a recent blood pressure measurement.

Table 11.18

Among those who had their blood pressure measured at some point, the vast majority of informants remember being told whether their blood pressure was normal or not (87% of men and 91% of women were told). Regional differences were very small, though it is noticeable that among both men and women the highest proportions who claimed they were not told their blood pressure were in Lanarkshire, Ayrshire & Arran (18% and 14% respectively compared with 13% and 9% overall). (Table not shown.)

11.4.6 Cholesterol monitoring

Informants were also asked about their past experience of having their cholesterol measured by a doctor or nurse. Most (73%) reported that they had never had their cholesterol level measured. There were, though, sizeable differences with respect to age and some differences between men and women. The proportion who reported having a test rose sharply with age, from only 6% of 16-24 year olds to 43% of 55-64 year olds. The increase was greatest among men, rising from the same rate as women in the youngest age group to half (50%) of men aged 55-64 years (compared with 37% of women in this age group).

Table 11.19

The timing of informants' most recent cholesterol level measurements underlines the concentration of testing among older adults. Thirty per cent of 55-64 year old informants were tested within the three years preceding the interview, a majority of whom were tested within the past year. In contrast, only 14% of 25-34 year olds were tested in this three year period and only 6% within the past year.

Overall, the rate of recent cholesterol testing (within 12 months) was, in effect, the same in all regions (between 8% and 10%). However, there were significant differences in the proportion of informants who had ever been tested. In Greater Glasgow, Borders, Dumfries & Galloway, and Lanarkshire, Ayrshire & Arran a little over three in ten informants had had a cholesterol level test; in Highland & Islands and Lothian & Fife only two in ten had had a test.

Table 11.20

Social class appears to have noticeably influenced the extent of testing among men but not among women. Only 15% of men in Social Class V had ever been tested, compared with 40% of those in Social Class I. There was also a significant, though smaller, difference between Social Classes II and IIIM (respectively, 37% and 29% had ever had a test compared with 31% overall).

Table 11.21

People with a CVD condition were much more likely than others to have had a cholesterol level measurement (46% compared with 23%). Nevertheless, a majority said they had never been tested. The age and gender pattern within both groups was similar, with older people, and especially older men, relatively more likely to have had a test. Indeed, six in ten of men with a CVD condition had had their cholesterol measured, half of whom reported that this had most recently been done within the last twelve months. (Table not shown.)

11.55 Prescribed medicines

11.5.1 Introduction

This section reports on the number and types of prescribed medicines which informants were taking examines in more detail medicines and cardiovascular status and condition and outlines the use of oral contraceptives and hormone replacement therapy (HRT).

Information on prescribed medicines was collected by nurses, that on oral contraceptives was gathered in the self-completion part of the interview, while interviewers asked women aged over 24 years about HRT. Nurses asked informants whether they were *'taking or using any medicines, pills, ointments, puffers or injections prescribed for you by a doctor?'* Where possible, nurses used medicine containers to record the name of each medication. Medicine classification was based on the British National Formulary (BNF).[7] Though contraceptive pills were recorded by nurses when mentioned, they have been excluded from the analyses of prevalence and type of medication.

11.5.2 Medicines taken: number and category

Overall, 37% of informants were taking prescribed medicines at the time of interview, including 9% who were taking two medicines, 4% taking three and 5% who were taking four or more. More women (42%) than men (32%) were taking

medicine.

Table 11.22

Use of prescribed medicines was strongly related to age. Most informants aged under 45 years were not taking medicines, whereas half of those aged 45-54 and nearly two thirds of those aged 55-64 were doing so. This pattern was particularly pronounced among women: 60% of those aged 45-54 and 69% of those aged 55-64 were taking medicine (compared with 40% and 57% respectively among men).

Furthermore, older informants were very much more likely to have been taking more than one medicine. As many as four in ten of those aged 55-64 were taking more than one medicine, as were one in four of those aged 45-54. In contrast, barely one in ten of under 35 year olds were taking more than one medicine.

Medicines were classified into 41 pharmacological groups based on the BNF. However, analysis of types or categories of medicine is based upon 14 broad groupings. Endocrine (13%), central nervous system (12%) and cardiovascular (10%) medicines were being taken by at least one woman in ten. Among men, central nervous system (9%), cardiovascular (8%) and respiratory (7%) medicines were most common. The pattern of medicine taking by men and women was similar (with the exception of endocrine medicines).

Table 11.23

Five categories of medicine were more prevalent among older age groups. Cardiovascular medicines were rare among those aged under 35 years but were being taken by three in ten 55-64 year olds (33% of women and 29% of men). Use of central nervous system medicines and, among women, endocrine medicines also rose very substantially among informants aged 45 and over. One type of medicine - respiratory - appeared to show a marginal decrease in use with age. Certainly, this type of medicine was by far the most commonly taken by informants under the age of 25, a reflection of the relatively high prevalence of respiratory illness in this age group (see Section 11.2.3 and Table 11.6).

11.5.3 Medicines and cardiovascular disease

This section summarises the difference in medicine taking between those with and without a CVD conditionand, in greater detail, the medicines which those with a condition were taking. Two contextual points should be borne in mind. First, those classified as having a CVD condition may not have been suffering ill health at the time of interview. Secondly, the age profile of people with a CVD condition was a significantly older one.

Informants with a CVD condition were much more likely than those with no condition to be taking medicines: among those with a (doctor-diagnosed) CVD condition, 61% of men and 64% of women were taking medicines; the equivalent figures for those with no condition were 25% of men and 35% of women. However, only a minority of people with a CVD condition were taking a cardiovascular medicine (39% of men and 41% of women). There were, though, huge variations by age. Only one in ten of those aged under 45 was taking a cardiovascular medicine, compared with over four in ten of 45-54 year olds and more than six in ten 55-64 year olds.

Table 11.24

Informants with a CVD condition reported noticeably higher rates of taking gastro-intestinal, central nervous system, endocrine and musculo-skeletal medicine.

11.5.4 Use of contraceptive pills and injections

In the self-completion part of the interview, women aged 16 years and over who were still menstruating were asked whether they were '*taking the contraceptive pill or having a contraceptive injection*'.

The proportion of menstruating women who were using the pill was substantial among women aged under 35, but small among older women. Just over four in ten 16-24 year olds (41%) were using the pill, as were nearly four in ten (38%) of 25-34 year olds. In sharp contrast, only 10% of women aged 35-44 were using the pill, even though 90% of this group were still menstruating.

Table 11.25

11.5.5 Hormone replacement therapy

Women aged over 24 years were asked whether they were currently, or had been, on hormone replacement therapy (HRT).

Overall, 11% were on HRT when interviewed and 7% had been in the past. However, these figures were much greater among older women. A quarter (26%) of 45-54 year olds were on HRT, along with one-sixth (16%) of 55-64 year olds.

Table 11.26

Most users started on HRT between the age of 45 and 54 years, although at least a quarter started at a younger age. The average (median) age at which women started was almost identical for current and past users (48 and 47 years respectively). However, the women who were on HRT when interviewed had already spent considerably longer on the therapy than past users. Half (51%) of current users had been on HRT for at least three years, whereas nearly two-thirds (63%) of past users did not spend as much as one year on HRT. (Table not shown.)

11.6 Dental health

11.6.1 Introduction

In 1991, in *Health Education for Scotland* the Scottish Office established dental and oral health as a priority for health policy. [8] This reflected a very poor record of dental health in the Scottish population. Targets for the year 2000 were set for the dental health of children aged 5 years and for adults of 45-54 years. Subsequently, *The Oral Health Strategy for Scotland*, published by the Scottish Office in 1995, suggested that a target of less than 10% of people aged 45-54 years to be without their own teeth could be achieved.[9] In addition, *The Oral Health Strategy* established further targets for 12, 18 and 35-44 year olds and proposed action to achieve all targets.

While recognising the contribution required of Health Boards, the dental profession and other bodies, the strategy document states that 'oral health is determined largely by the actions and inactions of each of us as individuals'. The Health Survey measures two of the important behavioural factors of individuals, namely regular brushing with a fluoride toothpaste and frequency of visits to a dentist. Before describing these results, this section begins with the Health Survey's initial question on oral health which checked whether each informant had all or some of her or his own teeth.

11.6.2 Prevalence of false teeth

Nearly every informant under 35 years of age had all or some of their own teeth and among 35-44 year olds only one in 20 did not. However, a sharp rise in this proportion was observed among both 45-54 and, especially, 55-64 year olds. Among the former group, 17% were without their own teeth, a figure which considerably exceeds the target of under 10% by the year 2000. Among the older age group as many as four in ten had none of their own teeth.

Table 11.27

Among women in these age groups the proportions without their own teeth were larger than among men (20% among 45-54 year olds and 45% among 55-64 year olds compared with figures for men of 13% and 34% respectively). Alongside this substantial age affect was a sizeable difference according to social class. For example, twice as many people in Social Class IIIM (14%) as in Social Class II (7%) were without their own teeth. The difference between Social Class I and Social Class V was very large (3% without any of their own teeth compared with 24%). Women in Social Class V were clearly the most likely not to have any of their own teeth (27%).

Table 11.28

Any regional differences were overshadowed by those of age, social class and sex.

Table 11.29

11.6.3 Type of toothpaste

The vast majority (91%) of informants with their own teeth stated that they used a toothpaste with fluoride. However, the proportion who did so was noticeably lower among 45-54 year olds (85%) and 55-64 year olds (80%). Over 10% of both men and women in these age groups used non-fluoride toothpaste, while 7% of men aged 55-64 did not use toothpaste. Regional and social class differences with regard to this were very small.

Table 11.30

11.6.4 Frequency of brushing teeth

A very high number of informants (95%) brushed their teeth at least once a day and seven in ten claimed to do so more than once. However, rates of daily brushing were lower in several groups. Firstly, men were several times more likely than women not to brush each day (9% compared with 2%). Older men (45 years and over) were even more unlikely to do so (12% compared with 7% among younger men). There were social class differences among both sexes, but they were greater for men. The proportion of men not brushing daily was 5% or less in Social Classes I, II and IIINM, rising to 12% in Social Classes IIIM and IV and 20% among those in Social Class V. The proportion of women who were not brushing daily did not exceed 5% in any social class, although it was still notably higher in Social Classes IV and V than in Social Classes I and II.

Tables 11.31, 11.32

Combining the proportions using fluoride toothpaste with frequency of brushing provides figures for those following the behaviour recommended for the maintenance of good oral health. Overall, 88% did brush daily with fluoride toothpaste. However, the proportion was noticeably higher among younger women and lower among older men. Indeed, only 77% of men aged 45-64 brushed daily with fluoride.

11.6.5 Frequency of visiting a dentist

Regular visits to a dentist is another of the three actions which contribute greatly to good oral health (the third is to eat a sensible diet). Informants with some or all of their own teeth were asked how frequently they went to a dentist for a routine check-up. Around two-thirds of women and one-half of men stated that, on average, they visited a dentist at least once every six months. However, nearly one in three men visited less frequently than bi-annually (15%) or never (16%). Comparable figures among women were significantly lower but far from negligible (10% were visiting less than every two years and 8% never visited).

Table 11.33

The proportion of people visiting a dentist every six months did vary by age but not greatly. Men aged 16-24 and 35-44 had relatively high rates of frequent attendance (56% and 54% respectively went every six months). Among women, seven in ten of 25-44 year olds visited every six months. However, the lowest rate of frequent visiting among women (59% among 55-64 year olds) remained above the highest rate observed among men. The proportion attending very infrequently or never was highest among the oldest age group. Among informants aged 55-64, as many as four men in ten and one woman in four visited a dentist for a check-up either very rarely or never.

The overall rate of frequent (six monthly) check-ups varied by region from 54% (Greater Glasgow and Lanarkshire, Ayrshire & Arran) to 64% (Grampian & Tayside and Borders, Dumfries & Galloway). Social class differences were greater, with 70% of those in Social Class I attending every six months compared with 45% of those in Social Class V. However, differences among the other social classes were smaller, with 65% of those in Social Class II and 52% of those in Social Class IIIM attending frequently. Note, though, that 38% of men in Social Class IIIM rarely or never had a check-up.

Tables 11.34, 11.35

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References and notes

1 Gray R and Taylor A. General Health, Use of Services and Prescribed Medicines. In Colhoun H and Prescott-Clarke P (eds.). Health Survey for England 1994. HMSO, London, 1996; p86.

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2 Social class is based on the occupation of the chief income earner within an informant's household. See the Glossary in the Technical Report for details.

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3 The International Classification of Diseases and Related Health Problems (Ninth Revision). WHO, Geneva, 1977.

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4 It should be noted that there is no validated set of questions used in surveys to determine incidence of food poisoning. The questions included in the Health Survey were developed for the survey and, although they were piloted, they have not been externally validated.

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5 Scottish Office Home and Health Department. The Investigation and Control of Foodborne and Waterborne Disease in Scotland. HMSO, Edinburgh, 1995.

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6 Informants who were told by a doctor that they had ever had hypertension, angina, a heart attack, a heart murmur, abnormal heart rhythm/beat, other heart trouble, a stroke and/or diabetes. The prevalence and risk of CVD conditions are examined in detail in Chapter 10.

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7 British Medical Association and Royal Pharmaceutical Society of Great Britain. The British National Formulary 27. London, September 1994.

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8 The Scottish Office Home and Health Department. Health Education in Scotland: a National Policy Statement, HMSO, Edinburgh, 1991.

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9 The Scottish Office Department of Health. The Oral Health Strategy for Scotland, HMSO, Edinburgh, 1995.

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Psychosocial well-being

Susan Purdon and Bob Eren

Summary

- Women (19%) were more likely than men (12%) to have a high GHQ12 score of four or more.
- Among men, the proportion with a high GHQ12 score increased with age, from 9% of those aged 16-24 to 17% of those aged 45-64. Among women, there was no consistent trend by age.
- There were no significant differences between Scotland and England in the proportions of men and women with a high GHQ12 score.
- Looking at regions within Scotland, there were few significant differences in the proportions with a high GHQ12 score except that informants in Greater Glasgow were more likely than average to have a high GHQ12 score (especially women).
- There was a strong association between GHQ12 scores and economic activity status. Men and women who were unemployed were much more likely to have a high GHQ12 score than those in work or in full-time education.
- Informants who drank or smoked heavily were significantly more likely than average to have high GHQ12 scores.
- High GHQ12 scores were associated with a number of measures on self-reported health status, most strongly with perceptions of general health. However, it is unclear whether this is a genuine association or a by-product of the GHQ itself.
- Among men, logistic regression showed that the three best discriminators between those with high and those with normal GHQ12 scores were economic activity status, marital status and levels of alcohol consumption. Among women, five variables were significant predictors of high GHQ12 scores: economic activity status, marital status, age, region, and numbers of cigarettes smoked.

12.1 Introduction

The Scottish Health Survey used the General Health Questionnaire (GHQ) to assess the general psychological well-being of informants. The GHQ was designed to be a self-administered questionnaire which could be used to detect psychiatric disorders in the general population.[1] The version used for the Health Survey is based on twelve questions (GHQ12) which ask informants about their general level of happiness, depression, anxiety, self-confidence, and stress in the period of a few weeks before the interview. The questions were contained on a form which was completed by informants themselves at the end of the first stage interview.[2] (A copy of the GHQ12 may be found in Appendix A in the Technical Report.)

Each informant was given a score between zero and twelve based on his or her responses to the twelve questions. The number of items for which the informant claimed to have experienced a particular symptom or type of behaviour 'more than usual' or 'much more than usual' over the past few weeks is counted, and the total is the score for that person.[3] The higher the score the greater the likelihood that the informant has a psychiatric disorder.

The questions on the GHQ12 ask about changes from normal functioning but not about how long those changes have persisted. As a result, the GHQ detects psychiatric disorders of a range of durations, including those that may be of very short duration. This should be borne in mind when interpreting the results. The prevalence figures presented in this chapter estimate the percentages of the population with a possible psychiatric disorder *at a particular point in time* and are most useful for comparing sub-groups within the population. It is not possible to deduce the *incidence* of psychiatric disorders from this data.

A threshold score of *four or more* on the GHQ12 has been used to identify informants with a potential psychiatric disorder (and references to informants with a 'high' GHQ12 score refer to those with scores at this threshold level).

The following analysis looks at the scores on the GHQ12 in terms of sex, age, region, social class and a number of other

demographic, behavioural and health characteristics.

12.2 Age and sex variations

Overall, women were more likely than men to have a high GHQ12 score: 19% of women had a score of four or more compared with 13% of men. This finding is consistent with a number of other population surveys using the GHQ12.[4] [5] [6]

The difference between men and women was greatest for those aged 16-34: in this age range, the percentage of women having a GHQ12 score of four or more was nearly twice that of men.

Among men, the proportion with a high GHQ12 score increased with age, from 9% of those aged 16-24 to 17% of those aged 45-64. The pattern with age among women was more complex: both the youngest (16-24) and the oldest (55-64) age groups were the least likely to have high GHQ12 scores, and there was no consistent pattern for the age-groups in between. Women aged 25-34 and 45-54 were the most likely to have a high GHQ12 score (23% and 22% respectively).

Table 12.1

Figure 12A: Percentage with a GHQ12 score of 4 or more, by age and sex

Because the relationship between high GHQ12 scores and age is not particularly strong, none of the survey estimates presented in this chapter have been standardised by age.

12.3 Comparing Scotland with England

A comparison of the Health Survey results with data from the 1995 Health Survey for England shows no significant differences between the two countries overall. Among 16-64 year olds, the proportion of men with a high GHQ12 score was 13% in Scotland and 14% in England; the equivalent figures for women were 19% in Scotland and 21% in England.

This overall agreement between the Scottish and English results does, however, conceal some specific differences by age. Among men, the data suggest that men in Scotland aged 35-44 were less likely to have a high GHQ12 score than men in England within the same age group (although the differences were small). Among women the differences between countries were more marked: whereas the English data revealed no clear trend with age, among Scottish women, as was noted above, those aged 16-24 and 55-64 were less likely to have a high GHQ12 score than were those in the other age groups; in consequence, in these two age groups, women in Scotland were a bit less likely than those in England to have a high GHQ12 score, but there were no marked differences for other age groups.

Table 12.2

Figure 12B: Percentage with a GHQ12 score of 4 or more, by age and sex: a comparison of Scotland and England

12.4 Regional and area type variations

Table 12.3 shows GHQ12 scores by region. For either sex, there were few significant regional differences in the proportions with high GHQ12 scores. One notable exception was that informants of both sexes in Greater Glasgow were more likely than average to have a high GHQ12 score, with the difference being particularly marked for women. By contrast, women in the Highland and Islands were *less* likely than average to have a high GHQ12 score.

Table 12.3

There is no obvious explanation for the higher GHQ12 scores in Greater Glasgow. It cannot be explained by age differences between regions since the pattern of higher GHQ12 scores was consistent across all age groups. The explanation is likely to lie in a complex combination of personal, social, and, possibly, area type effects.

Table 12.4 shows GHQ12 scores by residential area type. The pattern by sex was broadly the same, with informants living in urban areas or city centres the most likely to have a high GHQ12 score, followed by those living in suburban areas. High GHQ12 scores were less prevalent than average for residents of small country towns or rural areas.

Table 12.4

12.5 Variations by social class, activity status and marital status

12.5.1 Social class

Table 12.5 shows GHQ12 scores by social class of the chief income earner within the informant's household (see the Glossary in the Technical Report for a description of social class derivations). Among men, those in Social Classes I and II were the least likely to have high GHQ12 scores. Compared with men in the other social classes, those in Social Class V were much more likely to have a high GHQ12 score (24% had a score of four or more). Among women, those in Social Class I were the least likely to have a high GHQ12 score.

Table 12.5

12.5.2 Economic activity status

The percentage with a high GHQ12 score was particularly marked for men and women whose main activity status was described as 'permanently unable to work' (41% of men and 45% of women in this activity status had a GHQ12 score of four or more). By definition, however, many of the informants falling into this category had a physical illness or disability of some kind [7] and, as is discussed further in Section 12.8, interpreting high GHQ12 scores as a marker of psychiatric disorders among those with a physical illness may be somewhat misleading.

Of possibly greater significance is the fact that, among men, the prevalence of a high GHQ12 score was found to be considerably above average for those classed as 'unemployed' (26%), while it was lower than average for men in work or in education (9% and 8% respectively).

Among women, the prevalence of a high GHQ12 score was above average for women who were 'unemployed' (39%) or 'looking after the home' (24%), and, as for men, it was lower than average for women in work or in education (15% and 17% respectively). In these latter two categories, women were more likely than men to have high GHQ12 scores.

Table 12.6

12.5.3 Marital status

For both sexes there was a relationship between GHQ12 scores and marital status. The prevalence of high scores was above average for those who were widowed or divorced, and higher still among those who were separated.

Table 12.7

12.6 Relationship with drinking, smoking, and physical activity

This section explores the relationships between high GHQ12 scores and drinking, smoking, and physical exercise. However, it should be noted that this analysis cannot establish causal links between variables. For example, the relationship between smoking and GHQ12 suggests that heavy smokers were more likely to have psychiatric disorders than other people. While the most plausible inference may be that those prone to such disorders (e.g., depression) are more likely to smoke heavily than others (so that the disorder causes the smoking), it cannot be demonstrated that the causal relationship is in this direction.

12.6.1 Drinking

Among men, those drinking more than 50 units of alcohol a week on average, and ex-drinkers, were the most likely to have a high GHQ12 score (21% and 27% respectively). The pattern was broadly the same for women, although the small number of women who consumed 35 or more units a week makes it more difficult to test the hypothesis that the prevalence of high GHQ12 scores is greater for this group of women. (Because of the small sample base, Table 12.8 does not distinguish between women drinking 21-34 units, and those drinking 35 or more units, a week.)

Table 12.8

12.6.2 Smoking

Table 12.9 gives GHQ12 scores by the mean number of cigarettes smoked per day (divided into four broad categories). For both sexes there was a relationship between these variables: the prevalence of high GHQ12 scores was lower than average for non-smokers; at the other extreme, the prevalence of high GHQ12 scores was greater than average for men and women who smoked 20 or more cigarettes a day.

Table 12.9

12.6.3 Physical activity

Survey informants were divided into categories according to the frequency and intensity of physical activity they normally undertake (see Chapter 2 for details). Table 12.10 shows the relationship between this categorisation and the GHQ12. For men, the most apparent difference in GHQ12 scores is between those who did no moderate or vigorous activity in an average week (i.e., those categorised in level 0) and those who normally did at least some moderate or vigorous physical activity: among men in level 0, the prevalence of high GHQ12 scores was 21% (compared with an overall average for men of 13%). For women, the relationship between GHQ12 scores and physical activity was much weaker. However, for both sexes, the percentage with a high GHQ12 score was lowest in level 5.

Table 12.10

12.7 Relationship with self-reported health measures

The Health Survey included a number of questions about informants' own perceptions of their health, including their general health, long-standing illness or disability, and acute sickness over the two week period prior to interview. The detailed responses to these questions were described in Chapter 11. This section looks at their relationship with informants' GHQ12 scores.

Table 12.11 shows a very strong relationship between GHQ12 and all three of these other variables, especially self-reported general health. Among those who said their general health was 'good' or 'very good', only 9% of men and 15% of women had a high GHQ12 score. By contrast, among those who rated their general health as 'bad' or 'very bad', 52% of men and 59% of women had a high GHQ12 score.

There was also a clear relationship between GHQ12 and long-standing illness. Informants who reported having a long-standing illness were significantly more likely than those who did not to have a high GHQ12 score: among men, the figures were 22% and 9% respectively, and among women they were 27% and 15%. After reallocating those who claimed to have a long-standing mental health problem (so that those with a long-standing illness only have self-reported *physical* illnesses), the degree of association was reduced to some extent but was still high (the percentage of those with a long-standing physical illness with a high GHQ12 score fell to 20% for men and 24% for women). (Table not shown.)

Large differences were also found when comparing informants who had an acute sickness in the two week period preceding the interview with those who had not. Among the former, 30% of men and 37% of women had a high GHQ12 score, while among the latter the equivalent figures were 11% for men and 16% for women.

Table 12.11

A number of factors could explain these associations. Firstly, informants may take their current mental health into consideration when assessing their general state of health. This could explain at least part of the relationship between self-reported general health and the GHQ12, as well as that between acute sickness and the GHQ12. However, it is also known [8] that people with a physical illness are over-represented among the false positive identifications of those with a psychiatric disorder made by the GHQ12. That is, those with a physical illness may answer the GHQ12 questions so that they appear to have a psychiatric disorder when in fact they do not. (Their apparent symptoms of poor mental health, such as not being able to enjoy normal day-to-day activities, may actually be symptoms associated with their physical illness.) A third possible explanation for the association between self-reported health and the GHQ12 is that physical illness is, in fact, genuinely associated with mental health problems. The data does not provide any good means of testing between these three possibilities.

12.8 Multivariate analysis of the GHQ12 scores

The analysis reported on above has shown that high GHQ12 scores are associated with a range of survey variables including sex, age, region, area type, social class, activity status, marital status, smoking, drinking, and physical activity. This wide range of associations suggests that a profile of those with high GHQ12 scores might be quite complex. To test this, main-effect logistic regression models (one for men and one for women) were fitted to the data (using forward stepwise variable selection). The GHQ12 score was, for this purpose, divided into a binary variable, with a score of four or more being coded as 1. The independent variables tested in the model were all the behavioural and personal characteristics found to have an association with the GHQ12 in the earlier sections.

The logistic regression model fitted to the data for men suggested that three variables - activity status, marital status, and estimated weekly alcohol consumption - could, when combined, give a reasonably accurate profile of men with high GHQ12 scores. In particular, these three variables were sufficient to explain the associations observed between high GHQ12 scores and other variables such as age and region.

The logistic regression model fitted to the data for women suggested that an accurate profile of women with high GHQ12 scores would be somewhat more complex than that for men. Five variables were found to be significant, independent predictors of high GHQ12 scores - activity status, marital status, age group, region (in particular a split between Greater Glasgow and the rest of Scotland), and cigarette smoking.

The change in the odds of having a high GHQ12 score associated with each category of independent variable is shown in Table 12.12.

Table 12.12

It should be emphasised that the logistic regression models are not designed to identify the causes of high GHQ12 scores in individuals. Their purpose is simply to identify those survey variables that, in association, discriminate best between those with a high GHQ12 score and those without. It is not necessarily the case that variables that discriminate well are causal factors.

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References and notes

1 Goldberg D and Williams P. A User's Guide to the General Health Questionnaire. NFER-NELSON.

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2 Completed questionnaires containing the GHQ12 were obtained from 7857 informants, which was 99% of those interviewed. Because of missing values on individual items, it was not possible to obtain a GHQ12 score for a further 83 informants. Overall, 97% of informants completed the GHQ12 without any assistance, and 3% were given help completing the form by the interviewer or another household member (e.g., because of reading, language or eyesight problems).

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3 Each of the twelve items in the GHQ has four possible responses. The Health Survey used the 'GHQ scoring' method which treats each item as a bimodal response scale by weighting the responses 0,0,1,1 to indicate non-possession or possession of the item in the question. Thus, every informant is assigned a score of 0 or 1 for each of the 12 items, and the number of symptoms are counted. See Goldberg D and Williams P, A User's Guide to the General Health Questionnaire, NFER-NELSON, (p.11) for a discussion of the scoring method.

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4 Colhoun H and Prescott-Clarke P, eds. Health Survey for England 1994. HMSO, London, 1996; see also previous years of the Health Survey for England.

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5 Meltzer H, Gill B, Petticrew M, Hinds, K. The Prevalence of Psychiatric Morbidity Among Adults Living in Private Households. HMSO, London, 1995.

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6 Cox BD et al. The Health and Lifestyle Survey. The Health Promotion Trust, London, 1987.

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7 Among those classified as 'permanently unable to work', 97% reported having a long-standing illness or disability, of whom 93% reported at least one physical illness.

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8 Goldberg D and Williams P. A User's Guide to the General Health Questionnaire. NFER-NELSON.

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comments

Accidents

Susan Purdon

Summary

- Information was collected on non-fatal accidents about which a hospital was visited or a doctor consulted.
- The estimated annual accident rate was higher for men than for women (24 per 100 for men, and 11 per 100 for women). For men, there was a very marked inverse relationship between age and accident rate. A similar, but weaker, relationship was observed for women.
- With the exception of those aged 55-64, men consistently had a higher accident rate than women of the same age, but the difference was most marked for those aged 16-34, where the accident rate for men was double that for women of the same age.
- For 58% of accidents help or advice was given at a hospital, and for 54% of accidents help or advice was given by a GP or nurse at a GP's surgery. In 20% of cases informants saw a doctor *and* visited a hospital.
- The average annual work-based accident rate was 12 per 100 for men and 4 per 100 for women. For both sexes the work-based accident rate was particularly high for those aged 16-24.
- Work-based accident rates were found to differ by SIC group, with those working in the agriculture, forestry and fishing, manufacturing, and construction industries having the highest accident rates at over 10 per 100.
- The accident rate for accidents outside of work was found to be associated with frequency of participation in sports. In particular, for those aged 16-44, the non-work accident rate rose from 15 per 100 for those undertaking no moderate or vigorous exercise in an average week, to more than 30 per 100 for those undertaking moderate or vigorous activity three or more times in an average week.
- There was a very clear relationship between work-based accidents and social class, the accident rate being consistently above the average for those in Social Classes IIIM, IV and V.

13.1 Introduction and background

Reducing the number of accidents is a priority for improving health in Scotland.[1] However, achieving a reduction in the number of accidents needs some understanding of how accidents in general occur and to whom. In particular information is needed on the frequency and nature of accidents, about which very little is currently known. A module of questions in the Health Survey fills part of this gap, providing information about the number and causes of non-fatal accidents, the location of accidents and the injuries incurred, and providing detail about the personal characteristics of accident victims.

13.1.1 Accident classification and recall period

The term 'accident' covers a very broad range of events ranging from, say, serious car accidents to, at the other extreme, accidents resulting in minor cuts or bruises. Some means is needed of identifying those of sufficient severity to be of importance in a health context. For the purpose of the Health Survey, accidents were considered to fall into the category of interest if advice about the accident was sought from either a doctor or at a hospital.[2]

Informants were asked to recall how many accidents they had had in the 12 months prior to interview about which they saw a doctor, nurse or other health professional. For those having had at least one accident, detailed information about the nature and cause of the most recent accident was collected.

The reference period of 12 months prior to interview was chosen so as to be sufficiently long to generate details of enough accidents for analysis purposes yet at the same time short enough for informants to accurately remember all, or at least a high proportion of, their accidents. The choice of reference period can be critical when making inferences from recalled events such as accidents. If the reference period is too long then there is a possibility of bias since some accidents from the earlier

part of the reference period may be forgotten and, perhaps, other accidents from before the start of the reference period wrongly remembered as being within the reference period. An assumption is made throughout this chapter that the estimates presented are approximately unbiased: there is no internal evidence in the data about the validity of this assumption, and there is no satisfactory external data against which to validate the results.

13.1.2 Coverage of accidents

The survey does not cover all accidents. Fatal accidents are, by definition, excluded. In addition there will be under-representation of accidents that lead to long-term hospitalisation - in particular all accidents leading to twelve months' hospitalisation will be excluded. Accidents that lead to a move out of the household population into the institutional population will also be excluded. Consequently, the accident rates presented in this chapter will be slight under-estimates of true accident rates, although, given that the great majority of accidents do not lead to death, long-term hospitalisation or a move to an institution, the downward bias should be small.

13.1.3 Derivation of accident rates and weighting to compensate for selection bias

Because any one informant may have had more than one accident during the reference period of twelve months, comparisons between sub-groups are based upon the mean number of reported accidents over the reference period. Such an approach tends to give very low figures (typically around 0.2) so, to aid comparisons, the means have been multiplied by a factor of 100 to give an annual accident rate per 100 persons.

Although informants were asked to specify the total number of accidents they had had over the reference period, detailed information was collected on only the most recent accident. Using the raw data to derive estimates about the kinds of accidents people have would lead to biases in the estimates in that this selection process leads to the over-representation of accidents to people for whom accidents are relatively uncommon events. To avoid this bias, analyses that use the detailed data on individual accidents use weighted data. The weight per informant is calculated as equal to the total number of accidents in the reference period.[3] On average, the weights will be largest for those groups with the highest accident rates.[4]

13.2 The incidence of accidents and their characteristics

13.2.1 The incidence of accidents by age and sex

Overall, 18% of men and 13% of women of working age had at least one accident about which they saw a doctor or visited a hospital in the twelve months prior to interview. Three percent of men and 1% of women reported having had more than one such accident.

For men, there was a very marked inverse relationship between age and the likelihood of having had an accident in the reference period, with 30% of men aged 16-24, and 22% of men aged 25-34, having had at least one accident. A similar, but weaker, relationship was observed for women, with 17% of women aged 16-24 having had at least one accident compared with a figure of around 11% for women aged 25 and over.

Table 13.1

13.2.2 Estimated annual accident rates by age and sex

Table 13.1 also gives estimates of the annual accident rate per 100 persons by age and sex. The average accident rate was 24 per 100 for men and 15 per 100 for women. With the exception of those aged 55-64, men consistently had a higher accident rate than did women of the same age, but the difference was most marked for those aged 16-34, where the accident rate for men was double that for women of the same age. The trends are illustrated in Figure 13A.

Table 13.1

Figure 13A: Annual accident rates, by age and sex

13.2.3 Comparison with England

A comparison with data on accidents from the 1995 Health Survey for England showed very little difference in the age-sex specific accident rates between the two countries.

Table 13.2

13.2.4 Cause of accident

Informants who had at least one accident in the reference period were asked to describe the cause of the accident. Their responses were coded by interviewers into nine categories of accident:

- hit by a falling object
- fall, slip or trip
- road traffic accident
- sports or recreational accident
- use of tool or implement, or piece of electrical or mechanical equipment
- burn or scald
- animal or insect bite or sting
- another person (including attacks)
- other cause

If 'other cause' was coded then the interviewer recorded a short description of the accident. On subsequent inspection of these descriptions it was found that accidents caused by lifting heavy objects were mentioned on enough occasions to merit being listed as an extra category of accident. Consequently, Table 13.3 includes 'lifting' as a separate category.

Some caution is needed in the interpretation of the data on accident type and circumstances derived from this coding. What is coded in individual cases will depend firstly upon how the informant describes the accident, and secondly on how the interviewer interprets that description. For example, an accident in which a person sprains their ankle when jogging may be described as a fall by one informant ('I fell and sprained my ankle') and as a sporting accident by another ('I sprained my ankle when I was out jogging'). If the informant describes the accident to the interviewer as 'I fell and sprained my ankle when I was running', then some interviewers may code this as a fall automatically whereas others may probe further, establish that 'running' was actually jogging, and code it as a sporting accident. Interviewers were briefed to code more than one category per accident if appropriate, the intention being to collect as full a description of the accident as possible in order to avoid these sorts of classification problems.

One obvious implication of this ambiguity in coding is that rates cannot be reliably derived for different types of accident. For example, it would not be realistic to assume that all sporting accidents were coded as such and estimates of the number of sporting accidents occurring per 100 persons would be an underestimate.

Table 13.3 gives, by age and sex, the categories of accident recorded by interviewers. Some clear trends emerge. For example, accidents were more likely to be recorded as 'sports or recreational' for men than for women, and for younger rather than older informants. The most commonly coded type of accident for women, across all age groups, was a fall or trip. Men's accidents were more evenly divided between falls, sports accidents and accidents caused by the use of a tool or other implement.

Table 13.3

13.2.5 Location of accidents

The location of accidents also differed by age and sex. A higher percentage of the accidents suffered by women happened in the home or garden - 39% of accidents to women happened in the home or garden, compared with 24% of accidents to men. In contrast, a higher percentage of men's than women's accidents happened at a workplace or other public building, or in a place for sports or recreation.

As well as these differences by sex, there were also trends by age. In particular the percentage of accidents happening in a place for sports or recreation was significantly higher for men aged 16-34 and for women aged 16-24 than for those in older age-groups.

Table 13.4

Table 13.5 shows the location of falls, slips and trips (the most common type of accident) by age.

Table 13.5

13.2.6 Type of injury

Informants were asked to describe the injuries incurred in their most recent accident using twelve categories of injury:

- broken bones
- dislocated joints
- losing consciousness
- straining or twisting a part of the body
- cutting, piercing or grazing a part of the body
- bruising, pinching or crushing a part of the body
- swelling or tenderness in some part of the body
- something stuck in the eye, throat, ear or other part of the body
- burning or scalding
- poisoning
- other injury to internal parts of the body
- animal or insect bite or sting

For each accident, all relevant categories were recorded.

Table 13.6 gives the distribution of types of injury by sex and broad age band. Few, if any, of the differences were significant, the main types of injury recorded by both sexes and by the different age-groups being swelling or tenderness, straining or twisting, cuts and grazes, and bruising. Compared with accidents to women, accidents to men were slightly more likely to have resulted in cuts or grazes. For both sexes, around 15% of accidents resulted in broken bones.

Table 13.6

13.2.7 Source of help or advice about accidents

By definition advice was given by either a doctor, nurse or other health professional for all of the accidents reported on (although in a proportion of cases the informant saw a nurse at a doctor's surgery rather than the doctor). In 58% of cases help or advice was given at a hospital and in 54% of cases help or advice was given by a GP or a nurse at a GP's surgery. In 20% of cases advice was given by both a GP and at a hospital, although the order of visit was not established. Only in 8% of cases was advice given only by some other medical professional (such as a doctor at a workplace).

Table 13.7 gives the source of advice by age and sex. Some differences are apparent but there are no clear patterns. Table 13.8, however, which shows the source of advice by the type of area informants lived in, [6] gives a much clearer pattern. For example, advice was sought from a hospital in respect of 71% of the accidents to those living in urban areas, compared with around half of those living in small country towns, villages or other rural areas. Suburban areas fell between these two extremes at 60%. Furthermore, advice was sought from a hospital but not a GP (thus excluding those referred to a hospital by a GP) in respect of almost half of the accidents suffered by those in urban areas, compared with less than one-third in rural areas. These figures suggest that where advice is sought from was dependent not only upon the severity and type of accident but also upon geographical location.

Tables 13.7, 13.8

Table 13.9 shows the relationship between type of injury and the source of advice. The patterns are largely as might be expected. Advice was sought from a hospital for most accidents that resulted in broken bones (88%) or that caused consciousness loss (83%). In contrast, for accidents resulting in straining or twisting of a part of the body, informants most commonly sought advice only from their GP (49%).

Table 13.9

13.2.8 Prevention of accidents

Informants were asked to judge whether or not anything could have been done to prevent their accident. For 41% of accidents, informants judged that nothing could have been done. In a further 41% of accidents, informants judged they could have prevented it themselves, and in 21% of accidents informants judged that others could have prevented the accident. For a small proportion of accidents it was thought that the accident could have been prevented by both the informant themselves *and* by others.

To an extent, judgements about preventability differed according to the location of the accident. Informants judged that just 40% of accidents occurring in a place for sport or recreation could have been prevented, compared with around 60% for accidents occurring elsewhere.

Table 13.10

13.3 Accidents at work

13.3.1 Accidents at work by age and sex

For those in a paid job (71% of men and 58% of women), 46% of the accidents to men and 29% of the accidents to women, happened when they were at work. The sample numbers are too small to detect any trends by age in these figures.

Tables 13.11, 13.12

Rather more informative than the ratio between work-based accidents and non-work based accidents are the work-based accident rates themselves. These are calculated as the total number of work-based accidents in a twelve month period divided by the number of people in work, giving an accident rate per person in work. The denominator can be estimated from the survey data as the number whose main activity status at the time of interview was 'in paid employment'. This leads to a slight upward bias in the estimates of work-based accident rates since the denominator excludes some persons whose main activity was other than 'in paid work' but who nevertheless had a paid job. Some students for example might fall into this category. Nevertheless the biases should be small.

Table 13.13 gives the estimated work-based accident rates per 100 persons in work by age and sex. A very clear pattern emerges: men had higher work-based accident rates than women across all age groups, and, for both sexes, the work-based accident rate was particularly high for those aged 16-24. The average work-based accident rate for men was 12 per 100 and for women was 4 per 100.

Table 13.13

Figure 13B: Annual work-based accident rates, by age and sex

13.3.2 Causes of accidents at work

The most common cause of work-based accidents (as recorded by the interviewer - see Section 13.2.4 for a discussion of the interpretation of 'cause') was the use of a tool, implement or piece of electrical or mechanical equipment (35% of work-based accidents). One in five (21%) work-based accidents involved a fall or slip and 11% were recorded as being caused by lifting some object. There were no major differences in the distribution of causes by sex.

Table 13.14

13.3.3 Accidents at work by SIC group [7]

Table 13.15 gives the estimated work-based accident rates by the SIC group of the informant. As might be expected, accident rates were significantly higher than the overall average for those working in the agriculture, forestry and fishing, manufacturing, and construction industries, at over 10 accidents per 100.[8]

Table 13.15

Figure 13C: Annual work-based accident rates, by SIC group

13.3.4 Location of work-based accidents

Overall, 65% of all work-based accidents happened indoors. Not surprisingly this percentage differed by SIC group, from 42% for those working in agriculture, hunting and fishing, mining, electricity, gas and water supply, and construction combined, to 79% for those working in wholesale and retail trades.

Table 13.16

13.3.5 Time off work

For 53% of accidents at work, informants reported having to take time off work. The sample numbers are too small for any differences by age or sex to be detected. (Table not shown.)

13.4 Accidents outside of work

13.4.1 Accident rates for non-work accidents by age and sex

Although a fairly high proportion of accidents to informants occurred at work, the majority of accidents occurred outside of the workplace (64% of accidents to men and 83% of accidents to women, these percentages including informants who were not in work). The rates for accidents outside of work, by age and sex, are given in Table 13.17.

The pattern by age and sex was broadly the same for non-work accidents as for work-based accidents, with the accident rate being significantly higher than average for those aged 16-24 of both sexes. However, the difference between the sexes, both overall and within age-groups, was less marked, the non-work accident rates being only slightly lower for women (at 12 per 100) than for men (at 15 per 100). The figures suggest that women aged 55-64 actually had a slightly higher non-work accident rate than did men of the same age.

Table 13.17

Figure 13D: Annual non-work accident rates, by age and sex

13.4.2 Accidents outside of work and sports participation

As might be expected, given that a fairly high proportion of accidents happen in places for sports or recreation (see Table 13.4), there is an association between frequency of participation in sports and non-work accident rates. The correlation is particularly high for those aged 16-44, the accident rate for men of this age group rising from 14 per 100 for those who, in an average week, undertook no sports of a moderate or vigorous intensity, to 33 per 100 for those who, in a average week, undertook sports of moderate to vigorous intensity three or more times a week. The figures for women of this age group were 11 per 100 and 23 per 100 respectively.

Table 13.18

13.5 Accidents and social class

Table 13.19 gives 'work-based accident', 'non-work accident' and 'all accident' rates by age group, sex and social class.

There is no obvious relationship between social class and the non-work accident rate, the accident rate within groups defined by age and sex being broadly constant across the social classes.

In contrast, there is a very clear relationship between social class and the work-based accident rate, the accident rate being consistently above average for those in Social Classes IIIM, IV and V. The difference between the social classes was particularly marked for men aged 16-44: those in manual occupations had a work-based accident rate more than three times that for those in non-manual occupations.

Table 13.19

13.6 Regional variations in accident rates

'Work-based accident', 'non-work accident' and 'all accident' rates by age group, sex and region are given in Table 13.20.

Table 13.20

Although there appears to be some variation in the accident rates by region none of the observed differences were statistically significant. Nevertheless, there are differences between the regions that partially explain even the small variations observed. For example, men in Highland & Islands and in Borders, Dumfries & Galloway were more likely than average to be working in agriculture, forestry and fishing and in construction (the SIC groups with the highest work-based accident rates), whereas men in Greater Glasgow were more likely to be working in the service sectors where the work-based accident rate was lower than average. These differences partially explain the observed differences in work-based accident rates by region. (Table not shown.)

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1 The Scottish Office. Scotland's Health: A Challenge To Us All: A National Policy Statement. HMSO, Edinburgh, 1991.

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2 In a few instances informants included consultations with a nurse and these have been accepted.

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3 In a small number of cases the number of reported accidents was very large. In these cases a maximum weight of six was applied. The weights were applied after firstly multiplying them by the more general weights used to adjust for unequal probabilities of selection and non-response bias (as described in the Technical Report).

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4 In particular, men aged 16-24.

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5 The equivalent accidents in the 1995 Health Survey for England were described as 'major' accidents.

6 The classification of areas to urban/city centre, small country town, suburban, rural residential/village, and rural agricultural sub-groups was based on interviewers' assessments of the type of area the address was located in.

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7 Central Statistical Office. Standard Industrial Classification of Economic Activities. HMSO, London, 1992.

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8 In a few cases the SIC group of the informant may have changed between the time of accident and the time of interview. Any such changes could have a small biasing effect on the accidents rates per SIC group reported.

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Chapter 2

Table 2.1 Frequency-intensity activity level, by age and sex

<i>All</i>						1995
Frequency-intensity activity level	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Level 5	30	17	12	5	2	14
Level 4	17	13	11	4	3	10
Level 3	11	21	22	24	23	20
Level 2	17	18	18	16	16	17
Level 1	13	15	18	20	16	16
Level 0	13	17	19	31	40	23
Levels 3-5	58	51	45	33	27	44
Women						
Level 5	9	6	5	2	1	5
Level 4	11	12	9	5	5	9
Level 3	16	22	25	26	20	22
Level 2	19	22	20	21	18	20
Level 1	19	17	18	17	19	18
Level 0	26	20	23	28	38	26
Levels 3-5	36	41	39	34	25	36
<i>Bases (weighted)</i>						
<i>Men</i>	718	976	847	744	596	3881
<i>Women</i>	690	983	868	772	660	3973
<i>Bases (unweighted)</i>						
<i>Men</i>	472	834	806	704	683	3499
<i>Women</i>	544	1154	988	817	878	4381

Because of rounding, sub-total percentages may not equal the sum of their component percentages.

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Table 2.2 Alternative frequency-intensity level, by age and sex

						1995
<i>All</i>						Total
Alternative frequency-intensity level	Age					
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Moderate or vigorous activity 5+ days per week	42	39	31	25	20	32
Women						
Moderate or vigorous activity 5+ days per week	21	26	25	20	13	22
<i>Bases (weighted)</i>						
<i>Men</i>	718	974	847	745	597	3881
<i>Women</i>	690	984	869	774	662	3979
<i>Bases (unweighted)</i>						
<i>Men</i>	472	834	806	704	683	3499
<i>Women</i>	544	1154	988	817	878	4381

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Table 2.3 Maximum intensity level achieved, by age and sex

<i>All</i>						<i>1995</i>
Maximum intensity level	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Vigorous	66	48	37	17	9	37
Moderate	23	36	45	52	49	41
Light	9	13	14	20	23	15
Inactive	2	3	5	11	18	7
Vigorous/moderate	89	84	82	69	59	78
Women						
Vigorous	40	34	27	18	12	27
Moderate	43	55	59	64	63	57
Light	12	7	8	10	11	9
Inactive	5	4	6	8	14	7
Vigorous/moderate	83	89	86	82	75	84
<i>Bases (weighted)</i>						
<i>Men</i>	722	974	848	748	597	3889
<i>Women</i>	692	983	868	775	662	3980
<i>Bases (unweighted)</i>						
<i>Men</i>	474	836	808	708	687	3513
<i>Women</i>	545	1153	990	821	880	4389

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Table 2.4 Mean number of occasions of moderate or vigorous activity per week, by age and sex

<i>All</i>						<i>1995</i>
Moderate/vigorous activity	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Mean number of occasions of moderate or vigorous activity	6.5	5.4	4.5	3.3	2.6	4.6
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) activity	4.9	4.3	3.5	2.4	2.0	3.5
Women						
Mean number of occasions of moderate or vigorous activity	3.7	4.1	3.9	3.4	2.8	3.6
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) activity	2.7	3.0	2.9	2.6	1.9	2.7
<i>Bases^a (weighted)</i>						
<i>Men</i>	715	972	844	743	597	3872
<i>Women</i>	688	981	866	773	661	3968
<i>Bases^a (unweighted)</i>						
<i>Men</i>	471	832	804	704	685	3496
<i>Women</i>	543	1151	985	818	877	4374

aBases shown are for activity regardless of duration; bases for activity including duration are similar.

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Table 2.5 Proportion active at a moderate level or above for each activity type, by age and sex

<i>All</i>						<i>1995</i>
Type of activity	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Home	34	48	51	47	42	45
Sports and exercise	81	64	55	35	26	54
Work	13	17	13	15	11	14
Overall	89	84	82	69	59	78
Women						
Home	43	69	67	64	60	62
Sports and exercise	67	59	52	41	33	51
Work	5	8	10	10	8	8
Overall	83	89	86	82	75	83
<i>Bases^a (weighted)</i>						
<i>Men</i>	723	978	850	750	600	3901
<i>Women</i>	695	990	871	778	665	3999
<i>Bases^a (unweighted)</i>						
<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	546	1160	992	825	884	4407

aBases shown are for home activity; bases for sports and work activity are similar.

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Table 2.6 Mean number of occasions of moderate or vigorous activity per week for each type of activity, by age and sex

All who said they undertook each type of activity to a least a moderate level in an average week

1995

Home or sport activity	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Mean number of occasions of moderate home activity	2.8	3.0	2.7	2.5	2.7	2.7
Mean number of occasions of moderate home activity lasting 30+ minutes	1.9	2.3	2.0	1.8	2.0	2.1
Mean number of occasions of moderate or vigorous sport activity	6.1	4.9	4.6	3.9	3.6	4.9
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) sport activity	4.6	3.6	3.4	2.4	2.4	3.6
Women						
Mean number of occasions of moderate home activity	2.4	2.5	2.8	2.6	2.5	2.6
Mean number of occasions of moderate home activity lasting 30+ minutes	1.5	1.9	2.1	2.1	1.7	1.9
Mean number of occasions of moderate or vigorous sport activity	3.7	3.5	3.2	3.2	3.0	3.4
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) sport activity	2.7	2.4	2.3	2.1	1.9	2.4
<i>Bases^a (weighted)</i>						
<i>Men (home activity)</i>	<i>248</i>	<i>466</i>	<i>433</i>	<i>352</i>	<i>255</i>	<i>1753</i>
<i>Men (sport activity)</i>	<i>584</i>	<i>627</i>	<i>466</i>	<i>262</i>	<i>157</i>	<i>2096</i>
<i>Women (home activity)</i>	<i>300</i>	<i>685</i>	<i>580</i>	<i>500</i>	<i>397</i>	<i>2463</i>
<i>Women (sport activity)</i>	<i>463</i>	<i>577</i>	<i>451</i>	<i>321</i>	<i>219</i>	<i>2030</i>
<i>Bases^a (unweighted)</i>						
<i>Men (home activity)</i>	<i>194</i>	<i>406</i>	<i>416</i>	<i>344</i>	<i>307</i>	<i>1667</i>
<i>Men (sport activity)</i>	<i>381</i>	<i>540</i>	<i>437</i>	<i>245</i>	<i>184</i>	<i>1787</i>
<i>Women (home activity)</i>	<i>285</i>	<i>822</i>	<i>669</i>	<i>532</i>	<i>528</i>	<i>2836</i>
<i>Women (sport activity)</i>	<i>362</i>	<i>680</i>	<i>516</i>	<i>333</i>	<i>292</i>	<i>2183</i>

aBases shown are for home activity regardless of duration; bases for sports and for activities which include duration are similar.

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Table 2.7 Physical activity at work, by age and sex

All in work

Activity at work	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%

Men

Mostly walking about	32	25	23	25	30	26
Climbing	45	34	37	34	38	36
Lifting and/or carrying	75	62	51	45	52	56
At least two of the above	53	40	35	31	38	38
None of the above	17	29	34	37	28	30

Women

Mostly walking about	20	27	28	30	48	29
Climbing	12	7	10	9	8	9
Lifting and/or carrying	56	48	48	52	46	49
At least two of the above	22	21	24	24	31	23
None of the above	39	41	41	36	32	39

Bases^a (weighted)

<i>Men</i>	354	824	731	570	290	2769
<i>Women</i>	305	637	615	515	213	2285

Bases^a (unweighted)

<i>Men</i>	246	699	670	514	307	2436
<i>Women</i>	236	721	680	525	270	2432

aBases shown are for 'mostly walking about'; bases for other aspects are similar.

Percentages may add to more than 100% as informants may have been involved in more than one type of work activity.

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Table 2.8 Perceptions of current physical activity level and desire to take more exercise, by age and sex

<i>All</i>						<i>1995</i>
Self-perception of physical activity	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Get enough exercise for age and health	51	43	43	47	58	47
Would like to take more exercise	71	78	75	65	52	69
Women						
Get enough exercise for age and health	32	35	34	41	54	39
Would like to take more exercise	80	80	73	66	59	72
<i>Bases^a (weighted)</i>						
<i>Men</i>	723	976	848	748	596	3891
<i>Women</i>	693	988	865	775	661	3982
<i>Bases^a (unweighted)</i>						
<i>Men</i>	474	836	808	707	685	3510
<i>Women</i>	546	1158	987	822	877	4390

aBases shown are for 'get enough exercise for age and health'; bases for 'wanting to take more exercise' are similar.

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Table 2.9 Perceptions of current physical activity level and desire to take more exercise, by frequency-intensity level and sex

Self-perception of activity	Frequency-intensity level			1995
	Total ^a			
	Levels 0-2 %	Levels 3-4 %	Level 5 %	%
Men				
Get enough exercise for age and health	36	54	77	47
Would like to take more exercise	73	66	61	69
Women				
Get enough exercise for age and health	33	46	61	39
Would like to take more exercise	73	70	64	72
<i>Bases^b (weighted)</i>				
<i>Men</i>	2165	1171	530	3891
<i>Women</i>	2548	1213	198	3982
<i>Bases^b (unweighted)</i>				
<i>Men</i>	1992	1064	429	3510
<i>Women</i>	2793	1361	209	4390

aThe total column includes informants not classified on the frequency-intensity scale.

bBases shown are for 'get enough exercise for age and health'; bases for 'wanting to take more exercise' are similar.

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Table 2.10 Reasons for considering taking more exercise, by age and sex

Reasons for more exercise	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
To feel healthier or fitter		67	72	70	60	49	65
To enjoy myself		62	58	57	46	38	53
To prevent disease or ill-health		35	49	54	48	42	46
To lose weight		29	45	54	49	41	44
To reduce stress		22	36	42	35	24	33
To look better		33	30	25	18	14	25
None of these reasons		7	8	8	12	23	11
Women							
To feel healthier or fitter		76	76	68	63	52	68
To enjoy myself		57	50	49	40	36	47
To prevent disease or ill-health		38	48	53	52	48	48
To lose weight		56	61	64	58	55	59
To reduce stress		30	39	47	41	30	38
To look better		42	40	38	31	22	35
None of these reasons		4	5	7	10	14	8
<i>Bases (weighted)</i>							
<i>Men</i>		723	979	850	749	600	3902
<i>Women</i>		695	990	870	777	665	3998
<i>Bases (unweighted)</i>							
<i>Men</i>		475	840	809	709	689	3522
<i>Women</i>		547	1160	992	825	883	4407

Percentages may add to more than 100% as informants could mention more than one reason.

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Table 2.11 Observed and age-standardised frequency-intensity activity level, by region and sex

Frequency-intensity activity level	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
	%	%	%	%	%	%	%		%
Men									
Levels 3-5 (observed)	58	44	45	50	36	41	48		44
Levels 3-5 (age-standardised)	61	45	45	51	38	43	50		45
Level 0 (observed)	12	20	22	15	33	25	19		23
Level 0 (age-standardised)	11	19	22	14	31	23	18		21
Women									
Levels 3-5 (observed)	42	37	35	44	32	34	37		35
Levels 3-5 (age-standardised)	42	38	34	46	33	35	36		36
Level 0 (observed)	18	28	24	18	31	29	24		26
Level 0 (age-standardised)	18	28	24	17	31	27	25		26
<i>Bases (weighted)</i>									
<i>Men</i>	210	750	891	178	624	699	527		3879
<i>Women</i>	208	678	857	193	757	731	554		3978
<i>Bases (unweighted)</i>									
<i>Men</i>	350	588	703	293	504	603	458		3499
<i>Women</i>	420	648	820	390	729	802	572		4381

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Table 2.12 Observed and age-standardised alternative frequency-intensity level, by region and sex

<i>All</i>									1995
Alternative frequency-intensity level	Region								Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		
	%	%	%	%	%	%	%	%	%
Men									
Moderate or vigorous activity 5+ days per week (observed)	44	33	31	37	27	30	37		32
Moderate or vigorous activity 5+ days per week (age-standardised)	47	35	31	38	28	32	39		33
Women									
Moderate or vigorous activity 5+ days per week (observed)	28	23	20	29	20	20	21		22
Moderate or vigorous activity 5+ days per week (age-standardised)	27	23	20	31	21	21	21		22
<i>Bases (weighted)</i>									
<i>Men</i>	210	750	890	178	627	698	527		3880
<i>Women</i>	208	678	857	193	757	731	554		3978
<i>Bases (unweighted)</i>									
<i>Men</i>	350	588	704	293	505	603	458		3501
<i>Women</i>	420	648	822	392	730	802	572		4386

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Table 2.13 Observed and age-standardised maximum intensity level achieved, by region and sex

Maximum intensity level	Region							1995
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total
	%	%	%	%	%	%	%	%
Men								
Vigorous/moderate (observed)	83	80	80	80	72	72	79	78
Vigorous/moderate (age-standardised)	86	81	81	82	75	75	81	79
Women								
Vigorous/moderate (observed)	89	81	85	88	82	83	84	83
Vigorous/moderate (age-standardised)	88	81	85	89	82	83	82	83
<i>Bases (weighted)</i>								
<i>Men</i>	212	751	893	178	625	702	526	3887
<i>Women</i>	209	676	858	193	762	730	555	3983
<i>Bases (unweighted)</i>								
<i>Men</i>	354	589	706	295	505	606	458	3513
<i>Women</i>	425	647	819	391	734	802	571	4389

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Table 2.14 Observed and age-standardised mean number of occasions of moderate or vigorous activity per week, by region and sex

								1995
Moderate/vigorous activity	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
Mean number of occasions of moderate or vigorous activity (observed)	5.8	4.6	4.7	4.6	3.8	4.3	5.2	4.6
Mean number of occasions of moderate or vigorous activity (age-standardised)	6.3	4.8	4.8	4.9	3.9	4.6	5.4	4.8
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) activity (observed)	4.6	3.7	3.4	3.9	2.7	3.2	4.1	3.5
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) activity (age-standardised)	4.8	3.8	3.5	4.1	2.8	3.5	4.3	3.7
Women								
Mean number of occasions of moderate or vigorous activity (observed)	4.3	3.5	3.7	4.3	3.6	3.5	3.6	3.6
Mean number of occasions of moderate or vigorous activity (age-standardised)	4.4	3.5	3.7	4.4	3.6	3.6	3.6	3.7
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) activity (observed)	3.2	2.6	2.6	3.4	2.5	2.5	2.8	2.7
Mean number of occasions of moderate (30+ mins) or vigorous (20+ mins) activity (age-standardised)	3.2	2.7	2.6	3.5	2.6	2.6	2.7	2.7
<i>Bases^a (weighted)</i>								
<i>Men</i>	211	747	890	177	622	698	525	3872
<i>Women</i>	208	675	854	193	756	730	553	3968
<i>Bases^a (unweighted)</i>								
<i>Men</i>	352	586	703	293	502	603	457	3496

Women 421 646 816 390 729 802 570 4374

aBases are shown for activity regardless of duration; bases for activity including duration are similar.

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Table 2.15 Observed and age-standardised proportions active at a moderate level or above for each activity type, by region and sex

Type of activity	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Home (observed)	56	45	43	52	38	45	48	45
Home (age-standardised)	55	44	43	50	38	45	48	44
Sports and exercise (observed)	59	55	60	51	51	47	54	54
Sports and exercise (age-standardised)	64	57	61	55	54	52	57	57
Work (observed)	16	17	13	17	13	12	15	14
Work (age-standardised)	16	17	13	17	13	12	15	14
Women								
Home (observed)	70	54	59	70	62	64	65	62
Home (age-standardised)	69	53	58	69	61	62	63	60
Sports and exercise (observed)	55	54	57	52	45	47	49	51
Sports and exercise (age-standardised)	57	55	57	55	46	50	50	52
Work (observed)	10	8	9	8	9	8	8	8
Work (age-standardised)	9	7	9	8	9	8	8	8
<i>Bases^a (weighted)</i>								
<i>Men</i>	214	753	897	180	629	704	527	3904
<i>Women</i>	210	681	863	194	764	731	556	3999
<i>Bases^a (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	825	393	737	803	573	4408

aBases shown are for home activity; bases for sports and work activity are similar.

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Table 2.16 Observed and age-standardised frequency-intensity activity level, by social class and sex

Frequency-intensity activity level	Social class ^a				1995 Total ^b
	I and II	IIINM	IIIM	IV and V	
	%	%	%	%	%
Men					
Levels 3-5 (observed)	37	37	45	49	44
Levels 3-5 (age-standardised)	40	38	47	51	45
Level 0 (observed)	22	18	25	26	23
Level 0 (age-standardised)	22	18	23	24	21
Women					
Levels 3-5 (observed)	40	31	39	38	35
Levels 3-5 (age-standardised)	42	30	41	38	36
Level 0 (observed)	21	27	23	28	26
Level 0 (age-standardised)	20	28	22	27	26
<i>Bases (weighted)</i>					
<i>Men</i>	1049	370	1271	727	3879
<i>Women</i>	854	1267	295	998	3978
<i>Bases (unweighted)</i>					
<i>Men</i>	970	324	1162	713	3499
<i>Women</i>	1001	1369	366	1139	4381

aSocial class is based on informant's own social class.

bThe total column includes those for whom social class could not be determined.

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Table 2.17 Observed and age-standardised alternative frequency-intensity level, by social class and sex

Alternative frequency-intensity level	Social class ^a				1995 Total ^b
	I and II	IIINM	IIIM	IV and V	
	%	%	%	%	%
Men					
Moderate or vigorous activity 5+ days per week (observed)	25	25	36	38	32
Moderate or vigorous activity 5+ days per week (age-standardised)	27	25	38	40	33
Women					
Moderate or vigorous activity 5+ days per week (observed)	24	17	25	26	22
Moderate or vigorous activity 5+ days per week (age-standardised)	24	16	27	27	22
<i>Bases (weighted)</i>					
<i>Men</i>	1050	368	1271	729	3880
<i>Women</i>	856	1268	295	998	3978
<i>Bases (unweighted)</i>					
<i>Men</i>	972	324	1162	714	3501
<i>Women</i>	1002	1371	366	1140	4386

aSocial class is based on informant's own social class.

bThe total column includes those for whom social class could not be determined.

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Table 2.18 Observed and age-standardised maximum intensity level achieved, by social class and sex

Maximum intensity level	Social class ^a				1995
					Total ^b
	I and II %	IIINM %	IIIM %	IV and V %	%
Men					
Vigorous/moderate (observed)	78	80	75	76	78
Vigorous/moderate (age-standardised)	79	80	79	77	79
Vigorous (observed)	38	50	28	28	37
Vigorous (age-standardised)	43	51	34	30	40
Women					
Vigorous/moderate (observed)	86	83	86	83	83
Vigorous/moderate (age-standardised)	86	82	87	84	83
Vigorous (observed)	34	26	20	18	27
Vigorous (age-standardised)	36	26	23	19	28
<i>Bases (weighted)</i>					
<i>Men</i>	1049	369	1274	733	3889
<i>Women</i>	857	1268	295	1000	3980
<i>Bases (unweighted)</i>					
<i>Men</i>	973	325	1168	716	3513
<i>Women</i>	1003	1370	366	1141	4389

^aSocial class is based on informant's own social class.

^bThe total column includes those for whom social class could not be determined.

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Table 2.19 Observed and age-standardised proportions active at a moderate level or above for each activity type, by social class and sex

<i>All</i>					<i>1995</i>
Type of activity	Social class ^a				Total ^b
	I and II	IIINM	IIIM	IV and V	
	%	%	%	%	%
Men					
Home (observed)	45	46	46	49	45
Home (age-standardised)	43	44	46	50	44
Sports and exercise (observed)	57	64	46	46	54
Sports and exercise (age-standardised)	62	65	52	48	57
Work (observed)	6	7	21	25	14
Work (age-standardised)	6	6	21	26	14
Women					
Home (observed)	57	62	68	71	62
Home (age-standardised)	56	60	66	71	60
Sports and exercise (observed)	60	52	45	40	51
Sports and exercise (age-standardised)	64	52	48	42	52
Work (observed)	14	4	14	12	8
Work (age-standardised)	15	4	14	13	8
<i>Bases^c (weighted)</i>					
<i>Men</i>	<i>1054</i>	<i>371</i>	<i>1278</i>	<i>733</i>	<i>3901</i>
<i>Women</i>	<i>863</i>	<i>1273</i>	<i>296</i>	<i>1001</i>	<i>3999</i>
<i>Bases^c (unweighted)</i>					
<i>Men</i>	<i>978</i>	<i>326</i>	<i>1171</i>	<i>717</i>	<i>3524</i>
<i>Women</i>	<i>1010</i>	<i>1377</i>	<i>367</i>	<i>1142</i>	<i>4407</i>

aSocial class is based on informant's own social class.

bThe total column includes those for whom social class could not be determined.

cBases shown are for home activity; bases for sports and work activity are similar.

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Table 2.20 Observed and age-standardised physical activity at work, by social class and sex

All in work

Activity at work	Social class ^a				1995 Total ^b
	I and II %	IIINM %	IIIM %	IV and V %	%
Men					
Mostly walking about (observed)	16	21	28	42	26
Mostly walking about (age-standardised)	18	22	28	42	26
Climbing (observed)	23	22	54	39	36
Climbing (age-standardised)	24	23	55	40	38
Lifting and/or carrying (observed)	33	38	77	73	56
Lifting and/or carrying (age-standardised)	34	38	77	73	58
At least two of the above (observed)	18	22	57	52	38
At least two of the above (age-standardised)	20	23	58	52	40
None of the above (observed)	51	48	13	13	30
None of the above (age-standardised)	49	48	13	13	29
Women					
Mostly walking about (observed)	32	12	35	50	29
Mostly walking about (age-standardised)	32	12	35	49	29
Climbing (observed)	7	11	15	7	9
Climbing (age-standardised)	6	11	16	7	9
Lifting and/or carrying (observed)	52	41	61	58	49
Lifting and/or carrying (age-standardised)	55	41	61	58	50
At least two of the above (observed)	26	15	32	32	23
At least two of the above (age-standardised)	27	15	32	31	24
None of the above (observed)	38	54	28	21	39
None of the above (age-standardised)	36	53	29	21	38
<i>Bases^c (weighted)</i>					
<i>Men</i>	920	325	944	499	2769
<i>Women</i>	645	837	177	551	2285

<i>Bases^c (unweighted)</i>					
<i>Men</i>	830	269	820	448	2436
<i>Women</i>	734	850	194	584	2432

aSocial class is based on informant's own social class.

bThe total column includes those for whom social class could not be determined.

cBases shown are for 'mostly walking about'; bases for other aspects are similar.

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Table 2.21 Observed and age-standardised perceptions of current physical activity and desire to take more exercise, by social class and sex

					1995
Self-perception of physical activity	Social class ^a				Total ^b
	I and II	IIINM	IIIM	IV and V	
	%	%	%	%	%
Men					
Get enough exercise for age and health (observed)	43	44	47	52	47
Get enough exercise for age and health (age-standardised)	46	45	46	52	47
Would like to take more exercise (observed)	76	75	66	63	69
Would like to take more exercise (age-standardised)	75	75	67	64	70
Women					
Get enough exercise for age and health (observed)	38	35	40	45	39
Get enough exercise for age and health (age-standardised)	38	34	39	43	38
Would like to take more exercise (observed)	77	74	65	66	72
Would like to take more exercise (age-standardised)	79	74	67	69	73
<i>Bases^c (weighted)</i>					
Men	1053	369	1272	728	3891
Women	860	1271	292	994	3983
<i>Bases^c (unweighted)</i>					
Men	976	325	1167	711	3510
Women	1009	1374	362	1134	4390

aSocial class is based on informant's own social class.

bThe total column includes those for whom social class could not be determined.

cBases shown are for 'get enough exercise for age and health'; bases for 'wanting to take more exercise' are similar.

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Table 2.22 Observed and age-standardised reasons for considering taking more exercise, by social class and sex

Reasons for more exercise	Social class ^a				1995 Total ^b
	I and II	IIINM	IIIM	IV and V	
	%	%	%	%	%
Men					
To feel healthier or fitter (observed)	72	74	60	58	65
To feel healthier or fitter (age-standardised)	71	73	62	59	65
To enjoy myself (observed)	62	60	47	44	53
To enjoy myself (age-standardised)	64	60	49	45	54
To prevent disease or ill-health (observed)	56	53	43	39	46
To prevent disease or ill-health (age-standardised)	54	51	42	40	45
To lose weight (observed)	50	51	45	38	44
To lose weight (age-standardised)	45	48	44	38	43
To reduce stress (observed)	44	39	28	25	33
To reduce stress (age-standardised)	44	37	27	25	32
To look better (observed)	29	29	21	20	25
To look better (age-standardised)	31	29	23	21	26
None of these reasons (observed)	8	9	13	15	11
None of these reasons (age-standardised)	9	8	11	14	10
Women					
To feel healthier or fitter (observed)	72	72	63	59	68
To feel healthier or fitter (age-standardised)	75	72	65	60	69
To enjoy myself (observed)	55	47	45	41	47
To enjoy myself (age-standardised)	58	48	48	43	48
To prevent disease or ill-health (observed)	54	49	47	47	48
To prevent disease or ill-health (age-standardised)	52	49	47	47	48
To lose weight (observed)	60	61	58	58	59
To lose weight (age-standardised)	61	60	59	59	59
To reduce stress (observed)	46	40	31	35	38
To reduce stress (age-standardised)	43	40	30	34	38
To look better (observed)	41	37	30	30	35
To look better (age-standardised)	44	37	32	31	36
None of these reasons (observed)	6	6	12	10	8

None of these reasons (age-standardised)	5	6	10	9	7
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Bases (weighted)

<i>Men</i>	<i>1054</i>	<i>371</i>	<i>1277</i>	<i>734</i>	<i>3902</i>
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<i>Women</i>	<i>862</i>	<i>1274</i>	<i>296</i>	<i>1000</i>	<i>3998</i>
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Bases (unweighted)

<i>Men</i>	<i>978</i>	<i>326</i>	<i>1171</i>	<i>716</i>	<i>3522</i>
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<i>Women</i>	<i>1010</i>	<i>1377</i>	<i>367</i>	<i>1142</i>	<i>4407</i>
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aSocial class is based on informant's own social class.

bThe total column includes those for whom social class could not be determined.

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Table 3.1 Percentage of people adding sugar to tea, by social class of chief income earner, age and sex

All

1995

Whether usually takes sugar in tea	Men					Women					
	Social class					Social class					
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total	
	%	%	%	%	%	%	%	%	%	%	
Age 16-44											
Drinks tea	92	91	92	92	92	94	95	93	93	93	
- Adds sugar		41	45	55	63	51	19	29	30	42	29
- No sugar		59	55	45	37	49	81	71	70	58	71
Does not drink tea	9	9	8	7	8	7	5	7	7	7	
Age 45-64											
Drinks tea	95	94	95	98	95	97	96	96	96	96	
- Adds sugar		33	35	57	55	46	13	22	28	32	23
- No sugar		67	65	43	45	54	87	78	72	68	77
Does not drink tea	5	6	5	3	5	3	4	4	4	4	
All ages											
Drinks tea	92	92	93	94	93	94	95	94	95	94	
- Adds sugar		38	42	55	60	50	16	26	30	38	27
- No sugar		62	58	45	40	50	84	74	70	62	73
Does not drink tea	7	8	7	6	7	5	5	6	6	6	
Bases (weighted)											
16-44	809	320	778	465	2553	762	454	655	456	2555	
45-64	468	127	465	247	1349	475	234	387	299	1444	
All ages	1277	447	1243	712	3902	1237	688	1042	755	3999	
Bases (unweighted)											
16-44	663	255	645	411	2126	768	537	618	548	2699	
45-64	447	128	484	293	1397	552	297	414	385	1709	
All ages	1110	383	1129	704	3523	1320	834	1032	933	4408	

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Table 3.33 Percentage of people adding sugar to tea, by region and sex

All									1995
Whether usually takes sugar in tea	Region								Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		
	%	%	%	%	%	%	%		%
Men									
Drinks tea	93	94	92	94	95	92	93	93	
- Adds sugar		44	45	47	52	50	55	54	50
- No sugar		56	55	53	48	50	45	46	50
Does not drink tea	7	7	8	5	5	8	7	7	
Women									
Drinks tea	96	93	93	96	96	94	94	94	
- Adds sugar		22	22	26	27	30	30	27	27
- No sugar		78	78	74	73	70	70	73	73
Does not drink tea	4	7	7	4	4	5	6	6	
Bases (weighted)									
Men	213	752	896	179	629	704	527	3901	
Women	210	681	863	194	764	731	556	3998	
Bases (unweighted)									
Men	356	589	709	296	508	607	458	3523	
Women	425	651	825	393	737	804	573	4408	

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Table 3.64 Comparison of Scotland and England for different foods, by sex

Food type or frequency							1995
	Men			Women			
	Scotland	England	Northern England	Scotland	England	Northern England	
	%	%	%	%	%	%	
Fruit^a							
Less than once a week	21	17	19	13	11	13	
Confectionery							
Once a day or more	24	18	17	28	15	15	
Cakes							
Once a day or more	8	9	9	8	4	6	
Biscuits							
Once a day or more	40	29	34	35	27	31	
Bread							
Eats wholemeal bread	16	21	22	23	27	28	
Eats brown, granary or wheatmeal bread	15	17	15	19	20	18	
Eats white or soft grain bread	69	61	63	58	51	53	
Fat spread							
Uses butter or hard margarine	24	21	19	22	19	18	
Uses reduced/low fat spread	47	46	44	50	50	47	
Salt							
Usually adds salt to food at the table	53	43	47	40	32	37	
Rarely or never adds salt to food at the table	28	40	36	37	50	45	
Dietary supplements							
Takes dietary supplements	15	18	16	26	29	26	
Milk							
Uses skimmed/semi-skimmed milk	64	64	62	70	72	70	
Sugar							
Adds sugar to tea (tea drinkers)	46	48	47	25	29	28	
Adds sugar to coffee (coffee drinkers)	45	54	55	27	34	36	

aIn Scotland the question asked about 'fresh fruit' only; in England the question referred to 'fruit' and may have included tinned fruit.

bNorthern England includes the two regions of Northern & Yorkshire and North West.

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Table 3.65 Differences in diet, by age and sex

All men

	Age					<i>1995</i> Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Eats fruit once a day or more	34	34	41	42	45	39
Eats cooked green vegetables five or more days a week	29	34	42	48	51	40
Eats raw vegetables or salad two or more days a week	40	38	47	46	42	43
Eats root vegetables five or more days a week	16	17	20	23	30	21
Eats potatoes, pasta or rice five or more days a week	47	53	55	57	56	53
Eats pulses two or more days a week	55	53	55	48	51	53
Eats four or more slices of bread a day	64	56	54	46	50	54
Eats wholemeal bread	12	14	19	17	18	16
Eats breakfast cereal	71	66	67	68	71	68
Eats breakfast cereal once or more a day	43	35	36	36	39	37
Eats high fibre cereal ^b	31	40	42	55	53	44
Eats poultry two or more days a week	45	56	52	52	40	50
Eats meat five or more days a week	18	12	11	13	13	13
Eats meat products two or more days a week	66	53	41	33	38	46
Eats white fish once a week or more	40	46	52	62	76	54
Rarely or never eats oil rich fish	43	42	36	37	34	39
Uses skimmed or semi-skimmed milk	63	62	65	67	60	64
Eats cheese two or more days a week	71	64	66	63	65	65
Uses butter or hard margarine	22	21	20	26	34	24
Eats chips two or more days a week	66	56	47	42	39	51
Eats biscuits once a day or more	38	37	39	40	49	40
Eats cakes two or more days a week	34	32	32	31	38	33
Eats two or more cakes a day ^c	33	32	37	31	39	34

Eats ice cream once a week or more	48	35	40	46	46	42
Eats sweets or chocolates once a day or more	40	30	19	15	11	24
Eats crisps once a day or more	44	29	18	11	5	22
Drinks soft drinks once a day or more	55	39	22	22	18	32
Adds sugar to tea ^d	66	52	40	43	51	50
Drinks tea	87	92	95	95	96	93
Adds sugar to coffee ^e	64	56	48	50	59	55
Drinks coffee	70	83	86	89	85	83
Usually adds salt to food at the table	50	51	51	53	62	53
Takes dietary supplements	11	13	13	17	20	15

All women

Women

Eats fruit once a day or more	43	49	53	56	60	52
Eats cooked green vegetables five or more days a week	36	37	45	53	55	45
Eats raw vegetables or salad two or more days a week	52	52	60	59	54	55
Eats root vegetables five or more days a week	16	22	25	30	34	25
Eats potatoes, pasta or rice five or more days a week	56	56	58	63	65	59
Eats pulses two or more days a week	48	51	49	49	42	48
Eats four or more slices of bread a day	33	24	28	26	28	28
Eats wholemeal bread	15	23	25	27	27	23
Eats breakfast cereal	68	73	69	72	75	71
Eats breakfast cereal once or more a day	36	39	36	39	47	39
Eats high fibre cereal ^b	36	45	52	56	61	50
Eats poultry two or more days a week	47	58	57	55	53	55
Eats meat five or more days a week	8	7	8	11	10	9
Eats meat products two or more days a week	35	31	24	23	18	26
Eats white fish once a week or more	34	43	52	63	76	53
Rarely or never eats oil rich fish	47	39	31	31	26	35
Uses skimmed or semi-skimmed milk	72	69	71	70	69	70

Eats cheese two or more days a week	60	64	59	58	57	60
Uses butter or hard margarine	16	19	22	25	30	22
Eats chips two or more days a week	43	38	35	31	25	35
Eats biscuits once a day or more	27	32	36	38	42	35
Eats cakes two or more days a week	24	30	31	37	42	33
Eats two or more cakes a day ^c	14	22	25	18	25	22
Eats ice cream once a week or more	30	32	32	33	42	34
Eats sweets or chocolates once a day or more	39	35	28	19	16	28
Eats crisps once a day or more	34	30	18	11	6	20
Drinks soft drinks once a day or more	37	26	16	16	15	22
Adds sugar to tea ^d	39	29	22	23	23	27
Drinks tea	88	94	97	96	97	94
Adds sugar to coffee ^c	43	35	25	30	29	32
Drinks coffee	72	87	88	89	85	85
Usually adds salt to food at the table	35	44	42	39	41	41
Takes dietary supplements	19	20	28	32	31	26

All informants

All

Eats fruit once a day or more	39	42	47	49	53	46
Eats cooked green vegetables five or more days a week	32	35	44	51	53	42
Eats raw vegetables or salad two or more days a week	46	45	54	53	48	49
Eats root vegetables five or more days a week	16	20	23	26	32	23
Eats potatoes, pasta or rice five or more days a week	51	54	56	60	60	56
Eats pulses two or more days a week	52	52	52	49	46	50
Eats four or more slices of bread a day	49	40	41	36	39	41
Eats wholemeal bread	14	18	22	22	23	20
Eats breakfast cereal	70	69	68	70	73	70
Eats breakfast cereal once or more a day	40	37	36	38	43	38
Eats high fibre cereal ^b	33	43	47	55	57	47
Eats poultry two or more days a week	46	57	55	54	47	52
Eats meat five or more days a	13	10	9	12	11	11

week						
Eats meat products two or more days a week	51	41	32	28	28	36
Eats white fish once a week or more	37	44	52	63	76	53
Rarely or never eats oil rich fish	45	40	33	34	30	37
Uses skimmed or semi-skimmed milk	68	65	68	68	65	67
Eats cheese two or more days a week	65	64	62	60	60	62
Uses butter or hard margarine	19	20	21	25	32	23
Eats chips two or more days a week	55	47	41	37	32	43
Eats biscuits once a day or more	33	34	37	39	45	37
Eats cakes two or more days a week	29	31	32	34	40	33
Eats two or more cakes a day ^c	28	27	29	24	30	28
Eats ice cream once a week or more	39	33	36	40	44	38
Eats sweets or chocolates once a day or more	39	33	24	17	14	26
Eats crisps once a day or more	39	29	18	11	5	21
Drinks soft drinks once a day or more	46	32	19	19	16	27
Adds sugar to tea ^d	53	40	31	33	36	38
Drinks tea	87	93	96	96	96	94
Adds sugar to coffee ^e	54	45	36	40	44	43
Drinks coffee	71	85	87	89	85	84
Takes dietary supplements	15	16	21	25	26	20
Usually adds salt to food at the table	43	47	46	46	51	47

Bases ^a (weighted)

<i>Men</i>	723	979	851	749	600	3902
<i>Women</i>	695	990	870	777	665	3997
<i>All</i>	1418	1969	1721	1526	1265	7899

Bases ^a (unweighted)

<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408
<i>All</i>	1022	2000	1803	1534	1573	7932

a Bases are for the overall sample. Bases for certain foods may vary slightly.

b Base is those who eat breakfast cereal.

c Base is those who eat cakes, scones, sweet pies or pastries once a day or more.

d Base is those who drink tea.

e Base is those who drink coffee.

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Table 3.2 Percentage of people adding sugar to coffee, by social class of chief income earner, age and sex

All

1995

Whether usually takes sugar in coffee	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Drinks coffee	81	84	79	77	80	88	83	82	82	84
- Adds sugar	42	52	61	67	55	26	32	31	49	33
- No sugar	58	48	39	33	45	74	68	69	51	67
Does not drink coffee	18	16	21	23	20	12	17	18	18	17
Age 45-64										
Drinks coffee	95	89	84	81	87	92	89	85	82	87
- Adds sugar	42	52	65	59	54	22	28	33	39	30
- No sugar	58	48	35	41	46	78	72	67	61	70
Does not drink coffee	6	11	15	19	12	9	11	14	19	13
All ages										
Drinks coffee	86	86	81	78	83	90	85	83	82	85
- Adds sugar	42	52	63	64	55	25	31	32	45	32
- No sugar	58	48	37	36	45	75	69	68	55	68
Does not drink coffee	14	14	19	22	17	10	15	17	18	15
Bases (weighted)										
16-44	810	321	778	464	2553	762	455	655	456	2555
45-64	469	126	465	247	1348	474	235	387	300	1443
All ages	1279	447	1243	711	3901	1236	690	1042	756	3998
Bases (unweighted)										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	293	1397	552	297	414	385	1709
All ages	1110	383	1129	704	3523	1320	834	1032	933	4408

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Table 3.3 Frequency of eating biscuits, by social class of chief income earner, age and sex

All *1995*

Frequency of eating biscuits	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	33	41	42	40	38	31	37	32	33	32
5-6 days a week	9	7	10	7	9	7	6	6	5	6
2-4 days a week	23	25	20	21	22	24	17	24	23	23
Once a week	13	7	9	13	11	14	16	14	17	15
1-3 times a month	9	9	7	6	8	11	9	6	10	10
Rarely or never	12	10	12	14	12	13	15	18	12	15
Age 45-64										
Once a day or more	37	37	51	50	44	38	35	47	37	40
5-6 days a week	5	5	3	4	4	5	6	3	2	4
2-4 days a week	28	26	19	17	22	20	25	16	25	21
Once a week	9	16	9	8	10	10	16	11	11	12
1-3 times a month	9	7	6	10	8	8	8	8	9	9
Rarely or never	13	10	11	11	12	18	10	15	16	16
All ages										
Once a day or more	35	40	45	44	40	34	37	38	35	35
5-6 days a week	8	6	7	6	7	6	6	5	4	5
2-4 days a week	25	25	20	19	22	22	20	21	23	22
Once a week	12	9	9	11	10	12	16	13	14	14
1-3 times a month	9	9	7	7	8	10	9	7	10	9
Rarely or never	12	10	12	13	12	15	13	17	14	15
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>810</i>	<i>322</i>	<i>778</i>	<i>464</i>	<i>2554</i>	<i>761</i>	<i>454</i>	<i>655</i>	<i>456</i>	<i>2557</i>
<i>45-64</i>	<i>469</i>	<i>126</i>	<i>464</i>	<i>247</i>	<i>1348</i>	<i>475</i>	<i>235</i>	<i>387</i>	<i>298</i>	<i>1443</i>
<i>All ages</i>	<i>1279</i>	<i>448</i>	<i>1242</i>	<i>711</i>	<i>3902</i>	<i>1236</i>	<i>689</i>	<i>1042</i>	<i>754</i>	<i>4000</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

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Table 3.8 Frequency of eating crisps or other savoury snacks, by social class of chief income earner, age and sex

All

1995

Frequency of eating crisps or other savoury snacks	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	5	7	9	12	8	2	8	7	6	5
Once a day	18	20	25	25	22	19	22	24	24	22
5-6 days a week	10	13	10	7	10	10	10	8	8	9
2-4 days a week	34	24	26	27	29	29	29	32	30	30
Once a week	15	12	12	12	13	18	15	12	13	14
1-3 times a month	10	14	6	6	9	13	9	7	8	9
Rarely or never	9	9	12	11	10	10	9	10	11	11
Age 45-64										
More than once a day	0	-	1	-	1	0	0	1	1	1
Once a day	5	9	9	10	8	7	6	11	6	8
5-6 days a week	3	4	2	2	3	2	3	4	2	3
2-4 days a week	27	23	17	18	21	18	18	23	19	19
Once a week	20	16	14	15	17	19	21	12	16	17
1-3 times a month	17	13	12	15	15	16	17	18	12	16
Rarely or never	27	36	44	40	36	37	35	31	45	37
All ages										
More than once a day	3	5	6	8	5	1	5	5	4	4
Once a day	13	17	19	20	17	14	16	19	17	17
5-6 days a week	8	11	7	5	7	7	7	6	5	6
2-4 days a week	31	24	23	24	26	24	25	29	25	26
Once a week	17	13	13	13	14	18	17	12	14	15
1-3 times a month	13	14	9	9	11	14	12	11	9	12
Rarely or never	15	17	24	21	19	20	18	18	24	20
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>809</i>	<i>321</i>	<i>777</i>	<i>464</i>	<i>2553</i>	<i>761</i>	<i>455</i>	<i>654</i>	<i>455</i>	<i>2556</i>
<i>45-64</i>	<i>467</i>	<i>128</i>	<i>465</i>	<i>247</i>	<i>1348</i>	<i>474</i>	<i>235</i>	<i>388</i>	<i>300</i>	<i>1441</i>
<i>All ages</i>	<i>1276</i>	<i>449</i>	<i>1242</i>	<i>711</i>	<i>3901</i>	<i>1235</i>	<i>690</i>	<i>1042</i>	<i>755</i>	<i>3997</i>

Bases (unweighted)

<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

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Table 3.11 Type of spread used on bread, by social class of chief income earner, age and sex

All with a usual type of spread

1995

Type of spread	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Butter or hard margarine	23	22	19	17	21	23	16	18	18	19
Soft margarine	22	18	26	37	26	17	17	24	28	21
Reduced fat spread	15	20	17	14	16	16	18	14	15	15
Low fat spread	34	32	32	29	32	35	40	36	32	35
None used	7	7	5	4	6	8	8	8	7	9
Age 45-64										
Butter or hard margarine	33	28	27	28	29	27	30	27	27	27
Soft margarine	14	18	26	26	21	16	16	16	23	17
Reduced fat spread	19	15	15	15	16	13	14	17	17	15
Low fat spread	31	34	29	26	30	37	35	35	29	34
None used	4	5	2	5	4	8	5	5	3	6
All ages										
Butter or hard margarine	27	23	22	21	24	25	21	21	22	22
Soft margarine	19	18	26	33	24	16	17	21	26	20
Reduced fat spread	16	19	17	14	16	15	17	15	16	15
Low fat spread	32	33	31	28	31	36	38	36	31	35
None used	6	7	4	4	5	8	7	7	6	8
<i>Bases (weighted)</i>										
16-44	787	317	758	460	2493	749	448	643	451	2515
45-64	454	126	447	238	1308	467	232	381	296	1421
All ages	1241	443	1205	698	3801	1216	680	1024	747	3936
<i>Bases (unweighted)</i>										
16-44	647	251	630	407	2078	756	527	609	540	2655
45-64	429	127	466	282	1349	543	293	406	381	1682
All ages	1076	378	1096	689	3427	1299	820	1015	921	4337

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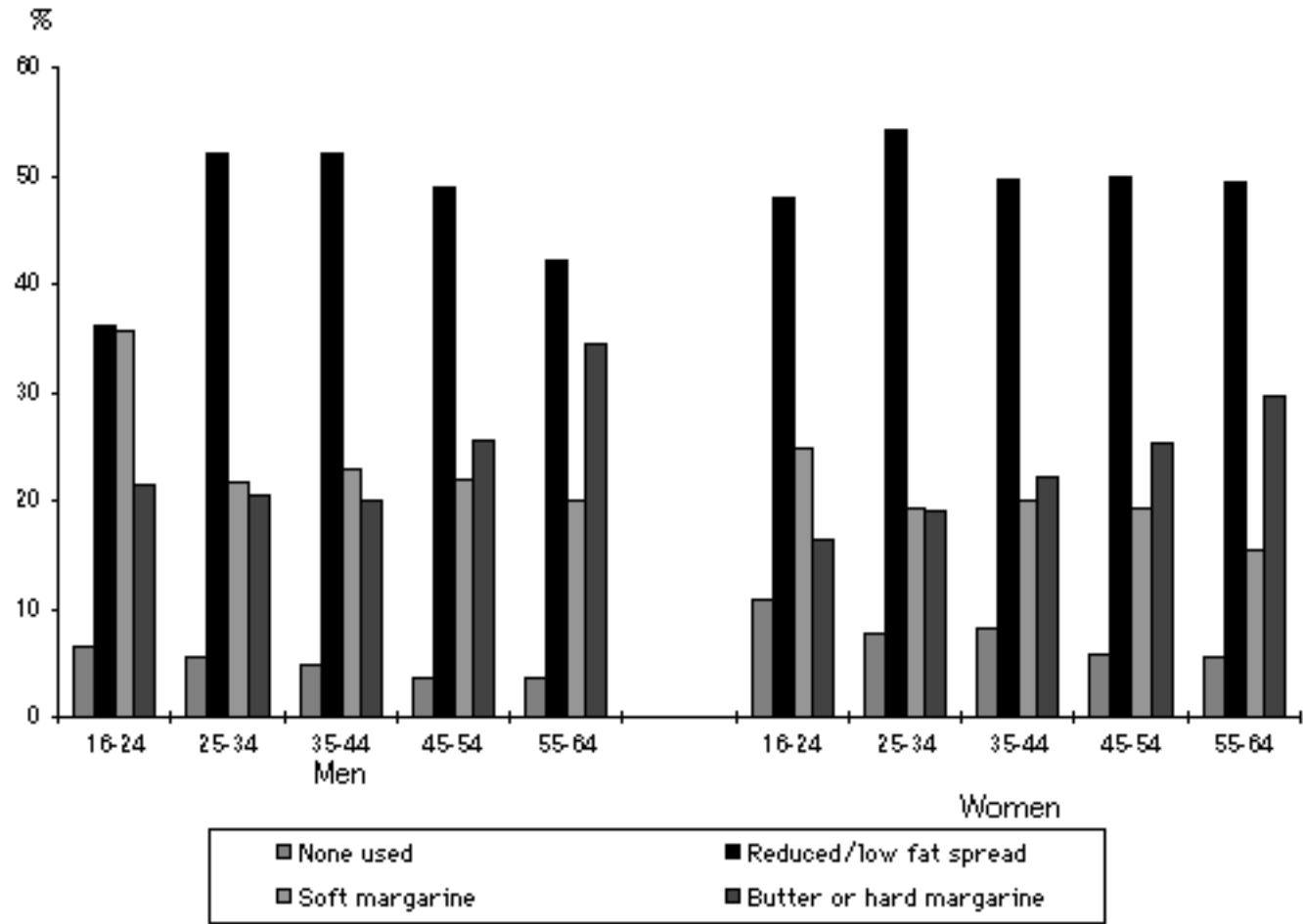
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Figure 3A: Usual type of fat spread, by age and sex



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Table 3.12 Usual type of milk used, by social class of chief income earner, age and sex

All with a usual type of milk

1995

Type of milk	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Whole	28	33	41	43	37	21	29	31	42	29
Semi-skimmed	64	59	55	54	58	66	61	60	48	61
Skimmed	8	7	4	2	5	12	9	9	9	10
Other	0	-	-	1	0	1	0	-	0	0
Age 45-64										
Whole	29	28	39	47	36	22	29	35	38	30
Semi-skimmed	62	69	54	42	56	61	63	53	50	57
Skimmed	9	3	6	10	8	16	7	12	12	12
Other	0	-	0	0	0	1	1	0	0	1
All ages										
Whole	28	32	40	44	36	21	29	32	40	29
Semi-skimmed	63	62	55	50	57	64	62	57	49	59
Skimmed	8	6	5	5	6	14	9	10	10	11
Other	0	-	0	0	0	1	1	0	0	1
<i>Bases (weighted)</i>										
16-44	771	301	757	446	2447	735	431	606	433	2421
45-64	448	116	439	227	1270	452	229	369	284	1377
All ages	1219	417	1196	673	3717	1187	660	975	717	3798
<i>Bases (unweighted)</i>										
16-44	635	239	624	394	2034	737	510	577	522	2560
45-64	426	117	456	267	1307	523	287	392	365	1621
All ages	1061	356	1080	661	3341	1260	797	969	887	4181

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Table 3.14 Frequency of eating meat, by social class of chief income earner, age and sex

All

1995

Frequency of eating meat ^a	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	2	0	1	0	1	0	0	0	1	0
Once a day	5	5	6	6	6	3	2	3	2	3
5-6 days a week	7	4	6	8	6	6	4	4	3	4
2-4 days a week	52	54	54	49	52	43	43	44	46	43
Once a week or less	34	37	34	37	34	47	51	49	48	50
Age 45-64										
More than once a day	0	1	0	0	1	1	0	0	1	1
Once a day	5	1	5	7	5	3	4	4	4	4
5-6 days a week	8	10	9	5	8	5	6	7	6	6
2-4 days a week	62	63	59	60	61	52	50	61	56	55
Once a week or less	25	25	27	28	26	38	40	28	34	34
All ages										
More than once a day	2	0	1	0	1	1	0	0	1	0
Once a day	5	4	5	6	5	3	2	3	3	3
5-6 days a week	8	6	7	7	7	6	5	5	4	5
2-4 days a week	56	56	56	53	55	47	45	50	50	47
Once a week or less	30	34	31	34	32	44	47	41	42	44
<i>Bases (weighted)</i>										
16-44	810	321	777	464	2553	762	454	656	456	2556
45-64	469	127	465	247	1349	475	236	387	299	1442
All ages	1279	448	1242	711	3902	1237	690	1043	755	3998
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

a Excluding poultry.

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Table 3.15 Frequency of eating meat products, by social class of chief income earner, age and sex

All

1995

Frequency of eating meat products	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	1	2	1	1	1	0	-	-	0	0
Once a day	3	5	6	9	6	1	1	2	4	2
5-6 days a week	5	6	7	10	7	1	2	3	3	2
2-4 days a week	32	35	44	47	39	16	27	29	34	25
Once a week or less	60	51	42	32	48	82	70	66	58	70
Age 45-64										
More than once a day	0	0	1	0	1	-	-	-	0	0
Once a day	3	1	3	3	3	0	1	2	2	1
5-6 days a week	1	2	4	3	2	0	0	1	1	1
2-4 days a week	19	32	33	42	30	10	14	24	28	19
Once a week or less	77	65	59	51	65	89	85	73	69	79
All ages										
More than once a day	0	2	1	1	1	0	-	-	0	0
Once a day	3	4	5	7	5	1	1	2	3	2
5-6 days a week	3	5	6	8	5	1	1	2	2	1
2-4 days a week	27	34	40	46	36	14	23	28	32	23
Once a week or less	66	55	49	39	54	85	75	69	62	74
Bases (weighted)										
16-44	810	322	778	465	2553	761	454	655	456	2554
45-64	469	127	466	248	1349	475	236	387	299	1441
All ages	1279	449	1244	713	3902	1236	690	1042	755	3995
Bases (unweighted)										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

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Table 3.16 Frequency of eating poultry, by social class of chief income earner, age and sex

All

1995

Frequency of eating poultry	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	1	0	0	0	0	0	0	-	0	0
Once a day	2	2	2	1	2	2	2	1	1	2
5-6 days a week	6	5	4	5	5	7	6	6	4	6
2-4 days a week	55	49	41	30	45	55	51	43	40	47
Once a week or less	37	44	54	63	48	36	41	50	55	45
Age 45-64										
More than once a day	-	-	0	0	0	-	-	-	0	0
Once a day	1	-	0	-	0	1	-	0	0	0
5-6 days a week	4	2	2	1	2	5	3	5	2	4
2-4 days a week	51	48	39	37	44	55	56	46	44	50
Once a week or less	45	50	58	61	53	39	41	49	54	46
All ages										
More than once a day	0	0	0	0	0	0	0	-	0	0
Once a day	1	1	1	1	1	1	1	1	1	1
5-6 days a week	5	4	3	4	4	7	5	6	3	5
2-4 days a week	53	49	40	33	44	55	53	44	41	48
Once a week or less	40	46	55	62	50	37	41	50	55	46
<i>Bases (weighted)</i>										
16-44	810	322	778	464	2554	761	454	655	456	2556
45-64	468	127	465	247	1351	475	234	387	299	1442
All ages	1278	449	1243	711	3905	1236	688	1042	755	3998
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

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Table 3.17 Frequency of eating white fish, by social class of chief income earner, age and sex

All

1995

Frequency of eating white fish ^a	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	1	-	1	1	1	1	1	0	0	0
5-6 days a week	1	0	1	1	1	0	0	0	-	0
2-4 days a week	10	6	11	11	10	10	10	10	9	10
Once a week	36	36	37	33	35	37	32	31	33	33
1-3 times a month	33	34	27	26	30	27	27	27	25	27
Rarely or never	19	23	23	30	24	26	30	31	33	30
Age 45-64										
Once a day or more	1	1	2	1	1	1	1	1	0	1
5-6 days a week	0	0	1	0	0	0	1	0	1	0
2-4 days a week	19	33	18	22	20	22	24	15	16	19
Once a week	49	41	47	44	46	47	46	52	50	49
1-3 times a month	23	14	22	22	22	21	19	18	19	19
Rarely or never	9	10	10	10	10	9	9	13	14	12
All ages										
Once a day or more	1	0	1	1	1	1	1	0	0	0
5-6 days a week	1	0	1	1	1	0	0	0	0	0
2-4 days a week	13	14	14	15	14	14	15	12	12	13
Once a week	40	38	41	37	39	41	37	39	40	39
1-3 times a month	29	28	25	25	27	25	24	24	23	24
Rarely or never	15	19	18	23	19	19	23	25	25	23
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>809</i>	<i>321</i>	<i>778</i>	<i>464</i>	<i>2553</i>	<i>763</i>	<i>454</i>	<i>655</i>	<i>456</i>	<i>2555</i>
<i>45-64</i>	<i>468</i>	<i>127</i>	<i>467</i>	<i>247</i>	<i>1349</i>	<i>475</i>	<i>234</i>	<i>387</i>	<i>300</i>	<i>1442</i>
<i>All ages</i>	<i>1277</i>	<i>448</i>	<i>1245</i>	<i>711</i>	<i>3902</i>	<i>1238</i>	<i>688</i>	<i>1042</i>	<i>756</i>	<i>3997</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

^a Includes fresh, frozen or canned.

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Table 3.18 Frequency of eating oily fish, by social class of chief income earner, age and sex

All

1995

Frequency of eating oily fish ^a	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	0	1	1	2	1	0	1	1	1	1
5-6 days a week	1	1	1	0	1	1	1	0	0	0
2-4 days a week	11	11	11	8	10	16	15	11	15	14
Once a week	21	19	21	17	20	24	22	21	20	22
1-3 times a month	32	28	26	24	27	29	25	22	22	24
Rarely or never	35	39	40	48	40	30	38	44	41	38
Age 45-64										
Once a day or more	1	1	0	0	1	1	0	-	2	1
5-6 days a week	1	1	0	0	0	0	1	0	0	0
2-4 days a week	8	14	7	11	9	15	13	12	9	13
Once a week	31	20	23	17	24	30	28	31	24	28
1-3 times a month	30	39	27	29	30	32	31	27	25	29
Rarely or never	29	25	42	43	36	22	27	30	40	29
All ages										
Once a day or more	1	1	1	1	1	0	0	0	1	1
5-6 days a week	1	1	1	0	1	1	1	0	0	0
2-4 days a week	10	12	10	9	10	16	14	12	12	14
Once a week	25	19	21	17	22	26	24	25	22	24
1-3 times a month	31	31	27	26	28	30	27	24	23	26
Rarely or never	33	35	41	46	39	27	34	39	41	35
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>810</i>	<i>321</i>	<i>778</i>	<i>464</i>	<i>2553</i>	<i>762</i>	<i>453</i>	<i>654</i>	<i>456</i>	<i>2556</i>
<i>45-64</i>	<i>469</i>	<i>128</i>	<i>466</i>	<i>247</i>	<i>1350</i>	<i>474</i>	<i>235</i>	<i>386</i>	<i>299</i>	<i>1443</i>
<i>All ages</i>	<i>1279</i>	<i>449</i>	<i>1244</i>	<i>711</i>	<i>3903</i>	<i>1236</i>	<i>688</i>	<i>1040</i>	<i>755</i>	<i>3999</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

^a Includes fresh, frozen or canned.

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Table3.19 Type of bread usually eaten, by social class of chief income earner, age and sex

All with a usual type of bread

1995

Type of bread usually eaten	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Wholemeal	23	14	10	10	15	30	17	22	14	21
Brown, granary, wheatmeal	20	15	10	9	14	21	22	12	9	16
White or soft grain	58	71	80	81	71	48	61	66	76	62
Age 45-64										
Wholemeal	24	16	15	13	18	42	22	19	18	27
Brown, granary, wheatmeal	26	21	13	12	18	27	31	18	18	23
White or soft grain	50	63	72	75	64	31	47	63	64	50
All ages										
Wholemeal	23	15	12	11	16	35	19	20	16	23
Brown, granary, wheatmeal	22	17	11	10	15	23	25	14	13	19
White or soft grain	55	68	77	79	69	42	56	65	72	58
<i>Bases (weighted)</i>										
16-44	722	285	719	436	2323	683	413	597	427	2335
45-64	406	117	424	230	1212	427	218	358	273	1320
All ages	1128	402	1143	666	3535	1110	631	955	700	3655
<i>Bases (unweighted)</i>										
16-44	591	230	594	389	1940	694	495	566	513	2484
45-64	396	117	445	274	1270	499	276	384	354	1571
All ages	987	347	1039	663	3210	1193	771	950	867	4055

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Table 3.20 Number of slices of bread eaten, by social class of chief income earner, age and sex

All who ate bread

1995

Number of slices of bread or rolls	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
6 a day or more	18	18	31	41	27	3	4	5	7	5
4-5 a day	28	34	34	27	31	20	22	24	25	23
2-3 a day	41	38	29	28	34	59	57	53	47	54
One a day	10	6	4	3	6	12	11	13	17	13
Less than one per day	3	4	2	1	2	6	6	4	5	5
Age 45-64										
6 a day or more	10	11	23	23	17	5	6	5	6	5
4-5 a day	30	31	32	33	31	21	24	19	22	21
2-3 a day	47	47	37	38	42	55	54	58	55	56
One a day	9	9	5	4	7	13	12	15	13	13
Less than one per day	5	2	3	2	3	6	4	2	4	4
All ages										
6 a day or more	15	16	28	35	24	4	4	5	7	5
4-5 a day	28	33	33	29	31	20	23	23	23	22
2-3 a day	43	40	32	31	36	58	56	55	50	55
One a day	10	7	5	3	6	12	11	14	15	13
Less than one per day	4	3	2	1	3	6	6	4	4	5
<i>Bases (weighted)</i>										
16-44	802	320	775	464	2539	756	449	649	454	2536
45-64	463	126	457	245	1331	470	234	384	297	1428
All ages	1265	446	1232	709	3870	1226	683	1033	751	3964
<i>Bases (unweighted)</i>										
16-44	657	254	643	410	2112	764	531	614	544	2680
45-64	441	127	478	290	1381	545	296	411	381	1692
All ages	1098	381	1121	700	3493	1309	827	1025	925	4372

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Table 3.21 Type of breakfast cereal usually eaten, by social class of chief income earner, age and sex

All

1995

Type of cereal	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Eats cereal	71	75	63	66	68	75	74	66	67	70
- High fibre	45	37	34	33	38	51	46	42	34	45
- Other	48	58	60	63	56	44	49	55	62	51
- No usual type	7	5	6	5	6	5	5	3	3	4
Does not eat cereal	29	25	37	34	32	25	26	34	33	30
Age 45-64										
Eats cereal	75	72	66	62	69	76	71	72	73	74
- High fibre	62	50	50	46	54	68	61	52	51	58
- Other	32	48	48	52	43	30	36	44	46	39
- No usual type	6	2	2	3	3	2	3	4	3	3
Does not eat cereal	25	28	34	38	31	24	29	28	27	26
All ages										
Eats cereal	72	74	64	64	68	75	73	68	69	71
- High fibre	52	40	40	37	44	58	51	46	41	50
- Other	42	55	55	59	51	39	45	51	55	47
- No usual type	6	4	4	4	5	3	4	3	3	3
Does not eat cereal	28	26	36	36	32	25	27	32	31	29
Bases (weighted)										
16-44	810	321	777	465	2553	761	454	656	455	2555
45-64	468	127	466	247	1349	476	234	388	299	1443
All ages	1278	448	1243	712	3902	1237	688	1044	754	3998
Bases (unweighted)										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	293	1397	552	297	414	385	1709
All ages	1110	383	1129	704	3523	1320	834	1032	933	4408

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Table 3.22 Frequency of eating breakfast cereals, by social class of chief income earner, age and sex

All

1995

Frequency of eating breakfast cereals	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	39	39	34	39	37	42	38	34	33	37
5-6 days a week	5	5	5	4	5	8	4	5	3	6
2-4 days a week	18	20	16	16	17	16	19	18	22	18
Once a week	6	8	8	5	7	5	8	6	3	6
1-3 times a month	4	7	4	3	4	5	5	6	6	5
Rarely or never	27	22	34	33	30	24	26	32	33	28
Age 45-64										
Once a day or more	44	39	33	32	37	46	40	38	44	43
5-6 days a week	6	6	7	6	6	6	5	4	4	5
2-4 days a week	19	17	18	16	18	15	18	24	18	19
Once a week	4	7	7	3	5	6	5	6	6	6
1-3 times a month	3	7	4	6	5	5	3	3	4	4
Rarely or never	24	25	32	37	29	21	28	25	23	24
All ages										
Once a day or more	41	39	33	37	37	44	39	36	37	39
5-6 days a week	5	5	6	5	5	7	4	5	3	5
2-4 days a week	18	19	16	16	17	16	19	20	20	18
Once a week	5	8	7	5	6	6	7	6	5	6
1-3 times a month	4	7	4	4	4	5	5	5	5	5
Rarely or never	26	23	33	34	30	23	27	29	29	27
<i>Bases (weighted)</i>										
16-44	810	321	779	465	2554	761	452	654	456	2555
45-64	467	127	467	247	1346	475	235	387	298	1442
All ages	1277	448	1246	712	3900	1236	687	1041	754	3997
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	446	128	484	293	1396	552	297	414	385	1708
All ages	1109	383	1129	704	3522	1320	834	1032	933	4407

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Table 3.23 Frequency of eating potatoes, pasta or rice, by social class of chief income earner, age and sex

All

1995

Frequency of eating potatoes, pasta or rice ^a	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	35	30	24	22	29	42	30	28	28	34
5-6 days a week	23	20	24	20	23	25	24	23	18	23
2-4 days a week	37	43	42	47	41	29	40	40	44	37
Once a week	2	5	5	7	5	3	4	5	6	4
1-3 times a month	2	1	3	2	2	1	1	1	3	1
Rarely or never	1	1	1	1	1	0	1	2	1	1
Age 45-64										
Once a day or more	48	37	32	27	37	53	44	38	37	43
5-6 days a week	19	21	19	17	19	18	26	23	15	20
2-4 days a week	28	41	46	49	40	24	27	36	38	31
Once a week	3	1	1	3	2	3	2	3	7	3
1-3 times a month	1	0	1	2	1	1	1	0	1	1
Rarely or never	0	-	1	1	1	0	1	1	2	1
All ages										
Once a day or more	40	32	27	24	32	46	35	32	32	37
5-6 days a week	22	21	22	19	21	22	25	23	17	22
2-4 days a week	34	43	44	48	40	27	35	39	42	35
Once a week	3	4	4	5	4	3	3	4	6	4
1-3 times a month	1	0	2	2	2	1	1	1	2	1
Rarely or never	0	1	1	1	1	0	1	1	1	1
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>810</i>	<i>320</i>	<i>777</i>	<i>464</i>	<i>2553</i>	<i>762</i>	<i>453</i>	<i>656</i>	<i>455</i>	<i>2556</i>
<i>45-64</i>	<i>468</i>	<i>126</i>	<i>465</i>	<i>247</i>	<i>1348</i>	<i>475</i>	<i>234</i>	<i>387</i>	<i>299</i>	<i>1443</i>
<i>All ages</i>	<i>1278</i>	<i>446</i>	<i>1242</i>	<i>711</i>	<i>3901</i>	<i>1237</i>	<i>687</i>	<i>1043</i>	<i>754</i>	<i>3999</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

aExcluding chips.

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Table 3.24 Frequency of eating chips, by social class of chief income earner, age and sex

All

1995

Frequency of eating chips	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	3	5	9	14	7	1	2	4	6	3
5-6 days a week	3	5	6	7	5	1	4	5	7	4
2-4 days a week	34	45	48	52	43	24	30	37	39	31
Once a week	28	21	22	14	22	28	26	24	21	25
1-3 times a month	21	16	8	8	14	28	23	15	14	20
Rarely or never	11	8	7	5	8	19	16	14	14	16
Age 45-64										
Once a day or more	0	2	2	3	1	0	1	1	2	1
5-6 days a week	1	4	4	4	3	-	0	2	1	1
2-4 days a week	29	34	41	42	36	15	27	36	33	27
Once a week	29	25	24	24	26	26	30	28	26	27
1-3 times a month	25	16	15	12	18	27	23	18	19	22
Rarely or never	15	19	14	15	15	31	20	15	19	22
All ages										
Once a day or more	2	4	6	10	5	1	2	3	4	2
5-6 days a week	3	5	6	6	5	0	3	4	5	3
2-4 days a week	32	42	45	49	41	21	29	37	37	29
Once a week	28	22	23	17	24	27	27	26	23	26
1-3 times a month	22	16	10	9	15	28	23	16	16	21
Rarely or never	12	11	9	9	10	23	17	15	16	18
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>810</i>	<i>322</i>	<i>778</i>	<i>465</i>	<i>2552</i>	<i>761</i>	<i>454</i>	<i>655</i>	<i>456</i>	<i>2554</i>
<i>45-64</i>	<i>470</i>	<i>127</i>	<i>465</i>	<i>248</i>	<i>1348</i>	<i>475</i>	<i>234</i>	<i>388</i>	<i>299</i>	<i>1443</i>
<i>All ages</i>	<i>1280</i>	<i>449</i>	<i>1243</i>	<i>713</i>	<i>3900</i>	<i>1236</i>	<i>688</i>	<i>1043</i>	<i>755</i>	<i>3997</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

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Table 3.25 Frequency of eating pulses, by social class of chief income earner, age and sex

All

1995

Frequency of eating pulses	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
5 days a week or more	7	12	10	11	9	7	6	9	9	8
2-4 days a week	40	41	51	50	45	39	41	41	44	41
Once a week	27	24	23	19	24	26	25	25	21	24
1-3 times a month	15	14	7	10	11	17	12	11	10	13
Rarely or never	11	9	9	11	10	11	16	14	16	13
Age 45-64										
5 days a week or more	6	4	6	5	6	6	6	5	5	5
2-4 days a week	40	45	46	47	44	41	39	43	36	40
Once a week	27	34	27	25	27	26	31	26	28	27
1-3 times a month	17	12	10	14	14	17	14	15	13	15
Rarely or never	10	6	10	9	10	10	9	11	19	12
All ages										
5 days a week or more	7	10	8	9	8	7	6	7	8	7
2-4 days a week	40	42	49	49	45	40	40	42	41	41
Once a week	27	26	25	21	25	26	27	26	23	25
1-3 times a month	15	13	8	11	12	17	13	13	11	14
Rarely or never	11	8	9	10	10	10	14	13	17	13
<i>Bases (weighted)</i>										
16-44	811	321	778	464	2553	761	454	655	455	2556
45-64	469	127	465	248	1349	475	236	387	299	1442
All ages	1280	448	1243	712	3902	1236	690	1042	754	3998
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2125	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3523	1320	834	1032	933	4407

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Table 3.26 Frequency of eating fresh fruit, by social class of chief income earner, age and sex

All

1995

Frequency of eating fresh fruit	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	16	20	12	11	14	27	21	18	13	20
Once a day	27	21	21	17	22	32	29	29	22	28
5-6 days a week	7	3	6	6	6	5	6	5	4	6
2-4 days a week	23	24	22	23	23	21	23	23	26	23
Once a week	13	13	14	15	14	8	8	11	14	10
1-3 times a month	8	9	13	8	10	3	6	7	10	6
Rarely or never	7	10	12	20	11	4	7	6	11	7
Age 45-64										
More than once a day	20	8	11	11	14	35	28	15	17	24
Once a day	33	36	29	21	30	35	34	36	27	34
5-6 days a week	5	5	2	1	4	3	5	3	2	3
2-4 days a week	21	21	22	22	21	13	18	22	24	19
Once a week	11	10	8	13	11	5	8	10	10	8
1-3 times a month	5	9	14	14	10	5	3	6	9	6
Rarely or never	5	11	13	18	11	3	5	9	11	7
All ages										
More than once a day	18	16	12	11	14	30	23	17	15	22
Once a day	29	26	24	18	25	33	31	32	24	30
5-6 days a week	6	4	4	4	5	4	6	4	3	5
2-4 days a week	22	23	22	22	23	18	21	23	25	22
Once a week	12	12	12	14	13	7	8	11	12	9
1-3 times a month	7	9	13	10	10	4	5	7	9	6
Rarely or never	6	10	13	19	11	4	6	7	11	7
<i>Bases (weighted)</i>										
16-44	810	322	778	465	2553	762	454	654	456	2555
45-64	469	127	466	246	1349	476	236	388	300	1442
All ages	1279	449	1244	711	3902	1238	690	1042	756	3997
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699

45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

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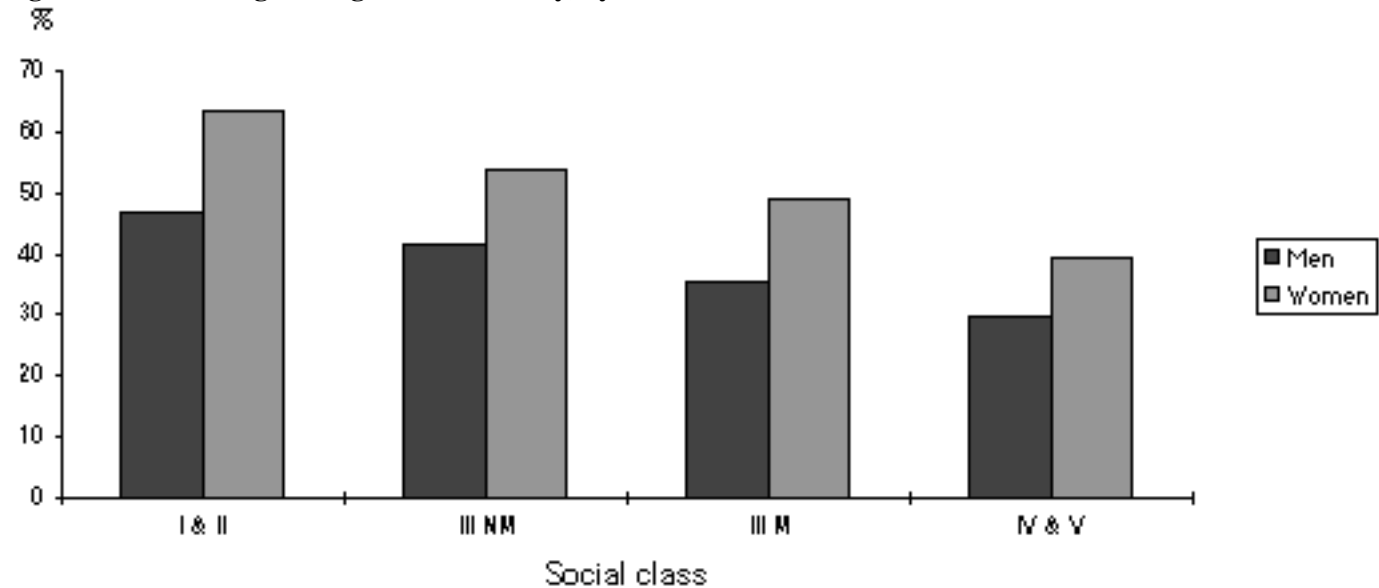
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Figure 3B: Percentage eating fresh fruit daily, by social class of chief income earner and sex



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Table 3.27 Frequency of eating cooked green vegetables, by social class of chief income earner, age and sex

All

1995

Frequency of eating cooked green vegetables^a

	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	1	2	1	1	1	2	2	2	2	2
Once a day	23	17	22	18	21	26	20	23	21	23
5-6 days a week	15	15	12	12	13	17	14	12	9	14
2-4 days a week	38	39	41	33	37	40	36	40	39	38
Once a week or less	23	27	24	36	27	15	29	23	28	23
Age 45-64										
More than once a day	1	2	1	-	1	2	1	2	1	1
Once a day	38	31	31	24	32	43	38	35	34	38
5-6 days a week	20	17	14	11	16	15	17	16	10	15
2-4 days a week	34	35	38	41	37	32	36	39	41	37
Once a week or less	7	15	15	24	14	8	8	8	14	9
All ages										
More than once a day	1	2	1	1	1	2	2	2	1	2
Once a day	29	21	25	20	25	33	26	27	26	28
5-6 days a week	17	16	13	12	14	17	15	14	10	14
2-4 days a week	37	38	40	36	37	37	36	39	40	37
Once a week or less	17	23	21	32	23	12	21	17	23	18
<i>Bases (weighted)</i>										
16-44	811	321	778	465	2553	761	454	656	457	2556
45-64	469	127	466	247	1348	475	235	388	299	1442
All ages	1280	448	1244	712	3901	1236	689	1044	756	3998
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

^a Includes frozen vegetables; excludes canned vegetables.

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Table 3.28 Frequency of eating cooked root vegetables, by social class of chief income earner, age and sex

All

1995

Frequency of eating cooked root vegetables ^a	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	0	2	1	1	1	1	1	0	1	1
Once a day	11	6	9	9	9	16	11	13	9	13
5-6 days a week	9	7	7	7	8	8	7	8	8	8
2-4 days a week	44	38	44	40	42	40	39	39	40	40
Once a week or less	37	46	39	43	41	35	42	39	41	39
Age 45-64										
More than once a day	1	2	0	-	1	1	1	1	1	1
Once a day	18	13	16	10	16	25	21	20	17	21
5-6 days a week	10	14	9	9	10	11	10	7	11	10
2-4 days a week	46	44	48	46	47	46	48	48	45	47
Once a week or less	25	27	27	35	27	17	20	24	25	21
All ages										
More than once a day	0	2	1	1	1	1	1	1	1	1
Once a day	14	8	12	10	11	20	14	16	13	16
5-6 days a week	9	9	8	7	8	9	8	8	9	9
2-4 days a week	44	40	45	42	43	42	42	43	42	42
Once a week or less	32	41	35	40	36	28	34	33	35	32
<i>Bases (weighted)</i>										
16-44	811	320	778	464	2552	762	454	655	455	2556
45-64	468	126	466	247	1349	475	234	389	300	1443
All ages	1279	446	1244	711	3901	1237	688	1044	755	3999
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

^a Includes frozen vegetables; excludes canned vegetables and potatoes.

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Table 3.29 Frequency of eating raw vegetables or salad, by social class of chief income earner, age and sex

All

1995

Frequency of eating raw vegetables or salad	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	1	0	1	0	1	1	1	0	2	1
Once a day	7	4	4	4	5	10	9	9	7	9
5-6 days a week	5	3	2	3	3	9	6	5	6	7
2-4 days a week	37	35	33	26	33	42	36	38	33	38
Once a week or less	51	57	61	67	58	38	48	48	52	46
Age 45-64										
More than once a day	0	0	0	0	0	2	1	1	0	1
Once a day	8	3	4	5	5	14	13	6	8	10
5-6 days a week	5	4	2	1	3	8	6	5	4	6
2-4 days a week	43	33	32	28	35	43	39	40	34	40
Once a week or less	44	59	62	66	56	32	42	49	53	43
All ages										
More than once a day	1	0	0	0	1	2	1	0	1	1
Once a day	7	4	4	4	5	12	10	8	8	10
5-6 days a week	5	3	2	2	3	9	6	5	6	6
2-4 days a week	39	35	32	27	34	42	37	39	33	38
Once a week or less	48	57	61	67	57	36	46	48	52	45
Bases (weighted)										
16-44	810	322	777	465	2552	762	454	656	456	2556
45-64	469	126	464	247	1349	476	234	387	299	1443
All ages	1279	448	1241	712	3901	1238	688	1043	755	3999
Bases (unweighted)										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	413	385	1707
All ages	1110	383	1129	705	3524	1320	834	1031	933	4406

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Table 3.30 Adds salt to food at the table, by social class of chief income earner, age and sex

All *1995*

Adds salt to food at the table	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Adds salt without tasting food	27	41	40	44	36	18	29	33	36	27
Tastes the food, then generally adds salt	14	12	15	14	15	14	15	12	14	14
Tastes the food, then occasionally adds salt	23	20	18	19	21	25	20	19	16	20
Rarely, or never, adds salt at the table	36	27	27	23	29	43	36	36	34	39
Age 45-64										
Adds salt without tasting food	29	33	48	47	40	16	16	30	28	23
Tastes the food, then generally adds salt	20	16	17	16	18	18	18	18	14	17
Tastes the food, then occasionally adds salt	22	22	12	15	17	24	29	28	25	26
Rarely, or never, adds salt at the table	29	29	23	22	25	43	37	25	32	34
All ages										
Adds salt without tasting food	28	39	43	45	37	17	24	32	33	25
Tastes the food, then generally adds salt	16	13	16	14	16	16	16	14	14	15
Tastes the food, then occasionally adds salt	23	20	16	18	19	24	23	22	20	22
Rarely, or never, adds salt at the table	33	27	25	23	28	43	37	31	33	37
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>810</i>	<i>321</i>	<i>777</i>	<i>464</i>	<i>2553</i>	<i>762</i>	<i>454</i>	<i>655</i>	<i>456</i>	<i>2555</i>
<i>45-64</i>	<i>469</i>	<i>126</i>	<i>466</i>	<i>246</i>	<i>1349</i>	<i>475</i>	<i>234</i>	<i>386</i>	<i>300</i>	<i>1443</i>
<i>All ages</i>	<i>1279</i>	<i>447</i>	<i>1243</i>	<i>710</i>	<i>3902</i>	<i>1237</i>	<i>688</i>	<i>1041</i>	<i>756</i>	<i>3998</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>293</i>	<i>1397</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1709</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>704</i>	<i>3523</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4408</i>

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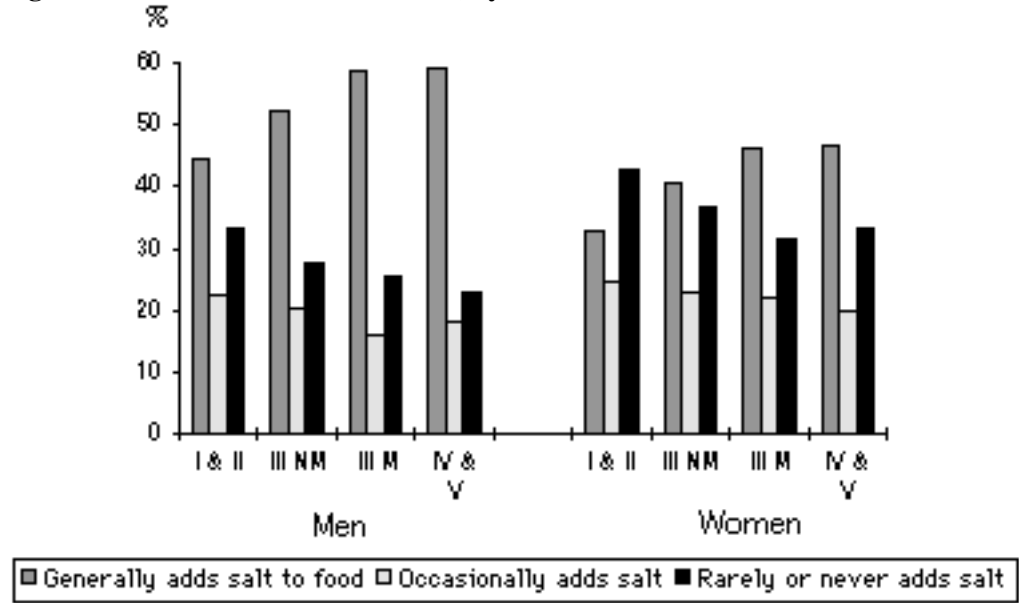
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Figure 3C: Adds salt to food at table, by social class of chief income earner and sex



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Table 3.31 Whether takes vitamin or mineral supplements, by social class of chief income earner, age and sex

All who had a nurse visit

1995

Takes vitamin or mineral supplements	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
No	85	84	89	91	87	71	78	80	85	78
(Yes)	(15)	(16)	(11)	(9)	(13)	(29)	(22)	(20)	(15)	(22)
- Vitamins	11	11	6	6	9	21	14	12	10	15
- Fishoils	5	6	5	4	5	6	5	7	5	6
- Iron supplements	1	1	1	0	1	4	3	3	3	4
- Calcium	0	-	0	-	0	2	1	1	0	1
- Other minerals	1	1	1	1	1	5	2	1	1	3
- Other supplements	2	3	2	1	2	6	5	5	3	5
Age 45-64										
No	77	79	85	87	82	60	66	74	76	68
(Yes)	(23)	(21)	(15)	(13)	(18)	(40)	(34)	(26)	(24)	(32)
- Vitamins	12	11	5	6	8	20	18	11	9	15
- Fishoils	12	14	11	8	11	17	15	13	13	14
- Iron supplements	2	2	1	0	1	3	3	1	2	3
- Calcium	1	0	-	1	1	3	3	1	1	2
- Other minerals	2	0	1	0	1	7	4	2	2	4
- Other supplements	5	1	4	3	4	13	9	8	6	10
All ages										
No	82	83	88	90	85	67	74	78	81	74
(Yes)	(18)	(17)	(12)	(10)	(15)	(33)	(26)	(22)	(19)	(26)
- Vitamins	11	11	5	6	8	20	15	12	9	15
- Fishoils	7	8	8	5	7	10	8	9	8	9
- Iron supplements	1	1	1	0	1	4	3	2	3	3
- Calcium	1	0	0	0	0	2	1	1	1	2
- Other minerals	1	1	1	0	1	6	3	2	1	3
- Other supplements	3	3	2	2	3	9	7	6	4	7
<i>Bases (weighted)</i>										
16-44	726	298	697	400	2272	680	394	570	397	2231
45-64	422	107	428	215	1207	432	202	343	251	1261

<i>All ages</i>	<i>1148</i>	<i>405</i>	<i>1125</i>	<i>615</i>	<i>3479</i>	<i>1112</i>	<i>596</i>	<i>913</i>	<i>648</i>	<i>3492</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>588</i>	<i>238</i>	<i>573</i>	<i>349</i>	<i>1868</i>	<i>680</i>	<i>467</i>	<i>544</i>	<i>471</i>	<i>2349</i>
<i>45-64</i>	<i>402</i>	<i>111</i>	<i>437</i>	<i>252</i>	<i>1240</i>	<i>502</i>	<i>255</i>	<i>363</i>	<i>322</i>	<i>1490</i>
<i>All ages</i>	<i>990</i>	<i>349</i>	<i>1010</i>	<i>601</i>	<i>3108</i>	<i>1182</i>	<i>722</i>	<i>907</i>	<i>793</i>	<i>3839</i>

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Table 3.32 Differences in diet between non-manual and manual social classes, by sex

All

1995

	Men		Women	
	Non-manual	Manual	Non-manual	Manual
	%	%	%	%
Uses skimmed or semi-skimmed milk	71	58	75	64
Eats poultry two or more days a week	59	42	61	48
Eats wholemeal bread	21	12	29	18
Eats breakfast cereal	73	64	74	69
Eats high fibre breakfast cereal (eats cereal)	49	39	55	44
Eats potatoes, pasta or rice five or more days a week	60	47	65	52
Eats fruit every day	45	33	60	45
Eats cooked green vegetables five or more days a week	44	37	48	41
Eats raw vegetables or salad two or more days a week	49	37	61	50
Adds sugar to tea (tea drinkers)	39	57	20	33
Adds sugar to coffee (coffee drinkers)	45	63	27	37
Eats crisps once a day or more	18	26	18	23
Drinks soft drinks once a day or more	25	37	17	27
Uses butter or hard margarine	26	22	23	21
Eats meat products two or more days a week	37	55	19	34
Rarely or never eats oily fish	33	43	29	40
Eats chips two or more days a week	41	60	26	44
Usually adds salt to food at the table	46	59	36	47
Takes dietary supplements	17	12	31	21

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Table 3.4 Number of biscuits eaten, by social class of chief income earner, age and sex

All who eat biscuits once a day or more

1995

Number of biscuits eaten	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
6 a day or more	13	22	11	24	15	3	6	7	11	6
4-5 a day	27	21	24	23	24	11	18	21	15	16
2-3 a day	45	42	51	40	47	62	47	49	50	53
One a day	15	12	13	12	13	23	28	23	24	24
Less than one per day	1	3	1	2	1	0	1	-	0	0
Age 45-64										
6 a day or more	14	7	16	11	14	10	4	5	8	8
4-5 a day	24	34	20	18	22	18	21	22	19	20
2-3 a day	48	45	47	63	51	49	59	48	57	52
One a day	13	15	17	8	14	23	16	24	15	20
Less than one per day	1	-	-	-	0	1	1	1	1	1
All ages										
6 a day or more	13	18	13	19	15	6	5	6	10	7
4-5 a day	25	24	22	21	23	14	19	22	17	18
2-3 a day	46	43	49	49	48	56	51	49	53	52
One a day	14	13	15	10	13	23	24	23	20	23
Less than one per day	1	2	0	1	1	1	1	0	0	1
<i>Bases (weighted)</i>										
16-44	272	133	327	186	967	237	170	212	152	820
45-64	176	47	237	123	595	183	81	181	111	572
All ages	448	180	564	309	1562	420	251	393	263	1392
<i>Bases (unweighted)</i>										
16-44	221	99	275	167	804	229	186	203	178	852
45-64	170	51	235	148	618	220	112	189	150	693
All ages	391	150	510	315	1422	449	298	392	328	1545

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Table 3.5 Frequency of eating cakes, scones, sweet pies or pastries, by social class of chief income earner, age and sex
All *1995*

Frequency of eating cakes etc.	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	1	0	0	1	1	0	2	1	1	1
Once a day	6	5	7	7	6	5	5	5	4	5
5-6 days a week	3	2	3	1	2	1	2	2	1	2
2-4 days a week	25	20	24	22	23	24	19	20	22	21
Once a week	23	24	25	26	25	27	24	26	22	25
1-3 times a month	21	21	18	15	19	22	22	18	23	21
Rarely or never	21	28	22	28	24	21	26	28	27	26
Age 45-64										
More than once a day	1	-	0	2	1	0	1	2	1	1
Once a day	8	5	8	9	8	10	7	11	9	10
5-6 days a week	3	2	3	1	2	4	3	3	1	3
2-4 days a week	24	24	23	22	23	28	30	21	22	25
Once a week	24	30	20	19	23	21	25	21	23	22
1-3 times a month	17	15	16	21	17	17	16	17	14	16
Rarely or never	24	25	29	26	26	20	18	26	29	23
All ages										
More than once a day	1	0	0	1	1	0	2	1	1	1
Once a day	7	5	7	8	7	7	6	7	6	7
5-6 days a week	3	2	3	1	2	2	2	2	1	2
2-4 days a week	25	21	24	22	23	25	23	20	22	23
Once a week	23	26	23	24	24	24	24	24	22	24
1-3 times a month	20	19	17	17	18	20	20	17	20	19
Rarely or never	22	27	25	27	25	21	23	27	28	25
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>811</i>	<i>321</i>	<i>777</i>	<i>465</i>	<i>2552</i>	<i>761</i>	<i>455</i>	<i>656</i>	<i>455</i>	<i>2556</i>
<i>45-64</i>	<i>469</i>	<i>127</i>	<i>465</i>	<i>247</i>	<i>1348</i>	<i>474</i>	<i>234</i>	<i>386</i>	<i>298</i>	<i>1441</i>
<i>All ages</i>	<i>1280</i>	<i>448</i>	<i>1242</i>	<i>712</i>	<i>3900</i>	<i>1235</i>	<i>689</i>	<i>1042</i>	<i>753</i>	<i>3997</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>767</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2698</i>

<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1319</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4406</i>

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Table 3.6 Number of slices of cakes, scones, sweet pies or pastries eaten, by social class of chief income earner, age and sex

All who eat cakes once a day or more

1995

Number of slices of cakes etc eaten	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
6 a day or more	[-]	[-]	[-]	[4]	1	[1]	[1]	[-]	[4]	1
4-5 a day	[-]	[-]	[7]	[6]	4	[6]	[2]	[6]	[-]	4
2-3 a day	[31]	[34]	[20]	[37]	29	[13]	[14]	[14]	[30]	16
One a day	[56]	[26]	[66]	[53]	56	[75]	[71]	[69]	[64]	71
Less than one per day	[12]	[40]	[7]	[1]	10	[5]	[12]	[11]	[3]	7
Age 45-64										
6 a day or more	[-]	[-]	[-]	[7]	2	4	[-]	[1]	[4]	2
4-5 a day	[1]	[-]	[4]	[5]	3	-	[3]	[-]	[-]	1
2-3 a day	[26]	[25]	[25]	[48]	30	16	[27]	[11]	[26]	18
One a day	[67]	[75]	[64]	[35]	59	64	[68]	[75]	[70]	69
Less than one per day	[6]	[-]	[7]	[6]	6	15	[3]	[13]	[-]	10
All ages										
6 a day or more	-	[-]	-	5	1	3	1	1	4	2
4-5 a day	1	[-]	6	5	3	3	2	3	-	2
2-3 a day	29	[31]	22	41	30	15	19	12	28	17
One a day	61	[40]	65	46	57	69	69	73	68	70
Less than one per day	10	[29]	7	3	9	10	9	12	1	9
<i>Bases (weighted)</i>										
16-44	54	16	59	40	174	43	33	40	21	149
45-64	43	7	36	25	112	48	19	49	30	158
All ages	97	23	95	65	286	91	52	89	51	307
<i>Bases (unweighted)</i>										
16-44	44	14	48	36	148	45	36	37	30	162
45-64	41	8	44	33	127	57	30	48	36	186
All ages	85	22	92	69	275	102	66	85	66	348

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Table 3.7 Frequency of eating sweets or chocolates, by social class of chief income earner, age and sex

All

1995

Frequency of eating sweets or chocolates	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	8	11	10	10	9	6	8	9	9	8
Once a day	20	21	20	20	20	24	28	28	26	26
5-6 days a week	9	6	6	5	7	8	6	5	7	7
2-4 days a week	23	24	23	21	23	30	21	27	22	26
Once a week	19	22	17	18	18	17	19	13	14	16
1-3 times a month	9	6	9	9	9	8	8	9	11	9
Rarely or never	12	10	17	17	14	8	9	10	11	9
Age 45-64										
More than once a day	3	1	4	4	3	2	3	2	4	3
Once a day	11	8	9	12	10	15	17	16	11	15
5-6 days a week	3	2	2	1	2	4	3	2	2	3
2-4 days a week	20	21	15	17	18	19	18	17	18	18
Once a week	23	16	17	17	19	20	23	23	18	21
1-3 times a month	18	26	23	20	21	23	18	19	20	20
Rarely or never	22	25	31	28	27	17	16	22	27	20
All ages										
More than once a day	6	8	8	8	7	4	6	6	7	6
Once a day	17	17	15	17	17	21	24	23	20	22
5-6 days a week	7	5	4	4	5	6	5	4	5	5
2-4 days a week	22	23	20	20	21	25	20	23	20	23
Once a week	21	20	17	18	19	18	21	17	16	17
1-3 times a month	12	12	14	13	13	14	12	12	14	13
Rarely or never	16	14	22	21	18	11	12	14	17	13
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>811</i>	<i>322</i>	<i>777</i>	<i>464</i>	<i>2552</i>	<i>762</i>	<i>453</i>	<i>655</i>	<i>456</i>	<i>2556</i>
<i>45-64</i>	<i>469</i>	<i>127</i>	<i>465</i>	<i>247</i>	<i>1349</i>	<i>476</i>	<i>234</i>	<i>387</i>	<i>299</i>	<i>1442</i>
<i>All ages</i>	<i>1280</i>	<i>449</i>	<i>1242</i>	<i>711</i>	<i>3901</i>	<i>1238</i>	<i>687</i>	<i>1042</i>	<i>755</i>	<i>3998</i>

Bases (unweighted)

<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

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Table 3.9 Frequency of eating ice cream, by social class of chief income earner, age and sex

All

1995

Frequency of eating ice cream	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
Once a day or more	0	2	1	3	1	1	1	1	2	1
5-6 days a week	1	1	1	1	1	0	1	1	1	1
2-4 days a week	14	18	11	15	13	9	8	10	10	10
Once a week	27	28	25	21	25	22	19	21	18	20
1-3 times a month	32	26	29	26	29	35	30	27	30	30
Rarely or never	26	26	34	34	30	33	40	41	39	38
Age 45-64										
Once a day or more	3	4	2	2	2	2	3	2	2	2
5-6 days a week	1	1	2	2	2	0	1	1	1	0
2-4 days a week	17	12	21	18	18	12	15	13	17	14
Once a week	24	27	21	25	24	23	18	22	19	21
1-3 times a month	28	28	23	23	25	27	33	30	22	28
Rarely or never	28	27	30	29	29	37	30	32	38	35
All ages										
Once a day or more	1	2	1	3	2	1	2	1	2	2
5-6 days a week	1	1	1	1	1	0	1	1	1	1
2-4 days a week	15	16	15	16	15	10	11	11	13	11
Once a week	26	28	23	23	25	22	19	21	19	20
1-3 times a month	30	27	27	25	28	32	31	28	27	30
Rarely or never	27	26	32	32	30	34	37	38	39	37
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>811</i>	<i>320</i>	<i>777</i>	<i>465</i>	<i>2554</i>	<i>762</i>	<i>455</i>	<i>655</i>	<i>456</i>	<i>2556</i>
<i>45-64</i>	<i>469</i>	<i>127</i>	<i>466</i>	<i>247</i>	<i>1349</i>	<i>475</i>	<i>236</i>	<i>387</i>	<i>299</i>	<i>1442</i>
<i>All ages</i>	<i>1280</i>	<i>447</i>	<i>1243</i>	<i>712</i>	<i>3903</i>	<i>1237</i>	<i>691</i>	<i>1042</i>	<i>755</i>	<i>3998</i>
<i>Bases (unweighted)</i>										
<i>16-44</i>	<i>663</i>	<i>255</i>	<i>645</i>	<i>411</i>	<i>2126</i>	<i>768</i>	<i>537</i>	<i>618</i>	<i>548</i>	<i>2699</i>
<i>45-64</i>	<i>447</i>	<i>128</i>	<i>484</i>	<i>294</i>	<i>1398</i>	<i>552</i>	<i>297</i>	<i>414</i>	<i>385</i>	<i>1708</i>
<i>All ages</i>	<i>1110</i>	<i>383</i>	<i>1129</i>	<i>705</i>	<i>3524</i>	<i>1320</i>	<i>834</i>	<i>1032</i>	<i>933</i>	<i>4407</i>

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Table 3.10 Frequency of drinking soft drinks, by social class of chief income earner, age and sex

All

1995

Frequency of drinking soft drinks **Men**

Women

^a

	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	16	19	22	24	20	8	11	16	16	12
Once a day	13	16	20	23	18	10	12	14	18	13
5-6 days a week	6	6	6	8	7	3	3	4	4	4
2-4 days a week	16	12	14	13	14	10	8	8	9	9
Once a week	9	5	7	7	8	6	8	5	7	6
1-3 times a month	9	9	5	5	7	8	5	6	8	7
Rarely or never	31	33	25	20	26	55	53	48	39	49
Age 45-64										
More than once a day	4	6	11	10	8	5	4	7	5	5
Once a day	11	13	14	14	13	8	5	13	14	10
5-6 days a week	2	5	3	2	3	1	1	2	2	2
2-4 days a week	14	17	15	16	15	10	12	10	9	10
Once a week	11	13	6	7	8	6	9	7	6	7
1-3 times a month	11	11	10	9	10	4	10	7	9	7
Rarely or never	47	36	41	43	43	65	59	53	55	59
All ages										
More than once a day	12	15	18	19	16	7	8	12	12	10
Once a day	12	15	18	20	16	9	9	14	16	12
5-6 days a week	4	6	5	5	5	2	3	3	3	3
2-4 days a week	15	14	14	14	15	10	9	9	9	10
Once a week	10	7	7	7	8	6	8	6	7	6
1-3 times a month	10	10	7	6	8	7	7	6	8	7
Rarely or never	37	34	31	28	32	59	55	50	45	52
<i>Bases (weighted)</i>										
<i>16-44</i>	<i>809</i>	<i>322</i>	<i>779</i>	<i>463</i>	<i>2554</i>	<i>763</i>	<i>454</i>	<i>655</i>	<i>456</i>	<i>2556</i>
<i>45-64</i>	<i>467</i>	<i>127</i>	<i>465</i>	<i>247</i>	<i>1349</i>	<i>475</i>	<i>235</i>	<i>386</i>	<i>300</i>	<i>1442</i>
<i>All ages</i>	<i>1276</i>	<i>449</i>	<i>1244</i>	<i>710</i>	<i>3903</i>	<i>1238</i>	<i>689</i>	<i>1041</i>	<i>756</i>	<i>3998</i>

Bases (unweighted)

16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

a Excludes diet, lo-calorie drinks or fresh fruit juice; includes cans, bottles, mixers.

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Table 3.13 Frequency of eating cheese, by social class of chief income earner, age and sex

All

1995

Frequency of eating cheese ^a	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
	%	%	%	%	%	%	%	%	%	%
Age 16-44										
More than once a day	4	1	2	2	3	1	2	3	2	2
Once a day	11	16	12	18	14	12	11	13	14	13
5-6 days a week	11	10	8	11	10	8	7	7	8	8
2-4 days a week	39	35	45	37	40	41	38	37	38	38
Once a week or less	36	37	33	32	34	37	41	40	38	39
Age 45-64										
More than once a day	1	-	1	2	1	2	0	1	1	1
Once a day	15	11	17	15	15	10	13	14	15	12
5-6 days a week	8	2	6	9	7	6	6	6	3	5
2-4 days a week	38	44	39	46	40	38	41	37	37	38
Once a week or less	38	43	37	28	36	45	38	42	44	43
All ages										
More than once a day	3	1	2	2	2	1	2	2	2	2
Once a day	12	15	14	17	15	11	12	13	14	13
5-6 days a week	10	8	7	10	9	7	7	6	6	7
2-4 days a week	39	38	43	40	40	40	39	37	38	38
Once a week or less	37	39	34	30	35	40	40	41	40	40
<i>Bases (weighted)</i>										
16-44	810	322	779	464	2553	763	454	655	455	2556
45-64	468	127	465	248	1349	475	235	387	298	1442
All ages	1278	449	1244	712	3902	1238	689	1042	753	3998
<i>Bases (unweighted)</i>										
16-44	663	255	645	411	2126	768	537	618	548	2699
45-64	447	128	484	294	1398	552	297	414	385	1708
All ages	1110	383	1129	705	3524	1320	834	1032	933	4407

a Not including cottage cheese or other reduced fat cheese.

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Table 3.34 Percentage of people adding sugar to coffee, by region and sex

1995								
Whether usually takes sugar in coffee	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total
	%	%	%	%	%	%	%	%
Men								
Drinks coffee	91	87	85	89	78	78	80	83
- Adds sugar		56	52	53	62	50	60	55
- No sugar		44	48	47	38	50	40	45
Does not drink coffee	9	13	15	11	22	22	20	17
Women								
Drinks coffee	90	86	84	88	82	83	85	85
- Adds sugar		32	27	33	34	34	33	32
- No sugar		68	73	67	66	66	67	68
Does not drink coffee	9	13	16	12	18	17	14	15
<i>Bases (weighted)</i>								
Men	213	752	896	179	629	704	527	3901
Women	210	681	863	194	764	731	556	3998
<i>Bases (unweighted)</i>								
Men	356	589	709	296	508	607	458	3523
Women	425	651	825	393	737	804	573	4408

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Table 3.35 Frequency of eating biscuits, by region and sex

Frequency of eating biscuits	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
More than once a day	15	14	11	12	14	16	12	13
Once a day	32	27	25	33	25	24	29	27
5-6 days a week	5	7	9	11	4	7	7	7
2-4 days a week	20	21	22	22	24	23	22	22
Once a week	13	10	12	8	11	11	8	10
1-3 times a month	7	8	10	5	7	9	8	8
Rarely or never	8	14	12	9	15	9	14	12
Women								
More than once a day	10	11	10	8	12	9	7	10
Once a day	26	25	19	31	26	25	30	25
5-6 days a week	5	7	5	6	5	5	4	5
2-4 days a week	20	21	24	22	19	24	21	22
Once a week	12	12	16	12	13	14	13	14
1-3 times a month	8	8	11	9	8	10	10	9
Rarely or never	18	16	13	12	17	13	15	15
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

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Table 3.36 Number of biscuits eaten, by region and sex

All who ate biscuits once a day or more

Number of biscuits eaten	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
6 a day or more	13	18	10	18	16	16	14	15
4-5 a day	32	23	20	18	27	23	21	23
2-3 a day	47	49	58	46	43	44	46	48
One a day	9	11	12	18	12	15	17	13
Less than one per day	-	-	-	-	3	2	1	1
Women								
6 a day or more	10	9	6	7	7	5	6	7
4-5 a day	25	18	20	16	16	15	17	18
2-3 a day	48	54	54	51	54	52	49	52
One a day	16	20	19	25	22	27	27	23
Less than one per day	1	-	1	1	1	1	1	1
<i>Bases (weighted)</i>								
<i>Men</i>	101	309	323	81	245	284	218	1562
<i>Women</i>	76	246	256	76	288	246	205	1392
<i>Bases (unweighted)</i>								
<i>Men</i>	170	236	248	133	197	253	185	1422
<i>Women</i>	160	236	238	154	274	269	214	1545

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Table 3.37 Frequency of eating cakes, scones, sweet pies or pastries, by region and sex

								1995
All								Total
Frequency of eating cakes etc.	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Once a day or more	13	9	4	9	9	9	5	7
5-6 days a week	2	2	3	4	1	2	2	2
2-4 days a week	24	22	25	22	21	23	25	23
Once a week	24	21	26	27	27	24	21	24
1-3 times a month	17	19	20	19	15	19	18	18
Rarely or never	19	27	22	20	27	23	28	25
Women								
Once a day or more	8	8	5	5	10	8	9	8
5-6 days a week	1	2	2	3	2	3	2	2
2-4 days a week	24	20	21	25	23	23	27	23
Once a week	23	24	25	27	23	25	21	24
1-3 times a month	18	19	22	19	17	20	16	19
Rarely or never	26	27	26	21	25	22	25	25
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	193	764	731	556	3996
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	392	737	804	573	4406

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Table 3.38 Number of slices of cakes, scones, sweet pies or pastries eaten, by region and sex

All who ate cakes once a day or more

1995

	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
Men								
6 a day or more	[-]	3	[-]	[-]	[-]	2	[-]	1
4-5 a day	[5]	5	[5]	[9]	[-]	3	[-]	3
2-3 a day	[40]	17	[42]	[30]	[30]	24	[44]	30
One a day	[53]	63	[48]	[51]	[55]	64	[54]	57
Less than one per day	[2]	12	[4]	[10]	[15]	7	[2]	9
Women								
6 a day or more	[4]	4	[1]	[-]	-	1	3	2
4-5 a day	[3]	-	[1]	[-]	7	1	2	2
2-3 a day	[23]	17	[31]	[13]	14	21	5	17
One a day	[62]	73	[64]	[85]	64	67	84	70
Less than one per day	[8]	7	[2]	[3]	16	10	5	9
<i>Bases (weighted)</i>								
<i>Men</i>	27	64	38	16	54	61	26	287
<i>Women</i>	17	53	43	11	74	62	48	307
<i>Bases (unweighted)</i>								
<i>Men</i>	43	50	34	30	42	50	26	275
<i>Women</i>	40	57	43	23	67	68	50	348

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Table 3.39 Frequency of eating sweets or chocolates, by region and sex

								1995
Frequency of eating sweets or chocolates								Total
Region								
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
More than once a day	6	5	8	7	8	8	6	7
Once a day	20	17	18	17	17	13	17	17
5-6 days a week	4	5	4	8	5	5	6	5
2-4 days a week	23	22	25	17	21	20	17	21
Once a week	15	21	18	18	16	21	18	19
1-3 times a month	13	12	11	13	13	15	14	13
Rarely or never	19	18	16	19	19	18	22	18
Women								
More than once a day	3	4	7	7	6	8	6	6
Once a day	21	24	20	19	24	20	23	22
5-6 days a week	4	5	6	5	7	5	5	5
2-4 days a week	21	25	23	22	22	23	25	23
Once a week	17	19	19	19	16	17	15	17
1-3 times a month	19	11	12	14	13	14	12	13
Rarely or never	14	13	14	14	12	12	14	13
<i>Bases (weighted)</i>								
Men	213	753	896	179	629	704	527	3902
Women	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
Men	356	590	709	296	508	607	458	3524
Women	425	651	824	393	737	804	573	4407

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Table 3.40 Frequency of eating crisps or other savoury snacks, by region and sex

									1995
Frequency of eating crisps or other savoury snacks	Region								Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		
	%	%	%	%	%	%	%	%	%
Men									
More than once a day	3	6	5	6	4	7	4		5
Once a day	13	16	18	17	17	16	18		17
5-6 days a week	5	8	7	9	7	7	8		7
2-4 days a week	35	26	29	21	25	21	28		26
Once a week	13	15	15	19	13	14	13		14
1-3 times a month	9	12	9	12	12	12	9		11
Rarely or never	22	18	16	17	22	22	19		19
Women									
More than once a day	4	2	4	4	4	5	2		4
Once a day	13	17	16	14	16	18	22		17
5-6 days a week	4	8	7	5	6	5	7		6
2-4 days a week	23	27	26	29	27	26	25		26
Once a week	18	15	15	13	15	14	17		15
1-3 times a month	14	12	12	13	12	12	10		12
Rarely or never	25	19	20	22	21	21	18		20
<i>Bases (weighted)</i>									
<i>Men</i>	213	753	896	179	629	704	527		3902
<i>Women</i>	210	681	862	194	764	731	556		3998
<i>Bases (unweighted)</i>									
<i>Men</i>	356	590	709	296	508	607	458		3524
<i>Women</i>	425	651	824	393	737	804	573		4407

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Table 3.41 Frequency of eating ice cream, by region and sex

Frequency of eating ice cream	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
Once a day or more	2	1	1	1	2	2	1	2
5-6 days a week	0	1	2	1	1	1	1	1
2-4 days a week	17	16	15	18	12	15	15	15
Once a week	27	24	23	27	23	30	21	25
1-3 times a month	29	30	28	28	28	24	28	28
Rarely or never	25	28	31	25	33	28	33	30
Women								
Once a day or more	2	1	1	2	2	1	2	2
5-6 days a week	1	1	1	1	1	0	1	1
2-4 days a week	13	12	10	14	11	10	12	11
Once a week	22	23	19	20	18	20	19	20
1-3 times a month	27	29	30	29	32	32	25	30
Rarely or never	35	33	39	34	37	36	41	37
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

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Table 3.42 Frequency of drinking soft drinks, by region and sex

Frequency of drinking soft drinks ^a	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
	%	%	%	%	%	%	%		%
Men									
More than once a day	10	11	18	17	17	19	14		16
Once a day	20	18	15	20	12	15	21		16
5-6 days a week	4	7	5	4	5	5	5		5
2-4 days a week	19	16	13	14	15	14	14		15
Once a week	9	7	10	10	7	6	7		8
1-3 times a month	10	10	8	9	9	8	5		8
Rarely or never	28	31	31	27	36	33	34		32
Women									
More than once a day	6	8	8	6	14	12	8		10
Once a day	13	13	13	15	12	10	13		12
5-6 days a week	3	4	3	2	3	3	2		3
2-4 days a week	11	10	9	11	9	10	9		10
Once a week	8	6	8	10	6	6	4		6
1-3 times a month	9	6	9	6	8	5	6		7
Rarely or never	50	52	51	52	50	54	58		52
<i>Bases (weighted)</i>									
Men	213	753	896	179	629	704	527		3902
Women	210	681	862	194	764	731	556		3998
<i>Bases (unweighted)</i>									
Men	356	590	709	296	508	607	458		3524
Women	425	651	824	393	737	804	573		4407

^a Excludes diet, lo-calorie drinks or fresh fruit juice; includes cans, bottles, mixers.

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Table 3.43 Type of spread used on bread, by region and sex

All with a usual type of spread

Type of fat spread on bread	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Butter or hard margarine	23	19	22	28	25	29	24	24
Soft margarine	31	30	25	23	21	22	20	24
Reduced fat spread	14	18	14	14	19	17	13	16
Low fat spread	27	27	34	30	29	29	38	31
None used	5	6	4	5	5	4	6	5
Women								
Butter or hard margarine	18	18	21	22	28	24	22	22
Soft margarine	29	25	20	21	17	19	14	20
Reduced fat spread	15	15	15	14	17	14	16	15
Low fat spread	31	33	36	37	32	36	40	35
None used	7	9	9	6	6	8	8	8
<i>Bases (weighted)</i>								
<i>Men</i>	210	741	870	174	603	684	518	3800
<i>Women</i>	207	674	848	190	751	717	549	3936
<i>Bases (unweighted)</i>								
<i>Men</i>	352	578	691	286	486	586	448	3427
<i>Women</i>	420	643	812	384	724	788	566	4337

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Table 3.44 Usual type of milk used, by region and sex

All with a usual type of milk

Type of milk	Region								1995
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total	
	%	%	%	%	%	%	%	%	%
Men									
Whole	35	37	35	44	32	37	39	36	
Semi-skimmed	58	56	58	49	63	55	57	57	
Skimmed	6	8	7	6	5	7	4	6	
Other	1	0	0	0	-	0	0	0	
Women									
Whole	28	26	26	38	32	33	29	29	
Semi-skimmed	59	62	61	49	58	57	62	59	
Skimmed	12	11	12	12	10	10	9	11	
Other	0	1	1	1	0	0	0	1	
<i>Bases (weighted)</i>									
<i>Men</i>	204	713	859	170	600	662	507	3716	
<i>Women</i>	198	653	827	179	715	693	532	3798	
<i>Bases (unweighted)</i>									
<i>Men</i>	341	557	675	277	481	573	437	3341	
<i>Women</i>	400	625	790	365	691	762	548	4181	

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Table 3.45 Frequency of eating cheese, by region and sex

Frequency of eating cheese ^a	Region							1995 Total
	Highland & Islands %	Grampian & Tayside %	Lothian & Fife %	Borders, Dumfries & Galloway %	Greater Glasgow %	Lanarkshire, Ayrshire & Arran %	Forth Valley, Argyll & Clyde %	%
Men								
More than once a day	3	2	4	3	1	2	2	2
Once a day	17	18	11	14	18	10	17	15
5-6 days a week	7	9	10	7	9	10	4	9
2-4 days a week	41	39	41	38	37	41	42	40
Once a week or less	31	32	34	37	36	37	35	35
Women								
More than once a day	2	2	3	2	1	2	1	2
Once a day	16	13	13	10	12	9	15	13
5-6 days a week	6	8	8	8	7	6	7	7
2-4 days a week	39	37	39	41	38	41	35	38
Once a week or less	38	40	38	39	42	42	42	40
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

^aNot including cottage cheese or other reduced fat cheese.

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Table 3.46 Frequency of eating meat, by region and sex

Frequency of eating meat ^a	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
More than once a day	0	2	1	2	1	1	0	1
Once a day	9	7	3	8	6	3	6	5
5-6 days a week	7	6	6	7	5	8	9	7
2-4 days a week	55	51	55	53	53	62	56	55
Once a week or less	29	33	34	31	35	26	28	32
Women								
More than once a day	1	0	0	1	1	0	0	0
Once a day	3	4	2	9	3	3	4	3
5-6 days a week	5	4	5	6	6	6	4	5
2-4 days a week	48	50	44	40	45	49	51	47
Once a week or less	43	42	49	44	45	42	41	44
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

^aExcluding poultry.

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Table 3.47 Frequency of eating meat products, by region and sex

Frequency of eating meat products	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
More than once a day	1	1	1	0	1	1	1	1
Once a day	5	5	3	6	6	4	4	5
5-6 days a week	4	5	4	7	5	7	6	5
2-4 days a week	32	36	36	32	35	37	37	36
Once a week or less	58	53	56	55	54	51	52	54
Women								
More than once a day	-	-	0	0	0	0	-	0
Once a day	1	1	2	2	3	2	2	2
5-6 days a week	2	1	1	1	2	2	1	1
2-4 days a week	22	22	21	21	23	26	23	23
Once a week or less	75	76	76	76	72	69	74	74
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

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Table 3.48 Frequency of eating poultry, by region and sex

Frequency of eating poultry	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
More than once a day	-	0	0	1	0	0	0	0
Once a day	1	1	2	1	1	1	2	1
5-6 days a week	1	4	4	3	5	5	4	4
2-4 days a week	42	47	44	35	43	45	46	44
Once a week or less	56	48	50	61	50	49	48	50
Women								
More than once a day	-	0	-	0	-	1	-	0
Once a day	0	1	1	1	2	1	1	1
5-6 days a week	2	4	7	4	5	6	4	5
2-4 days a week	46	52	46	47	46	48	50	48
Once a week or less	51	42	47	48	47	44	45	46
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

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Table 3.49 Frequency of eating white fish, by region and sex

								1995
Frequency of eating white fish ^a Region								Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Once a day or more	3	1	1	1	1	0	0	1
5-6 days a week	-	1	0	0	1	0	1	1
2-4 days a week	17	15	12	13	14	13	14	14
Once a week	43	37	38	41	40	39	39	39
1-3 times a month	24	27	29	27	23	29	28	27
Rarely or never	12	18	20	18	21	19	18	19
Women								
Once a day or more	1	1	0	0	0	0	1	0
5-6 days a week	0	0	0	1	0	0	0	0
2-4 days a week	14	15	14	13	12	13	11	13
Once a week	41	36	36	39	42	38	41	39
1-3 times a month	22	27	25	24	20	25	24	24
Rarely or never	21	22	25	23	24	23	22	23
<i>Bases (weighted)</i>	<i>213</i>	<i>753</i>	<i>896</i>	<i>179</i>	<i>629</i>	<i>704</i>	<i>527</i>	<i>3902</i>
<i>Men</i>	<i>210</i>	<i>681</i>	<i>862</i>	<i>194</i>	<i>764</i>	<i>731</i>	<i>556</i>	<i>3998</i>
<i>Women</i>								
<i>Bases (unweighted)</i>								
<i>Men</i>	<i>356</i>	<i>590</i>	<i>709</i>	<i>296</i>	<i>508</i>	<i>607</i>	<i>458</i>	<i>3524</i>
<i>Women</i>	<i>425</i>	<i>651</i>	<i>824</i>	<i>393</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4407</i>

^aIncludes fresh, frozen or canned.

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Table 3.50 Frequency of eating oily fish, by region and sex

<i>All</i>								<i>1995</i>
Frequency of eating oily fish ^a	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Once a day or more	1	1	1	1	0	2	1	1
5-6 days a week	1	1	1	0	1	0	1	1
2-4 days a week	8	9	10	11	10	11	10	10
Once a week	27	21	23	17	22	19	22	22
1-3 times a month	36	30	26	29	30	26	25	28
Rarely or never	27	39	39	42	36	41	40	39
Women								
Once a day or more	1	1	0	1	0	0	1	1
5-6 days a week	0	1	0	1	0	0	0	0
2-4 days a week	12	10	16	11	12	14	18	14
Once a week	22	30	22	23	24	25	22	24
1-3 times a month	30	24	29	28	26	24	25	26
Rarely or never	34	35	33	36	37	36	34	35
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

^aIncludes fresh, frozen or canned.

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Table 3.51 Type of bread usually eaten, by region and sex

All with a usual type of bread

Type of bread usually eaten	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
Wholemeal	17	16	20	10	16	13	16	16
Brown, granary, wheatmeal	21	21	15	16	14	12	11	15
White or soft grain	62	63	65	74	70	76	73	69
Women								
Wholemeal	29	22	26	30	18	25	24	23
Brown, granary, wheatmeal	21	22	21	18	22	12	15	19
White or soft grain	51	56	54	52	60	63	61	58
<i>Bases (weighted)</i>								
<i>Men</i>	200	681	779	165	566	643	500	3535
<i>Women</i>	198	627	774	178	692	667	519	3655
<i>Bases (unweighted)</i>								
<i>Men</i>	336	530	621	270	464	555	434	3210
<i>Women</i>	401	602	740	365	675	733	539	4055

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Table 3.52 Number of slices of bread or rolls eaten, by region and sex

All who ate bread

Number of slices of bread eaten **Region**

1995

Total

	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
6 a day or more	30	22	22	26	25	22	27	24
4-5 a day	28	33	31	30	28	33	30	31
2-3 a day	33	36	38	38	37	36	35	36
One a day	6	7	7	5	7	6	5	6
Less than one per day	2	3	3	1	3	3	2	3
Women								
6 a day or more	5	4	6	5	6	6	3	5
4-5 a day	26	24	22	22	23	21	20	22
2-3 a day	55	53	54	54	55	54	60	55
One a day	9	12	14	14	12	15	12	13
Less than one per day	5	7	5	5	4	4	4	5
<i>Bases (weighted)</i>								
<i>Men</i>	213	751	888	177	624	694	523	3871
<i>Women</i>	208	678	852	193	758	725	551	3965
<i>Bases (unweighted)</i>								
<i>Men</i>	356	587	702	293	503	598	454	3493
<i>Women</i>	422	647	815	391	730	798	569	4372

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Table 3.53 Type of breakfast cereal usually eaten, by region and sex

Type of cereal	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
Eats cereal	71	66	75	62	63	70	67	68
- High fibre		49	46	39	36	44	46	44
- Other		44	50	56	61	47	49	51
- No usual type		7	4	6	4	9	4	5
Does not eat cereal	30	35	25	38	37	30	33	32
Women								
Eats cereal	70	73	72	72	68	70	75	71
- High fibre		58	47	54	50	47	47	50
- Other		39	49	43	47	49	50	47
- No usual type		3	4	3	4	4	4	3
Does not eat cereal	31	28	28	29	31	29	25	29
<i>Bases (weighted)</i>								
<i>Men</i>	213	752	896	179	629	704	527	3901
<i>Women</i>	210	681	863	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	589	709	296	508	607	458	3523
<i>Women</i>	425	651	825	393	737	804	573	4408

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Table 3.54 Frequency of eating breakfast cereals, by region and sex

Frequency of eating breakfast cereals	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
	%	%	%	%	%	%	%		%
Men									
Once a day or more	44	39	38	41	33	38	35		37
5-6 days a week	5	5	8	4	4	4	5		5
2-4 days a week	13	17	18	13	17	18	19		17
Once a week	6	6	7	4	7	6	5		6
1-3 times a month	2	3	4	4	4	6	6		4
Rarely or never	30	31	25	34	35	28	30		30
Women									
Once a day or more	39	41	37	45	38	38	42		39
5-6 days a week	3	5	7	6	5	4	5		5
2-4 days a week	19	18	20	17	19	17	18		18
Once a week	6	6	6	3	5	7	5		6
1-3 times a month	6	4	4	2	3	7	7		5
Rarely or never	28	26	27	26	31	27	23		27
<i>Bases (weighted)</i>									
<i>Men</i>	213	750	896	179	629	704	527		3899
<i>Women</i>	210	681	862	194	764	731	556		3998
<i>Bases (unweighted)</i>									
<i>Men</i>	356	588	709	296	508	607	458		3522
<i>Women</i>	425	651	824	393	737	804	573		4407

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Table 3.55 Frequency of eating potatoes, pasta or rice, by region and sex

	<i>1995</i>							
Frequency of eating potatoes, pasta or rice ^a	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Once a day or more	53	43	31	32	27	21	31	32
5-6 days a week	19	23	20	22	21	23	20	21
2-4 days a week	25	31	44	40	41	49	44	40
Once a week	2	3	3	3	6	5	3	4
1-3 times a month	1	0	2	1	3	2	1	2
Rarely or never	0	0	1	1	2	0	2	1
Women								
Once a day or more	55	47	38	40	32	28	37	37
5-6 days a week	16	19	21	21	23	25	24	22
2-4 days a week	24	30	35	31	39	39	34	35
Once a week	4	2	5	7	4	5	3	4
1-3 times a month	1	1	1	1	2	2	1	1
Rarely or never	1	1	1	1	1	1	1	1
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

a Excluding chips

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Table 3.56 Frequency of eating chips, by region and sex

Frequency of eating chips	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
Men									
Once a day or more	2	4	6	6	6	5	7		5
5-6 days a week	2	3	4	1	6	6	5		5
2-4 days a week	35	44	37	45	38	45	43		41
Once a week	26	23	25	28	25	20	24		24
1-3 times a month	23	17	19	13	13	13	12		15
Rarely or never	13	10	10	7	12	10	10		10
Women									
Once a day or more	1	3	2	1	3	3	2		2
5-6 days a week	2	2	3	2	3	4	3		3
2-4 days a week	23	26	28	30	29	34	31		29
Once a week	23	29	25	28	25	27	26		26
1-3 times a month	28	22	23	21	20	17	22		21
Rarely or never	23	19	20	17	20	16	15		18
<i>Bases (weighted)</i>									
<i>Men</i>	213	753	896	179	629	704	527		3902
<i>Women</i>	210	681	862	194	764	731	556		3998
<i>Bases (unweighted)</i>									
<i>Men</i>	356	590	709	296	508	607	458		3524
<i>Women</i>	425	651	824	393	737	804	573		4407

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Table 3.57 Frequency of eating pulses, by region and sex

Frequency of eating pulses	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
5 days a week or more	8	7	7	6	9	10	9	8
2-4 days a week	46	47	44	38	45	47	41	45
Once a week	23	24	25	34	24	24	25	25
1-3 times a month	15	12	14	10	12	10	13	12
Rarely or never	7	10	11	12	10	9	12	10
Women								
5 days a week or more	5	6	7	5	8	8	7	7
2-4 days a week	46	42	39	41	41	41	41	41
Once a week	24	25	25	29	26	25	25	25
1-3 times a month	14	13	15	13	11	15	15	14
Rarely or never	10	14	14	12	13	13	12	13
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	708	296	508	607	458	3523
<i>Women</i>	425	651	824	393	737	804	573	4407

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Table 3.58 Frequency of eating fresh fruit, by region and sex

Frequency of eating fruit	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
More than once a day	19	18	18	9	8	13	12	14
Once a day	29	26	24	29	23	21	27	25
5-6 days a week	3	4	6	5	5	6	3	5
2-4 days a week	22	23	22	23	23	24	20	23
Once a week	14	11	12	14	14	12	13	13
1-3 times a month	9	8	10	7	12	11	9	10
Rarely or never	5	10	8	13	13	12	16	11
Women								
More than once a day	29	24	25	24	16	23	17	22
Once a day	36	31	30	30	29	25	37	30
5-6 days a week	4	5	5	8	5	4	3	5
2-4 days a week	17	22	20	19	23	21	24	22
Once a week	8	9	9	7	10	12	7	9
1-3 times a month	3	5	6	7	7	6	6	6
Rarely or never	5	5	4	5	10	9	6	7
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	862	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	824	393	737	804	573	4407

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Table 3.59 Frequency of eating cooked green vegetables, by region and sex

Frequency of eating cooked green vegetables ^a	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		
	%	%	%	%	%	%	%	%	%
Men									
More than once a day	1	1	1	1	0	2	1		1
Once a day	30	28	26	30	18	21	29		25
5-6 days a week	14	15	15	17	13	14	13		14
2-4 days a week	43	36	37	39	41	38	33		37
Once a week or less	12	21	22	13	28	25	24		23
Women									
More than once a day	2	2	2	1	1	2	2		2
Once a day	35	31	29	32	27	22	30		28
5-6 days a week	14	16	15	21	14	13	13		14
2-4 days a week	38	36	37	31	36	43	37		37
Once a week or less	10	15	17	14	22	21	18		18
<i>Bases (weighted)</i>									
<i>Men</i>	213	753	896	179	629	704	527		3902
<i>Women</i>	210	681	862	194	764	731	556		3998
<i>Bases (unweighted)</i>									
<i>Men</i>	356	590	709	296	508	607	458		3524
<i>Women</i>	425	651	824	393	737	804	573		4407

^aIncludes frozen vegetables; excludes canned vegetables.

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Table 3.60 Frequency of eating cooked root vegetables, by region and sex

Frequency of eating cooked root vegetables ^a	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
	%	%	%	%	%	%	%		%
Men									
More than once a day	0	0	1	1	1	1	1		1
Once a day	18	14	10	19	8	8	14		11
5-6 days a week	12	9	8	10	8	9	6		8
2-4 days a week	49	44	43	42	40	45	43		43
Once a week or less	21	33	38	28	44	37	36		36
Women									
More than once a day	1	1	0	0	1	1	1		1
Once a day	25	19	14	17	14	12	20		16
5-6 days a week	10	10	8	12	8	8	7		9
2-4 days a week	46	44	44	45	38	41	44		42
Once a week or less	17	27	34	26	39	38	28		32
<i>Bases (weighted)</i>									
<i>Men</i>	213	753	896	179	629	704	527		3902
<i>Women</i>	210	681	862	194	764	731	556		3998
<i>Bases (unweighted)</i>									
<i>Men</i>	356	590	709	296	508	607	458		3524
<i>Women</i>	425	651	824	393	737	804	573		4407

^aIncludes frozen vegetables; excludes canned vegetables and potatoes.

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Table 3.61 Frequency of eating raw vegetables or salad, by region and sex

Frequency of eating raw vegetables or salad	Region								1995
	Total								
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		
	%	%	%	%	%	%	%	%	
Men									
More than once a day	1	1	0	1	1	1	0	1	
Once a day	4	5	5	7	5	3	6	5	
5-6 days a week	1	5	2	2	5	3	5	3	
2-4 days a week	34	32	37	35	27	35	35	34	
Once a week or less	60	58	55	56	62	58	54	57	
Women									
More than once a day	2	1	1	2	1	1	0	1	
Once a day	10	10	9	9	10	9	11	10	
5-6 days a week	6	7	9	5	5	7	4	6	
2-4 days a week	33	40	41	41	34	38	41	38	
Once a week or less	49	42	41	44	50	45	44	45	
<i>Bases (weighted)</i>									
<i>Men</i>	213	753	896	179	629	704	527	3902	
<i>Women</i>	209	681	862	194	764	731	556	3997	
<i>Bases (unweighted)</i>									
<i>Men</i>	356	590	709	296	508	607	458	3524	
<i>Women</i>	424	651	824	393	737	804	573	4406	

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Table 3.62 Adds salt to food at the table, by region and sex

Adds salt to food at the table	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Adds salt without tasting food	31	32	37	40	40	43	38	37
Tastes the food, then generally adds salt	18	18	11	19	17	15	17	16
Tastes the food, only occasionally adds salt	19	23	21	17	16	19	17	19
Rarely, or never, adds salt at the table	32	28	31	24	28	23	28	28
Women								
Adds salt without tasting food	19	19	23	24	33	26	28	25
Tastes the food, then generally adds salt	18	13	13	19	17	14	15	15
Tastes the food, only occasionally adds salt	22	25	24	23	19	25	19	22
Rarely, or never, adds salt at the table	41	42	39	33	31	35	38	37
<i>Bases (weighted)</i>								
<i>Men</i>	213	752	896	179	629	704	527	3901
<i>Women</i>	210	681	863	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>	356	589	709	296	508	607	458	3523
<i>Women</i>	425	651	825	393	737	804	573	4408

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Table 3.63 Whether takes vitamin or mineral supplements, by region and sex

All who had a nurse visit

1995

Takes vitamin or mineral supplements	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
No	80	85	86	85	85	85	88	85
(Yes)	(20)	(15)	(14)	(15)	(15)	(15)	(12)	(15)
- Vitamins	11	8	9	8	11	7	6	8
- Fishoils	11	8	5	8	7	7	7	7
- Iron supplements	0	2	3	1	0	1	0	1
- Calcium	0	0	1	0	0	0	0	0
- Other minerals	1	1	2	1	1	-	1	1
-Other supplements	2	2	3	1	2	3	3	3
Women								
No	72	72	73	77	75	76	76	74
(Yes)	(28)	(28)	(27)	(23)	(25)	(24)	(24)	(26)
- Vitamins	16	16	19	12	15	13	12	15
- Fishoils	11	10	7	9	10	8	9	9
- Iron supplements	2	3	5	2	3	3	3	3
- Calcium	3	1	3	1	1	1	0	2
- Other minerals	3	4	3	3	3	2	3	3
- Other supplements	8	7	9	7	5	6	5	7
<i>Bases (weighted)</i>								
<i>Men</i>	<i>188</i>	<i>685</i>	<i>776</i>	<i>158</i>	<i>555</i>	<i>652</i>	<i>465</i>	<i>3479</i>
<i>Women</i>	<i>188</i>	<i>586</i>	<i>751</i>	<i>171</i>	<i>646</i>	<i>652</i>	<i>498</i>	<i>3492</i>
<i>Bases (unweighted)</i>								
<i>Men</i>	<i>311</i>	<i>532</i>	<i>611</i>	<i>259</i>	<i>436</i>	<i>557</i>	<i>402</i>	<i>3108</i>
<i>Women</i>	<i>381</i>	<i>565</i>	<i>715</i>	<i>347</i>	<i>609</i>	<i>709</i>	<i>513</i>	<i>3839</i>

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Table 4.1 Self-reported smoking status, by age and sex

All						1995
Smoking status	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Non-smoker						
Never smoked at all	38	39	37	20	18	31
Never regularly smoked cigarettes	20	9	10	13	7	12
Ex-regular cigarette smoker who stopped:						
15 or more years ago	-	1	5	12	17	6
10-14 years ago	-	2	5	4	6	3
5-9 years ago	1	2	3	4	5	3
Less than 5 years ago	5	7	5	5	6	5
Don't know how many years ago	1	-	0	-	-	0
All ex-regular cigarette smokers	6	12	17	24	33	18
Smoker						
Currently smokes cigar or pipe only	1	3	7	9	8	6
Cigarette smoker:						
Light smoker: <10 per day	10	8	3	4	3	6
Moderate smoker: 10 <20 per day	17	15	11	9	10	13
Heavy smoker: 20 or more per day	8	14	15	20	20	15
Don't know how many per day	0	-	-	0	0	0
All cigarette smokers	35	37	29	34	34	34
All current smokers	36	40	37	43	42	39
Women						
Non-smoker						
Never smoked at all	47	37	41	32	35	38
Never regularly smoked cigarettes	13	10	9	10	9	10

Ex-regular cigarette smoker

who stopped:

15 or more years ago	-	1	5	9	10	5
10-14 years ago	-	2	4	4	4	3
5-9 years ago	0	4	3	2	3	3
Less than 5 years ago	6	7	3	6	5	6
Don't know how many years ago	0	-	-	-	-	0

All ex-regular cigarette smokers	7	14	16	21	22	16
----------------------------------	---	----	----	----	----	----

Smoker

Currently smokes cigar or pipe only	-	-	0	0	-	0
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Cigarette smoker:

Light smoker: <10 per day	10	9	6	5	6	7
Moderate smoker: 10 <20 per day	16	16	14	15	16	15
Heavy smoker: 20 or more per day	6	14	15	17	13	13
Don't know how many per day	0	-	-	-	-	0

All cigarette smokers	33	39	34	37	34	36
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All current smokers	33	39	34	38	34	36
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All**Non-smoker**

Never smoked at all	43	38	39	26	27	35
Never regularly smoked cigarettes	17	9	9	11	8	11

**Ex-regular cigarette smoker
who stopped:**

15 or more years ago	-	0	5	10	13	5
10-14 years ago	-	2	4	4	5	3
5-9 years ago	1	3	3	3	4	3
Less than 5 years ago	5	7	4	5	6	5
Don't know how many years ago	0	-	0	-	-	0

All ex-regular cigarette smokers	6	13	17	23	27	17
----------------------------------	---	----	----	----	----	----

Smoker

Currently smokes cigar or pipe only	0	1	4	5	4	3
-------------------------------------	---	---	---	---	---	---

Cigarette smoker:

Light smoker: <10 per day	10	8	4	5	5	6
---------------------------	----	---	---	---	---	---

Moderate smoker: 10 <20 per day	17	15	12	12	13	14
Heavy smoker: 20 or more per day	7	14	15	19	16	14
Don't know how many per day	0	-	-	0	0	0
All cigarette smokers	34	38	32	36	34	35
All current smokers	34	40	35	40	38	37
<i>Bases (weighted)</i>						
<i>Men</i>	721	979	851	750	601	3902
<i>Women</i>	692	990	870	776	664	3992
<i>All</i>	1413	1969	1721	1526	1265	7894
<i>Bases (unweighted)</i>						
<i>Men</i>	474	840	811	709	689	3523
<i>Women</i>	545	1160	992	825	884	4406
<i>All</i>	1019	2000	1803	1534	1573	7929

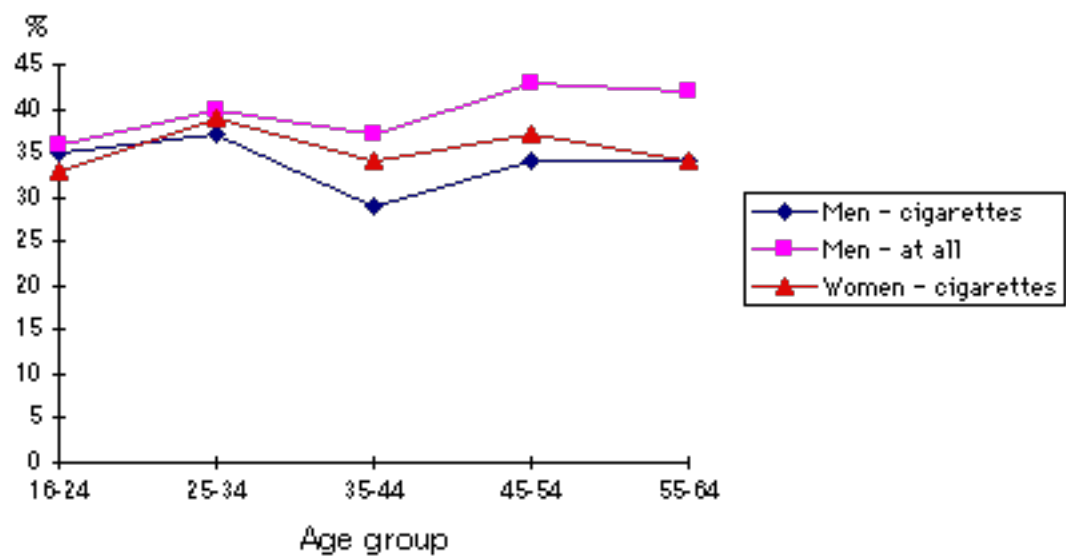
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Figure 4A: Proportion of men and women currently smoking, by age.



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Table 4.2 Self-reported daily cigarette consumption^a for current cigarette smokers, by age and sex

<i>Current cigarette smokers</i>						1995
Cigarette consumption	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men cigarette smokers						
% smoking less than 10	29	21	11	12	9	17
% smoking 10, less than 20	48	41	36	28	30	37
% smoking 20 or more	23	38	52	60	60	46
Mean number of cigarettes per smoker per day	14.2	16.8	19.0	21.0	20.9	18.1
Standard error of the mean	0.58	0.63	0.61	0.75	0.74	0.31
Median number of cigarettes per smoker per day	12.9	15.0	20.0	20.0	20.0	17.1
Women cigarette smokers						
% smoking less than 10	32	23	16	14	17	20
% smoking 10, less than 20	50	40	40	40	46	43
% smoking 20 or more	18	37	43	46	37	37
Mean number of cigarettes per smoker per day	12.3	15.2	16.4	17.0	15.4	15.4
Standard error of the mean	0.51	0.40	0.48	0.47	0.51	0.21
Median number of cigarettes per smoker per day	11.4	15.0	16.4	17.1	15.0	15.0
<i>Bases (weighted)</i>						
<i>Men</i>	251	363	248	251	202	1315
<i>Women</i>	224	387	295	291	224	1421
<i>Bases (unweighted)</i>						
<i>Men</i>	178	312	257	260	249	1256
<i>Women</i>	212	488	361	310	294	1665

^aSelf-reported daily consumption is derived from informants' separate estimates of usual numbers smoked per day on weekdays and weekends. The composite daily estimate was the sum of five times the former and twice the latter, divided by seven.

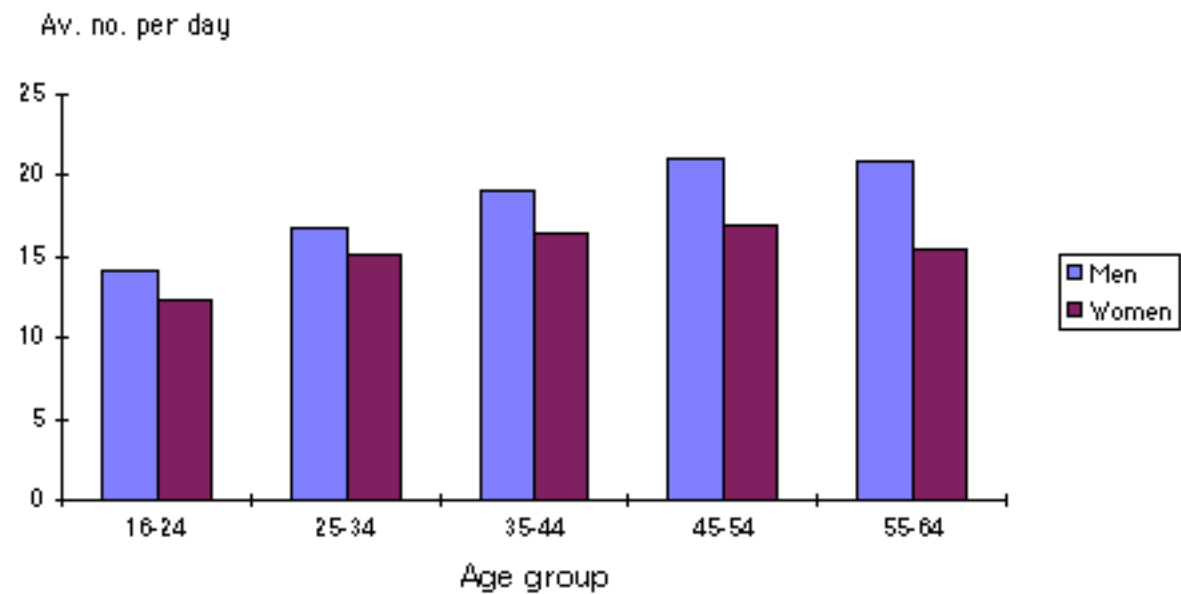
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Figure 4B: Average number of cigarettes smoked per day, by age.



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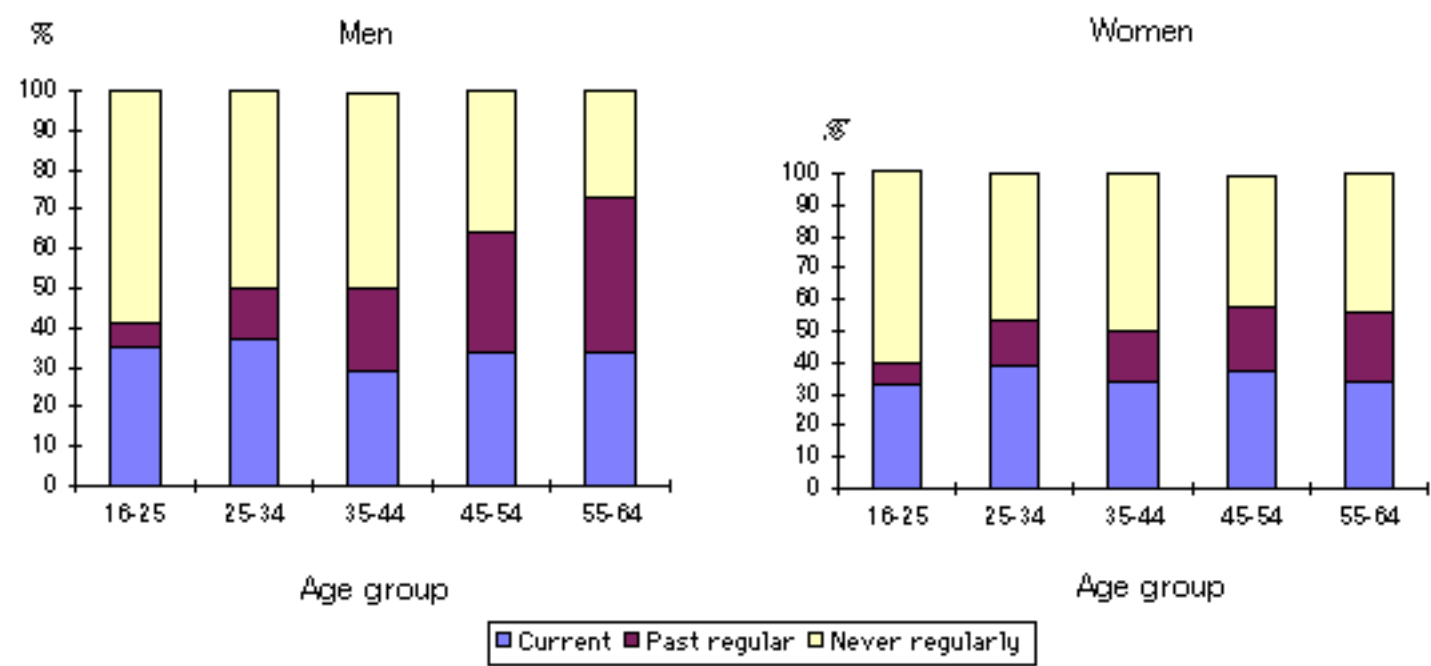
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Figure 4C: Past and present cigarette smoking, by current age.



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Table 4.3 How long ago stopped regular smoking, by sex

<i>Ex-regular cigarette smokers aged 18-64</i>			1995
When stopped smoking cigarettes regularly	Men	Women	Total
	%	%	%
In past six months	7	6	6
6 months <1 year	4	3	3
1 <2 years	3	4	4
2 <5 years	16	22	19
5 <10 years	16	18	17
10 or more years	53	47	50
<i>Bases^a (weighted)</i>	681	623	1304
<i>Bases^a (unweighted)</i>	642	724	1366

aThe base for this table comprises those who do not smoke cigarettes now, but used to do so regularly (one cigarette or more per day). Those aged under 18 are excluded.

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Table 4.4 Age profile of (a) those who had been regular cigarette smokers and reported giving up smoking cigarettes in the past twelve months, and (b) current cigarette smokers, by sex

(a) Ex-regular cigarette smokers who had given up in past 12 months, (b) current cigarette smokers 1995

Age	Men		Women		Total	
	(a)	(b)	(a)	(b)	(a)	(b)
	%	%	%	%	%	%
18-24	18	17	37	14	27	15
25-34	33	28	23	28	28	28
35-44	24	19	14	21	19	20
45-54	12	20	18	21	15	20
55-64	14	16	8	16	11	16
<i>Bases^a (weighted)</i>	85	1277	73	1392	158	2669
<i>Bases^a (unweighted)</i>	77	1229	79	1639	156	2868

aThose aged under 18 are excluded from this table.

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Table 4.5 Medical advice to give up smoking, by age and sex

Current cigarette smokers, ex-regular and ex-occasional cigarette smokers

1995

Receipt of advice	Age	18-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Received advice to give up:		16	22	30	29	43	29
In past year		7	10	10	12	13	10
Longer ago		9	12	20	17	30	18
No advice received		84	78	70	71	57	71
Women							
Received advice to give up:		29	29	28	32	35	30
In past year		18	13	12	16	13	14
Longer ago		12	16	16	16	22	16
No advice received		71	71	72	68	65	70
<i>Bases^a (weighted)</i>							
<i>Men</i>		281	521	451	500	453	2206
<i>Women</i>		260	561	467	490	395	2173
<i>Bases^a (unweighted)</i>							
<i>Men</i>		200	445	436	482	527	2090
<i>Women</i>		244	683	557	525	531	2540

^aThose aged under 18 are excluded from this table. Those included comprise current cigarette smokers, and those who in the past smoked cigarettes, either regularly or occasionally.

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Table 4.6 Medical advice to give up smoking, by cigarette smoking status and sex

Current cigarette smokers, ex-regular and ex-occasional cigarette smokers

1995

Receipt of advice	Current cigarette smokers					
	Ex-cigarette smokers (occasional)	Ex-cigarette smokers (regular)	All	Smokes less than 10 per day	Smokes 10, less than 20 per day	Smokes 20 or more per day
	%	%	%	%	%	%
Men						
Received advice to give up	5	21	36	19	34	44
In past year	-	2	16	11	15	20
Longer ago	5	18	20	8	19	24
No advice received	95	79	64	81	66	56
Women						
Received advice to give up	4	19	38	25	37	47
In past year	-	2	21	12	20	26
Longer ago	4	17	17	13	17	20
No advice received	96	81	62	75	63	53
<i>Bases^a (weighted)</i>						
<i>Men</i>	129	803	1274	215	475	582
<i>Women</i>	160	623	1391	276	591	525
<i>Bases^a (unweighted)</i>						
<i>Men</i>	107	756	1227	190	434	600
<i>Women</i>	175	726	1639	312	696	631

^aThose aged under 18 are excluded from this table. Those included comprise current cigarette smokers, and those who in the past smoked cigarettes, either regularly or occasionally.

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Table 4.7 Health conditions mentioned by those who had tried to give up smoking for health reasons (other than pregnancy), by age and sex

All current smokers or ex-smokers who had ever tried to give up smoking for a health reason

1995

Health condition	Age					Total
	18-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Cardiovascular condition	-	12	10	26	36	22
Cancer	-	4	1	1	3	2
Respiratory problem	[92]	73	62	63	50	62
Cold, flu, virus	[3]	17	22	16	9	14
Other health reason	[16]	18	18	13	20	17
Women						
Cardiovascular condition	[5]	6	10	18	24	14
Cancer	-	5	6	2	9	5
Respiratory problem	[92]	67	72	62	50	65
Cold, flu, virus	[24]	21	20	21	9	18
Other health reason	[11]	17	21	19	19	18
<i>Bases^a (weighted)</i>						
<i>Men</i>	36	86	86	103	150	461
<i>Women</i>	38	109	82	107	105	441
<i>Bases^a (unweighted)</i>						
<i>Men</i>	27	74	80	102	177	460
<i>Women</i>	38	126	103	123	147	537

^aThose aged under 18 are excluded from this table. As explained in the text, those who mentioned pregnancy and no other health condition have been removed from the base.

Note that more than one condition could be named, so responses total to more than 100%.

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Table 4.8 Reported age of starting regular cigarette smoking, by age and sex

Current and ex-regular cigarette smokers

Age of starting	Age					1995
	18-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Men						
Under 10	3	1	1	2	3	2
10-11	2	4	3	3	4	3
12-13	11	10	10	10	10	10
14-15	22	30	27	27	26	27
16-17	39	25	30	25	18	26
18-19	18	16	13	17	17	16
20-24	6	11	12	14	17	12
25-29	-	3	4	2	4	3
30 and over	-	0	1	1	3	1
Women						
Under 10	1	1	0	0	1	1
10-11	5	2	1	2	2	2
12-13	16	14	7	4	4	9
14-15	25	24	23	16	20	21
16-17	35	32	36	24	21	29
18-19	10	16	18	19	17	16
20-24	7	9	11	23	20	15
25-29	-	1	2	6	7	3
30 and over	-	1	2	5	9	4
<i>Bases^a (weighted)</i>						
<i>Men</i>	249	482	426	474	436	2067
<i>Women</i>	230	517	431	455	367	2000
<i>Bases^a (unweighted)</i>						
<i>Men</i>	180	414	413	460	509	1976
<i>Women</i>	220	632	521	488	492	2353

^aThose aged under 18 are excluded from this table. Those included comprise current cigarette smokers and those who in the past had smoked cigarettes regularly (at least one a day).

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Table 4.9 Comparison of serum cotinine assay sample with total sample, by sex

All informants, and all those from whom a cotinine assay was taken

1995

Age and smoking status	Men		Women	
	Total sample	Sample with cotinine assay ^a	Total sample	Sample with cotinine assay ^a
	%	%	%	%
Age				
16-24	19	17	17	15
25-34	25	25	25	23
35-44	22	23	22	24
45-54	19	20	19	22
55-64	15	15	17	17
Smoking status				
Never smoked at all	32	31	38	40
Never regularly smoked cigarettes	12	12	10	10
Ex-regular cigarette smoker	18	19	16	16
Current cigar/pipe smoker	6	6	0	0
Current light cigarette smoker (<10 per day)	6	6	7	7
Current moderate cigarette smoker (10< 20 per day)	13	12	15	15
Current heavy smoker (20 or more per day)	15	14	13	13
Smokes, don't know how many	0	0	0	0
<i>Bases (weighted)</i>				
<i>Age</i>	3902	2972	3997	2825
<i>Smoking status</i>	3901	2973	3994	2824
<i>Bases (unweighted)</i>				
<i>Age</i>	3524	2638	4408	3125
<i>Smoking status</i>	3523	2638	7929	3124

^aThose on nicotine replacement products have been removed.

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Table 4.10 Smoking prevalence estimates with serum cotinine adjustment,^a by age and sex

Smoking prevalence	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Unadjusted self-report: smokes cigarettes or pipe or cigars nowadays		36	40	37	43	42	39
Adjusted estimate, adding self-reported non-smokers with a serum cotinine level of 20ng/ml or more		45	43	38	44	44	43
Difference ^b		+9	+3	+2	+1	+2	+3
Women							
Unadjusted self-report: smokes cigarettes or pipe or cigars nowadays		33	39	34	38	34	36
Adjusted estimate, adding self-reported non-smokers with a serum cotinine level of 20ng/ml or more		36	42	36	39	36	38
Difference ^b		+4	+2	+2	+2	+3	+2

aSee text, Section 4.5.3.

bBecause of rounding, the actual difference shown may be different from the apparent difference between the two percentages.

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Table 4.11 Summary indicators of serum cotinine levels, by age and sex

All with valid cotinine measurements

1995

Serum cotinine levels (ng/ml)	Age					Total ^a
	16-24	25-34	35-44	45-54	55-64	
Men						
% 20 ng/ml and over	42	38	32	38	38	37
% 8 <20 ng/ml	2	2	1	2	1	2
% <8 ng/ml	56	60	66	61	61	61
Mean	89.1	107.9	98.7	115.0	110.1	104.39
Standard error of the mean	5.90	5.97	6.16	7.17	7.60	2.93
5 th percentile	0.1	0.1	0	0.1	0.1	0.1
10 th percentile	0.3	0.2	0.2	0.2	0.2	0.2
Median	3.7	1.9	1.4	1.9	2.3	2.1
75 th percentile	160.8	225.0	214.8	242.7	222.5	217.3
90 th percentile	279.7	373.7	375.8	391.4	380.7	368.9
95 th percentile	377.3	439.4	447.6	461.2	431.7	433.7
Women						
% 20 ng/ml and over	31	39	34	38	31	35
% 8 <20 ng/ml	6	1	1	1	2	2
% <8 ng/ml	63	60	65	61	67	63
Mean	63.7	107.6	93.2	105.5	80.1	92.7
Standard error of the mean	5.69	6.05	5.78	6.26	6.06	2.74
5 th percentile	0.1	0	0	0	0	0
10 th percentile	0.3	0.1	0.1	0.1	0.1	0.1
Median	3.3	1.7	1.2	1.6	1.3	1.6
75 th percentile	77.1	217.9	191.9	221.9	164.6	189.2
90 th percentile	253.8	355.9	335.3	369.4	287.2	330.9
95 th percentile	346.3	435.5	411.9	410.2	373.8	401.0
<i>Bases (weighted)</i>						
<i>Men</i>	<i>504</i>	<i>745</i>	<i>675</i>	<i>590</i>	<i>458</i>	<i>2972</i>
<i>Women</i>	<i>411</i>	<i>657</i>	<i>676</i>	<i>609</i>	<i>472</i>	<i>2825</i>

Bases (unweighted)

<i>Men</i>	320	631	625	546	516	2638
<i>Women</i>	322	770	761	635	637	3125

aThe table excludes those using nicotine replacement products.

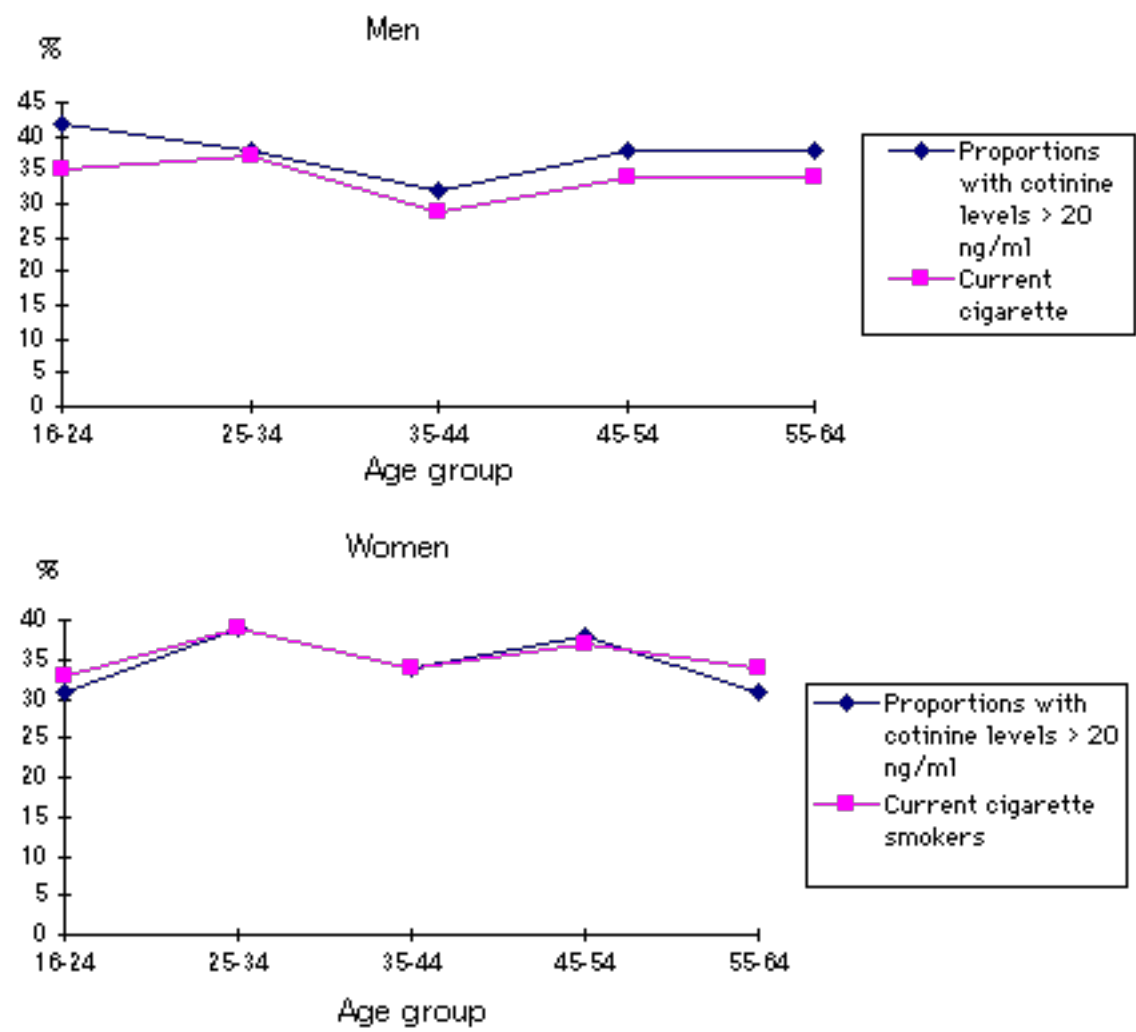
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Figure 4D: Proportion with cotinine levels >20 ng/ml, proportion of self reported current cigarette smokers , by age.



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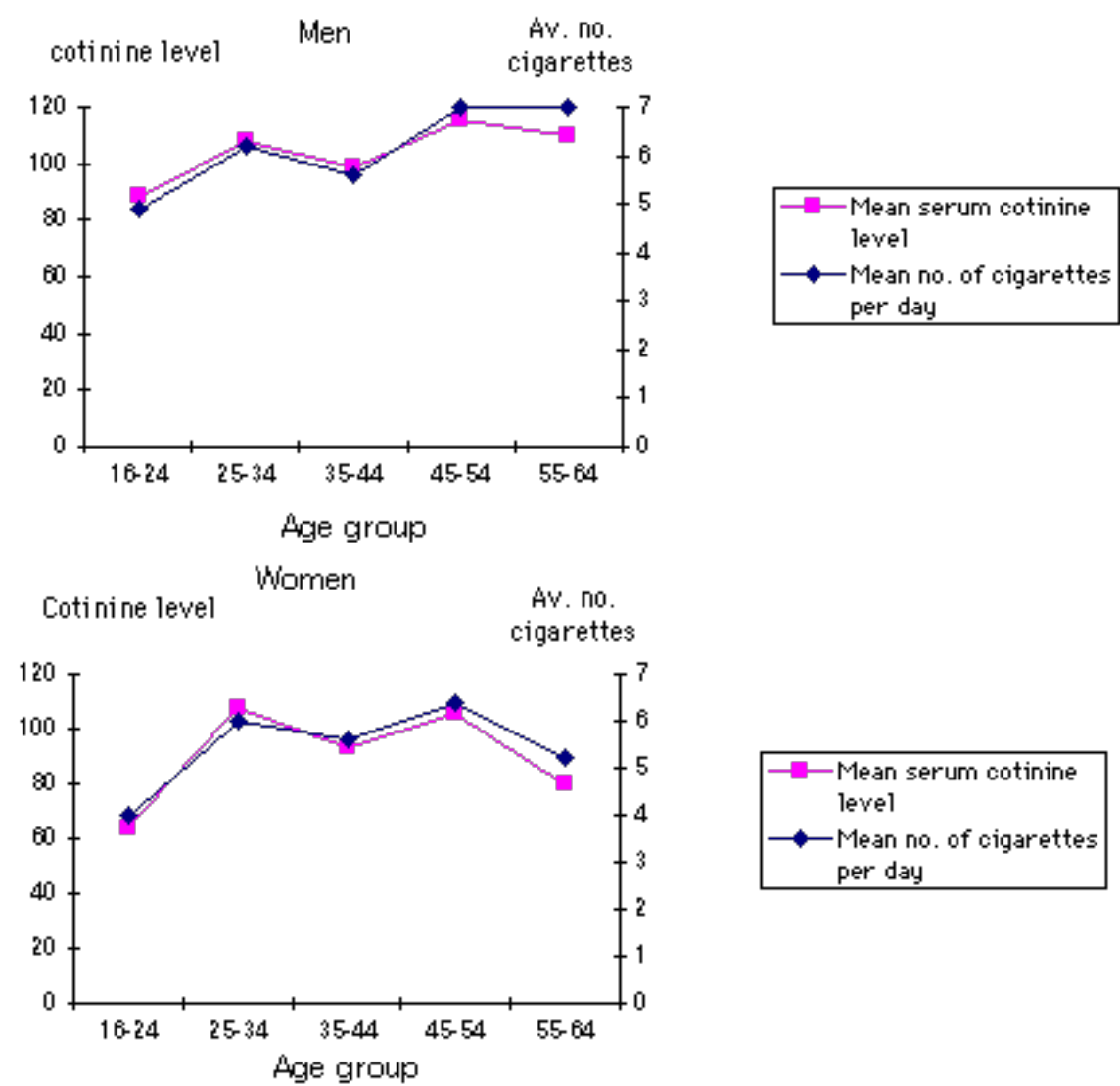
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Figure 4E: Mean serum cotinine level and mean number of cigarettes per day, by age.



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Table 4.12 Summary indicators of serum cotinine levels, by self-reported smoking status and sex

All with valid cotinine measurements

1995

Serum cotinine levels (ng/ml)	Current smoking status								Total ^a
	Current cigarette smoker			Pipe/ cigar smoker		Current non-smoker			
	Heavy smoker (20 or more)	Moderate smoker (10, less than 20)	Light smoker (less than 10)	Ex-regular cigarette smoker	Never regularly smoked cigarettes	Ex-regular cigarette smoker	Never regularly smoked cigarettes	Never smoked at all	
Men									
% 20 ng/ml and over	99	99	82	68	32	-	-	-	35
% 8 <20 ng/ml	-	0	5	6	4	1	3	2	2
% <8 ng/ml	1	0	13	26	64	99	97	98	63
Mean	348.3	291.7	145.6	152.8	53.6	1.3	1.4	1.3	103.7
Standard error of the mean	6.36	6.40	9.86	15.29	12.05	0.08	0.11	0.07	3.02
5 th percentile	148.1	99.4	2.0	0.3	0.1	0	0	0	0.1
10 th percentile	202.1	151.6	6.3	0.5	0.3	0.1	0.1	0.1	0.2
Median	344.1	275.3	106.4	106.1	2.3	0.8	0.7	0.7	1.9
75 th percentile	422.9	372.0	238.2	264.8	43.7	1.5	1.6	1.7	220.4
90 th percentile	496.6	452.6	320.5	380.6	202.2	3.1	3.3	3.0	374.6
95 th percentile	581.3	517.1	369.5	422.1	351.1	4.4	5.4	4.6	436.2
Women									
% 20 ng/ml and over	100	99	80	b	b	-	-	-	34
% 8 <20 ng/ml	-	0	4			3	5	2	2
% <8 ng/ml	0	0	16			97	95	98	65
Mean	317.8	265.7	117.0	b	b	1.2	1.6	1.3	90.7
Standard error of the mean	5.95	5.55	8.68			0.11	0.16	0.06	2.77
5 th percentile	150.4	85.5	1.0			0	0	0	0
10 th percentile	185.2	122.4	2.3			0	0.1	0.1	0.1
Median	318.8	262.2	81.3			0.6	0.6	0.6	1.5
75 th percentile	391.2	326.5	178.5	b	b	1.2	1.5	1.4	183.9
90 th percentile	457.1	425.1	272.6			2.7	4.0	3.3	330.5
95 th percentile	514.2	473.4	385.2			5.9	9.0	4.6	401.0

Bases (weighted)

<i>Men</i>	<i>418</i>	<i>358</i>	<i>171</i>	<i>103</i>	<i>78</i>	<i>504</i>	<i>319</i>	<i>917</i>	<i>2870</i>
<i>Women</i>	<i>358</i>	<i>420</i>	<i>186</i>	<i>2</i>	<i>2</i>	<i>408</i>	<i>273</i>	<i>1105</i>	<i>2754</i>
<i>Bases (unweighted)</i>									
<i>Men</i>	<i>418</i>	<i>312</i>	<i>146</i>	<i>93</i>	<i>69</i>	<i>470</i>	<i>261</i>	<i>792</i>	<i>2564</i>
<i>Women</i>	<i>426</i>	<i>492</i>	<i>203</i>	<i>2</i>	<i>2</i>	<i>476</i>	<i>280</i>	<i>1163</i>	<i>3045</i>

aThe table excludes those using nicotine replacement products, and self-reported non-smokers with cotinine levels of 20ng/ml or more.

bThe number of women in these categories is too small for results to be shown.

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Table 4.13 Exposure to other people's smoke, by age and sex

All current non-smokers

Places where exposed to smoke	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
Exposed to smoke in own home	30	17	20	21	22	22
Exposed to smoke at work	34	37	37	26	20	32
Exposed to smoke in other peoples' homes	29	24	24	19	16	23
Exposed to smoke on public transport	18	8	9	7	6	10
Exposed to smoke in pubs	64	61	52	46	32	52
Exposed to smoke in other public places	34	30	29	27	24	29
Not exposed to smoke in any of the above	7	18	25	26	33	22
Women						
Exposed to smoke in own home	33	22	19	20	22	23
Exposed to smoke at work	28	22	21	21	9	20
Exposed to smoke in other peoples' homes	35	35	26	23	18	28
Exposed to smoke on public transport	24	12	8	6	7	11
Exposed to smoke in pubs	51	43	29	21	11	32
Exposed to smoke in other public places	39	31	28	27	24	30
Not exposed to smoke in any of the above	14	24	33	41	45	31
<i>Bases (weighted)</i>						
<i>Men</i>	469	617	602	498	397	2583
<i>Women</i>	466	602	576	486	441	2571
<i>Bases (unweighted)</i>						
<i>Men</i>	296	528	554	449	440	2267
<i>Women</i>	333	672	631	515	590	2741

The columns total more than 100% as more than one response was permitted.

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Table 4.14 Exposure to other people's smoke, by social class of chief income earner and sex

All current non-smokers

Places where exposed to smoke	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total
	%	%	%	%	%	%	%
Men							
Exposed to smoke in own home	8	15	21	27	29	35	22
Exposed to smoke at work	14	25	34	42	39	33	32
Exposed to smoke in other peoples' homes	12	20	24	27	23	25	23
Exposed to smoke on public transport	7	8	9	11	15	12	10
Exposed to smoke in pubs	45	48	57	56	52	36	52
Exposed to smoke in other public places	19	30	30	31	27	27	29
Exposed to smoke in none of the above	40	26	20	17	12	21	22
Women							
Exposed to smoke in own home	10	15	23	31	32	33	23
Exposed to smoke at work	12	18	20	25	25	15	20
Exposed to smoke in other peoples' homes	15	23	27	33	36	38	28
Exposed to smoke on public transport	9	9	13	12	15	11	11
Exposed to smoke in pubs	27	28	38	32	33	17	31
Exposed to smoke in other public places	27	28	30	33	31	24	30
Exposed to smoke in none of the above	43	40	28	25	25	26	31
<i>Bases (weighted)</i>							
<i>Men</i>	222	769	325	769	289	77	2583
<i>Women</i>	213	746	447	627	288	95	2571
<i>Bases (unweighted)</i>							
<i>Men</i>	195	659	272	672	275	82	2267
<i>Women</i>	213	800	527	601	332	114	2741

The columns total more than 100% as more than one response was permitted.

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Table 4.15 Cotinine levels of non-current smokers, by exposure to smoke in home and sex

Current non-smokers with valid cotinine measurements^a 1995

Serum cotinine levels (ng/ml)	Men		Women	
	Exposed to smoke at home	Not exposed to smoke at home	Exposed to smoke at home	Not exposed to smoke at home
	%	%	%	%
Up to 0.5 ng/ml	9	48	13	54
0.6 to 1.5 ng/ml	30	35	32	32
1.6 to 7.9 ng/ml	57	16	49	12
8.0 to 19.9 ng/ml	4	2	6	1
20.0 or over	-	-	-	-
<i>Bases (weighted)</i>	358	1382	402	1385
<i>Bases (unweighted)</i>	288	1234	370	1549

aThe table excludes current pipe and cigar smokers, those using nicotine products, and self-reported non-smokers with cotinine levels of 20 ng/ml or more.

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Table 4.16 Current self-reported cigarette smoking prevalence,^a by social class of chief income earner, age and sex

										1995
Age	Men					Women				
	Social class					Social class				
	I and II	IIINM	IIIM	IV and V	Total	I and II	IIINM	IIIM	IV and V	Total
Percentage reporting that they smoked cigarettes										
All	23	28	38	49	34	22	35	40	49	36
16-24	25	[27]	36	49	35	21	31	32	42	33
25-34	27	26	39	54	37	25	38	42	55	39
35-44	19	26	36	44	29	23	36	34	50	34
45-54	23	27	41	50	34	23	38	50	49	37
55-64	18	32	39	45	34	19	29	38	47	34
<i>Bases (weighted)</i>										
All	1278	447	1241	711	3902	1237	688	1040	754	3992
16-24	201	75	197	156	721	166	123	158	106	692
25-34	278	142	319	177	979	288	188	260	193	990
35-44	329	104	262	131	851	308	143	234	156	870
45-54	305	73	227	121	750	286	117	224	135	776
55-64	163	56	239	125	601	189	117	163	165	664
<i>Bases (unweighted)</i>										
All	1110	383	1128	705	3523	1320	834	1031	932	4406
16-24	118	48	128	116	474	109	110	118	106	545
25-34	233	113	271	161	840	309	245	270	245	1160
35-44	312	94	245	134	811	350	182	229	187	992
45-54	260	67	217	139	709	292	136	211	168	825
55-64	187	61	267	155	689	260	161	203	217	884

^aThe percentage for any cell is a percentage of the number in that cell, as shown by the corresponding base figure at the foot of the table. For example, the figure of 25% in the second row and first column means that 25% of men aged 16-24 classified in Social Classes I and II smoke cigarettes, the weighted base being 201.

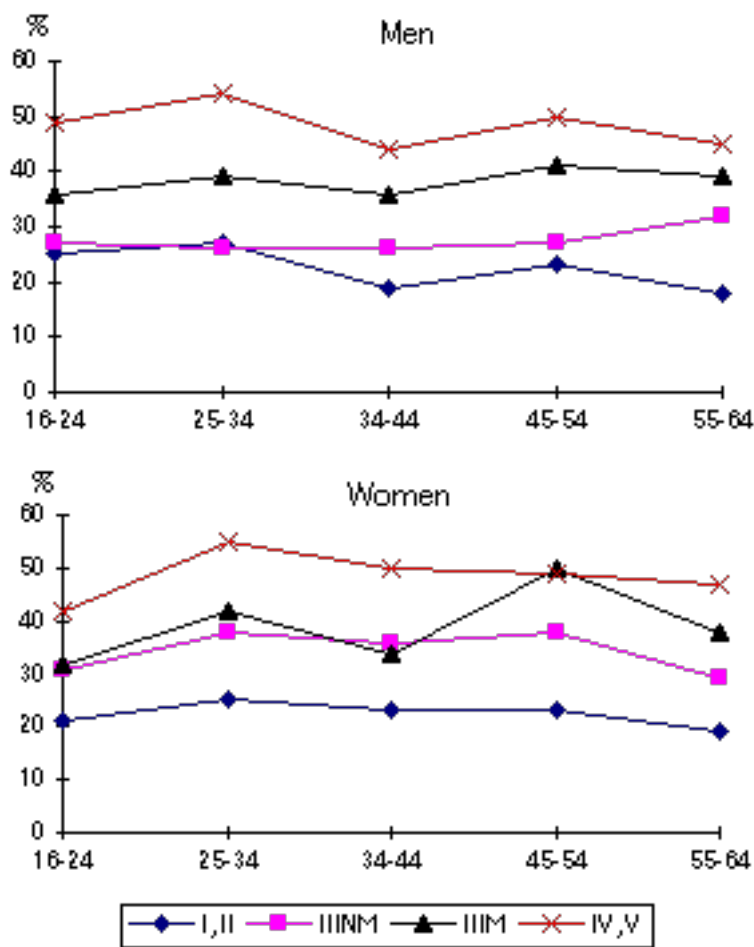
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Figure 4F: Proportion currently smoking cigarettes, by social class of chief income earner within age group.



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Table 4.17 Self-reported cigarette smoking status, by social class of chief income earner and sex

	Social class of chief income earner						1995
							Total ^a
	I	II	IIINM	IIIM	IV	V	%
	%	%	%	%	%	%	
Men							
Current cigarette smoker	17	24	27	38	46	58	34
Ex-regular cigarette smoker	22	24	20	21	18	13	21
Never regular cigarette smoker/never smoked at all	60	52	52	40	37	29	45
Overall mean number of cigarettes per day	2.5	4.0	4.8	7.0	8.4	12.0	6.1
Standard error of the mean	0.41	0.28	0.44	0.32	0.51	1.06	0.17
Mean per current smoker per day	14.9	16.6	17.4	18.5	18.3	20.9	18.1
Standard error of the mean	1.33	0.71	0.89	0.49	0.71	1.27	0.31
Median	15.0	15.7	16.4	17.9	16.4	20.0	17.1
Women							
Current cigarette smoker	16	24	35	40	47	54	36
Ex-regular cigarette smoker	20	18	14	15	16	16	16
Never regular cigarette smoker/never smoked at all	64	57	51	45	37	30	49
Overall mean number of cigarettes per day	2.1	3.2	5.2	6.4	8.1	8.9	5.5
Standard error of the mean	0.38	0.22	0.33	0.28	0.44	0.66	0.14
Mean per current smoker per day	12.8	13.4	14.7	16.2	17.2	16.3	15.4
Standard error of the mean	1.48	0.50	0.57	0.36	0.51	0.63	0.21
Median	10.0	12.9	15.0	15.0	16.4	16.4	15.0
<i>Bases (weighted)</i>							
<i>Men</i>	267	1012	448	1242	532	179	3902
<i>Women</i>	254	983	689	1041	547	207	3992
<i>Bases (unweighted)</i>							
<i>Men</i>	236	874	383	1129	509	196	3523
<i>Women</i>	252	1068	834	1032	665	268	4406

^aThe total includes those for whom social class was unknown.

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Table 4.18 Self-reported smoking status, by region and sex

	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Current cigarette smoker	36	32	31	33	38	34	34	34
Current pipe or cigar smoker	4	5	5	7	5	7	5	6
Ex-regular cigarette smoker	20	16	19	17	17	17	19	18
Never regular cigarette smoker	13	10	14	11	11	10	13	12
Never smoked at all	27	37	31	32	28	32	29	32
Women								
Current cigarette smoker	31	33	37	34	41	36	32	36
Current pipe or cigar smoker	-	0	0	1	-	-	-	0
Ex-regular cigarette smoker	22	14	17	16	14	16	15	16
Never regular cigarette smoker	9	10	11	10	7	12	12	10
Never smoked at all	37	42	35	40	38	36	41	38
<i>Bases (weighted)</i>								
<i>Men</i>	214	751	896	179	629	704	527	3900
<i>Women</i>	209	681	860	194	764	730	555	3993
<i>Bases (unweighted)</i>								
<i>Men</i>	356	589	709	296	508	607	458	3523
<i>Women</i>	425	651	824	392	737	804	573	4406

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Table 4.19 Self-reported daily cigarette consumption^a for current cigarette smokers, by region and sex

All current cigarette smokers

1995

Daily cigarette consumption	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men cigarette smokers								
% smoking less than 10	26	17	21	14	18	12	13	17
% smoking 10, less than 20	35	36	33	29	40	45	36	37
% smoking 20 or more	39	47	46	56	42	43	50	44
Mean number of cigarettes per smoker per day	16.5	18.7	17.2	21.0	18.8	18.1	17.7	18.1
Standard error of the mean	1.45	0.73	0.55	1.41	0.84	0.76	0.65	0.31
Median number of cigarettes per smoker per day	15.0	17.9	17.1	20.0	16.4	16.4	20.0	17.1
Women cigarette smokers								
% smoking less than 10	18	22	24	22	19	15	19	20
% smoking 10, less than 20	44	42	41	40	40	48	44	43
% smoking 20 or more	36	36	35	38	40	37	37	37
Mean number of cigarettes per smoker per day	14.9	15.0	14.7	15.0	16.2	15.7	15.4	15.4
Standard error of the mean	0.97	0.49	0.46	0.95	0.51	0.48	0.55	0.21
Median number of cigarettes per smoker per day	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
<i>Bases (weighted)</i>								
<i>Men</i>	77	239	282	59	242	239	179	1317
<i>Women</i>	66	223	316	65	314	260	180	1424
<i>Bases (unweighted)</i>								
<i>Men</i>	133	189	237	98	214	215	170	1256
<i>Women</i>	139	231	319	140	311	315	210	1665

^aSelf-reported daily consumption is derived from informants' separate estimates of usual numbers smoked per day on weekdays and weekends. The composite daily estimate was the sum of five times the former and twice the latter, divided by seven.

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Table 4.20 Smoking prevalence estimates with serum cotinine adjustments,^a by region and sex

All								1995
Smoking prevalence	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	
Men								
Unadjusted self-report: smokes cigarettes or pipe or cigars nowadays	40	37	37	40	44	41	39	40
Adjusted estimate, adding self- reported non-smokers with a serum cotinine level of 20ng/ml or more	42	40	40	44	47	45	44	43
Difference ^b	+2	+2	+3	+4	+4	+4	+6	+3
Women								
Unadjusted self-report: smokes cigarettes or pipe or cigars nowadays	31	33	37	34	41	36	32	36
Adjusted estimate, adding self- reported non-smokers with a serum cotinine level of 20ng/ml or more	34	34	40	38	42	38	35	38
Difference ^b	+3	+1	+3	+4	+1	+3	+3	+2

^aSee text, Section 4.5.3.

^bBecause of rounding, the actual difference shown may be different from the apparent difference between the two percentages.

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Table 4.21 Comparison of Scotland, England and Northern England, by age and sex

All and current cigarette smokers

1995

	Men			Women		
	Scotland	England	Northern England ^a	Scotland	England	Northern England ^a
% current cigarette smokers						
16-24	35	36	35	33	37	38
25-34	37	39	39	39	32	35
35-44	29	31	35	34	27	34
45-54	34	30	32	37	30	32
55-64	34	24	24	34	24	27
All	34	32	33	36	30	33
% smoking 20 or more cigarettes per day (for smokers)						
16-24	23	23	24	18	16	17
25-34	38	36	41	37	25	27
35-44	52	48	52	43	33	45
45-54	60	53	51	46	37	38
55-64	60	49	46	37	34	33
All	46	41	44	37	29	32
Mean number of cigarettes per day (for smokers)						
16-24	14.2	12.5	12.9	12.3	11.5	11.4
25-34	16.8	14.5	15.6	15.2	12.6	14.1
35-44	19.0	16.9	18.7	16.4	14.8	16.8
45-54	21.0	18.9	18.9	17.0	15.2	16.2
55-64	20.9	17.1	15.6	15.4	14.0	13.6
All	18.1	15.9	16.6	15.4	13.6	14.5

Bases All (unweighted)

*Scotland (weighted bases in
brackets)*

16-24	(721) 474	918	248	(692) 545	1074	331
25-34	(979) 840	1395	353	(990) 1160	1737	456
35-44	(851) 811	1386	381	(870) 992	1502	411
45-54	(750) 709	1183	323	(776) 825	1378	403
55-64	(601) 689	1000	292	(664) 884	1120	310
All	(3902) 3523	5882	1597	(3992) 4406	6811	1911

Bases Smokers (unweighted)

Scotland (weighted bases in brackets)

16-24	(252) 178	328	84	(226) 212	382	124
25-34	(363) 312	540	136	(387) 488	551	158
35-44	(248) 257	434	131	(295) 361	410	141
45-54	(252) 260	350	103	(291) 310	408	128
55-64	(203) 249	237	71	(224) 294	273	85
All	(1318) 1256	1889	525	(1423) 1665	2024	636

a Northern England includes the regions of Northern & Yorkshire and North West.

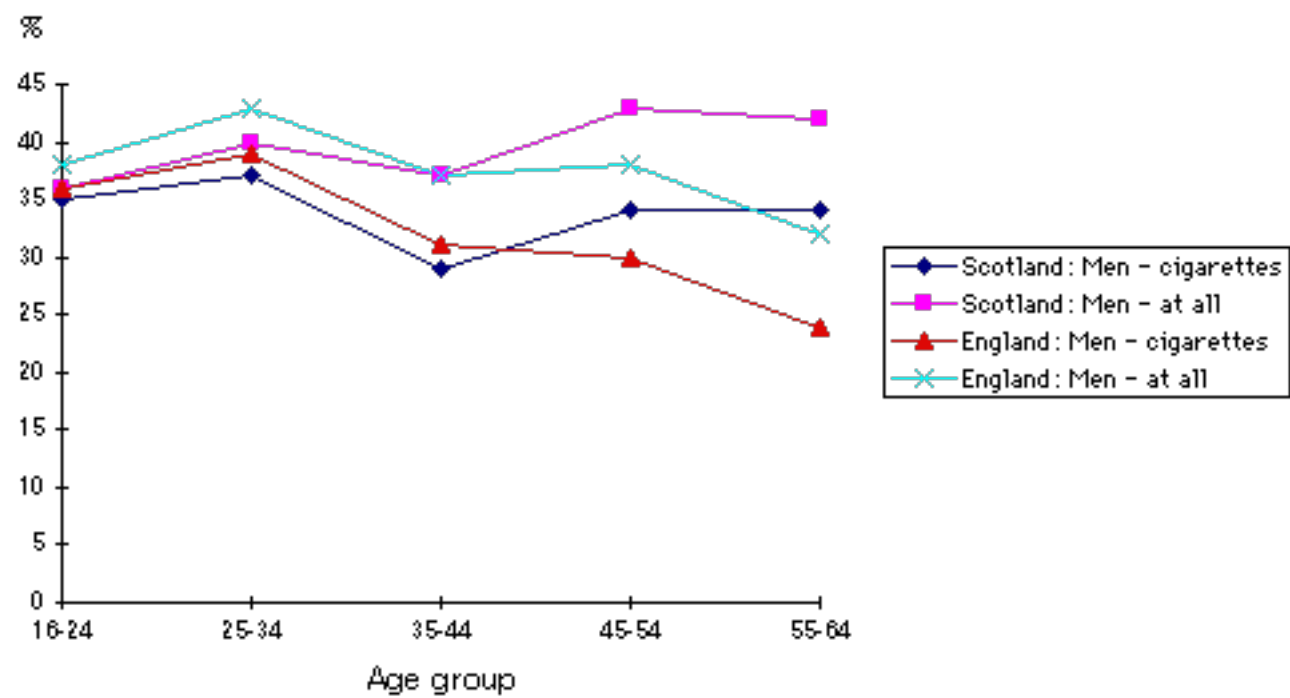
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Figure 4G: Proportion of men smoking in Scotland and England, by age.



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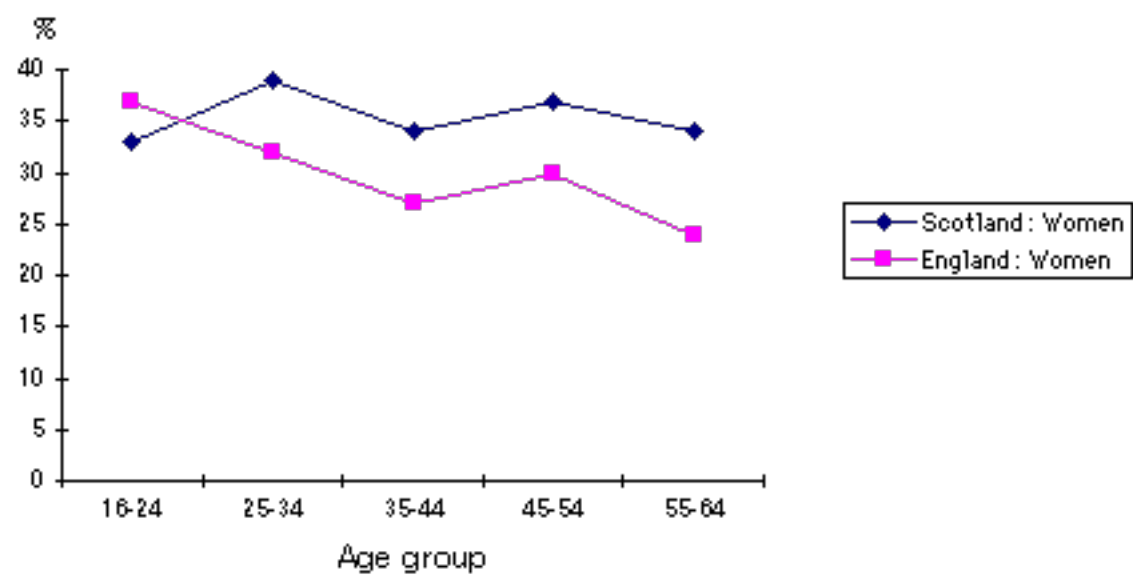
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Figure 4H: Proportion of women smoking in Scotland and England, by age.



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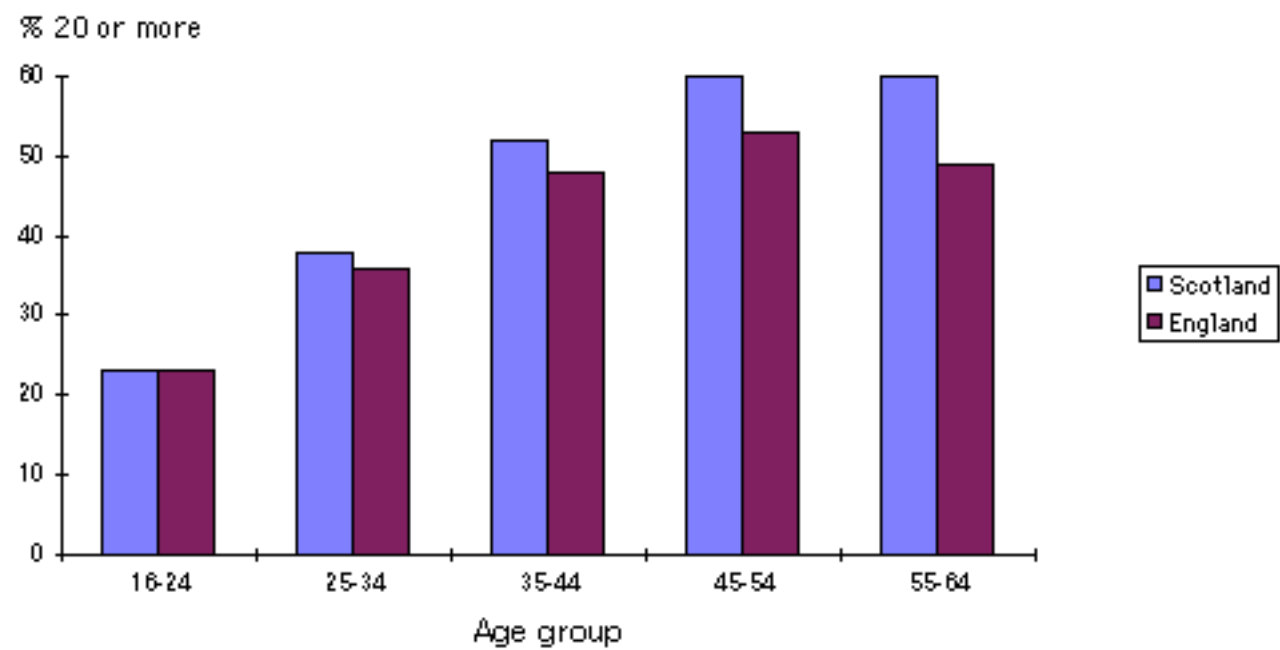
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Figure 4I: Proportion of men smoking 20 or more cigarettes a day in Scotland and England, by age.



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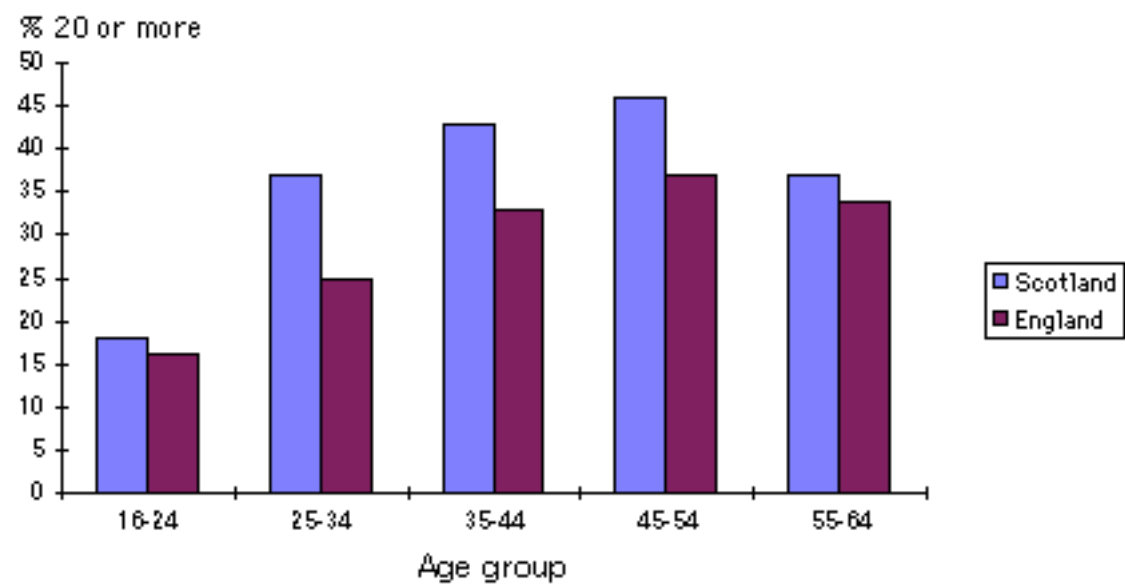
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Figure 4J: Proportion of women smoking 20 or more cigarettes a day in Scotland and England, by age.



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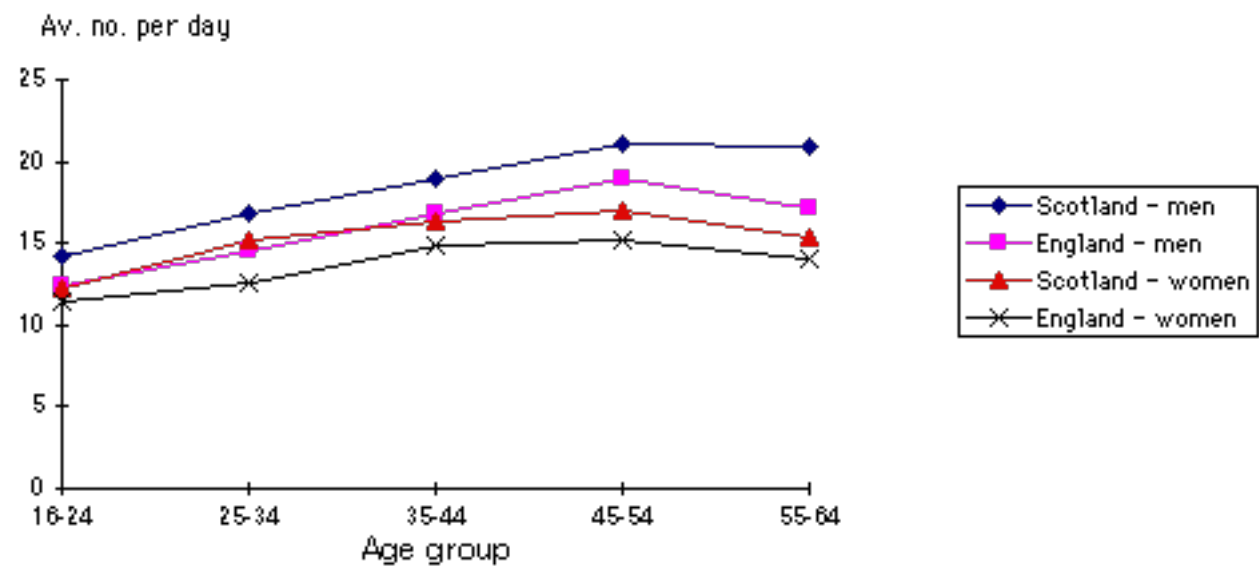
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Figure 4K: Average number of cigarettes per smoker per day, by age and country.



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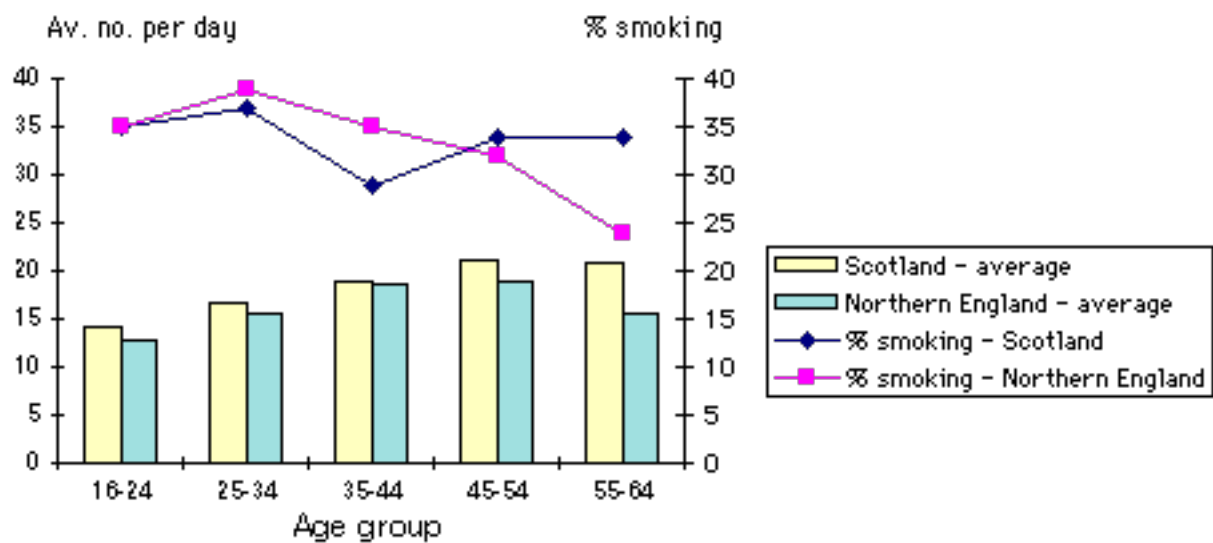
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Figure 4L: Proportion of men smoking and number of cigarettes per smoker per day in Scotland and Northern England, by age.



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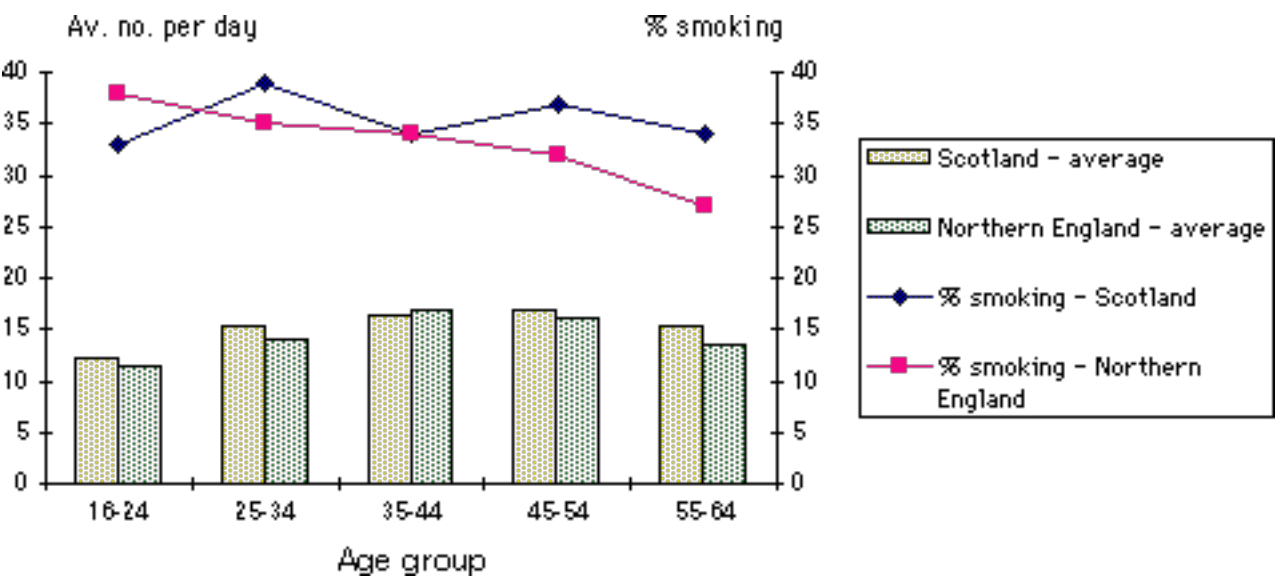
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Figure 4M: Proportion of women smoking and number of cigarettes per smoker per day in Scotland and Northern England, by age.



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Table 5.1 Usual weekly alcohol consumption level, by age and sex

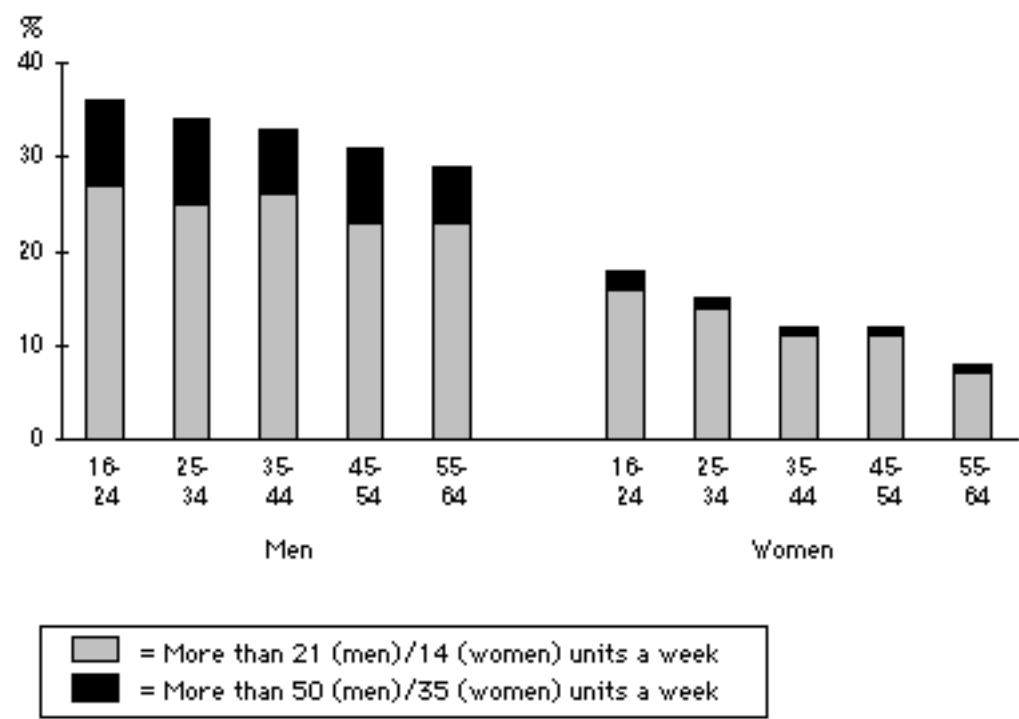
<i>All</i>						<i>1995</i>
Alcohol consumption level (units per week)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Have never drunk alcohol	6	3	2	2	3	3
Ex-drinker	1	2	2	4	6	3
Under 1	9	6	5	7	11	7
1-10	25	27	29	27	29	27
Over 10 - 21	23	28	28	29	22	26
Over 21 - 28	12	11	10	10	12	11
Over 28 - 35	9	7	6	6	6	7
Over 35 - 50	7	8	10	7	6	7
Over 50	9	9	7	8	6	8
Mean weekly units:						
Based on all	20.8	22.8	19.4	19.7	16.5	20.1
Based on current drinkers	22.2	23.9	20.3	20.8	18.2	21.3
Women						
Have never drunk alcohol	10	4	5	7	10	7
Ex-drinker	1	3	2	5	5	3
Under 1	16	16	14	16	23	17
1 - 7	34	45	44	44	38	41
Over 7 - 14	21	18	23	15	17	19
Over 14 - 21	9	11	7	8	4	8
Over 21 - 35	7	4	4	3	3	4
Over 35	2	1	1	1	1	1
Mean weekly units:						
Based on all	8.4	6.3	6.6	5.6	4.6	6.3
Based on current drinkers	9.4	6.8	7.1	6.3	5.4	7.0
<i>Bases (weighted)</i>						
<i>Men</i>	<i>705</i>	<i>979</i>	<i>851</i>	<i>749</i>	<i>600</i>	<i>3884</i>
<i>Women</i>	<i>682</i>	<i>990</i>	<i>870</i>	<i>777</i>	<i>665</i>	<i>3985</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>464</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3513</i>

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Figure 5A: Proportion drinking more than 21 (men)/14 (women) units per week, by age and sex.



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Table 5.2 Sex and age profiles of drinking groups

Age	Consumption level ^a (units per week)			1995
	All	Men > 21 Women > 14	Men > 50 Women > 35	
	%	%	%	
Men				
<i>All</i>	49	71		88
16-24	9	14		19
25-34	12	19		26
35-44	11	16		17
45-54	9	13		16
55-64	8	10		10
Women				
<i>All</i>	51	29		12
16-24	9	7		4
25-34	13	8		2
35-44	11	6		2
45-54	10	5		2
55-64	8	3		2
<i>Bases (weighted)</i>	7900	1808		354
<i>Bases (unweighted)</i>	7932	1744		336

^aThe percentages show the proportion of those in each column who fell into each age and sex group. Thus, for example, 14% of informants drinking more than 21 units a week were men aged 16-24.

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Table 5.3 Reported frequency of drinking alcohol, by age and sex

<i>All</i>						1995
Frequency of drinking alcohol in past year	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Almost every day	4	6	9	14	15	9
Five or six days a week	3	5	6	4	4	5
Three or four days a week	18	20	24	21	18	20
<i>Sub-total: drinks on three or more days a week</i>	<i>24</i>	<i>32</i>	<i>39</i>	<i>39</i>	<i>37</i>	<i>34</i>
Once or twice a week	46	43	39	38	33	40
Once or twice a month	14	13	12	9	9	12
Once every couple of months	4	5	4	4	5	4
Once or twice a year	4	3	2	4	6	4
Less than once a year	0	0	0	0	0	0
Never drunk or ex-drinker	6	5	4	5	9	6
Women						
Almost every day	1	1	5	8	8	5
Five or six days a week	1	1	2	1	2	1
Three or four days a week	9	8	8	8	8	8
<i>Sub-total: drinks on three or more days a week</i>	<i>11</i>	<i>11</i>	<i>16</i>	<i>17</i>	<i>18</i>	<i>14</i>
Once or twice a week	40	41	43	36	33	39
Once or twice a month	21	23	19	18	13	19
Once every couple of months	10	10	7	7	7	8
Once or twice a year	8	9	8	8	14	9
Less than once a year	0	0	0	0	0	0
Never drunk or ex-drinker	11	7	7	13	15	10
<i>Bases (weighted)</i>						
<i>Men</i>	<i>719</i>	<i>979</i>	<i>851</i>	<i>749</i>	<i>600</i>	<i>3898</i>
<i>Women</i>	<i>689</i>	<i>990</i>	<i>870</i>	<i>777</i>	<i>665</i>	<i>3992</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>472</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3521</i>
<i>Women</i>	<i>543</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4404</i>

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Table 5.4 Comparison of alcohol consumption for Scotland and England,^a by age and sex

<i>All</i>						<i>1995</i>
Alcohol consumption	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Scotland						
% drinking more than 21 units a week	37	34	33	31	29	33
% drinking 3 or more days a week	24	32	39	39	37	34
Mean weekly units	20.8	22.8	19.4	19.7	16.5	20.1
England						
% drinking more than 21 units a week	33	32	32	35	25	31
% drinking 3 or more days a week	37	39	44	49	44	43
Mean weekly units	19.2	18.6	18.2	20.0	15.2	18.3
Northern England^b						
% drinking more than 21 units a week	32	37	34	45	30	36
% drinking 3 or more days a week	32	37	45	53	45	43
Mean weekly units	19.6	19.4	20.6	24.1	16.9	20.2
Women						
Scotland						
% drinking more than 14 units a week	18	15	12	12	8	13
% drinking 3 or more days a week	11	11	16	17	18	14
Mean weekly units	8.4	6.3	6.6	5.6	4.6	6.3
England						
% drinking more than 14 units a week	18	15	18	17	11	16
% drinking 3 or more days a week	21	22	27	31	26	25
Mean weekly units	8.4	7.1	7.2	6.9	5.1	7.0
Northern England^b						
% drinking more than 14 units a	20	20	21	20	11	19

week						
% drinking 3 or more days a week	19	19	29	31	25	25
Mean weekly units	9.2	8.4	8.6	8.2	5.4	8.0
<i>Bases^c (weighted)</i>						
<i>Scotland Men</i>	<i>705</i>	<i>979</i>	<i>851</i>	<i>749</i>	<i>600</i>	<i>3884</i>
<i>Women</i>	<i>682</i>	<i>990</i>	<i>870</i>	<i>777</i>	<i>665</i>	<i>3985</i>
<i>Bases^c (unweighted)</i>						
<i>Scotland Men</i>	<i>464</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3513</i>
<i>Women</i>	<i>538</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4399</i>
<i>England Men</i>	<i>911</i>	<i>1395</i>	<i>1385</i>	<i>1183</i>	<i>1000</i>	<i>5874</i>
<i>Women</i>	<i>1061</i>	<i>1736</i>	<i>1502</i>	<i>1379</i>	<i>1120</i>	<i>6798</i>
<i>Northern England Men</i>	<i>247</i>	<i>353</i>	<i>381</i>	<i>323</i>	<i>292</i>	<i>1596</i>
<i>Women</i>	<i>326</i>	<i>456</i>	<i>411</i>	<i>404</i>	<i>310</i>	<i>1907</i>

aThe data for England is based on the 1995 Health Survey for England.

bNorthern England comprises the two regions of Northern & Yorkshire and North West.

cThe sample bases shown relate to the percentages drinking more than 21 (men)/14 (women) units a week. The bases for the other measures are not identical, but are of broadly the same size.

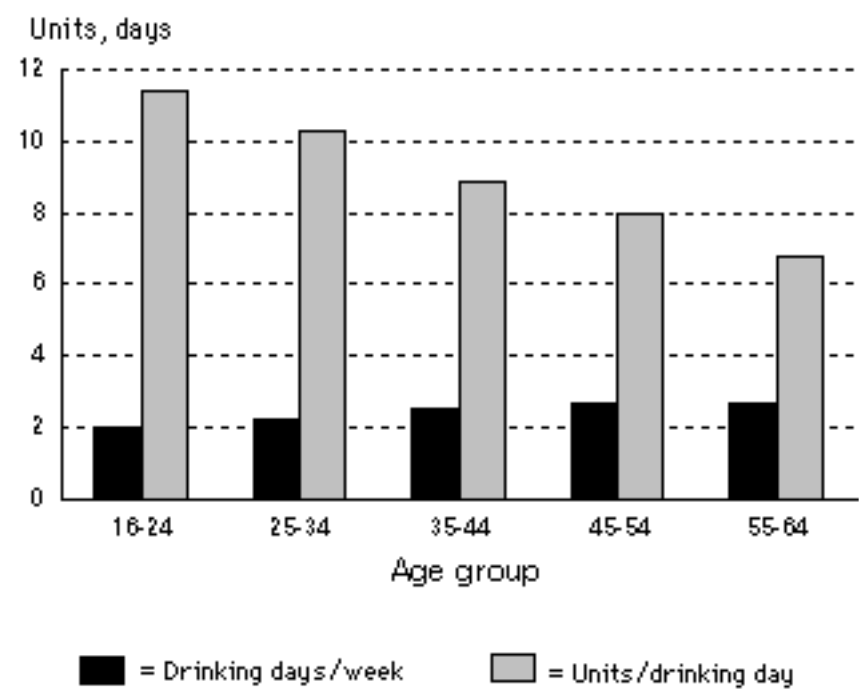
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Figure 5B: Daily alcohol consumption for men, by age.



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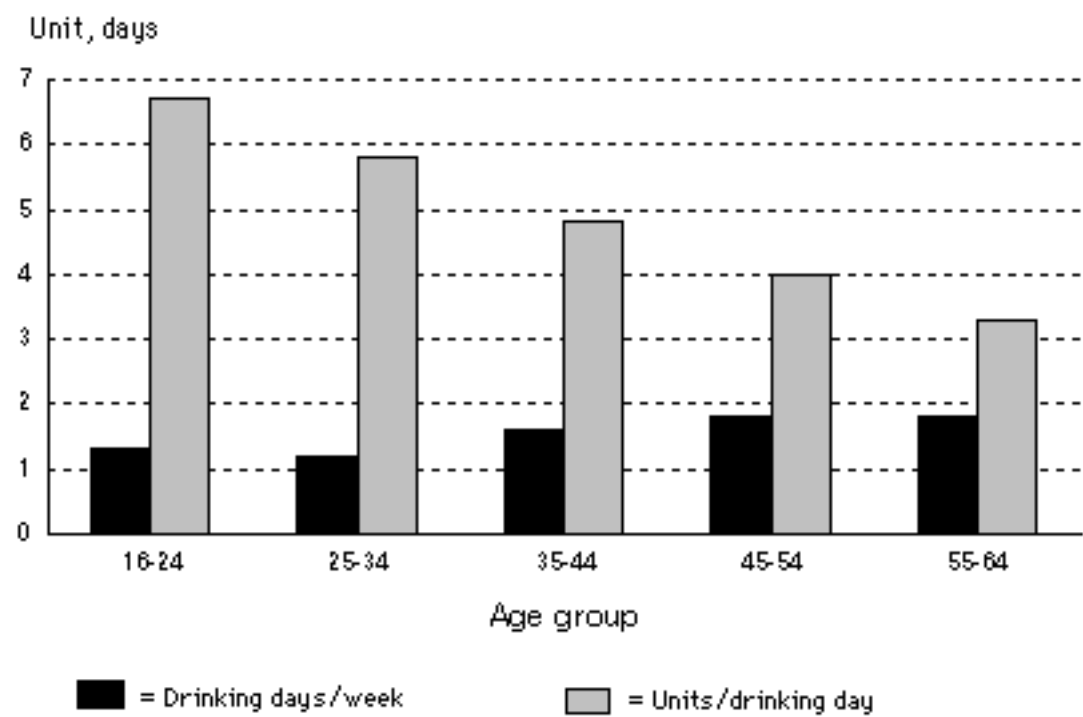
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Figure 5C: Daily alcohol consumption for women, by age.



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Table 5.5 Number of units per drinking day, and reported frequency of drinking alcohol, by sex

Current drinkers whose estimated weekly alcohol consumption over the past year was greater than zero, and who gave a usual frequency of drinking 1995

Number of units per day	Frequency of drinking alcohol							Total
	Almost every day	Five or six days a week	Three or four days a week	Once or twice a week	Once or twice a month	Once every couple of months	Once or twice a year	
Proportion of men drinking ^a								
Men								
Under 1 unit	0	0	0	0	0	0	-	1
1, under 2 units	0	0	1	1	1	1	1	5
2, under 3 units	1	1	2	2	1	1	1	8
3, under 4 units	1	1	2	2	1	0	1	7
4, under 5 units	1	0	2	3	1	1	1	9
5, under 6 units	1	0	1	2	1	0	0	6
6 or more units	5	2	13	33	7	2	1	63
All men drinkers	10	5	22	43	12	5	4	100
Proportion of women drinking ^a								
Women								
Under 1 unit	0	0	0	1	1	0	-	2
1, under 2 units	1	0	1	3	3	1	2	13
2, under 3 units	1	0	1	5	3	2	2	16
3, under 4 units	1	0	2	7	3	1	1	15
4, under 5 units	0	0	2	6	3	1	2	14
5, under 6 units	0	0	1	4	2	1	1	10
6 or more units	0	0	2	17	8	2	1	30
All women drinkers	5	2	9	44	21	9	10	100

Bases (weighted): all men drinkers 3621, all women drinkers 3541

Bases (unweighted): all men drinkers 3276, all women drinkers 3903

^aThe percentages are based on the total number of men drinkers (3621) and women drinkers (3541) respectively, not on the number in each column. Thus, for example, 13% of men drinkers usually drank on three or four days a week and usually drank 6 or more units on those days.

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Table 5.6 Proportion of alcohol units consumed in various types of drink,^a by age and sex

Type of drink	Age					1995
						Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Beer, lager, stout, cider	73	71	65	54	52	64
Shandy	3	3	3	2	2	3
Fortified wine (sherry, port, vermouth, martini, etc.)	0	1	1	2	2	1
Spirits (whisky, gin, brandy, etc.)	17	17	18	30	36	22
Wine	7	8	14	12	9	10
Women						
Beer, lager, stout, cider	37	23	18	8	5	20
Shandy	1	2	1	2	2	2
Fortified wine (sherry, port, vermouth, martini, etc.)	3	3	4	7	9	5
Spirits (whisky, gin, brandy, etc.)	36	36	38	47	55	41
Wine	23	36	38	37	28	33

^aThe percentages show the proportion of total alcohol units consumed by each sex/age group that was accounted for by each type of drink -

for example, spirits accounted for 17% of the alcohol consumption of men aged 16-24.

The bases are as shown in Table 5.7.

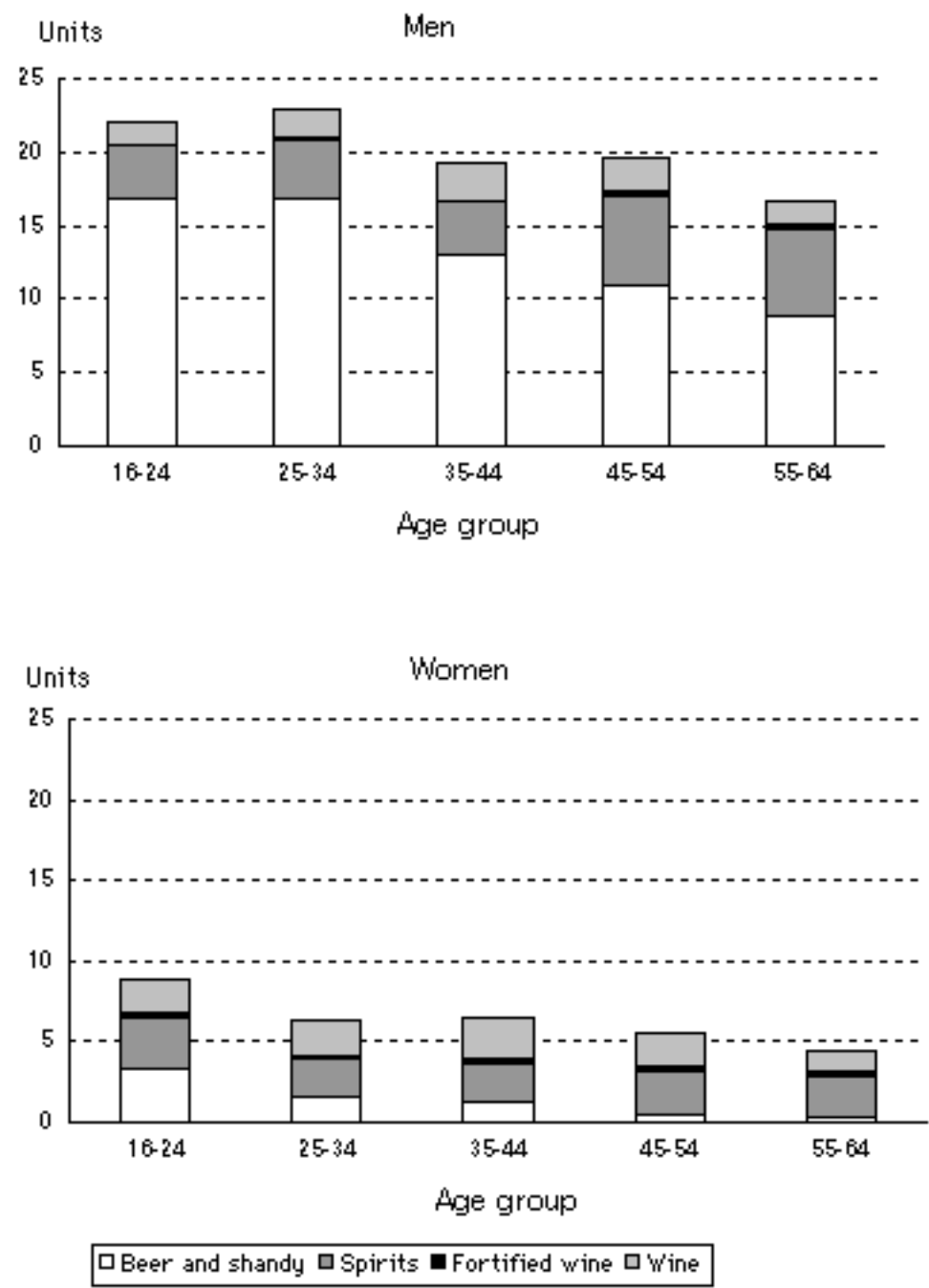
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Figure 5D: Mean weekly amounts drunk of different types of drink, by sex and age.



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Table 5.7 Estimated mean weekly alcohol units of different types of drink, by age and sex

						1995
Type of drink	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Mean alcohol units per week						
Men						
Beer, lager, stout, cider	16	16	13	11	9	13
Shandy	1	1	1	0	0	1
Fortified wine (sherry, port, vermouth, martini, etc.)	0	0	0	0	0	0
Spirits (whisky, gin, brandy, etc.)	4	4	3	6	6	4
Wine	1	2	3	2	1	2
Total	22	23	19	20	17	20
Women						
Beer, lager, stout, cider	3	1	1	0	0	1
Shandy	0	0	0	0	0	0
Fortified wine (sherry, port, vermouth, martini, etc.)	0	0	0	0	0	0
Spirits (whisky, gin, brandy, etc.)	3	2	3	3	3	3
Wine	2	2	3	2	1	2
Total	9	6	7	6	5	6
<i>Bases (weighted)</i>						
Men	667	978	850	747	597	3841
Women	648	988	863	774	664	3937
<i>Bases (unweighted)</i>						
Men	441	839	811	706	685	3482
Women	517	1158	983	821	883	4362

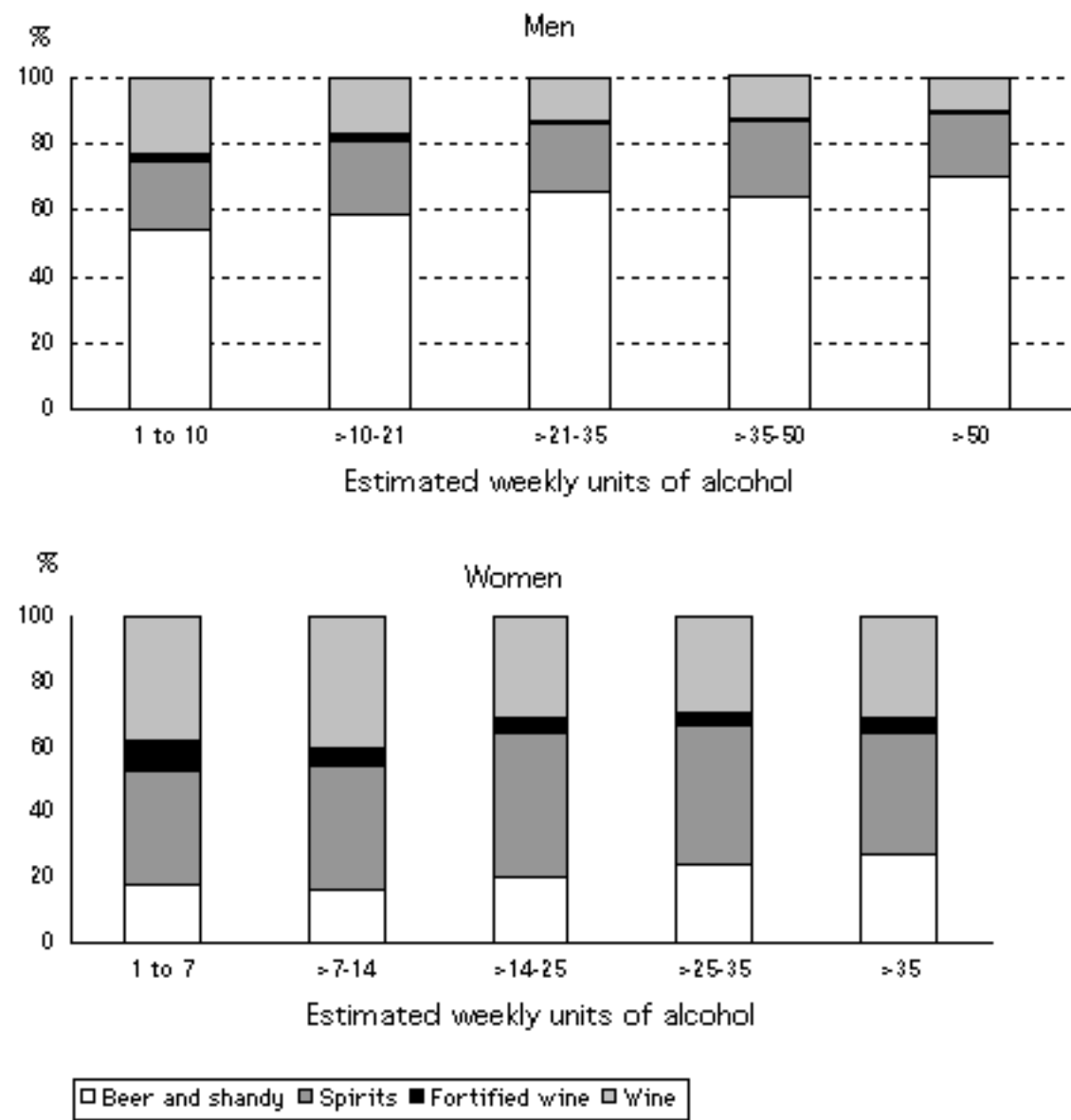
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Figure 5E: Proportion of alcohol consumed in different types of drink, by sex.



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Table 5.8 Proportion drinking more than 21 (men)/14 (women) units a week, by social class

							1995
Social class	Social class						Total ^a
	I	II	IIINM	IIIM	IV	V	
Percentage drinking more than 21 (men)/14 (women) units a week							
Men							
By social class of chief income earner	29	28	31	36	35	32	33
By informant's own social class	35	29	28	37	37	31	33
Women							
By social class of chief income earner	19	13	13	11	12	9	13
By informant's own social class	15	15	14	8	13	7	13

aMembers of the armed forces, students, and those for whom social class could not be coded are not shown separately, but are included in the total column.

The bases are as shown in Table 5.9

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Table 5.9 Estimated mean weekly per capita alcohol consumption, by social class

Alcohol consumption	Social class						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
Units of alcohol							
Men							
By social class of chief income earner							
Mean weekly units	18.4	16.8	17.5	21.6	22.7	20.4	20.1
Standard error	1.18	0.57	0.91	0.83	1.49	2.58	0.44
By informant's own social class							
Mean weekly units	20.1	17.4	17.2	22.5	23.0	19.9	20.1
Standard error	1.22	0.66	1.05	0.89	1.48	2.27	0.44
Women							
By social class of chief income earner							
Mean weekly units	7.3	6.1	6.6	5.5	6.0	4.3	6.3
Standard error	0.53	0.22	0.33	0.23	0.56	0.50	0.16
By informant's own social class							
Mean weekly units	7.0	6.4	6.5	5.1	6.3	4.3	6.3
Standard error	0.72	0.26	0.23	0.45	0.49	0.35	0.16
<i>Bases (weighted)</i>							
<i>Men (chief income earner)</i>	<i>267</i>	<i>1009</i>	<i>447</i>	<i>1235</i>	<i>529</i>	<i>179</i>	<i>3884</i>
<i>Men (informant's own social class)</i>	<i>235</i>	<i>819</i>	<i>371</i>	<i>1271</i>	<i>522</i>	<i>209</i>	<i>3884</i>
<i>Women (chief income earner)</i>	<i>252</i>	<i>982</i>	<i>684</i>	<i>1040</i>	<i>546</i>	<i>206</i>	<i>3985</i>
<i>Women (informant's own social class)</i>	<i>74</i>	<i>788</i>	<i>1274</i>	<i>293</i>	<i>638</i>	<i>363</i>	<i>3985</i>
<i>Bases (unweighted)</i>							
<i>Men (chief income earner)</i>	<i>236</i>	<i>873</i>	<i>382</i>	<i>1124</i>	<i>507</i>	<i>195</i>	<i>3513</i>
<i>Men (informant's own social class)</i>	<i>218</i>	<i>760</i>	<i>326</i>	<i>1167</i>	<i>504</i>	<i>211</i>	<i>3513</i>
<i>Women (chief income earner)</i>	<i>251</i>	<i>1066</i>	<i>832</i>	<i>1031</i>	<i>663</i>	<i>267</i>	<i>4399</i>
<i>Women (informant's own social class)</i>	<i>90</i>	<i>920</i>	<i>1377</i>	<i>365</i>	<i>732</i>	<i>411</i>	<i>4399</i>

^aMembers of the armed forces, students, and those for whom social class could not be coded are not shown separately, but are included in the total column.

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Table 5.10 Proportion drinking more than 21 (men)/14 (women) units a week, by sex, age and social class of chief income earner

<i>All</i>					<i>1995</i>
Sex and age	Social class of chief income earner				Total ^a
	I and II	IIINM	IIIM	IV and V	
	Percentage drinking more than 21 (men)/14 (women) units a week				
Men					
16-44	29	33	38	36	35
45-64	27	27	34	31	30
All men	28	31	36	34	33
Women					
16-44	14	15	12	15	15
45-64	15	9	9	5	10
All women	14	13	11	11	13
<i>Bases (weighted)</i>					
<i>Men</i>					
16-44	808	320	769	461	2535
45-64	469	127	466	247	1349
All men	1276	447	1235	708	3884
<i>Women</i>					
16-44	758	450	653	453	2543
45-64	475	235	387	299	1443
All women	1234	684	1040	752	3985
<i>Bases (unweighted)</i>					
<i>Men</i>					
16-44	662	254	640	408	2115
45-64	447	128	484	294	1398
All men	1109	382	1124	702	3513
<i>Women</i>					
16-44	765	535	617	545	2960
45-64	552	297	414	385	1709
All women	1317	832	1031	930	4399

aMembers of the armed forces, students, and those for whom social class could not be coded are not shown separately, but are included in the total column.

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Table 5.11 Usual weekly alcohol consumption, by region

<i>All</i>								1995
Alcohol consumption level (units per week)	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Have never drunk alcohol	2	2	3	1	5	4	4	3
Ex-drinker	4	2	2	2	4	3	3	3
Under 1	8	6	7	11	7	9	7	7
1-10	31	30	30	33	20	25	29	27
Over 10 - 21	22	28	28	23	28	25	25	26
Over 21 - 28	10	10	11	14	12	10	12	11
Over 28 - 35	9	7	7	5	5	7	7	7
Over 35 - 50	7	8	7	9	8	9	6	7
Over 50	8	8	7	3	12	8	8	8
Mean weekly units:								
Based on all	18.4	19.7	18.4	15.7	25.6	20.3	19.1	20.1
Based on current drinkers	19.3	20.6	19.3	16.1	28.1	21.7	20.5	21.3
Women								
Have never drunk alcohol	9	7	4	4	11	5	6	7
Ex-drinker	2	4	3	4	4	4	2	3
Under 1	22	16	15	21	15	18	19	17
1 - 7	39	41	44	45	39	41	43	41
Over 7 - 14	17	20	19	18	17	21	18	19
Over 14 - 21	7	7	9	5	9	8	8	8
Over 21 - 35	3	5	5	3	4	3	3	4
Over 35	1	1	2	0	1	0	0	1
Mean weekly units:								
Based on all	5.6	6.0	7.6	5.3	6.5	5.8	5.5	6.3
Based on current drinkers	6.3	6.8	8.2	5.7	7.7	6.4	6.0	7.0
<i>Bases (weighted)</i>								
<i>Men</i>	212	750	895	179	629	693	527	3884

<i>Women</i>	<i>207</i>	<i>679</i>	<i>856</i>	<i>193</i>	<i>764</i>	<i>731</i>	<i>556</i>	<i>3985</i>
<i>Bases (unweighted)</i>								
<i>Men</i>	<i>355</i>	<i>588</i>	<i>707</i>	<i>296</i>	<i>508</i>	<i>601</i>	<i>458</i>	<i>3513</i>
<i>Women</i>	<i>421</i>	<i>650</i>	<i>822</i>	<i>392</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4399</i>

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Table 5.12 Observed and age-standardised regional variations in drinking, by sex

								1995
Alcohol consumption	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
Drinking more than 21 units a week:								
Observed %	33	32	31	31	37	34	33	33
Age-standardised %	35	33	32	31	37	34	33	33
Drinking more than 50 units a week:								
Observed %	8	8	7	3	12	8	8	8
Age-standardised %	8	9	7	3	12	7	8	8
Estimated mean weekly units of alcohol (based on all):								
Observed mean	18.4	19.7	18.4	15.7	25.6	20.3	19.1	20.1
Age-standardised mean	18.7	19.9	18.4	15.7	26.2	20.6	19.1	20.3
Women								
Drinking more than 14 units a week:								
Observed %	11	12	16	9	14	12	12	13
Age-standardised %	11	13	16	9	15	12	12	13
Drinking more than 35 units a week:								
Observed %	1	1	2	0	1	0	0	1
Age-standardised %	1	1	3	1	1	0	0	1
Estimated mean weekly units of alcohol (based on all):								
Observed mean	5.6	6.0	7.6	5.3	6.5	5.8	5.5	6.3
Age-standardised mean	5.6	6.2	7.9	5.4	6.5	5.9	5.5	6.4
<i>Bases (weighted)</i>								
<i>Men</i>	212	750	895	179	629	693	527	3884
<i>Women</i>	207	679	856	193	764	731	556	3985

<i>Bases (unweighted)</i>								
<i>Men</i>	355	588	707	296	508	601	458	3513
<i>Women</i>	421	650	822	392	737	804	573	4399

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Table 5.13 Drinking problems among current 16-17 year old drinkers, by sex

<i>Current 16-17 year old drinkers</i>		<i>1995</i>
Drinking problems	Men	Women
Problems:	%	%
I have felt that I ought to cut down on my drinking	15	2
People have annoyed me by criticising my drinking	7	1
I have felt ashamed or guilty about my drinking	5	7
I have found that my hands were shaking in the morning after drinking the previous night	3	-
There have been occasions when I felt that I was unable to stop drinking	1	3
I have had a drink first thing in the morning to steady my nerves or get rid of a hangover	1	-
<i>Problem drinker: two or more of above problems</i>	6	-
<i>Bases (weighted)</i>	<i>145</i>	<i>119</i>
<i>Bases (unweighted)</i>	<i>87</i>	<i>78</i>

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Table 5.14 Prevalence of self-reported drunkenness among current 16-17 year old drinkers, by sex

<i>Current 16-17 year old drinkers</i>			<i>1995</i>
Drunkenness in past three months	Men	Women	Total
	%	%	%
% drunk every week	23	8	16
% drunk at least 3 times in past 3 months	36	22	29
% drunk at all in past 3 months	69	53	62
<i>Bases^a (weighted)</i>	<i>144</i>	<i>122</i>	<i>266</i>
<i>Bases^a (unweighted)</i>	<i>86</i>	<i>80</i>	<i>166</i>

aBases are given for the percentage drunk every week. Bases for the other two variables are not identical, but are of a similar size.

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Table 5.15 Gamma gt levels, by age and sex

iu/l						1995
	Age					Total
	16-24	25-34	35-44	45-54	55-64	%
	%	%	%	%	%	%
Men						
Less than 10 iu/l	6	2	1	1	2	2
10, less than 15	21	12	8	4	4	10
15, less than 25	51	40	29	29	27	35
25, less than 35	13	22	24	24	27	22
35, less than 45	6	9	14	11	16	11
45, less than 55	1	5	5	6	6	5
55 or over	2	10	19	25	17	15
Percentiles:						
5	9	12	13	15	13	12
10	11	14	15	16	16	14
50	18	23	29	30	29	25
90	33	53	86	84	75	66
95	40	74	117	137	115	98
Mean	21.0	32.2	41.3	48.4	43.6	37.3
Standard error of the mean	0.53	1.47	1.64	2.97	2.48	0.89
Geometric mean	18.7	25.1	31.5	34.9	32.8	28.0
Women						
Less than 10 iu/l	17	12	8	4	5	9
10, less than 15	40	36	33	26	15	30
15, less than 25	36	37	42	39	39	39
25, less than 35	6	9	8	13	18	11
35, less than 45	1	3	3	6	8	4
45, less than 55	0	1	2	4	5	3
55 or over	1	2	4	7	11	5
Percentiles:						
5	6	7	8	10	9	8
10	8	9	10	11	11	10
50	14	15	16	18	22	16

90	23	28	33	46	56	37
95	29	38	48	67	74	52
Mean	15.4	18.1	21.2	28.1	31.5	22.9
Standard error of the mean	0.46	0.55	1.21	2.36	1.73	0.68
Geometric mean	13.5	15.5	16.9	20.5	23.7	17.7
<i>Bases^a (weighted)</i>						
<i>Men</i>	<i>534</i>	<i>795</i>	<i>715</i>	<i>620</i>	<i>485</i>	<i>3150</i>
<i>Women</i>	<i>430</i>	<i>689</i>	<i>703</i>	<i>637</i>	<i>494</i>	<i>2954</i>
<i>Bases^a (unweighted)</i>						
<i>Men</i>	<i>338</i>	<i>672</i>	<i>667</i>	<i>575</i>	<i>548</i>	<i>2800</i>
<i>Women</i>	<i>335</i>	<i>803</i>	<i>792</i>	<i>665</i>	<i>666</i>	<i>3261</i>

aExcludes the small number of informants who were taking medicine for epilepsy.

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Table 5.16 Gamma gt levels, by alcohol consumption level and sex

iu/l	Estimated alcohol consumption level (units per week)								1995 Total ^b
	Never drank	Ex- drinker	<1	1-10	>10-21	>21-35	>35-50	>50	
	%	%	%	%	%	%	%	%	%
Men									
Less than 10 iu/l	0	1	7	3	2	1	0	0	2
10, less than 15	21	9	18	12	8	6	6	6	10
15, less than 25	38	44	35	40	36	35	25	25	35
25, less than 35	21	18	19	22	25	22	23	20	22
35, less than 45	8	11	8	12	12	12	12	8	11
45, less than 55	5	9	4	3	5	8	4	6	5
55 or over	7	9	10	9	12	15	30	34	15
Percentiles:									
5	11	12	8	12	12	13	14	14	12
10	12	13	11	13	14	15	16	16	14
50	19	24	21	23	26	27	32	34	25
90	53	53	54	52	60	69	106	137	66
95	93	72	80	69	83	110	144	267	98
Mean	27.8	30.3	29.2	28.9	35.1	39.0	49.9	72.7	37.3
Standard error of the mean	2.40	2.31	1.99	0.68	1.39	1.80	3.17	8.26	0.89
Geometric mean	23.0	26.1	22.3	24.6	27.4	29.9	37.0	42.8	28.0
Women									
	Never drank	Ex- drinker	<1	1-7	>7-14	>14-21	>21		Total
Less than 10 iu/l	12	11	9	8	10	8	5	*	9
10, less than 15	32	19	29	32	28	31	30	*	30
15, less than 25	36	35	40	41	36	38	38	*	39
25, less than 35	7	17	10	10	12	11	12	*	11
35, less than 45	3	4	5	3	5	5	5	*	4
45, less than 55	3	2	2	2	3	3	2	*	3
55 or over	6	11	5	3	6	5	9	*	5
Percentiles:									
5	8	8	8	8	8	8	9	*	8
10	9	9	10	10	10	10	11	*	10
50	15	18	17	16	17	17	17	*	16

90	39	56	38	33	40	39	46	*	37
95	61	82	52	46	56	52	112	*	52
Mean	21.9	26.0	22.9	21.0	22.7	23.7	36.9	*	22.9
Standard error of the mean	2.14	2.49	1.21	0.74	0.85	2.78	9.21	*	0.68
Geometric mean	16.7	20.1	17.7	17.0	18.2	18.3	20.5	*	17.7
<i>Bases^a (weighted)</i>									
<i>Men</i>	80	74	217	877	841	560	250	239	3150
<i>Women</i>	193	90	464	1240	567	246	150	*	2954
<i>Bases^a (unweighted)</i>									
<i>Men</i>	65	81	194	789	720	500	222	223	2800
<i>Women</i>	206	112	546	333	642	263	157	*	3261

aExcludes the small number of informants who were taking medicine for epilepsy.

bThe total includes informants whose alcohol consumption level was unknown.

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Table 6.1 Response to blood pressure measurement

All who had a nurse visit

1995

Response to blood pressure measurement	Age				Total	
	16-44		45-64		N	%
	N	%	N	%		
Men						
Valid blood pressure measurement ^a	1558	83.4	1022	82.4	2580	83.0
Ate, drank or smoked in previous half hour	290	15.5	192	15.5	482	15.5
Not known if ate, drank or smoked	7	0.4	6	0.5	13	0.4
Three valid readings not obtained	10	0.5	19	1.5	29	0.9
Refused, attempted but not obtained, not attempted	4	0.2	2	0.2	6	0.2
Women						
Valid blood pressure measurement ^a	1907	81.0	1281	85.7	3188	82.8
Ate, drank or smoked in previous half hour	326	13.9	179	12.0	505	13.1
Not known if ate, drank or smoked	15	0.6	7	0.5	22	0.6
Three valid readings not obtained	14	0.6	18	1.2	32	0.8
Pregnant	89	3.8	-	-	89	2.3
Refused, attempted but not obtained, not attempted	2	0.1	10	0.7	12	0.3
All						
Valid blood pressure measurement ^a	3465	82.1	2303	84.2	5768	82.9
Ate, drank or smoked in previous half hour	616	14.6	371	13.6	987	14.2
Not known if ate, drank or smoked	22	0.5	13	0.5	35	0.5
Three valid readings not obtained	24	0.6	37	1.4	61	0.9
Pregnant	89	2.1	-	-	89	1.3
Refused, attempted but not obtained, not attempted	6	0.1	12	0.4	18	0.3
<i>Bases (unweighted)</i>						
<i>Men</i>	1869		1241		3110	
<i>Women</i>	2353		1495		3848	
<i>All</i>	4222		2736		6958	

^aThree valid readings of systolic and diastolic blood pressure obtained.

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Table 6.2 Informants on treatment: type of drug taken, by age and sex

All informants with valid blood pressure readings on anti-hypertensive treatment

Type of drug ^a	Age		1995
	16-44	45-64	Total
	%	%	%
Men			
Diuretics	[6] 24.4	27.6	27.2
Beta blockers	[12] 47.3	47.9	47.8
ACE inhibitors	[8] 31.7	22.5	23.7
Calcium blockers	[3] 13.8	41.8	38.2
Other blood pressure drugs ^b	[2] 9.4	0.6	1.7
Women			
Diuretics	[16] 37.9	51.6	49.5
Beta blockers	[26] 60.6	39.6	42.8
ACE inhibitors	[1] 2.9	13.7	12.0
Calcium blockers	[8] 20.0	25.6	24.8
Other blood pressure drugs ^b	[3] 8.0	1.0	2.0
All			
Diuretics	32.9	41.7	40.4
Beta blockers	55.7	43.0	44.8
ACE inhibitors	13.6	17.3	16.8
Calcium blockers	17.7	32.3	30.2
Other blood pressure drugs ^b	8.5	0.8	1.9
<i>Bases (weighted)</i>			
<i>Men</i>	25	167	192
<i>Women</i>	43	235	278
<i>Alls</i>	67	402	470
<i>Bases (unweighted)</i>			
<i>Men</i>	24	168	192
<i>Women</i>	47	289	336
<i>All</i>	71	457	528

^aThe categories are not mutually exclusive.

^bThis category consists of vasodilators (BNF code 20501), centrally-acting drugs (20502), sympatholythics (20503, 20506) and alpha blockers (20504).

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Table 6.3 Systolic blood pressure, by age and sex

All with valid blood pressure readings

All with valid blood pressure readings						1995	
Systolic (mmHg)	Age					Total	
		16-24	25-34	35-44	45-54	55-64	
Men		%	%	%	%	%	
Less than 120		29	21	20	17	11	20
120, less than 130		38	36	35	25	18	31
130, less than 140		24	28	28	29	23	26
140, less than 150		8	12	13	15	18	13
150, less than 160		1	3	3	8	13	5
160, less than 170		-	0	1	4	9	2
170, less than 180		-	0	0	1	4	1
180 or more		0	-	-	2	3	1
Mean		126	129	130	134	141	131
Standard error of the mean		0.48	0.43	0.47	0.68	0.91	0.27
5th percentile		107	112	113	110	113	111
10th percentile		113	115	116	115	120	115
Median		126	128	129	133	139	130
90th percentile		140	144	145	153	166	149
95th percentile		143	148	150	163	173	158
Women		%	%	%	%	%	%
Less than 120		62	64	51	31	14	45
120, less than 130		24	27	27	29	21	26
130, less than 140		12	6	15	17	21	14
140, less than 150		1	2	5	12	18	7
150, less than 160		1	0	2	5	11	4
160, less than 170		0	-	0	3	8	2
170, less than 180		-	-	0	1	4	1
180 or more		-	-	0	1	3	1
Mean		117	116	121	129	139	124
Standard error of the mean		0.51	0.41	0.50	0.73	0.85	0.31
5th percentile		102	100	103	103	112	103
10th percentile		104	103	106	109	117	106
Median		117	116	120	127	137	122
90th percentile		132	129	138	151	165	145
95th percentile		136	135	143	162	174	157

All	%	%	%	%	%	%
Less than 120	45	42	35	24	12	33
120, less than 130	31	31	31	27	20	28
130, less than 140	18	17	21	23	22	20
140, less than 150	5	7	9	14	18	10
150, less than 160	1	2	3	7	12	4
160, less than 170	0	0	1	3	8	2
170, less than 180	-	0	0	1	4	1
180 or more	0	-	0	2	3	1
Mean	122	123	125	131	140	128
Standard error of the mean	0.37	0.34	0.36	0.50	0.62	0.21
5th percentile	104	103	105	106	112	105
10th percentile	107	108	109	112	118	109
Median	122	122	124	130	138	126
90th percentile	136	140	142	152	165	148
95th percentile	141	145	148	162	173	157
<i>Bases (weighted)</i>						
<i>Men</i>	<i>533</i>	<i>712</i>	<i>653</i>	<i>571</i>	<i>443</i>	<i>2912</i>
<i>Women</i>	<i>496</i>	<i>666</i>	<i>672</i>	<i>593</i>	<i>490</i>	<i>2917</i>
<i>All</i>	<i>1028</i>	<i>1378</i>	<i>1325</i>	<i>1164</i>	<i>934</i>	<i>5828</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>340</i>	<i>610</i>	<i>608</i>	<i>523</i>	<i>499</i>	<i>2580</i>
<i>Women</i>	<i>374</i>	<i>778</i>	<i>755</i>	<i>628</i>	<i>653</i>	<i>3188</i>
<i>All</i>	<i>714</i>	<i>1388</i>	<i>1363</i>	<i>1151</i>	<i>1152</i>	<i>5768</i>

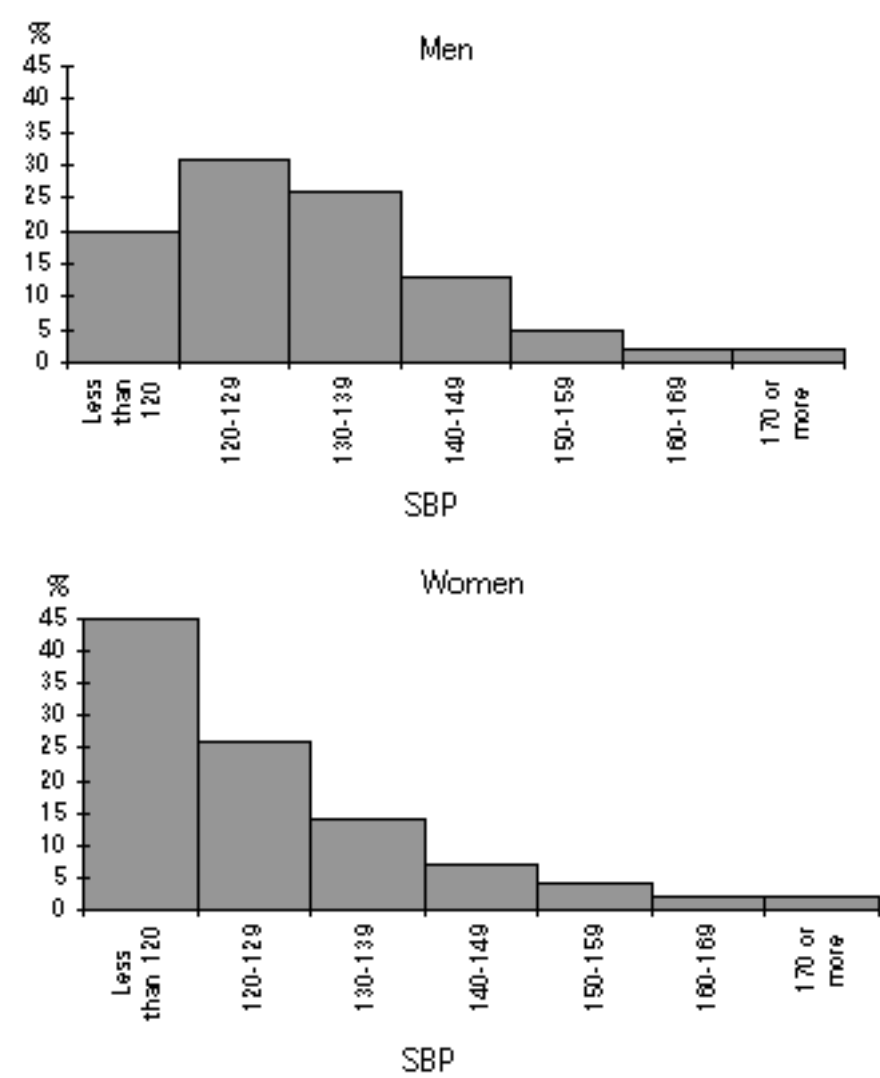
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Figure 6A: Distribution of systolic blood pressure (mmHg), by sex



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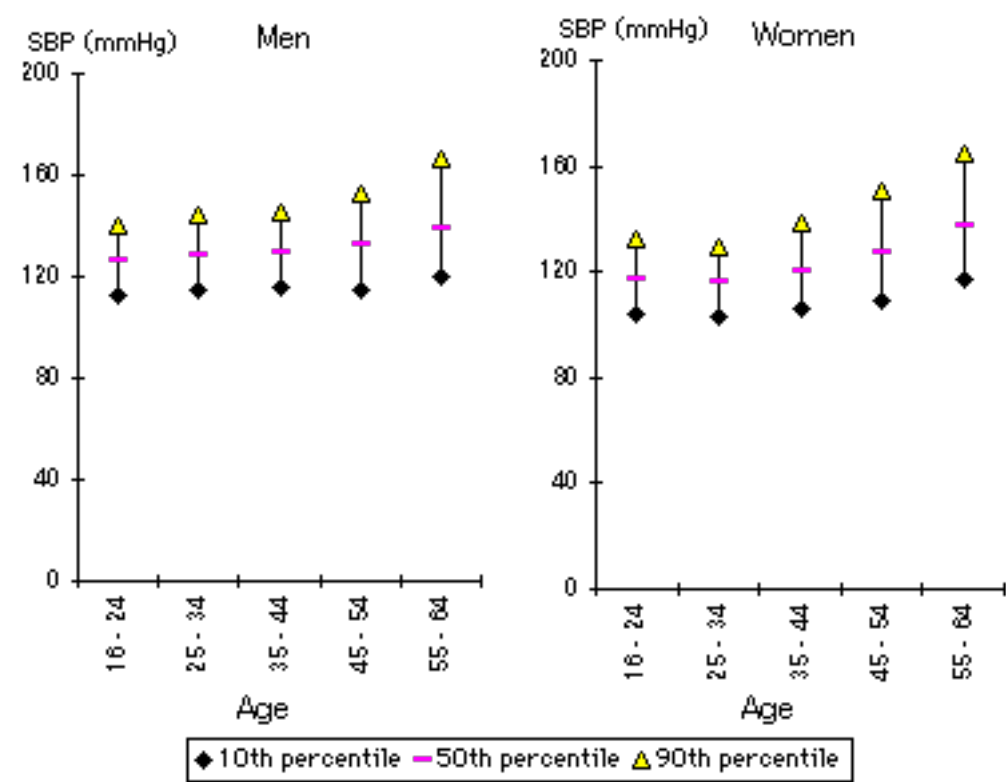
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Figure 6B: Systolic blood pressure (SBP), by age and sex.



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Table 6.4 Diastolic blood pressure, by age and sex

All with valid blood pressure readings

Diastolic (mmHg)	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Less than 60		42	15	7	2	2	14
60, less than 65		19	18	9	5	4	12
65, less than 70		22	20	17	11	10	17
70, less than 75		10	19	19	15	14	16
75, less than 80		5	12	20	18	19	15
80, less than 85		2	7	13	21	17	12
85, less than 90		0	5	7	13	15	8
90, less than 95		0	2	4	7	11	5
95, less than 100		-	1	2	4	3	2
100 or more		0	0	1	4	5	2
Mean		61	69	74	80	80	73
Standard error of the mean		0.42	0.37	0.4	0.45	0.53	0.23
5th percentile		47	53	59	63	64	53
10th percentile		48	58	62	67	67	58
Median		62	69	74	79	80	73
90th percentile		74	82	88	93	93	89
95th percentile		77	87	93	99	100	93
Women							
Less than 60		45	28	16	14	13	23
60, less than 65		20	19	20	13	10	17
65, less than 70		17	23	20	18	14	19
70, less than 75		12	15	17	17	17	16
75, less than 80		4	7	12	17	16	11
80, less than 85		1	5	8	9	13	7
85, less than 90		1	2	3	6	8	4
90, less than 95		1	1	1	3	6	2
95, less than 100		-	0	1	2	2	1
100 or more		-	0	1	2	1	1
Mean		62	65	69	72	74	68
Standard error of the mean		0.4	0.36	0.39	0.47	0.54	0.21

5th percentile	49	51	54	55	54	52
10th percentile	51	55	57	58	58	55
Median	61	65	68	71	74	68
90th percentile	73	78	82	86	89	83
95th percentile	76	82	86	93	94	88

All

Less than 60	43	22	11	8	8	18
60, less than 65	20	19	15	9	7	14
65, less than 70	20	21	19	15	12	18
70, less than 75	10	17	18	16	16	16
75, less than 80	4	10	16	18	17	13
80, less than 85	2	6	10	15	15	9
85, less than 90	0	3	5	9	11	6
90, less than 95	1	1	3	5	8	3
95, less than 100	-	0	1	3	2	1
100 or more	0	0	1	3	3	1

Mean	61	67	72	76	77	71
Standard error of the mean	0.29	0.27	0.29	0.34	0.39	0.16
5th percentile	47	52	55	58	57	52
10th percentile	50	56	59	62	62	56
Median	61	67	71	76	77	70
90th percentile	73	81	85	90	92	86
95th percentile	77	85	90	96	95	91

Bases (weighted)

<i>Men</i>	<i>533</i>	<i>712</i>	<i>653</i>	<i>571</i>	<i>443</i>	<i>2912</i>
<i>Women</i>	<i>496</i>	<i>666</i>	<i>672</i>	<i>593</i>	<i>490</i>	<i>2917</i>
<i>All</i>	<i>1028</i>	<i>1378</i>	<i>1325</i>	<i>1164</i>	<i>934</i>	<i>5828</i>

Bases (unweighted)

<i>Men</i>	<i>340</i>	<i>610</i>	<i>608</i>	<i>523</i>	<i>499</i>	<i>2580</i>
<i>Women</i>	<i>374</i>	<i>778</i>	<i>755</i>	<i>628</i>	<i>653</i>	<i>3188</i>
<i>All</i>	<i>714</i>	<i>1388</i>	<i>1363</i>	<i>1151</i>	<i>1152</i>	<i>5768</i>

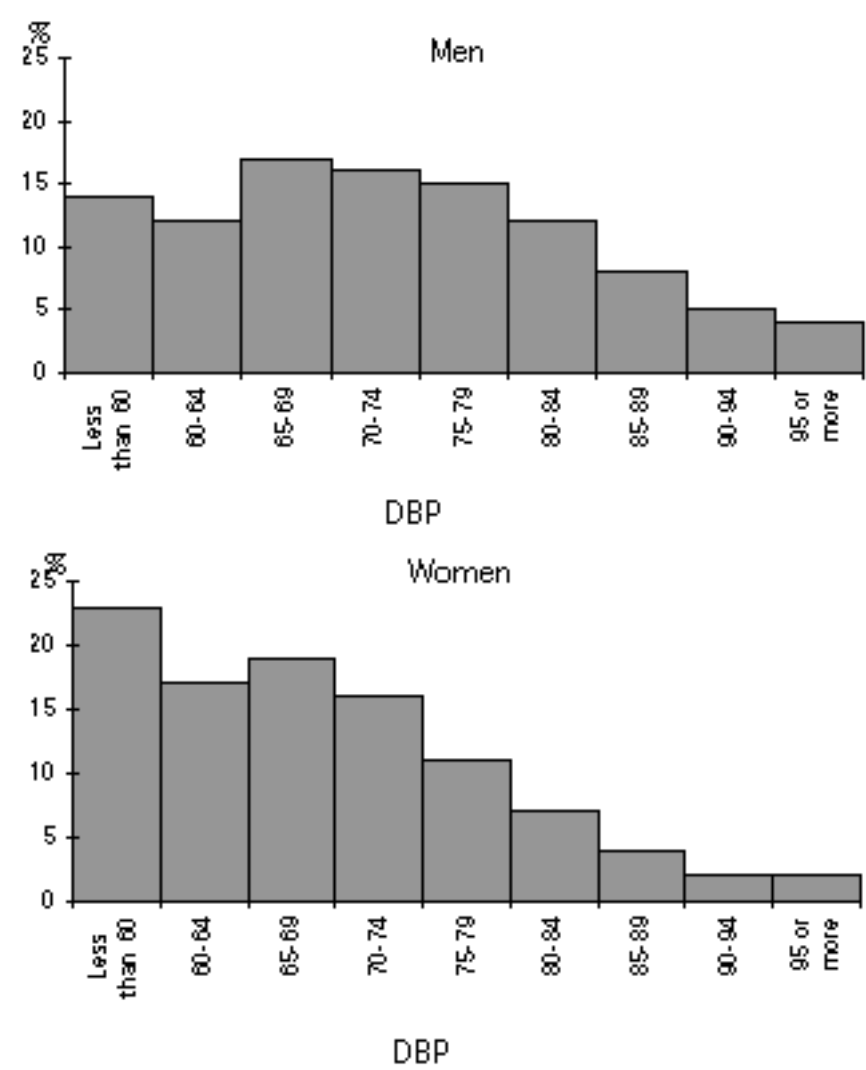
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Figure 6C: Distribution of diastolic blood pressure (DBP), by sex.



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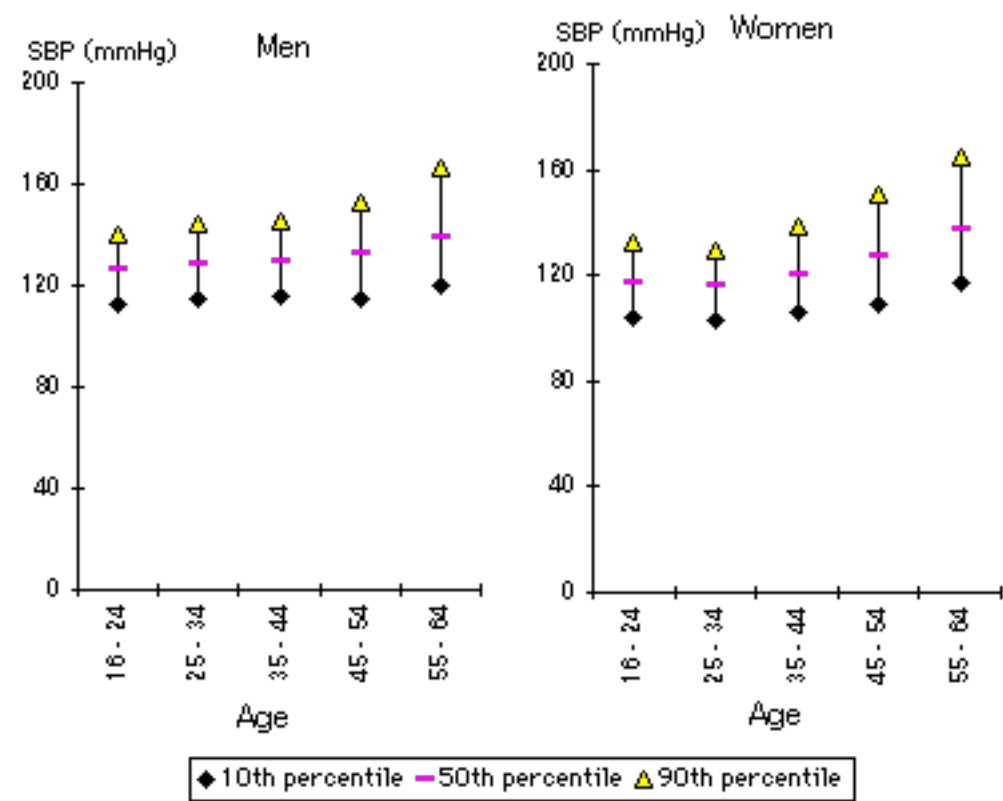
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Figure 6D: Diastolic blood pressure (DBP), by age and sex.



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Table 6.5 Pulse pressure, by age and sex

All with valid blood pressure readings						1995
Pulse pressure (mmHg)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Mean	64	59	55	54	61	58
Standard error of the mean	0.41	0.35	0.35	0.43	0.64	0.20
Women						
Mean	56	51	52	57	65	56
Standard error of the mean	0.41	0.30	0.35	0.49	0.63	0.21
All						
Mean	60	55	54	55	63	57
Standard error of the mean	0.32	0.26	0.25	0.33	0.45	0.15
<i>Bases (weighted)</i>						
<i>Men</i>	533	712	653	571	443	2912
<i>Women</i>	496	666	672	593	490	2917
<i>All</i>	1028	1378	1325	1164	934	5828
<i>Bases (unweighted)</i>						
<i>Men</i>	340	610	608	523	499	2580
<i>Women</i>	374	778	755	628	653	3188
<i>All</i>	714	1388	1363	1151	1152	5768

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Table 6.6 Mean arterial pressure, by age and sex

<i>All with valid blood pressure readings</i>						<i>1995</i>
Mean arterial pressure (mmHg)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Mean	87	92	95	100	105	95
Standard error of the mean	0.42	0.37	0.42	0.53	0.65	0.23
Women						
Mean	84	85	90	95	100	91
Standard error of the mean	0.42	0.36	0.43	0.54	0.60	0.23
All						
Mean	86	89	93	98	102	93
Standard error of the mean	0.30	0.28	0.31	0.38	0.45	0.17
<i>Bases (weighted)</i>						
Men	533	712	653	571	443	2912
Women	496	666	672	593	490	2917
All	1028	1378	1325	1164	934	5828
<i>Bases (unweighted)</i>						
Men	340	610	608	523	499	2580
Women	374	778	755	628	653	3188
All	714	1388	1363	1151	1152	5768

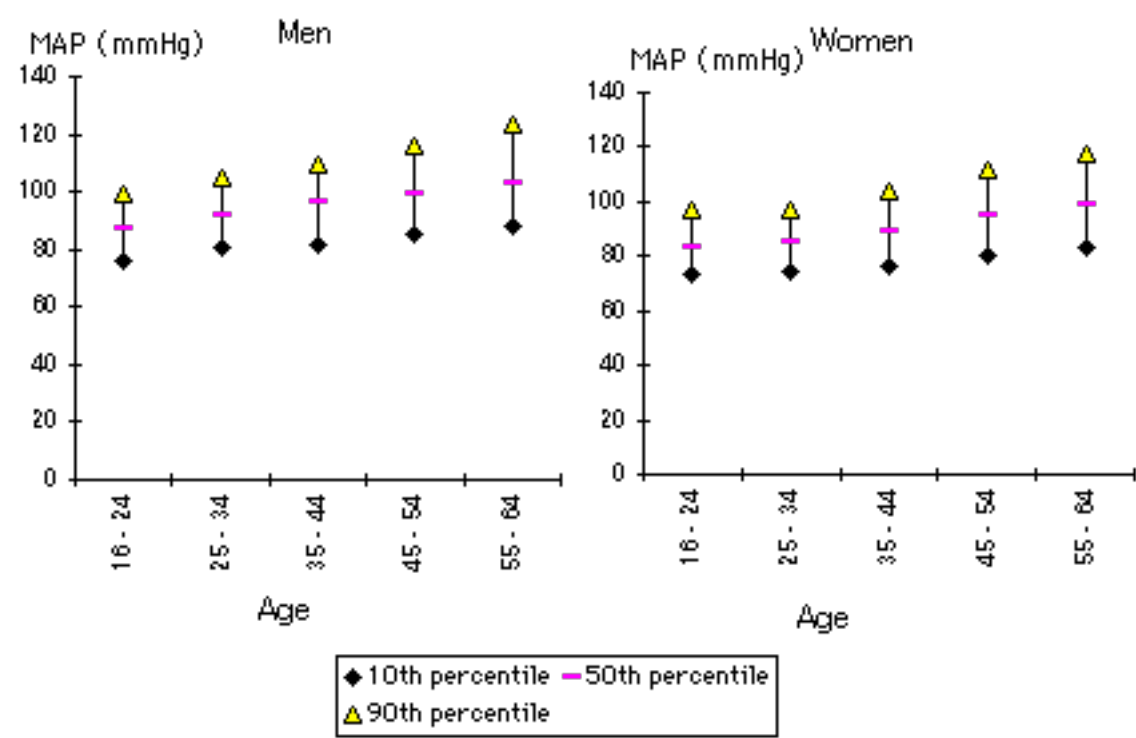
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Figure 6E: Mean arterial pressure (MAP), by age and sex.



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Table 6.7 Blood pressure level, by age and sex

All with valid blood pressure readings and data on medication

Blood pressure level ^a	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
Normotensive untreated	99.6	97.8	94.1	80.0	66.4	89.0
Normotensive treated	-	1.0	2.3	9.4	16.3	5.1
Hypertensive treated	-	0.1	0.4	2.4	6.2	1.5
Hypertensive untreated	0.4	1.1	3.2	8.2	11.2	4.4
Women						
Normotensive untreated	99.8	97.9	93.9	79.6	59.4	87.1
Normotensive treated	0.1	1.8	4.2	13.4	25.2	8.4
Hypertensive treated	-	-	0.2	1.3	5.2	1.2
Hypertensive untreated	0.1	0.3	1.6	5.6	10.2	3.3
All						
Normotensive untreated	99.7	97.9	94.0	79.8	62.7	88.1
Normotensive treated	0.1	1.4	3.2	11.5	21.0	6.7
Hypertensive treated	-	0.1	0.3	1.9	5.6	1.4
Hypertensive untreated	0.3	0.7	2.4	6.9	10.7	3.8
Men						
Not high blood pressure	99.6	97.8	94.1	80.0	66.4	89.0
High blood pressure	0.4	2.2	5.9	20.0	33.6	11.0
Women						
Not high blood pressure	99.8	97.9	93.9	79.6	59.4	87.1
High blood pressure	0.2	2.1	6.1	20.4	40.6	12.9
All						
Not high blood pressure	99.7	97.9	94.0	79.8	62.7	88.1
High blood pressure	0.3	2.1	6.0	20.2	37.3	11.9
<i>Bases (weighted)</i>						
<i>Men</i>	528	710	652	571	441	2900

<i>Women</i>	<i>494</i>	<i>664</i>	<i>670</i>	<i>591</i>	<i>488</i>	<i>2908</i>
<i>All</i>	<i>1022</i>	<i>1374</i>	<i>1322</i>	<i>1162</i>	<i>929</i>	<i>5808</i>

Bases (unweighted)

<i>Men</i>	<i>338</i>	<i>609</i>	<i>606</i>	<i>523</i>	<i>496</i>	<i>2572</i>
<i>Women</i>	<i>373</i>	<i>775</i>	<i>754</i>	<i>626</i>	<i>650</i>	<i>3178</i>
<i>All</i>	<i>711</i>	<i>1384</i>	<i>1360</i>	<i>1149</i>	<i>1146</i>	<i>5750</i>

aInformants were considered to have high blood pressure if their systolic blood pressure was ≥ 160 mmHg or their diastolic blood pressure was ≥ 95 mmHg or they were taking medication affecting blood pressure.

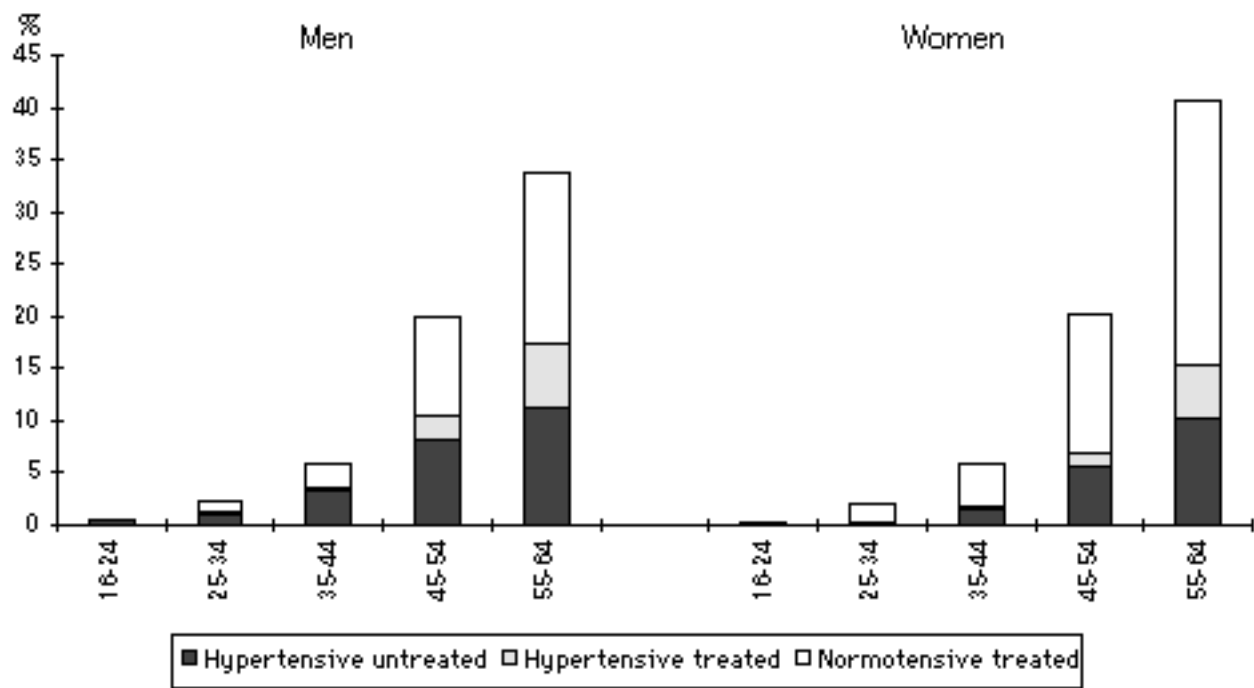
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Figure 6F: Prevalence of high blood pressure, by age and sex.



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Table 6.8 Prevalence of self-reported hypertension among those with survey-defined high blood pressure,^a by age and sex
All those with survey-defined high blood pressure 1995

Self-reported hypertension	Age			Total
		16-44	45-64	
		%	%	%
Men		54.2	60.8	59.6
Women		51.3	61.7	60.2
All		52.7	61.3	59.9
<i>Bases (weighted)</i>				
Men		56	263	318
Women		56	319	374
All		111	581	693
<i>Bases (unweighted)</i>				
Men		58	274	332
Women		65	393	458
All		123	667	790

^aInformants were considered to have high blood pressure if their systolic blood pressure was \geq 160 mmHg or their diastolic blood pressure was \geq 95 mmHg or they were taking medication affecting blood pressure.

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Table 6.9 Percentage of informants being treated among those with survey-defined high blood pressure,^a by age and sex

All those with survey-defined high blood pressure 1995

Anti-hypertensive drugs	Age		Total
	16-44	45-64	
	%	%	%
Men	44.7	63.5	60.2
Women	76.2	73.9	74.2
All	60.5	69.2	67.8

Bases (weighted)

Men	56	263	318
Women	56	319	374
All	111	581	693

Bases (unweighted)

Men	58	274	332
Women	65	393	458
All	123	667	790

aInformants were considered to have high blood pressure if their systolic blood pressure was ³ 160 mmHg or their diastolic blood pressure was ³ 95 mmHg or they were taking medication affecting blood pressure.

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Table 6.10 Percentage of informants with successfully controlled blood pressure among those who were being treated, by age and sex

Those taking anti-hypertensive medication 1995

Controlled blood pressure ^a	Age		Total
	16-44	45-64	
	%	%	%
Men	[86.4]	75.4	76.8
Women	[96.5]	85.9	87.5
All	92.8	81.5	83.1

Bases (weighted)

Men	25	167	192
Women	43	235	278
All	67	402	470

Bases (unweighted)

Men	24	168	192
Women	47	289	336
All	71	457	528

aSystolic blood pressure <160 mmHg and diastolic blood pressure <95 mmHg.

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Table 6.11 Mean systolic and diastolic blood pressure, by region, age and sex

All with valid blood pressure readings

1995

Blood pressure (mmHg)	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Systolic blood pressure								
Men								
16 - 44								
Mean	127	128	128	130	128	128	127	128
Standard error of the mean	1.08	0.61	0.53	1.30	0.71	0.63	0.72	0.27
45 - 64								
Mean	136	137	135	136	138	137	139	137
Standard error of the mean	2.03	1.27	1.16	2.10	1.54	1.33	1.53	0.56
All men								
Mean	130	131	131	132	132	132	131	131
Standard error of the mean	1.06	0.61	0.52	1.17	0.79	0.67	0.75	0.27
Women								
16 - 44								
Mean	118	118	118	120	118	120	117	118
Standard error of the mean	1.36	0.62	0.57	1.28	0.68	0.68	0.70	0.28
45 - 64								
Mean	134	134	132	136	134	135	131	134
Standard error of the mean	2.18	1.32	1.32	2.10	1.43	1.39	1.46	0.57
All women								
Mean	124	124	123	126	124	126	122	124
Standard error of the mean	1.33	0.73	0.63	1.31	0.78	0.75	0.76	0.31
All informants								
16 - 44								
Mean	123	124	123	124	123	124	122	123
Standard error of the mean	0.92	0.48	0.43	0.99	0.54	0.49	0.55	0.21
45 - 64								
Mean	135	135	134	136	136	136	134	135
Standard error of the mean	1.50	0.92	0.88	1.48	1.05	0.96	1.08	0.40
All								
Mean	127	128	127	129	128	129	126	128
Standard error of the mean	0.87	0.48	0.42	0.90	0.57	0.51	0.56	0.21

Diastolic blood pressure

16 - 44

Mean	68	69	69	70	71	69	67	69
Standard error of the mean	1.23	0.57	0.55	1.26	0.64	0.61	0.64	0.26

45 - 64

Mean	79	81	80	79	80	79	80	80
Standard error of the mean	1.56	0.77	0.73	1.18	0.90	0.79	0.89	0.34

All men

Mean	72	73	72	73	74	73	72	73
Standard error of the mean	1.05	0.51	0.48	0.97	0.58	0.53	0.61	0.23

Women**16 - 44**

Mean	65	66	66	66	66	66	64	66
Standard error of the mean	1.12	0.51	0.48	1.08	0.58	0.57	0.58	0.23

45 - 64

Mean	72	74	74	75	73	73	70	73
Standard error of the mean	1.34	0.90	0.78	1.31	0.8	0.83	0.91	0.35

All women

Mean	68	69	68	70	68	69	66	68
S.standard error of the mean	0.90	0.50	0.43	0.89	0.50	0.49	0.51	0.21

All informants**16 - 44**

Mean	67	68	67	68	68	68	66	67
Standard error of the mean	0.84	0.40	0.37	0.83	0.44	0.42	0.44	0.18

45 - 64

Mean	75	77	77	77	76	76	75	76
Standard error of the mean	1.06	0.62	0.56	0.91	0.63	0.59	0.71	0.26

All

Mean	70	71	70	71	71	71	69	71
Standard error of the mean	0.70	0.36	0.33	0.67	0.39	0.37	0.41	0.16

*Bases (weighted)**Men*

<i>16 - 44</i>	<i>101</i>	<i>410</i>	<i>460</i>	<i>83</i>	<i>253</i>	<i>328</i>	<i>263</i>	<i>1898</i>
<i>45 - 64</i>	<i>57</i>	<i>204</i>	<i>198</i>	<i>54</i>	<i>168</i>	<i>202</i>	<i>131</i>	<i>1014</i>
<i>All men</i>	<i>158</i>	<i>614</i>	<i>658</i>	<i>138</i>	<i>421</i>	<i>529</i>	<i>394</i>	<i>2912</i>

Women

<i>16 - 44</i>	<i>98</i>	<i>320</i>	<i>426</i>	<i>90</i>	<i>307</i>	<i>322</i>	<i>271</i>	<i>1834</i>
<i>45 - 64</i>	<i>66</i>	<i>208</i>	<i>201</i>	<i>63</i>	<i>195</i>	<i>198</i>	<i>153</i>	<i>1083</i>
<i>All women</i>	<i>164</i>	<i>528</i>	<i>626</i>	<i>153</i>	<i>502</i>	<i>520</i>	<i>424</i>	<i>2917</i>

All informants

<i>16 - 44</i>	<i>199</i>	<i>729</i>	<i>885</i>	<i>174</i>	<i>560</i>	<i>650</i>	<i>534</i>	<i>3731</i>
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<i>45 - 64</i>	<i>123</i>	<i>413</i>	<i>399</i>	<i>117</i>	<i>363</i>	<i>400</i>	<i>284</i>	<i>2097</i>
<i>All</i>	<i>322</i>	<i>1142</i>	<i>1284</i>	<i>291</i>	<i>923</i>	<i>1050</i>	<i>817</i>	<i>5828</i>
<i>Bases (unweighted)</i>								
<i>Men</i>								
<i>16 - 44</i>	<i>147</i>	<i>301</i>	<i>329</i>	<i>127</i>	<i>189</i>	<i>260</i>	<i>205</i>	<i>1558</i>
<i>45 - 64</i>	<i>115</i>	<i>176</i>	<i>179</i>	<i>100</i>	<i>135</i>	<i>187</i>	<i>130</i>	<i>1022</i>
<i>All men</i>	<i>262</i>	<i>477</i>	<i>508</i>	<i>227</i>	<i>324</i>	<i>447</i>	<i>335</i>	<i>2580</i>
<i>Women</i>								
<i>16 - 44</i>	<i>179</i>	<i>290</i>	<i>385</i>	<i>172</i>	<i>284</i>	<i>330</i>	<i>267</i>	<i>1907</i>
<i>45 - 64</i>	<i>148</i>	<i>215</i>	<i>213</i>	<i>133</i>	<i>186</i>	<i>222</i>	<i>164</i>	<i>1281</i>
<i>All women</i>	<i>327</i>	<i>505</i>	<i>598</i>	<i>305</i>	<i>470</i>	<i>552</i>	<i>431</i>	<i>3188</i>
<i>All informants</i>								
<i>16 - 44</i>	<i>326</i>	<i>591</i>	<i>714</i>	<i>299</i>	<i>473</i>	<i>590</i>	<i>472</i>	<i>3465</i>
<i>45 - 64</i>	<i>263</i>	<i>391</i>	<i>392</i>	<i>233</i>	<i>321</i>	<i>409</i>	<i>294</i>	<i>2303</i>
<i>All</i>	<i>589</i>	<i>982</i>	<i>1106</i>	<i>532</i>	<i>794</i>	<i>999</i>	<i>766</i>	<i>5768</i>

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Table 6.12 Estimated regional differences in blood pressure (adjusted for age^a), by sex

All with valid blood pressure readings

1995

		Difference from overall mean	95% C.I. ^b			Difference from overall mean	
Variable	N	(mmHg)		Variable	N	(mmHg)	95% C.I. ^b
Men <i>Base^d 2912</i>				Women <i>Base^d 2917</i>			
Systolic blood pressure				Systolic blood pressure			
Region ^c (p=0.820)				Region ^c (p=0.008)			
Highland & Islands	158	-1.28	-3.21, 0.65	Highland & Islands	164	-0.53	-2.50, 1.44
Grampian & Tayside	614	0.07	-1.04, 1.18	Grampian & Tayside	528	-0.04	-1.24, 1.17
Lothian & Fife	658	-0.24	-1.32, 0.85	Lothian & Fife	626	-0.62	-1.75, 0.52
Borders, Dumfries & Galloway	138	0.75	-1.31, 2.80	Borders, Dumfries & Galloway	153	1.52	-0.50, 3.55
Greater Glasgow	421	0.66	-0.62, 1.94	Greater Glasgow	502	-0.15	-1.37, 1.08
Lanarkshire, Ayrshire & Arran	529	-0.06	-1.22, 1.11	Lanarkshire, Ayrshire & Arran	520	1.69	0.48, 2.90
Forth Valley, Argyll & Clyde	394	0.09	-1.22, 1.40	Forth Valley, Argyll & Clyde	424	-1.89	-3.20, -0.58
Diastolic blood pressure				Diastolic blood pressure			
Region ^c (p=0.087)				Region ^c (p<0.001)			
Highland & Islands	158	-0.88	-2.31, 0.55	Highland & Islands	164	-0.49	-1.89, 0.91
Grampian & Tayside	614	0.49	-0.33, 1.31	Grampian & Tayside	528	0.67	-0.19, 1.53
Lothian & Fife	658	-0.01	-0.81, 0.79	Lothian & Fife	626	0.55	-0.26, 1.36
Borders, Dumfries & Galloway	138	0.05	-1.46, 1.57	Borders, Dumfries & Galloway	153	1.05	-0.40, 2.49
Greater Glasgow	421	1.30	0.36, 2.24	Greater Glasgow	502	-0.07	-0.95, 0.80
Lanarkshire, Ayrshire & Arran	529	-0.36	-1.22, 0.51	Lanarkshire, Ayrshire & Arran	520	0.61	-0.26, 1.47
Forth Valley, Argyll & Clyde	394	-0.60	-1.57, 0.36	Forth Valley, Argyll & Clyde	424	-2.30	-3.24, -1.37

^aAdjusted for age group using linear regression

^bC.I. = confidence interval

^cEach region is compared to the overall mean

^dWeighted bases

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Table 6.13 Blood pressure level, by region, age and sex

All with valid blood pressure measurements and data on medication

Blood pressure level ^a	Region							1995 Total
	Highland & Islands %	Grampian & Tayside %	Lothian & Fife %	Borders, Dumfries & Galloway %	Greater Glasgow %	Lanarkshire, Ayrshire & Arran %	Forth Valley, Argyll & Clyde %	%
Men								
16 - 44								
Normotensive untreated	95.9	96.0	97.3	95.0	96.8	98.2	98.1	97.1
Normotensive treated	0.3	1.1	0.8	1.5	2.2	0.5	1.7	1.1
Hypertensive treated	-	0.2	0.4	0.8	-	-	-	0.2
Hypertensive untreated	3.8	2.6	1.5	2.7	0.9	1.2	0.2	1.6
45 - 64								
Normotensive untreated	83.3	80.2	77.2	76.4	69.2	70.5	66.3	74.0
Normotensive treated	8.2	6.5	8.8	14.8	16.8	14.1	19.7	12.4
Hypertensive treated	-	3.7	5.0	3.2	5.4	5.6	1.1	4.1
Hypertensive untreated	8.5	9.6	9.0	5.6	8.6	9.8	12.9	9.5
All men								
Normotensive untreated	91.3	90.8	91.2	87.7	85.8	87.7	87.5	89.0
Normotensive treated	3.2	2.9	3.2	6.8	8.1	5.7	7.7	5.1
Hypertensive treated	-	1.4	1.8	1.7	2.1	2.1	0.4	1.5
Hypertensive untreated	5.5	4.9	3.8	3.8	4.0	4.5	4.4	4.4
Women								
16 - 44								
Normotensive untreated	97.7	97.5	96.0	94.2	98.5	96.8	96.9	96.9
Normotensive treated	0.5	2.3	3.1	5.0	0.9	2.1	2.2	2.2
Hypertensive treated	-	0.2	-	-	0.2	-	-	0.1
Hypertensive untreated	1.7	-	0.9	0.8	0.3	1.1	0.9	0.7
45 - 64								
Normotensive untreated	72.0	69.4	79.5	65.8	65.5	70.7	67.6	70.5
Normotensive treated	19.5	19.9	12.1	23.1	21.2	16.3	23.8	18.7
Hypertensive treated	2.5	2.9	1.1	1.6	3.7	4.8	3.7	3.1
Hypertensive untreated	6.0	7.9	7.3	9.5	9.5	8.3	5.0	7.7
All women								
Normotensive untreated	87.5	86.5	90.7	82.5	85.7	86.8	86.3	87.1
Normotensive treated	8.1	9.2	6.0	12.5	8.8	7.5	10.0	8.4
Hypertensive treated	1.0	1.3	0.4	0.7	1.6	1.8	1.3	1.2

Hypertensive untreated	3.4	3.1	2.9	4.4	3.9	3.9	2.4	3.3
All informants								
16 - 44								
Normotensive untreated	96.8	96.7	96.7	94.6	97.7	97.5	97.5	97.0
Normotensive treated	0.4	1.6	1.9	3.3	1.5	1.3	1.9	1.7
Hypertensive treated	-	0.2	0.2	0.4	0.1	-	-	0.1
Hypertensive untreated	2.8	1.5	1.2	1.7	0.6	1.2	0.6	1.2
45 - 64								
Normotensive untreated	77.3	74.7	78.4	70.7	67.2	70.6	67.0	72.2
Normotensive treated	14.2	13.3	10.5	19.3	19.2	15.2	21.9	15.7
Hypertensive treated	1.3	3.3	3.1	2.4	4.5	5.2	2.5	3.6
Hypertensive untreated	7.2	8.7	8.1	7.7	9.1	9.0	8.6	8.6
All								
Normotensive untreated	89.3	88.8	91.0	84.9	85.8	87.2	86.9	88.1
Normotensive treated	5.7	5.8	4.6	9.8	8.5	6.6	8.9	6.7
Hypertensive treated	0.5	1.3	1.1	1.2	1.8	2.0	0.9	1.4
Hypertensive untreated	4.5	4.1	3.4	4.1	3.9	4.2	3.4	3.8
<i>Bases (weighted)</i>								
<i>Men</i>								
<i>16 - 44</i>	<i>101</i>	<i>403</i>	<i>460</i>	<i>83</i>	<i>253</i>	<i>328</i>	<i>262</i>	<i>1899</i>
<i>45 - 64</i>	<i>57</i>	<i>202</i>	<i>198</i>	<i>54</i>	<i>168</i>	<i>202</i>	<i>131</i>	<i>1011</i>
<i>All men</i>	<i>158</i>	<i>605</i>	<i>658</i>	<i>138</i>	<i>421</i>	<i>529</i>	<i>392</i>	<i>2900</i>
<i>Women</i>								
<i>16 - 44</i>	<i>98</i>	<i>320</i>	<i>425</i>	<i>90</i>	<i>307</i>	<i>320</i>	<i>269</i>	<i>1829</i>
<i>45 - 64</i>	<i>65</i>	<i>206</i>	<i>201</i>	<i>63</i>	<i>194</i>	<i>197</i>	<i>153</i>	<i>1079</i>
<i>All women</i>	<i>163</i>	<i>526</i>	<i>626</i>	<i>153</i>	<i>501</i>	<i>517</i>	<i>422</i>	<i>2908</i>
<i>All informants</i>								
<i>16 - 44</i>	<i>199</i>	<i>723</i>	<i>885</i>	<i>174</i>	<i>560</i>	<i>647</i>	<i>531</i>	<i>3718</i>
<i>45 - 64</i>	<i>123</i>	<i>408</i>	<i>399</i>	<i>117</i>	<i>362</i>	<i>399</i>	<i>284</i>	<i>2090</i>
<i>All</i>	<i>321</i>	<i>1130</i>	<i>1283</i>	<i>291</i>	<i>922</i>	<i>1046</i>	<i>815</i>	<i>5808</i>
<i>Bases (unweighted)</i>								
<i>Men</i>								
<i>16 - 44</i>	<i>146</i>	<i>298</i>	<i>329</i>	<i>127</i>	<i>189</i>	<i>260</i>	<i>204</i>	<i>1553</i>
<i>45 - 64</i>	<i>115</i>	<i>173</i>	<i>179</i>	<i>100</i>	<i>135</i>	<i>187</i>	<i>130</i>	<i>1019</i>
<i>All men</i>	<i>266</i>	<i>471</i>	<i>508</i>	<i>227</i>	<i>324</i>	<i>447</i>	<i>334</i>	<i>2572</i>
<i>Women</i>								
<i>16 - 44</i>	<i>179</i>	<i>290</i>	<i>384</i>	<i>171</i>	<i>284</i>	<i>328</i>	<i>266</i>	<i>1902</i>
<i>45 - 64</i>	<i>147</i>	<i>213</i>	<i>213</i>	<i>133</i>	<i>185</i>	<i>221</i>	<i>164</i>	<i>1276</i>
<i>All women</i>	<i>326</i>	<i>503</i>	<i>597</i>	<i>304</i>	<i>469</i>	<i>549</i>	<i>430</i>	<i>3178</i>

<i>All informants</i>								
<i>16 - 44</i>	<i>325</i>	<i>588</i>	<i>713</i>	<i>298</i>	<i>473</i>	<i>588</i>	<i>470</i>	<i>3455</i>
<i>45 - 64</i>	<i>262</i>	<i>386</i>	<i>392</i>	<i>233</i>	<i>320</i>	<i>408</i>	<i>294</i>	<i>2295</i>
<i>All</i>	<i>587</i>	<i>974</i>	<i>1105</i>	<i>531</i>	<i>793</i>	<i>996</i>	<i>764</i>	<i>5750</i>

aInformants were considered to have high blood pressure if their systolic blood pressure was \geq 160 mmHg or their diastolic blood pressure was \geq 95 mmHg or they were taking medication affecting blood pressure.

BBases were for all informants who had valid blood pressure readings; 18 of them did not have data on treatment.

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Table 6.14 Observed and age-standardised prevalence of high blood pressure, by region and sex

All with valid blood pressure readings and data on medication 1995

High blood pressure ^a	Region						
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Valley, Argyll & Clyde
Men	%	%	%	%	%	%	%
Observed	8.7	9.2	8.8	12.3	14.2	12.3	12.5
Age-standardised	7.4	8.1	7.4	10.3	12.6	10.4	10.5
Women							
Observed	12.5	13.5	9.3	17.5	14.3	13.2	13.7
Age-standardised	11.2	11.3	8.1	15.8	12.1	10.9	11.2
<i>Bases (weighted)</i>							
<i>Men</i>	158	605	658	138	421	529	392
<i>Women</i>	163	526	626	153	501	517	422
<i>Bases (unweighted)</i>							
<i>Men</i>	261	471	508	227	324	447	334
<i>Women</i>	326	503	597	304	469	549	430

^aInformants were considered to have high blood pressure if their systolic blood pressure was ≥ 160 mmHg or their diastolic blood pressure was ≥ 95 mmHg or they were taking medication affecting blood pressure.

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All with valid blood pressure readings

1995

Blood pressure (mmHg)	Social class of chief income earner						Total ^a
	I	II	IIINM	IIIM	IV	V	
Systolic blood pressure							
Men							
16 - 44							
Mean	129	128	129	128	128	126	128
Standard error of the mean	0.98	0.54	0.70	0.48	0.73	1.39	0.27
45 - 64							
Mean	134	137	136	138	137	139	137
Standard error of the mean	1.96	0.97	2.05	0.99	1.61	2.90	0.56
All men							
Mean	131	132	131	132	131	131	131
Standard error of the mean	0.95	0.52	0.76	0.51	0.76	1.53	0.27
Women							
16 - 44							
Mean	120	118	119	118	120	120	118
Standard error of the mean	1.28	0.51	0.64	0.53	0.83	1.66	0.28
45 - 64							
Mean	133	132	135	133	134	136	134
Standard error of the mean	2.12	1.00	1.38	1.20	1.49	2.65	0.57
All women							
Mean	124	124	124	124	125	127	124
Standard error of the mean	1.20	0.56	0.74	0.64	0.85	1.65	0.31
Diastolic blood pressure							
Men							
16 - 44							
Mean	71	69	71	69	68	66	69
Standard error of the mean	0.93	0.52	0.66	0.47	0.69	1.39	0.26
45 - 64							
Mean	80	80	81	80	80	80	80
Standard error of the mean	1.34	0.61	1.13	0.57	0.94	1.89	0.34
All men							
Mean	74	73	73	73	72	72	73
Standard error of the mean	0.82	0.44	0.62	0.40	0.62	1.27	0.23
Women							
16 - 44							

Mean	68	67	65	65	66	66	66
Standard error of the mean	0.94	0.44	0.56	0.44	0.69	1.27	0.23
45 - 64							
Mean	72	72	74	73	73	74	73
Standard error of the mean	1.51	0.62	0.89	0.72	0.90	1.45	0.35
All women							
Mean	69	69	68	68	69	70	68
Standard error of the mean	0.82	0.37	0.51	0.41	0.58	1.02	0.21
<i>Bases (weighted)</i>							
Men							
16 - 44	<i>141</i>	<i>493</i>	<i>258</i>	<i>554</i>	<i>259</i>	<i>69</i>	<i>1898</i>
45 - 64	<i>75</i>	<i>297</i>	<i>90</i>	<i>347</i>	<i>130</i>	<i>45</i>	<i>1014</i>
All men	<i>216</i>	<i>790</i>	<i>347</i>	<i>902</i>	<i>389</i>	<i>114</i>	<i>2912</i>
Women							
16 - 44	<i>122</i>	<i>462</i>	<i>318</i>	<i>470</i>	<i>239</i>	<i>71</i>	<i>1834</i>
45 - 64	<i>66</i>	<i>310</i>	<i>175</i>	<i>304</i>	<i>142</i>	<i>57</i>	<i>1083</i>
All women	<i>187</i>	<i>772</i>	<i>493</i>	<i>774</i>	<i>381</i>	<i>128</i>	<i>2917</i>
<i>Bases (unweighted)</i>							
Men							
16 - 44	<i>120</i>	<i>393</i>	<i>204</i>	<i>460</i>	<i>220</i>	<i>65</i>	<i>1558</i>
45 - 64	<i>71</i>	<i>280</i>	<i>92</i>	<i>350</i>	<i>142</i>	<i>56</i>	<i>1022</i>
All men	<i>191</i>	<i>673</i>	<i>296</i>	<i>810</i>	<i>362</i>	<i>121</i>	<i>2580</i>
Women							
16 - 44	<i>113</i>	<i>464</i>	<i>379</i>	<i>441</i>	<i>281</i>	<i>81</i>	<i>1907</i>
45 - 64	<i>72</i>	<i>369</i>	<i>223</i>	<i>316</i>	<i>177</i>	<i>83</i>	<i>1281</i>
All women	<i>185</i>	<i>833</i>	<i>602</i>	<i>757</i>	<i>458</i>	<i>164</i>	<i>3188</i>

aThe total includes those for whom social class could not be determined.

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Table 6.16 Estimated social class differences in systolic blood pressure adjusted for age^a, by sex

All with valid blood pressure readings				1995			
Variable	N	Difference from Social Class I (mmHg)	95% C.I. ^b	Variable	N	Difference from Social Class I (mmHg)	95% C.I. ^b
Men <i>Base^d</i> 2758				Women <i>Base^d</i> 2736			
Social Class ^c (p=0.89)				Social Class ^c (p= 0.48)			
I	216	0		I	187	0	
II	790	0.66	-1.44, 2.76	II	772	-0.96	-3.29, 1.37
IIINM	347	1.03	-1.35, 3.41	IIINM	493	0.27	-2.19, 2.73
IIIM	902	0.63	-1.45, 2.71	IIIM	774	-0.62	-2.95, 1.71
IV	389	0.13	-2.20, 2.46	IV	381	0.52	-2.04, 3.07
V	114	-0.40	-3.58, 2.79	V	128	0.63	-2.66, 3.92

aAdjusted for age group using linear regression

bC.I. = confidence interval

cComparisons are made to Social Class I.

dWeighted base

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Table 6.17 Blood pressure level, by social class of chief income earner, age and sex

All with valid blood pressure readings and data on medication

Blood pressure level ^b	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
	%	%	%	%	%	%	%
Men							
16 - 44							
Normotensive untreated	98	96	98	96	99	96	97
Normotensive treated	1	1	-	2	-	3	1
Hypertensive treated	-	0	-	-	0	-	0
Hypertensive untreated	1	2	2	2	1	1	2
45 - 64							
Normotensive untreated	83	76	78	70	75	82	74
Normotensive treated	4	11	9	15	13	7	12
Hypertensive treated	-	5	1	4	6	4	4
Hypertensive untreated	13	8	12	11	7	6	9
All men							
Normotensive untreated	93	88	93	86	91	91	89
Normotensive treated	2	5	2	7	4	4	5
Hypertensive treated	-	2	0	2	2	2	2
Hypertensive untreated	5	4	5	5	3	3	4
Women							
16 - 44							
Normotensive untreated	97	98	97	97	97	95	97
Normotensive treated	2	2	2	3	2	3	2
Hypertensive treated	-	-	-	0	0	-	0
Hypertensive untreated	2	0	1	1	1	2	1
45 - 64							
Normotensive untreated	69	78	69	67	62	69	70
Normotensive treated	22	12	22	19	26	19	19
Hypertensive treated	3	1	5	4	3	2	3
Hypertensive untreated	6	8	4	9	9	10	8
All women							
Normotensive untreated	87	90	87	85	84	84	87
Normotensive treated	9	6	9	9	11	10	8
Hypertensive treated	1	0	2	2	1	1	1
Hypertensive untreated	3	3	2	4	4	5	3

Bases (weighted)

Men

<i>16 - 44</i>	<i>141</i>	<i>487</i>	<i>258</i>	<i>554</i>	<i>259</i>	<i>69</i>	<i>1899</i>
<i>45 - 64</i>	<i>75</i>	<i>296</i>	<i>90</i>	<i>347</i>	<i>130</i>	<i>44</i>	<i>1011</i>
<i>All men</i>	<i>216</i>	<i>783</i>	<i>347</i>	<i>902</i>	<i>389</i>	<i>113</i>	<i>2900</i>
<i>Women</i>							
<i>16 - 44</i>	<i>120</i>	<i>462</i>	<i>317</i>	<i>470</i>	<i>239</i>	<i>70</i>	<i>1829</i>
<i>45 - 64</i>	<i>66</i>	<i>307</i>	<i>175</i>	<i>304</i>	<i>142</i>	<i>56</i>	<i>1079</i>
<i>All women</i>	<i>186</i>	<i>769</i>	<i>492</i>	<i>774</i>	<i>381</i>	<i>126</i>	<i>2908</i>
<i>Bases (unweighted)</i>							
<i>Men</i>							
<i>16 - 44</i>	<i>120</i>	<i>390</i>	<i>204</i>	<i>460</i>	<i>220</i>	<i>65</i>	<i>1553</i>
<i>45 - 64</i>	<i>71</i>	<i>278</i>	<i>92</i>	<i>350</i>	<i>142</i>	<i>55</i>	<i>1019</i>
<i>All men</i>	<i>191</i>	<i>668</i>	<i>296</i>	<i>810</i>	<i>362</i>	<i>120</i>	<i>2572</i>
<i>Women</i>							
<i>16 - 44</i>	<i>112</i>	<i>464</i>	<i>378</i>	<i>441</i>	<i>280</i>	<i>80</i>	<i>1902</i>
<i>45 - 64</i>	<i>72</i>	<i>366</i>	<i>223</i>	<i>315</i>	<i>177</i>	<i>82</i>	<i>1276</i>
<i>All women</i>	<i>184</i>	<i>830</i>	<i>601</i>	<i>756</i>	<i>457</i>	<i>162</i>	<i>3178</i>

aThe total includes those for whom social class could not be determined.

bInformants were considered to have high blood pressure if their systolic blood pressure was \geq 160 mmHg or their diastolic blood pressure was \geq 95 mmHg or they were taking medication affecting blood pressure.

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Table 6.18 Observed and age-standardised prevalence of high blood pressure^a, by social class of chief income earner and sex

All with valid blood pressure readings and data on medication

1995

High blood pressure	Social class of chief income earner					
	I	II	IIINM	IIIM	IV	V
	%	%	%	%	%	%
Men						
Observed	7.5	11.5	7.5	13.7	9.4	9.4
Age-standardised	6.7	9.5	7.7	10.5	8.3	7.1
Women						
Observed	13.2	10.1	13.3	14.9	16.1	16.2
Age-standardised	11.2	7.9	11.8	12.7	14.2	10.3
<i>Bases (weighted)</i>						
<i>Men</i>	216	783	347	902	389	113
<i>Women</i>	186	769	492	774	381	126
<i>Bases (unweighted)</i>						
<i>Men</i>	191	668	296	810	362	120
<i>Women</i>	184	830	601	756	457	162

^aInformants were considered to have high blood pressure if their systolic blood pressure was ≥ 160 mmHg or their diastolic blood pressure was ≥ 95 mmHg or they were taking medication affecting blood pressure.

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Table 6.19 Mean systolic and diastolic blood pressure, by body mass index (BMI), age and sex

All with valid blood pressure readings

1995

Blood pressure (mmHg)	BMI (kg/m ²)				Total ^a
	20 or less	Over 20-25	Over 25-30	Over 30	
Systolic blood pressure					
Men					
16 - 44					
Mean	123	126	130	135	128
Standard error of the mean	1.04	0.38	0.41	0.77	0.27
45 - 64					
Mean	[128]	135	137	141	137
Standard error of the mean	[9.95]	1.12	0.77	1.28	0.56
All men					
Mean	123	128	133	138	131
Standard error of the mean	1.21	0.41	0.42	0.74	0.27
Women					
16 - 44					
Mean	116	116	120	125	118
Standard error of the mean	0.89	0.38	0.53	0.76	0.28
45 - 64					
Mean	[127]	129	134	140	134
Standard error of the mean	[3.39]	0.92	0.94	1.30	0.57
All women					
Mean	118	120	126	133	124
Standard error of the mean	0.94	0.42	0.58	0.84	0.31
Diastolic blood pressure					
Men					
16 - 44					
Mean	61	66	71	76	69
Standard error of the mean	0.97	0.36	0.42	0.68	0.26
45 - 64					
Mean	[76]	78	81	82	80
Standard error of the mean	[5.10]	0.66	0.46	0.82	0.34
All men					
Mean	62	69	75	79	73
Standard error of the mean	1.04	0.35	0.34	0.55	0.23
Women					
16 - 44					

Mean	64	64	66	70	66
Standard error of the mean	0.77	0.32	0.46	0.65	0.23
45 - 64					
Mean	[70]	71	74	75	73
Standard error of the mean	[2.56]	0.58	0.58	0.79	0.35
All women					
Mean	65	66	70	72	68
Standard error of the mean	0.77	0.29	0.39	0.53	0.21
<i>Bases (weighted)</i>					
<i>Men</i>					
16 - 44	106	833	646	232	1898
45 - 64	9	249	504	203	1014
All men	114	1081	1150	435	2912
<i>Women</i>					
16 - 44	195	868	444	228	1834
45 - 64	34	358	388	237	1083
All women	229	1226	832	464	2917
<i>Bases (unweighted)</i>					
<i>Men</i>					
16 - 44	76	655	561	196	1558
45 - 64	11	256	494	208	1022
All men	87	911	1055	404	2580
<i>Women</i>					
16 - 44	183	933	451	237	1907
45 - 64	43	407	457	293	1281
All women	226	1340	908	530	3188
aThe total includes those for whom BMI was unknown.					

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Table 6.20 Mean systolic and diastolic blood pressure, by cigarette smoking status, age and sex

All with valid blood pressure readings

1995

Blood pressure (mmHg)	Cigarette smoking status				Total ^a
	Non-smoker	Ex-smoker	Smokes less than 20 a day	Smokes 20 or more a day	
Systolic blood pressure					
Men					
16 - 44					
Mean	129	128	127	127	128
Standard of the mean	0.34	0.69	0.66	0.96	0.27
45 - 64					
Mean	134	139	138	136	137
Standard of the mean	0.84	1.00	1.53	1.46	0.56
All men					
Mean	130	134	130	132	131
Standard of the mean	0.33	0.68	0.66	0.90	0.27
Women					
16 - 44					
Mean	119	118	117	119	118
Standard of the mean	0.37	0.68	0.60	1.02	0.28
45 - 64					
Mean	134	133	134	133	134
Standard of the mean	0.82	1.20	1.33	1.83	0.57
All women					
Mean	124	125	123	125	124
Standard of the mean	0.41	0.77	0.68	1.06	0.31
Diastolic blood pressure					
Men					
16 - 44					
Mean	69	71	67	69	69
Standard of the mean	0.35	0.60	0.60	0.82	0.26
45 - 64					
Mean	80	81	80	79	80
Standard of the mean	0.53	0.58	0.98	0.90	0.34
All men					
Mean	71	77	71	74	73
Standard of the mean	0.32	0.46	0.57	0.67	0.23
Women					
16 - 44					

Mean	65	66	66	67	66
Standard of the mean	0.31	0.61	0.51	0.79	0.23
45 - 64					
Mean	73	72	73	74	73
Standard of the mean	0.51	0.71	0.87	1.05	0.35
All women					
Mean	68	69	68	70	68
Standard of the mean	0.28	0.49	0.47	0.67	0.21
<i>Bases (weighted)</i>					
<i>Men</i>					
<i>16 - 44</i>	<i>1086</i>	<i>292</i>	<i>350</i>	<i>168</i>	<i>1898</i>
<i>45 - 64</i>	<i>349</i>	<i>387</i>	<i>122</i>	<i>156</i>	<i>1014</i>
<i>All men</i>	<i>1436</i>	<i>679</i>	<i>472</i>	<i>324</i>	<i>2912</i>
<i>Women</i>					
<i>16 - 44</i>	<i>1026</i>	<i>243</i>	<i>396</i>	<i>164</i>	<i>1834</i>
<i>45 - 64</i>	<i>503</i>	<i>257</i>	<i>199</i>	<i>125</i>	<i>1083</i>
<i>All women</i>	<i>1529</i>	<i>500</i>	<i>594</i>	<i>288</i>	<i>2917</i>
<i>Bases (unweighted)</i>					
<i>Men</i>					
<i>16 - 44</i>	<i>876</i>	<i>247</i>	<i>280</i>	<i>154</i>	<i>1558</i>
<i>45 - 64</i>	<i>335</i>	<i>384</i>	<i>131</i>	<i>172</i>	<i>1022</i>
<i>All men</i>	<i>1211</i>	<i>631</i>	<i>411</i>	<i>326</i>	<i>2580</i>
<i>Women</i>					
<i>16 - 44</i>	<i>996</i>	<i>259</i>	<i>445</i>	<i>203</i>	<i>1907</i>
<i>45 - 64</i>	<i>596</i>	<i>314</i>	<i>227</i>	<i>144</i>	<i>1281</i>
<i>All women</i>	<i>1592</i>	<i>573</i>	<i>672</i>	<i>347</i>	<i>3188</i>

aThe total includes informants whose cigarette smoking status was unknown.

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Mean	136	135	132	134	133	134
Standard error of the mean	2.57	1.17	0.87	1.49	1.42	0.57
All women						
Mean	129	125	124	123	123	124
Standard error of the mean	2.01	0.71	0.46	0.69	0.74	0.31
Diastolic blood pressure						
Women						
16 - 44						
Mean	[67]	64	66	66	65	66
Standard error of the mean	[1.99]	0.53	0.35	0.50	0.61	0.23
45 - 64						
Mean	74	73	72	73	74	73
Standard error of the mean	1.52	0.68	0.55	0.95	0.89	0.35
All women						
Mean	71	68	69	68	68	68
Standard error of the mean	1.26	0.45	0.31	0.47	0.54	0.21
<i>Bases (weighted)</i>						
<i>Men</i>						
16 - 44	30	190	542	502	625	1898
45 - 64	40	116	294	267	298	1014
All men	70	306	836	769	922	2912
<i>Women</i>						
16-44	30	384	780	386	248	1834
45 - 64	53	302	457	168	104	1083
All women	83	685	1237	554	352	2917
<i>Bases (unweighted)</i>						
<i>Men</i>						
16 - 44	33	138	442	410	531	1558
45 - 64	42	122	306	256	296	1022
All men	75	260	748	666	827	2580
<i>Women</i>						
16 - 44	36	382	818	405	261	1907
45 - 64	69	377	510	204	121	1281
All women	105	759	1328	609	382	3188

aThe total includes informants whose alcohol consumption level was unknown.

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Table 6.22 Mean systolic and diastolic blood pressure, by frequency-intensity level of physical activity, age and sex

All with valid blood pressure readings

1995

Blood pressure (mmHg)	Frequency-intensity level			Total ^a
	Level 0	Levels 1,2	Levels 3-5	
Systolic blood pressure				
Men				
16 - 44				
Mean	129	128	128	128
Standard error of the mean	0.73	0.47	0.37	0.27
45 - 64				
Mean	138	137	136	137
Standard error of the mean	1.07	0.89	0.98	0.56
All men				
Mean	134	131	130	131
Standard error of the mean	0.70	0.45	0.38	0.27
Women				
16 - 44				
Mean	119	118	118	118
Standard error of the mean	0.63	0.45	0.42	0.28
45 - 64				
Mean	135	133	132	134
Standard error of the mean	1.11	0.95	0.93	0.57
All women				
Mean	126	124	122	124
Standard error of the mean	0.68	0.50	0.46	0.31
Diastolic blood pressure				
Men				
16 - 44				
Mean	70	71	67	69
Standard error of the mean	0.62	0.46	0.35	0.26
45 - 64				
Mean	81	80	79	80
Standard error of the mean	0.63	0.55	0.59	0.34
All men				
Mean	76	74	70	73
Standard error of the mean	0.49	0.38	0.34	0.23
Women				
16 - 44				

Mean	66	66	65	66
Standard error of the mean	0.51	0.38	0.36	0.23
45 - 64				
Mean	73	73	73	73
Standard error of the mean	0.66	0.58	0.61	0.35
All women				
Mean	69	68	68	68
Standard error of the mean	0.43	0.34	0.33	0.21

Bases (weighted)

Men

16 - 44	280	643	967	1898
45 - 64	333	360	315	1014
All men	613	1003	1281	2912

Women

16 - 44	397	702	726	1834
45 - 64	332	405	339	1083
All men	728	1106	1065	2917

Bases (unweighted)

Men

16 - 44	241	529	781	1558
45 - 64	334	358	322	1022
All men	575	887	1103	2580

Women

16 - 44	380	745	773	1907
45 - 64	394	485	390	1281
All women	774	1230	1163	3188

aThe total includes informants whose frequency-intensity level was unknown.

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Table 6.23 Estimated differences in systolic blood pressure, by behavioural factors (adjusted for age^a) and sex

1995

Men			Women		
Variable	N	Difference from reference category ^e	Variable	N	Difference from reference category ^e
Men Base= 2757^c			Women Base =2726^c		
Smoking (p = .857)			Smoking (p= 0.19)		
Non-regular smoker	1368	0	Non-regular smoker	1432	0
Ex-smoker	641	-0.03 -1.37, 1.31	Ex-smoker	464	-1.62 -3.11, -0.12
Less than 20 a day	442	0.48 -0.99, 1.95	Less than 20 a day	561	-0.40 -1.78, 0.98
20 or more a day	305	-0.38 -2.10, 1.35	20 or more a day	269	0.05 -1.80, 1.90
BMI (p<.001)		0.82 ^d 0.69, 0.96	BMI (p<.001)		0.75 ^d 0.64, 0.86
Drinking (p< 0.01)			Drinking (p= 0.29)		
Non/occasional drinker	285	0	Non/occasional drinker	79	0
Ex-drinker	60	-5.25 -9.03, -1.47	Ex-drinker	634	2.04 -1.26, 5.34
1-10 units pre week	803	0.05 -1.77, 1.88	1-7 units per week	1152	0.65 -0.72, 2.02
> 10-21 units per week	735	0.96 -0.90, 2.81	>7-14 units per week	524	1.41 -0.23, 3.06
> 21 units per week	874	2.44 0.63, 4.26	> 14 units per week	338	1.67 -0.20, 3.54
Physical activity (p= 0.394)			Physical activity (p=0.068)		
Level 0	575	0	Level 0	664	0
Levels 1-2	958	-0.78 -2.19, 0.63	Levels 1-2	1047	-0.87 -2.24, 0.51
Levels 3-5	1224	-0.95 -2.33, 0.44	Levels 3-5	1016	-1.63 -3.02, -0.25

aAdjusted for age group using linear regression

bC.I. = confidence interval

cWeighted based

dAverage increase in SBP for every unit increase in BMI (kg/m²).

eReference categories are: non-regular smoker; non/occasional drinker; level 0 of physical activity

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Table 6.24 Comparison of blood pressure in 1995 Scottish Health Survey with the 1984-86 Scottish Heart Health Study, by age and sex

All with valid blood pressure readings

Age	Systolic BP		Diastolic BP		Diastolic BP >100 mmHg	
	Men	Women	Men	Women	Men	Women
Scottish Health Survey^a	Mean (standard deviation)				Percentage	
40-44	130 (12.4)	122 (12.7)	76 (10.0)	70 (9.7)	2	-
45-49	132 (14.9)	126 (16.1)	79 (10.2)	71 (10.6)	3	0
50-54	135 (17.6)	133 (19.2)	80 (11.2)	74 (12.2)	5	3
55-59	139 (17.6)	136 (18.0)	80 (11.3)	73 (12.0)	5	1
All aged 40-59	134 (15.8)	129 (17.3)	79 (10.8)	72 (11.1)	3	1

Bases (weighted)

40-44	318	321	318	321	318	321
45-49	319	337	319	337	319	337
50-54	251	256	251	256	251	256
55-59	227	261	227	261	227	261
All aged 40-59	1115	1175	1115	1175	1115	1175

Scottish Heart Health Study^b	Mean (standard deviation)				Percentage	
40-44	130 (15.6)	123 (16.1)	83 (11.1)	78 (10.9)	8	4
45-49	131 (17.5)	128 (18.2)	84 (11.7)	81 (11.2)	9	6
50-54	135 (18.9)	134 (20.9)	85 (11.6)	83 (11.7)	11	9
55-59	140 (21.5)	139 (22.3)	85 (12.0)	83 (11.7)	12	8
All aged 40-59	134 (19.0)	131 (20.4)	84 (11.6)	81 (11.5)	10	7

Bases^c

40-44	1263	1342	1263	1342	1263	1342
45-49	1202	1262	1202	1262	1202	1262
50-54	1364	1346	1364	1346	1364	1346
55-59	1294	1286	1294	1286	1294	1286
All aged 40-59	5123	5236	5123	5236	5123	5236

aBlood pressure based on the mean of the last two readings, using the DINAMAP 8100 monitor.

bBlood pressure based on the mean of the first two readings, using the Hawsley random zero sphygmomanometer

cNumber of participants in the survey

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All with valid blood pressure readings Health Surveys for Scotland 1995 and England 1994

Systolic blood pressure (mmHg)	Age	16-24	25-34	35-44	45-54	55-64	Total
Men							
Scotland							
Mean		126	129	130	134	141	131
Standard error of the mean		0.48	0.43	0.47	0.68	0.91	0.27
5th percentile		107	112	113	110	113	111
10th percentile		113	115	116	115	120	115
Median		126	128	129	133	139	130
90th percentile		140	144	145	153	166	149
95th percentile		143	148	150	163	173	158
England							
Mean		130	131	132	136	144	135
Standard error of the mean		0.44	0.33	0.40	0.54	0.66	0.22
5th percentile		112	114	112	114	115	114
10th percentile		116	118	116	118	121	118
Median		130	130	131	134	142	132
90th percentile		146	146	150	157	168	154
95th percentile		151	151	157	166	177	162
Northern England^a							
Mean		130	132	133	138	146	136
Standard error of the mean		0.81	0.67	0.82	0.97	1.26	0.43
5th percentile		112	114	113	118	115	115
10th percentile		117	118	117	120	122	118
Median		129	132	131	136	145	133
90th percentile		146	148	152	157	172	156
95th percentile		150	152	156	165	177	164
Women							
Scotland							
Mean		117	116	121	129	139	124
Standard error of the mean		0.51	0.41	0.50	0.73	0.85	0.31
5th percentile		102	100	103	103	112	103
10th percentile		104	103	106	109	117	106
Median		117	116	120	127	137	122
90th percentile		132	129	138	151	165	145
95th percentile		136	135	143	162	174	157
England							

Mean	121	122	125	132	143	128
Standard error of the mean	0.38	0.32	0.39	0.53	0.68	0.23
5th percentile	106	104	105	110	113	106
10th percentile	108	108	109	113	120	110
Median	121	120	123	129	140	125
90th percentile	135	137	143	156	170	150
95th percentile	141	142	149	166	181	160
Northern England ^a						
Mean	122	123	126	132	143	129
Standard error of the mean	0.67	0.64	0.72	1.13	1.22	0.44
5th percentile	106	104	108	108	113	107
10th percentile	110	109	111	112	123	111
Median	121	123	124	129	142	126
90th percentile	134	137	144	156	164	151
95th percentile	141	141	153	168	174	159
All with valid blood pressure readings						
Systolic blood pressure	Age					Total
(mmHg)		16-24	25-34	35-44	45-54	
All informants						
Scotland						
Mean	122	123	125	131	140	128
Standard error of the mean	0.37	0.34	0.36	0.50	0.62	0.21
5th percentile	104	103	105	106	112	105
10th percentile	107	108	109	112	118	109
Median	122	122	124	130	138	126
90th percentile	136	140	142	152	165	148
95th percentile	141	145	148	162	173	157
England						
Mean	126	126	128	134	144	131
Standard error of the mean	0.31	0.25	0.29	0.38	0.47	0.16
5th percentile	107	107	108	111	115	109
10th percentile	111	111	111	115	120	113
Median	125	126	127	131	141	129
90th percentile	142	142	147	157	169	152
95th percentile	148	148	154	166	178	161
Northern England ^a						
Mean	126	127	130	135	145	132
Standard error of the mean	0.56	0.50	0.56	0.76	0.88	0.32
5th percentile	108	108	110	112	115	110
10th percentile	112	111	113	116	123	114
Median	125	127	127	132	144	130
90th percentile	141	144	149	156	168	154
95th percentile	148	150	154	166	175	162

*Bases (weighted)**Scotland*

<i>Men</i>	<i>533</i>	<i>712</i>	<i>653</i>	<i>571</i>	<i>443</i>	<i>2912</i>
<i>Women</i>	<i>496</i>	<i>666</i>	<i>672</i>	<i>593</i>	<i>490</i>	<i>2917</i>
<i>All</i>	<i>1028</i>	<i>1378</i>	<i>1325</i>	<i>1164</i>	<i>934</i>	<i>5828</i>

*Bases (unweighted)**Scotland*

<i>Men</i>	<i>340</i>	<i>610</i>	<i>608</i>	<i>523</i>	<i>499</i>	<i>2580</i>
<i>Women</i>	<i>374</i>	<i>778</i>	<i>755</i>	<i>628</i>	<i>653</i>	<i>3188</i>
<i>All</i>	<i>714</i>	<i>1388</i>	<i>1363</i>	<i>1151</i>	<i>1152</i>	<i>5768</i>

England

<i>Men</i>	<i>710</i>	<i>1167</i>	<i>1110</i>	<i>922</i>	<i>817</i>	<i>4726</i>
<i>Women</i>	<i>806</i>	<i>1278</i>	<i>1247</i>	<i>1070</i>	<i>861</i>	<i>5262</i>
<i>All</i>	<i>1516</i>	<i>2445</i>	<i>2357</i>	<i>1992</i>	<i>1678</i>	<i>9988</i>

Northern England^a

<i>Men</i>	<i>199</i>	<i>321</i>	<i>285</i>	<i>257</i>	<i>238</i>	<i>1300</i>
<i>Women</i>	<i>221</i>	<i>338</i>	<i>338</i>	<i>287</i>	<i>225</i>	<i>1409</i>
<i>All</i>	<i>420</i>	<i>659</i>	<i>623</i>	<i>544</i>	<i>463</i>	<i>2709</i>

aNorthern England includes the Northern & Yorkshire and North West regional health authority areas.

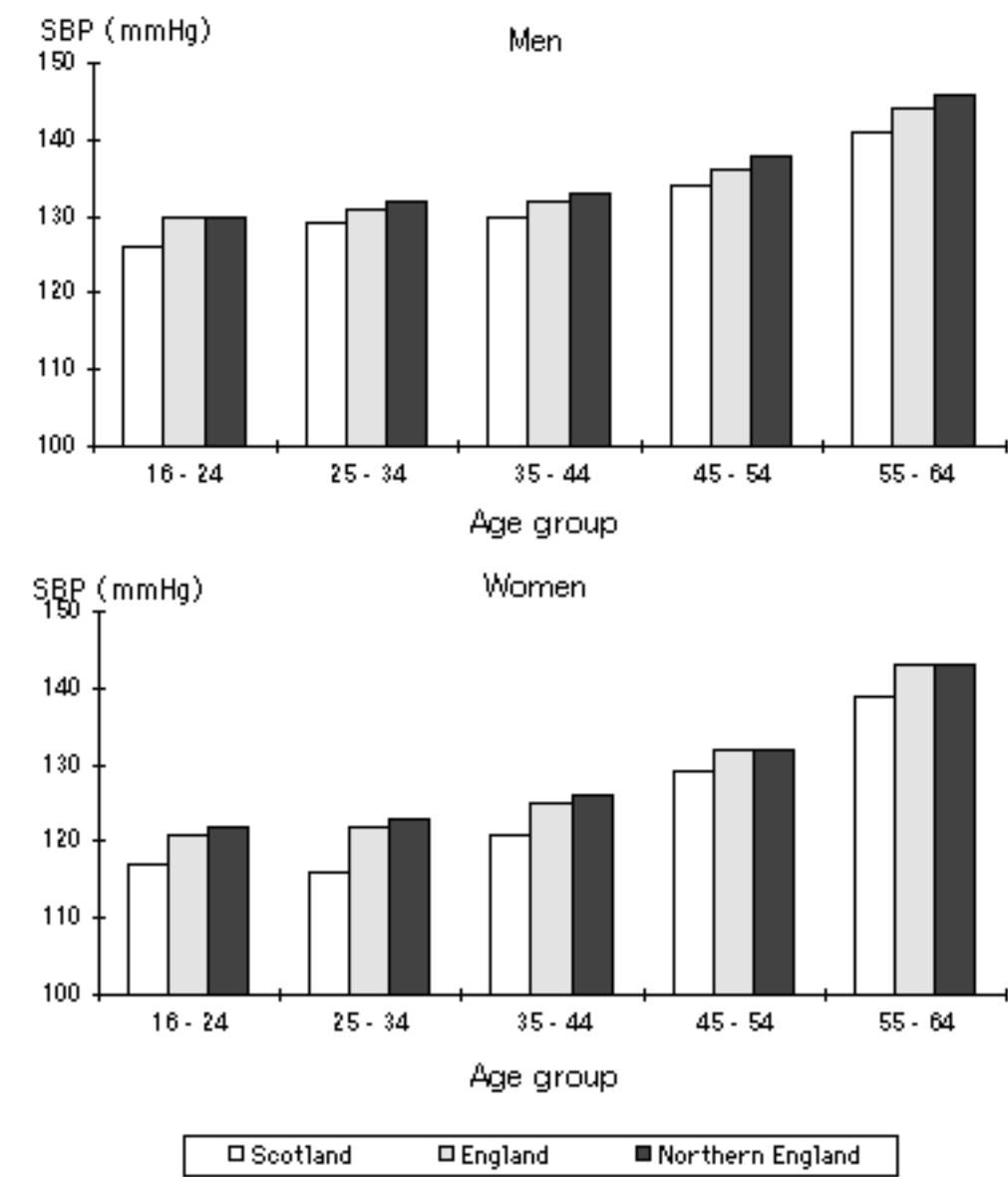
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Figure 6G: Mean systolic blood pressure for Scotland and England, by age and sex.



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All with valid blood pressure readings Health Surveys for Scotland 1995 and England 1994

Diastolic blood pressure (mmHg)	Age	16-24	25-34	35-44	45-54	55-64	Total
Men							
Scotland							
Mean		61	69	74	80	80	73
Standard error of the mean		0.42	0.37	0.40	0.45	0.53	0.23
5th percentile		47	53	59	63	64	53
10th percentile		48	58	62	67	67	58
Median		62	69	74	79	80	73
90th percentile		74	82	88	93	93	89
95th percentile		77	87	93	99	100	93
England							
Mean		64	71	76	81	83	75
Standard error of the mean		0.39	0.28	0.32	0.37	0.39	0.18
5th percentile		46	56	60	63	66	55
10th percentile		50	58	64	67	70	59
Median		63	70	76	80	83	75
90th percentile		77	83	90	95	97	91
95th percentile		81	86	94	100	102	96
Northern England^a							
Mean		63	71	76	81	84	75
Standard error of the mean		0.76	0.54	0.58	0.68	0.78	0.35
5th percentile		45	56	61	65	66	55
10th percentile		50	58	64	68	69	60
Median		63	71	75	81	83	75
90th percentile		79	84	89	95	98	92
95th percentile		81	88	93	100	103	96
Women							
Scotland							
Mean		62	65	69	72	74	68
Standard error of the mean		0.40	0.36	0.39	0.47	0.54	0.21
5th percentile		49	51	54	55	54	52
10th percentile		51	55	57	58	58	55
Median		61	65	68	71	74	68
90th percentile		73	78	82	86	89	83
95th percentile		76	82	86	93	94	88
England							

Mean	64	68	71	75	77	71
Standard error of the mean	0.32	0.27	0.29	0.35	0.39	0.15
5th percentile	51	53	55	57	59	54
10th percentile	53	57	58	61	63	57
Median	63	68	71	74	77	70
90th percentile	77	81	85	90	91	85
95th percentile	81	84	88	95	95	90

Northern England^a

Mean	64	69	73	74	77	71
Standard error of the mean	0.64	0.55	0.54	0.70	0.73	0.30
5th percentile	52	52	57	58	60	54
10th percentile	53	56	60	60	64	57
Median	63	69	72	73	77	71
90th percentile	77	81	85	89	90	85
95th percentile	81	84	90	93	94	90

All with valid blood pressure readings Health Surveys for Scotland 1995 and England 1994

Diastolic blood pressure (mmHg)	Age					Total
	16-24	25-34	35-44	45-54	55-64	

All informants

Scotland

Mean	61	67	72	76	77	71
Standard error of the mean	0.29	0.27	0.29	0.34	0.39	0.16
5th percentile	47	52	55	58	57	52
10th percentile	50	56	59	62	62	56
Median	61	67	71	76	77	70
90th percentile	73	81	85	90	92	86
95th percentile	77	85	90	96	95	91

England

Mean	64	69	74	77	80	73
Standard error of the mean	0.25	0.19	0.22	0.27	0.29	0.12
5th percentile	48	54	57	60	61	55
10th percentile	52	57	61	63	65	58
Median	63	69	73	77	80	72
90th percentile	77	82	87	93	95	89
95th percentile	81	85	92	98	100	94

Northern England^a

Mean	64	70	74	78	80	73
Standard error of the mean	0.49	0.39	0.40	0.51	0.56	0.23
5th percentile	49	54	58	60	63	54
10th percentile	52	57	62	63	66	58
Median	63	70	74	77	80	73
90th percentile	78	83	86	92	95	89
95th percentile	81	87	92	98	101	93

*Bases (weighted)**Scotland*

<i>Men</i>	<i>533</i>	<i>712</i>	<i>653</i>	<i>571</i>	<i>443</i>	<i>2912</i>
<i>Women</i>	<i>496</i>	<i>666</i>	<i>672</i>	<i>593</i>	<i>490</i>	<i>2917</i>
<i>All</i>	<i>1028</i>	<i>1378</i>	<i>1325</i>	<i>1164</i>	<i>934</i>	<i>5828</i>

*Bases (unweighted)**Scotland*

<i>Men</i>	<i>340</i>	<i>610</i>	<i>608</i>	<i>523</i>	<i>499</i>	<i>2580</i>
<i>Women</i>	<i>374</i>	<i>778</i>	<i>755</i>	<i>628</i>	<i>653</i>	<i>3188</i>
<i>All</i>	<i>714</i>	<i>1388</i>	<i>1363</i>	<i>1151</i>	<i>1152</i>	<i>5768</i>

England

<i>Men</i>	<i>710</i>	<i>1167</i>	<i>1110</i>	<i>922</i>	<i>817</i>	<i>4726</i>
<i>Women</i>	<i>806</i>	<i>1278</i>	<i>1247</i>	<i>1070</i>	<i>861</i>	<i>5262</i>
<i>All</i>	<i>1516</i>	<i>2445</i>	<i>2357</i>	<i>1992</i>	<i>1678</i>	<i>9988</i>

Northern England^a

<i>Men</i>	<i>199</i>	<i>321</i>	<i>285</i>	<i>257</i>	<i>238</i>	<i>1300</i>
<i>Women</i>	<i>221</i>	<i>338</i>	<i>338</i>	<i>287</i>	<i>225</i>	<i>1409</i>
<i>All</i>	<i>420</i>	<i>659</i>	<i>623</i>	<i>544</i>	<i>463</i>	<i>2709</i>

aNorthern England includes the Norther & Yorkshire and North West regional health authority areas.

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Table 6.27 Blood pressure level in Scotland, England and Northern England, by age and sex

All with valid blood pressure readings Health Surveys for Scotland 1995 and England 1994

Blood pressure level ^a	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Scotland						
Normotensive untreated	99.6	97.8	94.1	80.0	66.4	89.0
Normotensive treated	-	1.0	2.3	9.4	16.3	5.1
Hypertensive treated	-	0.1	0.4	2.4	6.2	1.5
Hypertensive untreated	0.4	1.1	3.2	8.2	11.2	4.4
England						
Normotensive untreated	98.5	97.2	91.7	81.2	62.7	87.0
Normotensive treated	0.7	0.9	2.0	5.0	14.4	4.3
Hypertensive treated	-	0.1	0.5	1.2	6.2	1.4
Hypertensive untreated	0.8	1.9	5.9	12.6	16.6	7.3
Northern England^b						
Normotensive untreated	96.5	96.9	92.6	79.4	55.0	84.8
Normotensive treated	2.0	1.3	2.1	6.2	16.8	5.4
Hypertensive treated	-	-	0.4	1.2	9.2	2.0
Hypertensive untreated	1.5	1.9	4.9	13.2	18.9	7.9
Women						
Scotland						
Normotensive untreated	99.8	97.9	93.9	79.6	59.4	87.1
Normotensive treated	0.1	1.8	4.2	13.4	25.2	8.4
Hypertensive treated	-	-	0.2	1.3	5.2	1.2
Hypertensive untreated	0.1	0.3	1.6	5.6	10.2	3.3
England						
Normotensive untreated	99.5	98.2	94.5	83.9	63.0	88.8
Normotensive treated	0.5	0.9	2.8	6.9	17.1	5.2
Hypertensive treated	-	0.2	0.6	2.1	7.3	1.8
Hypertensive untreated	-	0.8	2.2	7.1	12.7	4.2
Northern England^b						
Normotensive untreated	99.1	98.5	92.9	82.2	64.4	88.5
Normotensive treated	0.9	0.6	3.6	8.7	17.8	5.7
Hypertensive treated	-	-	0.3	1.0	5.8	1.2
Hypertensive untreated	-	0.9	3.3	8.0	12.0	4.5

All with valid blood pressure readings Health Surveys for Scotland 1995 and England 1994

Blood pressure level	Age					Total
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	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
All informants						
Scotland						
Normotensive untreated	99.7	97.9	94.0	79.8	62.7	88.1
Normotensive treated	0.1	1.4	3.2	11.5	21.0	6.7
Hypertensive treated	-	0.1	0.3	1.9	5.6	1.4
Hypertensive untreated	0.3	0.7	2.4	6.9	10.7	3.8
England						
Normotensive untreated	99.0	97.7	93.2	82.7	62.8	88
Normotensive treated	0.6	0.9	2.4	6.0	15.8	4.7
Hypertensive treated	-	0.1	0.5	1.7	6.8	1.6
Hypertensive untreated	0.4	1.3	3.9	9.6	14.6	5.7
Northern England^b						
Normotensive untreated	97.9	97.7	92.8	80.9	59.6	86.7
Normotensive treated	1.4	0.9	2.9	7.5	17.3	5.6
Hypertensive treated	-	-	0.3	1.1	7.6	1.6
Hypertensive untreated	0.7	1.4	4.0	10.5	15.6	6.1
<i>Bases (weighted)</i>						
<i>Scotland</i>						
<i>Men</i>	<i>528</i>	<i>710</i>	<i>652</i>	<i>571</i>	<i>441</i>	<i>2900</i>
<i>Women</i>	<i>494</i>	<i>664</i>	<i>670</i>	<i>591</i>	<i>488</i>	<i>2908</i>
<i>All</i>	<i>1022</i>	<i>1374</i>	<i>1322</i>	<i>1162</i>	<i>929</i>	<i>5808</i>
<i>Bases (unweighted)</i>						
<i>Scotland</i>						
<i>Men</i>	<i>338</i>	<i>609</i>	<i>606</i>	<i>523</i>	<i>496</i>	<i>2572</i>
<i>Women</i>	<i>373</i>	<i>775</i>	<i>754</i>	<i>626</i>	<i>650</i>	<i>3178</i>
<i>All</i>	<i>711</i>	<i>1384</i>	<i>1360</i>	<i>1149</i>	<i>1146</i>	<i>5750</i>
<i>England</i>						
<i>Men</i>	<i>710</i>	<i>1166</i>	<i>1110</i>	<i>922</i>	<i>817</i>	<i>4725</i>
<i>Women</i>	<i>806</i>	<i>1277</i>	<i>1247</i>	<i>1069</i>	<i>861</i>	<i>5260</i>
<i>All</i>	<i>1516</i>	<i>2443</i>	<i>2357</i>	<i>1991</i>	<i>1678</i>	<i>9985</i>
<i>Northern England^b</i>						
<i>Men</i>	<i>199</i>	<i>320</i>	<i>285</i>	<i>257</i>	<i>238</i>	<i>1299</i>
<i>Women</i>	<i>221</i>	<i>338</i>	<i>338</i>	<i>287</i>	<i>225</i>	<i>1409</i>
<i>All</i>	<i>420</i>	<i>658</i>	<i>623</i>	<i>544</i>	<i>463</i>	<i>2708</i>

aInformants were considered to have high blood pressure if their systolic blood pressure was ≥ 160 mmHg or their diastolic blood pressure was ≥ 95 mmHg or they were taking medication affecting blood pressure.

bNorthern England includes the Northern & Yorkshire and North West regional health authority areas.

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Table 7.1 Response to anthropometric measurements, by age and sex

All who were interviewed or who had a nurse visit

Response to anthropometric measurements	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Height							
Co-operated		98.1	97.7	96.4	97.0	96.8	97.2
Refused		1.1	0.8	1.6	1.0	1.3	1.2
Not attempted/attempted, not obtained		0.8	1.4	2.0	2.0	1.9	1.7
<i>Bases (unweighted): interviewed</i>		<i>475</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3524</i>
Weight							
Co-operated		97.1	95.1	93.6	93.7	95.1	94.7
Refused		0.8	1.0	1.6	1.1	1.2	1.2
Not attempted/attempted, not obtained		2.1	3.9	4.8	5.2	3.8	4.1
<i>Bases (unweighted): interviewed</i>		<i>475</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3524</i>
BMI							
Co-operated		96.8	94.9	93.6	93.4	94.9	94.6
Refused		1.1	1.1	1.6	1.1	1.5	1.3
Not attempted/attempted, not obtained		2.1	4.0	4.8	5.5	3.6	4.2
<i>Bases (unweighted): interviewed</i>		<i>475</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3524</i>
Waist-hip ratio							
Co-operated		99.8	99.6	99.6	99.7	99.8	99.7
Refused		-	0.1	-	-	-	0
Not attempted		0.2	0.3	0.4	0.3	0.2	0.3
<i>Bases (unweighted): saw nurse</i>		<i>407</i>	<i>745</i>	<i>717</i>	<i>631</i>	<i>610</i>	<i>3110</i>
Women							
Height							
Co-operated		98.2	97.9	97.6	97.0	96.0	97.3

Refused	0.7	1.0	1.0	1.5	2.3	1.3
Not attempted/attempted, not obtained	1.1	1.0	1.4	1.6	1.7	1.4
<i>Bases (unweighted): interviewed</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
Weight^a						
Co-operated	95.2	94.3	93.7	93.8	92.1	93.7
Refused	1.2	2.4	2.2	2.8	3.4	2.5
Not attempted/attempted, not obtained	3.7	3.3	4.1	3.4	4.5	3.8
<i>Bases (unweighted): interviewed</i>	<i>519</i>	<i>1090</i>	<i>984</i>	<i>824</i>	<i>884</i>	<i>4301</i>
BMI^a						
Co-operated	94.8	94.2	93.4	93.7	91.9	93.5
Refused	1.5	2.4	2.4	2.8	3.4	2.6
Not attempted/attempted not obtained	3.7	3.4	4.2	3.5	4.8	3.9
<i>Bases (unweighted): interviewed</i>	<i>519</i>	<i>1090</i>	<i>984</i>	<i>824</i>	<i>884</i>	<i>4301</i>
Waist-hip ratio^a						
Co-operated	99.6	99.4	99.3	99.5	99.1	99.3
Refused	0.2	0.3	0.5	0.5	0.7	0.5
Not attempted	0.2	0.3	0.2	-	0.3	0.2
<i>Bases (unweighted): saw nurse</i>	<i>448</i>	<i>929</i>	<i>887</i>	<i>737</i>	<i>758</i>	<i>3759</i>
aBases exclude women who were pregnant						

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Chapter 7

Table 7.2 Proportion of cases used in analysis, by age and sex

All those who co-operated with anthropometric measurements

Proportion of cases used	Age					1995
	16-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Men						
Height						
Usable cases	99.8	99.6	99.2	99.3	99.3	99.4
Invalid measurements	0.2	0.4	0.8	0.7	0.7	0.6
<i>Bases (unweighted)</i>	<i>466</i>	<i>821</i>	<i>782</i>	<i>688</i>	<i>667</i>	<i>3424</i>
Weight						
Usable cases	100.0	99.7	99.7	99.5	98.8	99.6
Invalid measurements	-	0.3	0.3	0.5	1.2	0.4
<i>Bases (unweighted)</i>	<i>461</i>	<i>799</i>	<i>759</i>	<i>664</i>	<i>655</i>	<i>3338</i>
BMI						
Usable cases	99.8	99.5	99.2	98.9	98.3	99.1
Invalid measurements	0.2	0.5	0.8	1.1	1.7	0.9
<i>Bases (unweighted)</i>	<i>460</i>	<i>797</i>	<i>759</i>	<i>662</i>	<i>654</i>	<i>3332</i>
Waist-hip ratio						
Usable cases	98.3	99.2	98.9	98.4	98.7	98.7
Invalid measurements	1.7	0.8	1.1	1.6	1.3	1.3
<i>Bases (unweighted)</i>	<i>406</i>	<i>742</i>	<i>714</i>	<i>629</i>	<i>609</i>	<i>3100</i>
Women						
Height						
Usable cases	100.0	99.9	99.8	99.9	99.8	99.9
Invalid measurements	-	0.1	0.2	0.1	0.2	0.1
<i>Bases (unweighted)</i>	<i>537</i>	<i>1136</i>	<i>968</i>	<i>800</i>	<i>849</i>	<i>4290</i>
Weight						
Usable cases	100.0	99.5	99.9	99.5	99.8	99.7

Invalid measurements	-	0.5	0.1	0.5	0.2	0.3
<i>Bases (unweighted)</i>	<i>494</i>	<i>1028</i>	<i>922</i>	<i>773</i>	<i>814</i>	<i>4031</i>
BMI						
Usable cases	100.0	99.4	99.7	99.5	99.5	99.6
Invalid measurements	-	0.6	0.3	0.5	0.5	0.4
<i>Bases (unweighted)</i>	<i>492</i>	<i>1027</i>	<i>919</i>	<i>772</i>	<i>812</i>	<i>4022</i>
Waist-hip ratio						
Usable cases	98.7	97.8	98.8	97.3	97.9	98.0
Invalid measurement	1.3	2.2	1.2	2.7	2.1	2.0
<i>Bases (unweighted)</i>	<i>446</i>	<i>923</i>	<i>881</i>	<i>733</i>	<i>751</i>	<i>3734</i>

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Table 7.3 Height, by age and sex

All with a valid height measurement

Height (cm)	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Less than 160		0.3	0.8	0.6	1.9	3.3	1.3
160, less than 165		3.9	3.7	5.4	6.3	10.1	5.6
165, less than 170		10.3	11.8	15.2	18.9	26.1	15.8
170, less than 175		22.6	25.6	26.5	29.2	25.1	25.8
175, less than 180		29.3	26.4	27.2	27.7	22.4	26.7
180 or more		33.6	31.8	25.1	16.0	13.0	24.8
Mean		177.1	176.5	175.1	173.5	172.1	175.1
Standard error of the mean		0.25	0.23	0.23	0.24	0.28	0.11
5th percentile		166.0	165.1	164.0	163.0	161.0	163.8
10th percentile		168.9	167.8	166.8	165.3	163.9	166.1
Median		177.0	176.4	175.2	173.3	171.7	175.1
90th percentile		186.2	186.0	183.1	181.9	181.0	184.0
95th percentile		188.0	188.5	185.2	184.7	183.0	187.0
Women							
Less than 155		10.5	11.6	14.4	17.3	27.2	15.7
155, less than 160		23.1	21.6	24.0	28.0	30.2	25.0
160, less than 165		30.6	31.9	33.6	30.5	25.9	30.8
165, less than 170		22.1	23.9	20.4	15.8	13.0	19.5
170 or more		13.7	11.0	7.7	8.4	3.7	9.1
Mean		162.7	162.5	161.5	160.6	158.9	161.4
Standard error of the mean		0.25	0.20	0.20	0.23	0.23	0.10
5th percentile		151.9	152.6	151.9	150.4	149.4	151.1
10th percentile		154.5	154.3	153.7	153.0	151.2	153.4
Median		162.5	162.6	161.9	160.5	158.6	161.4
90th percentile		171.6	170.1	169.0	169.0	166.5	169.5
95th percentile		173.5	172.4	171.0	171.1	168.9	172.0
<i>Bases (weighted)</i>							
<i>Men</i>		<i>711</i>	<i>950</i>	<i>816</i>	<i>728</i>	<i>579</i>	<i>3783</i>
<i>Women</i>		<i>683</i>	<i>968</i>	<i>845</i>	<i>758</i>	<i>638</i>	<i>3891</i>

Bases (unweighted)

<i>Men</i>	<i>465</i>	<i>818</i>	<i>776</i>	<i>683</i>	<i>662</i>	<i>3404</i>
<i>Women</i>	<i>537</i>	<i>1135</i>	<i>966</i>	<i>799</i>	<i>847</i>	<i>4284</i>

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Table 7.4 Weight, by age and sex

All with a valid weight measurement

Weight (kg)	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Less than 60		14.2	3.5	2.5	3.6	3.4	5.3
60, less than 70		34.3	18.5	12.6	13.6	14.8	18.8
70, less than 80		29.5	30.8	31.2	27.6	29.5	29.8
80, less than 90		12.6	28.2	29.7	28.6	30.5	26.0
90 or more		9.3	19.0	24.0	26.6	21.8	20.1
Mean		72.4	80.3	82.2	82.4	80.9	79.7
Standard error of the mean		0.48	0.43	0.45	0.50	0.53	0.22
5th percentile		55.7	61.3	63.6	61.5	61.1	59.7
10th percentile		58.3	64.8	67.1	67.0	64.5	63.5
Median		70.3	79.0	81.2	81.8	81.0	78.8
90th percentile		89.5	97.2	99.5	99.2	97.3	97.3
95th percentile		98.6	104.8	104.5	104.7	102.7	103.6
Women							
Less than 50		11.2	5.5	4.1	3.7	3.9	5.6
50, less than 60		35.5	30.7	27.8	22.8	18.2	27.3
60, less than 70		30.4	33.8	33.3	36.1	35.3	33.8
70, less than 80		15.4	18.5	19.7	19.9	23.7	19.3
80 or more		7.5	11.5	15.1	17.6	18.8	14.0
Mean		62.4	65.5	67.3	68.5	69.8	66.7
Standard error of the mean		0.47	0.43	0.46	0.49	0.54	0.22
5th percentile		46.0	49.8	50.7	51.1	51.2	49.4
10th percentile		49.0	51.9	53.3	54.0	55.4	52.3
Median		60.5	63.3	64.6	65.7	68.0	64.6
90th percentile		78.4	81.6	84.5	87.5	87.6	83.9
95th percentile		82.2	89.8	91.9	95.3	95.0	90.8
<i>Bases (weighted)</i>							
<i>Men</i>		702	924	795	703	566	3691
<i>Women</i>		639	867	801	727	610	3646

Bases (unweighted)

<i>Men</i>	<i>461</i>	<i>797</i>	<i>757</i>	<i>661</i>	<i>647</i>	<i>3323</i>
<i>Women</i>	<i>494</i>	<i>1023</i>	<i>921</i>	<i>769</i>	<i>812</i>	<i>4019</i>

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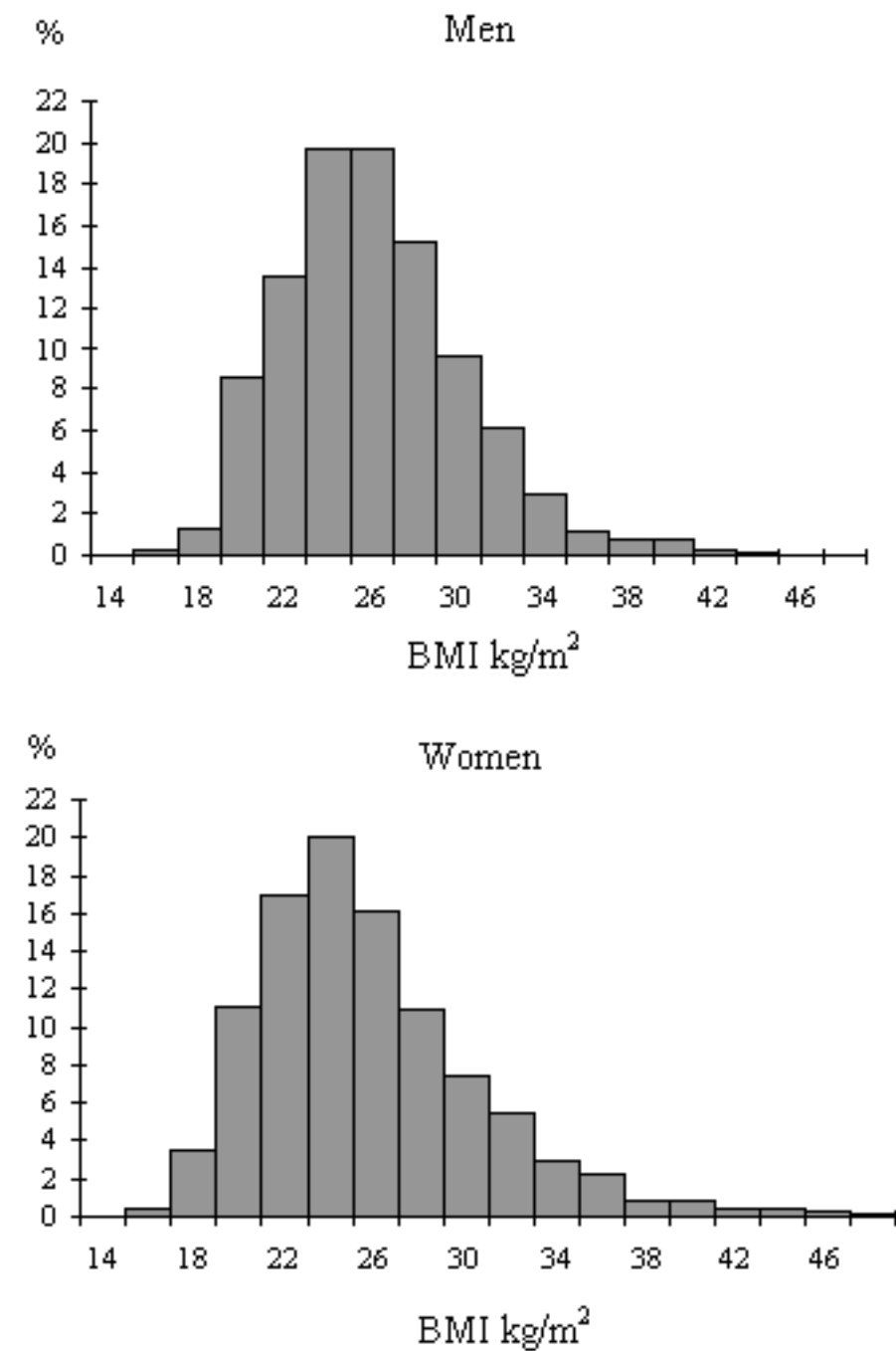
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Figure 7A: Histogram of body mass index (BMI), by sex.



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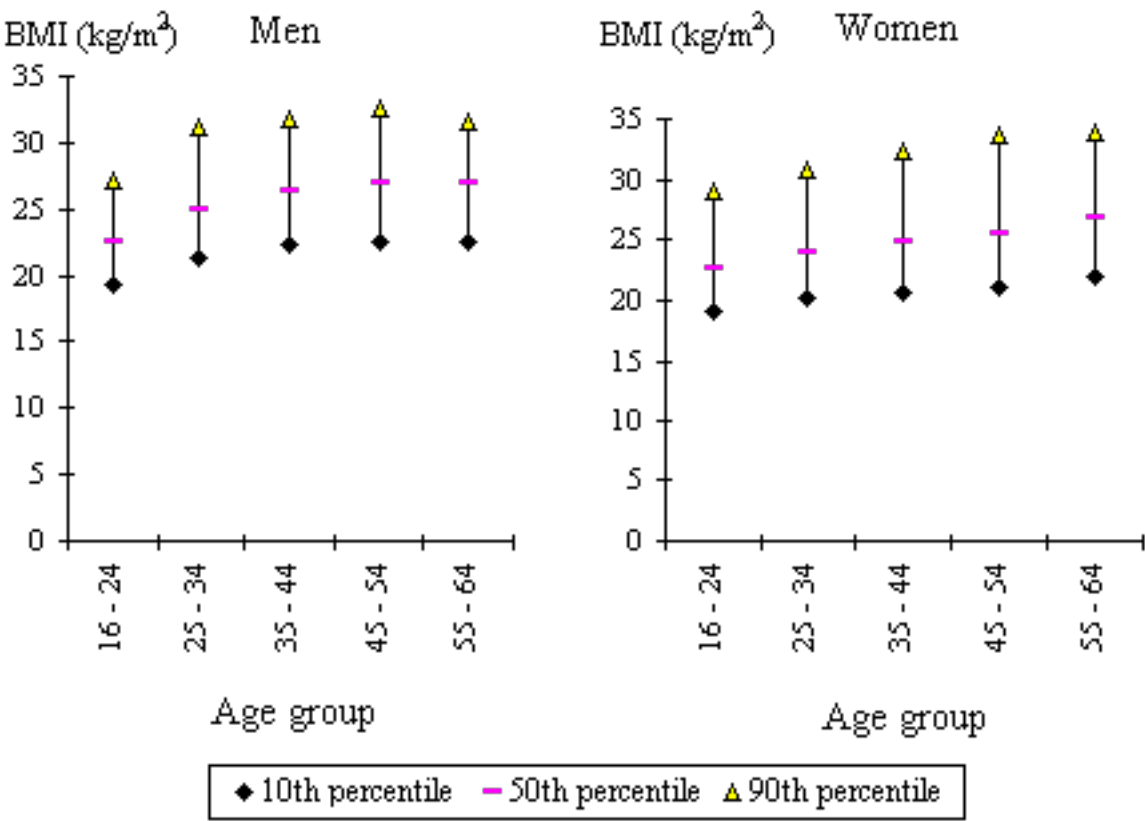
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Figure 7B: Body mass index (BMI), by age and sex.



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Table 7.5 Body mass index (BMI), by age and sex

All with valid height and weight measurements

BMI (kg/m ²)	Age					1995
	16-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Men						
20 or under	16.1	3.8	2.6	1.8	1.0	5.1
Over 20-25	61.3	46.5	32.2	27.3	25.2	39.3
Over 25-30	18.1	35.3	46.3	49.0	52.8	39.7
Over 30	4.5	14.4	18.9	21.9	21.0	15.9
Mean	23.0	25.8	26.8	27.3	27.3	26.0
Standard error of the mean	0.13	0.13	0.14	0.15	0.15	0.07
5th percentile	18.7	20.5	21.2	21.1	21.4	20.0
10th percentile	19.4	21.3	22.3	22.6	22.6	20.9
Median	22.6	25.0	26.4	27.0	27.0	25.6
90th percentile	27.1	31.1	31.8	32.5	31.5	31.3
95th percentile	29.9	33.3	33.8	34.0	33.7	33.3
Women						
20 or under	19.6	8.7	6.9	4.9	4.1	8.7
Over 20-25	50.4	53.7	45.6	39.5	27.7	44.2
Over 25-30	21.0	24.0	30.5	34.8	40.9	29.9
Over 30	9.0	13.7	17.0	20.8	27.3	17.3
Mean	23.6	24.9	25.8	26.6	27.6	25.7
Standard error of the mean	0.17	0.16	0.17	0.19	0.21	0.08
5th percentile	18.2	19.3	19.8	20.1	20.3	19.3
10th percentile	19.1	20.2	20.8	21.1	22.0	20.2
Median	22.7	23.9	24.8	25.6	26.9	24.8
90th percentile	29.1	30.9	32.4	33.6	34.0	32.2
95th percentile	31.8	33.2	35.5	36.2	36.9	35.1
<i>Bases (weighted)</i>						
<i>Men</i>	<i>700</i>	<i>920</i>	<i>790</i>	<i>698</i>	<i>564</i>	<i>3672</i>
<i>Women</i>	<i>637</i>	<i>866</i>	<i>796</i>	<i>726</i>	<i>606</i>	<i>3632</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>459</i>	<i>793</i>	<i>753</i>	<i>655</i>	<i>643</i>	<i>3303</i>
<i>Women</i>	<i>492</i>	<i>1021</i>	<i>916</i>	<i>768</i>	<i>808</i>	<i>4005</i>

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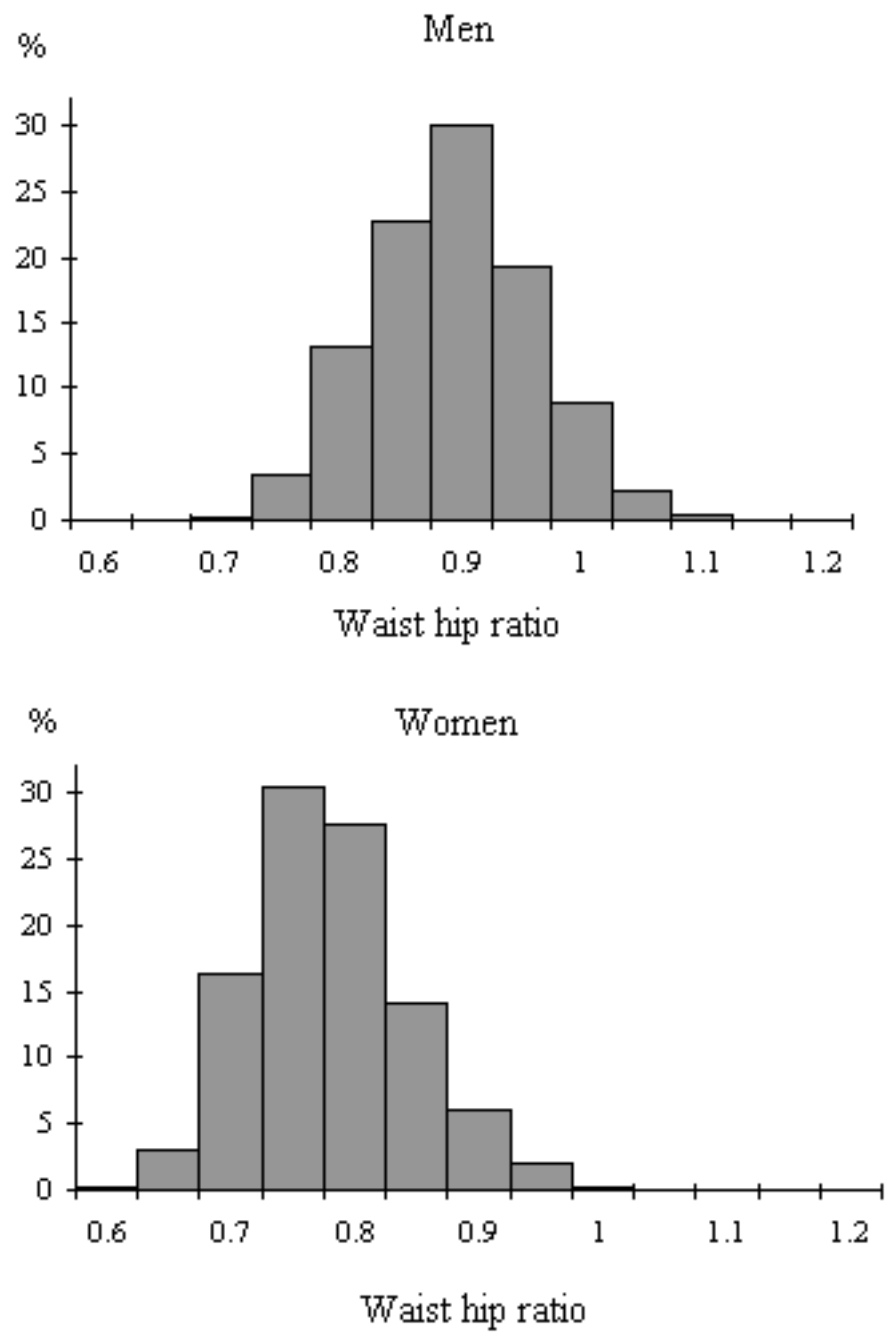
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Figure 7C: Waist-hip ratio by age and sex.



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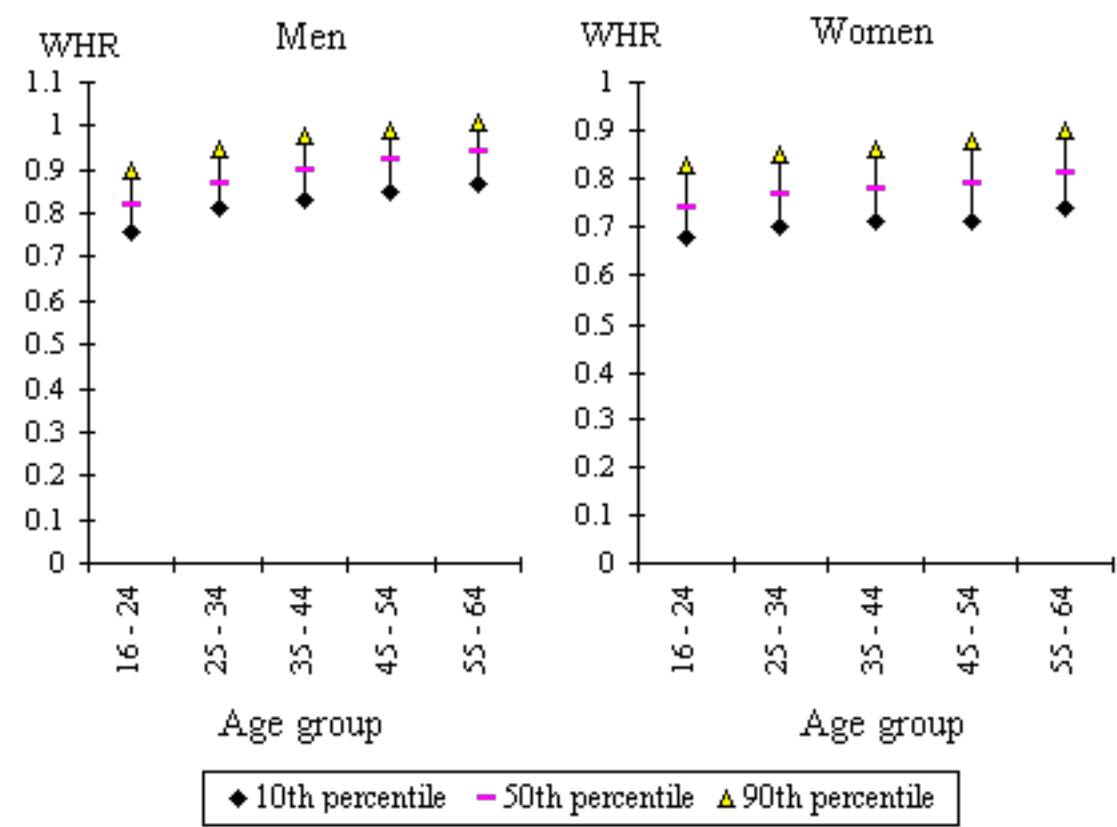
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Figure 7D: Waist-hip ratio (WHR), by age and sex.



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Table 7.6 Waist-hip ratio (WHR), by age and sex

All with a valid waist-hip ratio measurement

Waist-hip ratio	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
Less than 0.80	31.3	6.7	2.7	1.7	1.4	8.5
0.80, less than 0.85	36.5	23.8	14.0	9.4	3.6	18.1
0.85, less than 0.90	22.3	34.3	30.7	25.8	18.8	27.3
0.90, less than 0.95	8.7	23.9	33.0	32.6	33.9	26.3
0.95, less than 1.00	0.8	8.3	14.2	21.6	28.9	14.0
1.00 or more	0.4	3.1	5.2	9.0	13.4	5.8
Mean	0.829	0.879	0.904	0.920	0.939	0.893
Standard error of the mean	0.002	0.002	0.002	0.002	0.002	0.001
5th percentile	0.750	0.790	0.810	0.820	0.850	0.780
10th percentile	0.760	0.810	0.830	0.850	0.870	0.800
Median	0.820	0.870	0.900	0.920	0.940	0.890
90th percentile	0.900	0.950	0.980	0.990	1.010	0.980
95th percentile	0.920	0.980	1.000	1.010	1.030	1.000
Women						
Less than 0.70	23.3	8.5	7.7	6.6	3.0	9.6
0.70, less than 0.75	33.9	29.8	22.3	20.0	13.4	24.1
0.75, less than 0.80	22.5	36.5	37.2	29.4	27.0	31.2
0.80, less than 0.85	13.7	16.3	20.1	25.6	30.1	20.9
0.85, less than 0.90	4.8	6.6	9.2	12.2	16.4	9.6
0.90 or more	1.7	2.4	3.6	6.3	10.1	4.6
Mean	0.748	0.770	0.781	0.794	0.813	0.781
Standard error of the mean	0.003	0.002	0.002	0.003	0.003	0.001
5th percentile	0.660	0.690	0.690	0.690	0.710	0.680
10th percentile	0.680	0.700	0.710	0.710	0.740	0.700
Median	0.740	0.770	0.780	0.790	0.810	0.780
90th percentile	0.830	0.850	0.860	0.880	0.900	0.870
95th percentile	0.860	0.880	0.890	0.900	0.920	0.900
<i>Bases (weighted)</i>						
<i>Men</i>	622	865	752	660	528	3426

<i>Women</i>	<i>574</i>	<i>768</i>	<i>766</i>	<i>673</i>	<i>548</i>	<i>3329</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>399</i>	<i>736</i>	<i>706</i>	<i>619</i>	<i>601</i>	<i>3061</i>
<i>Women</i>	<i>440</i>	<i>903</i>	<i>870</i>	<i>713</i>	<i>735</i>	<i>3661</i>

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Table 7.7 Mean waist-hip ratio (WHR), by body mass index (BMI), age and sex

All with valid waist, hip, height and weight measurements

1995

Waist-hip ratio	BMI (kg/m ²)					Total
		20 or under	Over 20- 25	Over 25- 30	Over 30	
Men						
16 - 44						
Mean	0.813	0.846	0.892	0.950		0.873
Standard error of the mean	0.005	0.002	0.002	0.003		0.001
45 - 64						
Mean	[*]	0.891	0.931	0.974		0.928
Standard error of the mean	[*]	0.003	0.002	0.003		0.002
All ages						
Mean	0.819	0.857	0.909	0.961		0.892
Standard error of the mean	0.005	0.001	0.001	0.002		0.001
Women						
16 - 44						
Mean	0.731	0.754	0.781	0.820		0.767
Standard error of the mean	0.003	0.002	0.003	0.004		0.001
45 - 64						
Mean	0.746	0.774	0.809	0.843		0.802

Standard error of the mean	0.007	0.003	0.003	0.004	0.002
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All ages

Mean	0.734	0.760	0.794	0.832	0.780
Standard error of the mean	0.003	0.001	0.002	0.003	0.001

Bases (weighted)

Men

<i>16 - 44</i>	<i>143</i>	<i>981</i>	<i>743</i>	<i>269</i>	<i>2136</i>
<i>45 - 64</i>	<i>18</i>	<i>300</i>	<i>583</i>	<i>229</i>	<i>1130</i>
<i>All ages</i>	<i>161</i>	<i>1282</i>	<i>1325</i>	<i>499</i>	<i>3266</i>

Women

<i>16 - 44</i>	<i>224</i>	<i>1000</i>	<i>506</i>	<i>268</i>	<i>1998</i>
<i>45 - 64</i>	<i>52</i>	<i>403</i>	<i>429</i>	<i>265</i>	<i>1149</i>
<i>All ages</i>	<i>276</i>	<i>1403</i>	<i>935</i>	<i>533</i>	<i>3147</i>

Bases (unweighted)

Men

<i>16 - 44</i>	<i>106</i>	<i>776</i>	<i>644</i>	<i>230</i>	<i>1756</i>
<i>45 - 64</i>	<i>20</i>	<i>312</i>	<i>583</i>	<i>237</i>	<i>1152</i>
<i>All ages</i>	<i>126</i>	<i>1088</i>	<i>1227</i>	<i>467</i>	<i>2908</i>

Women

<i>16 - 44</i>	<i>213</i>	<i>1080</i>	<i>520</i>	<i>282</i>	<i>2095</i>
<i>45 - 64</i>	<i>60</i>	<i>459</i>	<i>508</i>	<i>334</i>	<i>1361</i>
<i>All ages</i>	<i>273</i>	<i>1539</i>	<i>1028</i>	<i>616</i>	<i>3456</i>

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Table 7.8 Correlation of BMI and WHR, by age and sex

All with valid waist, hip, height and weight measurements

Correlation	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Pearsons correlation coefficient		0.42	0.56	0.54	0.50	0.52	0.60
Women							
Pearsons correlation coefficient		0.35	0.34	0.45	0.43	0.42	0.45
<i>Bases (weighted)</i>							
<i>Men</i>		602	823	712	627	503	3266
<i>Women</i>		556	727	715	636	513	3147
<i>Bases (unweighted)</i>							
<i>Men</i>		386	702	668	584	568	2908
<i>Women</i>		421	856	820	673	688	3456

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Table 7.9 Mean BMI in Scotland, England and Northern England, by age and sex

All with valid height and weight measurements

BMI (kg/m ²)	Age					1995
	16-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Men						
Scotland						
20 or under	16.1	3.8	2.6	1.8	1.0	5.1
Over 20-25	61.3	46.5	32.2	27.3	25.2	39.3
Over 25-30	18.1	35.3	46.3	49.0	52.8	39.7
Over 30	4.5	14.4	18.9	21.9	21.0	15.9
Mean	23.0	25.8	26.8	27.3	27.3	26.0
Standard error of the mean	0.13	0.13	0.14	0.15	0.15	0.07
5th percentile	18.7	20.5	21.2	21.1	21.4	20.0
10th percentile	19.4	21.3	22.3	22.6	22.6	20.9
Median	22.6	25.0	26.4	27.0	27.0	25.6
90th percentile	27.1	31.1	31.8	32.5	31.5	31.3
95th percentile	29.9	33.3	33.8	34.0	33.7	33.3
England						
20 or under	16.0	4.8	1.9	1.8	1.4	4.9
Over 20-25	53.4	45.6	36.4	30.3	29.4	39.2
Over 25-30	24.9	39.8	46.2	50.7	51.4	42.8
Over 30	5.7	9.8	15.5	17.2	17.8	13.2
Mean	23.5	25.3	26.4	26.8	27.0	25.8
Standard error of the mean	0.12	0.10	0.11	0.11	0.12	0.05
5th percentile	18.7	20.1	20.9	21.1	21.9	20.0
10th percentile	19.4	21.2	21.9	22.4	22.9	21.1
Median	23.0	24.9	26.0	26.7	26.6	25.5
90th percentile	28.2	30.0	31.5	31.5	32.2	30.9
95th percentile	30.4	31.8	33.3	33.5	33.9	32.9
Northern England^a						
20 or under	14.6	5.3	3.2	2.6	1.9	5.3
Over 20-25	57.7	43.5	35.6	27.6	28.2	38.4
Over 25-30	22.7	39.8	48.8	51.0	52.7	43.3

Over 30	5.0	11.3	12.4	18.8	17.2	12.9
Mean	23.5	25.5	26.1	27.0	27.0	25.9
Standard error of the mean	0.23	0.20	0.20	0.23	0.23	0.10
5th percentile	18.9	19.9	20.7	21.0	22.0	19.9
10th percentile	19.6	21.0	21.5	22.6	22.8	21.0
Median	22.9	25.1	26.1	26.8	26.6	25.6
90th percentile	28.1	30.6	30.9	31.2	32	30.8
95th percentile	30.3	32.3	32.7	33.5	34	32.8

Bases (weighted)

<i>Scotland</i>	<i>700</i>	<i>920</i>	<i>790</i>	<i>698</i>	<i>564</i>	<i>3672</i>
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Bases (unweighted)

<i>Scotland</i>	<i>459</i>	<i>793</i>	<i>753</i>	<i>655</i>	<i>643</i>	<i>3303</i>
<i>England</i>	<i>935</i>	<i>1373</i>	<i>1288</i>	<i>1076</i>	<i>925</i>	<i>5597</i>
<i>Northern England</i>	<i>260</i>	<i>379</i>	<i>340</i>	<i>304</i>	<i>262</i>	<i>1545</i>

Women

Scotland

20 or under	19.6	8.7	6.9	4.9	4.1	8.7
Over 20-25	50.4	53.7	45.6	39.5	27.7	44.2
Over 25-30	21.0	24.0	30.5	34.8	40.9	29.9
Over 30	9.0	13.7	17.0	20.8	27.3	17.3

Mean	23.6	24.9	25.8	26.6	27.6	25.7
Standard error of the mean	0.17	0.16	0.17	0.19	0.21	0.08
5th percentile	18.2	19.3	19.8	20.1	20.3	19.3
10th percentile	19.1	20.2	20.8	21.1	22.0	20.2
Median	22.7	23.9	24.8	25.6	26.9	24.8
90th percentile	29.1	30.9	32.4	33.6	34.0	32.2
95th percentile	31.8	33.2	35.5	36.2	36.9	35.1

England

20 or under	19.6	9.5	4.9	3.8	2.4	7.8
Over 20-25	52.2	52.9	50.3	42.0	33.4	46.9
Over 25-30	20.3	24.7	27.9	36.4	38.7	29.3
Over 30	7.9	12.9	16.9	17.8	25.5	16.0

Mean	23.5	24.8	25.7	26.3	27.5	25.5
Standard error of the mean	0.14	0.12	0.13	0.14	0.16	0.06
5th percentile	18.4	19.3	20.0	20.3	20.7	19.4
10th percentile	19.2	20.1	20.7	21.3	21.8	20.4
Median	22.6	23.7	24.5	25.4	26.7	24.5

90th percentile	29.0	31.4	32.2	32.7	34.0	32.1
95th percentile	31.4	34.5	35.6	36.2	37.2	35.3
Northern England^a						
20 or under	21.7	8.2	5.7	3.3	0.8	7.7
Over 20-25	49.4	51.9	47.5	38.7	34.4	45.1
Over 25-30	20.6	26.1	27.5	40.8	44.7	31.4
Over 30	8.2	13.8	19.2	17.2	20.2	15.9
Mean	23.5	24.9	26.1	26.4	27.2	25.6
Standard error of the mean	0.26	0.23	0.28	0.25	0.29	0.12
5th percentile	18.1	19.3	19.8	20.6	21.3	19.4
10th percentile	19.0	20.2	20.7	21.4	22.2	20.4
Median	22.8	24.2	24.7	25.8	26.6	24.7
90th percentile	29.1	31.5	33.5	32.7	33.0	32.0
95th percentile	31.2	34.4	37.5	35.9	35.8	35.4
<i>Bases (weighted)</i>						
<i>Scotland</i>	<i>637</i>	<i>866</i>	<i>798</i>	<i>726</i>	<i>606</i>	<i>3633</i>
<i>Bases (unweighted)</i>						
<i>Scotland</i>	<i>492</i>	<i>1021</i>	<i>918</i>	<i>768</i>	<i>808</i>	<i>4007</i>
<i>England</i>	<i>990</i>	<i>1524</i>	<i>1418</i>	<i>1227</i>	<i>988</i>	<i>6147</i>
<i>Northern England</i>	<i>267</i>	<i>414</i>	<i>385</i>	<i>331</i>	<i>262</i>	<i>1659</i>
All informants						
Scotland						
20 or under	17.8	6.2	4.8	3.4	2.6	6.9
Over 20-25	56.1	50.0	38.9	33.5	26.5	41.7
Over 25-30	19.5	29.8	38.4	41.7	46.6	34.8
Over 30	6.7	14.0	17.9	21.4	24.3	16.6
Mean	23.3	25.3	26.3	27.0	27.5	25.8
Standard error of the mean	0.10	0.10	0.11	0.12	0.13	0.05
5th percentile	18.5	19.8	20.1	20.4	20.9	19.7
10th percentile	19.3	20.6	21.4	21.6	22.3	20.6
Median	22.7	24.6	25.7	26.5	27.0	25.2
90th percentile	28.2	31.1	32.1	32.9	32.8	31.7
95th percentile	30.8	33.2	34.3	35.2	35.6	34.2
England						
20 or under	17.9	7.3	3.5	2.9	1.9	6.4
Over 20-25	52.8	49.4	43.7	36.5	31.5	43.2
Over 25-30	22.5	31.8	36.6	43.1	44.8	35.7

Over 30	6.8	11.5	16.2	17.5	21.8	14.7
Mean	23.5	25.0	26.0	26.5	27.2	25.7
Standard error of the mean	0.09	0.08	0.09	0.09	0.10	0.04
5th percentile	18.5	19.6	20.4	20.6	21.3	19.7
10th percentile	19.3	20.4	21.1	21.6	22.4	20.6
Median	22.8	24.4	25.4	26.0	26.6	25.0
90th percentile	28.6	30.6	31.8	32.1	33.1	31.5
95th percentile	31.1	33.3	34.3	34.6	35.6	34.0

Northern England^a

20 or under	18.2	6.8	4.6	3.0	1.3	6.5
Over 20-25	53.5	47.9	41.9	33.4	31.3	41.9
Over 25-30	21.6	32.7	37.5	45.7	48.7	37.1
Over 30	6.6	12.6	16.0	18.0	18.7	14.5

Mean	23.5	25.2	26.1	26.7	27.1	25.7
Standard error of the mean	0.17	0.15	0.17	0.17	0.18	0.08
5th percentile	18.4	19.6	20.1	20.7	21.4	19.6
10th percentile	19.3	20.5	21.1	21.7	22.5	20.6
Median	22.8	24.6	25.4	26.3	26.6	25.2
90th percentile	28.6	30.8	31.7	32.1	32.4	31.3
95th percentile	30.9	33.3	34.8	34.6	35	33.9

Bases (weighted)

<i>Scotland</i>	<i>1337</i>	<i>1786</i>	<i>1588</i>	<i>1425</i>	<i>1170</i>	<i>7305</i>
-----------------	-------------	-------------	-------------	-------------	-------------	-------------

Bases (unweighted)

<i>Scotland</i>	<i>951</i>	<i>1814</i>	<i>1671</i>	<i>1423</i>	<i>1451</i>	<i>7310</i>
<i>England</i>	<i>1925</i>	<i>2897</i>	<i>2706</i>	<i>2303</i>	<i>1913</i>	<i>11744</i>
<i>Northern England</i>	<i>527</i>	<i>793</i>	<i>725</i>	<i>635</i>	<i>524</i>	<i>3204</i>

aNorthern England consists of the Northern & Yorkshire and North West health regions.

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Table 7.10 Mean BMI in the 1984-86 Scottish Heart Health Study (SHHS) and the 1995 Scottish Health Survey (SHS), by age and sex

Aged 40-59 with valid height and weight measurements

BMI (kg/m ²)	Age				1995
	40-44	45-49	50-54	55-59	Total
	%	%	%	%	%
Men					
1984-86 SHHS					
Mean	25.9	26.1	26.2	26.1	26.1
Standard deviation	3.4	3.6	3.4	3.5	3.5
1995 SHS					
Mean	26.9	27.5	27.2	27.3	27.2
Standard deviation	3.8	4.0	4.1	3.7	3.9
Women					
1984-86 SHHS					
Mean	24.9	25.6	26.0	26.2	25.7
Standard deviation	4.5	4.7	4.6	4.7	4.7
1995 SHS					
Mean	26.0	26.3	26.9	27.5	26.6
Standard deviation	4.7	5.1	5.2	5.3	5.1
Bases					
Men					
1984-86 SHHS ^a	1263	1202	1364	1294	5123
1995 SHS (weighted)	385	391	307	285	1368
1995 SHS (unweighted)	354	358	297	310	1319
Bases					
Women					
1984-86 SHHS ^a	1342	1262	1346	1286	5236
1995 SHS (weighted)	377	404	323	330	1434
1995 SHS (unweighted)	398	401	367	396	1562

a Number of participants in the survey

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Table 7.11 Mean BMI, by region, age and sex

All with valid height and weight measurements

1995

BMI (kg/m ²)	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
16 - 24								
Mean	[24.0]	23.3	[22.8]	23.2	22.4	23.3	23.0	23.0
Standard error of the mean	[0.61]	0.27	[0.23]	0.72	0.33	0.36	0.35	0.13
25 - 34								
Mean	[26.6]	25.7	[25.3]	25.6	25.4	26.1	26.5	25.8
Standard error of the mean	[0.56]	0.30	[0.25]	0.55	0.39	0.31	0.40	0.13
35 - 44								
Mean	[27.4]	26.7	[26.9]	27.4	26.6	26.8	26.7	26.8
Standard error of the mean	[0.61]	0.28	[0.33]	0.59	0.38	0.32	0.32	0.14
45 - 54								
Mean	[27.5]	27.4	[27.1]	27.8	27.3	27.7	26.7	27.3
Standard error of the mean	[0.57]	0.34	[0.28]	0.65	0.44	0.38	0.43	0.15
55 - 64								
Mean	[27.2]	27.6	[27.4]	26.8	26.5	27.7	27.2	27.3
Standard error of the mean	[0.66]	0.35	[0.35]	0.76	0.36	0.36	0.40	0.15
All men								
Mean	[26.6]	26.0	[25.7]	26.4	25.7	26.4	26.0	26.0
Standard error of the mean	[0.28]	0.15	[0.14]	0.31	0.19	0.16	0.18	0.07
Women								
16 - 24								
Mean	[23.7]	23.3	[23.7]	23.0	23.3	24.0	23.8	23.6
Standard error of the mean	[0.78]	0.40	[0.33]	0.62	0.40	0.47	0.41	0.17
25 - 34								
Mean	[25.3]	24.8	[24.8]	24.2	24.2	25.7	24.6	24.9
Standard error of the mean	[0.68]	0.38	[0.38]	0.63	0.31	0.38	0.40	0.16
35 - 44								
Mean	[25.6]	26.3	[25.5]	25.6	25.9	25.9	25.8	25.8
Standard error of the mean	[0.69]	0.44	[0.33]	0.84	0.44	0.40	0.37	0.17
45 - 54								
Mean	[27.9]	27.11	[25.9]	27.3	26.2	27.0	25.9	26.6
Standard error of the mean	[1.02]	0.47	[0.38]	0.79	0.43	0.45	0.50	0.19
55 - 64								

Mean	[28.4]	28.0	[27.7]	27.6	26.9	27.6	27.7	27.6
Standard error of the mean	[0.98]	0.59	[0.46]	0.82	0.46	0.50	0.49	0.21
All women								
Mean	[26.2]	25.8	[25.4]	25.7	25.3	26.1	25.5	25.7
Standard error of the mean	[0.39]	0.21	[0.17]	0.36	0.19	0.20	0.20	0.08

Bases (weighted)

Men

16 - 24	38	140	176	26	104	116	100	700
25 - 34	54	179	226	37	139	167	118	920
35 - 44	44	169	179	43	111	134	111	790
45 - 54	35	137	154	41	111	129	92	698
55 - 64	35	95	112	24	98	123	76	564
All men	206	719	847	170	564	669	497	3672

Women

16 - 24	29	120	167	23	113	94	91	637
25 - 34	47	144	196	40	147	175	117	866
35 - 44	46	125	174	39	149	136	126	796
45 - 54	36	148	135	39	129	146	93	726
55 - 64	37	97	118	31	122	115	86	606
All women	196	633	790	172	660	666	514	3632

Bases (unweighted)

Men

16 - 24	42	75	105	31	69	77	60	459
25 - 34	77	143	171	59	101	138	104	793
35 - 44	79	138	152	71	99	118	96	753
45 - 54	69	112	126	68	80	113	87	655
55 - 64	75	91	114	52	102	127	82	643
All men	342	559	668	281	451	573	429	3303

Women

16 - 24	41	84	107	36	78	76	70	492
25 - 34	94	149	207	79	158	202	132	1021
35 - 44	96	120	178	84	151	155	132	916
45 - 54	80	132	129	77	113	146	91	768
55 - 64	87	117	137	77	136	154	100	808
All women	398	602	758	353	636	733	525	4005

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Table 7.12 Estimated regional differences in mean BMI (adjusted for age ^a), by sex

All with valid height and weight measurements

1995

Men				Women			
Variable	N	Difference from overall mean (kg/m ²)	95% C.I. ^b	Variable	N	Difference from overall mean (kg/m ²)	95% C.I. ^b
<i>Base (weighted) 3672</i>				<i>Base (weighted) 3632</i>			
Region ^c				Region ^c			
(p=0.021)				(p=0.049)			
Highland & Islands	206	0.46	-0.01, 0.92	Highland & Islands	196	0.41	-0.18, 1.01
Grampian & Tayside	719	-0.02	-0.30, 0.25	Grampian & Tayside	633	0.17	-0.20, 0.53
Lothian & Fife	847	-0.25	-0.52, 0.01	Lothian & Fife	790	-0.19	-0.53, 0.14
Borders, Dumfries & Galloway	170	0.11	-0.40, 0.62	Borders, Dumfries & Galloway	172	-0.15	-0.78, 0.49
Greater Glasgow	564	-0.44	-0.75, -0.14	Greater Glasgow	660	-0.42	-0.78, -0.07
Lanarkshire, Ayrshire & Arran	669	0.20	-0.09, 0.49	Lanarkshire, Ayrshire & Arran	666	0.34	-0.20, 0.70
Forth Valley, Argyll & Clyde	497	-0.05	-0.37, 0.27	Forth Valley, Argyll & Clyde	514	-0.16	-0.56, 0.24

a Adjusted for age group using linear regression

b C.I. = confidence interval

c Each region is compared to the overall mean

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Table 7.13 Observed and age-standardised prevalence of raised body mass index, by region and sex

All with valid height and weight measurements

1995

Prevalence of overweight/obesity **Region**

	Highland & Islands %	Grampian & Tayside %	Lothian & Fife %	Borders, Dumfries & Galloway %	Greater Glasgow %	Lanarkshire, Ayrshire & Arran %	Forth Valley, Argyll & Clyde %
Overweight (BMI over 25-30 kg/m²)							
Men							
Observed	44.0	41.3	37.3	47.0	32.0	43.3	40.8
Age-standardised	41.0	39.1	36.4	44.3	30.1	41.7	39.0
Women							
Observed	28.5	27.0	31.3	27.6	29.7	31.9	30.3
Age-standardised	26.0	26.5	31.2	25.6	28.7	30.4	29.6
Obese (BMI over 30 kg/m²)							
Men							
Observed	16.9	15.3	14.5	16.3	16.4	17.3	16.5
Age-standardised	15.8	14.5	13.9	14.0	16.0	16.1	15.5
Women							
Observed	21.5	20.1	14.7	17.6	14.8	19.4	16.5
Age-standardised	20.4	19.1	14.3	15.5	14.0	18.6	15.7
<i>Bases (weighted)</i>							
<i>Men</i>	206	719	847	170	564	669	497
<i>Women</i>	196	633	790	172	660	666	514
<i>Bases (unweighted)</i>							
<i>Men</i>	342	559	668	281	451	573	429
<i>Women</i>	398	602	758	353	636	733	525

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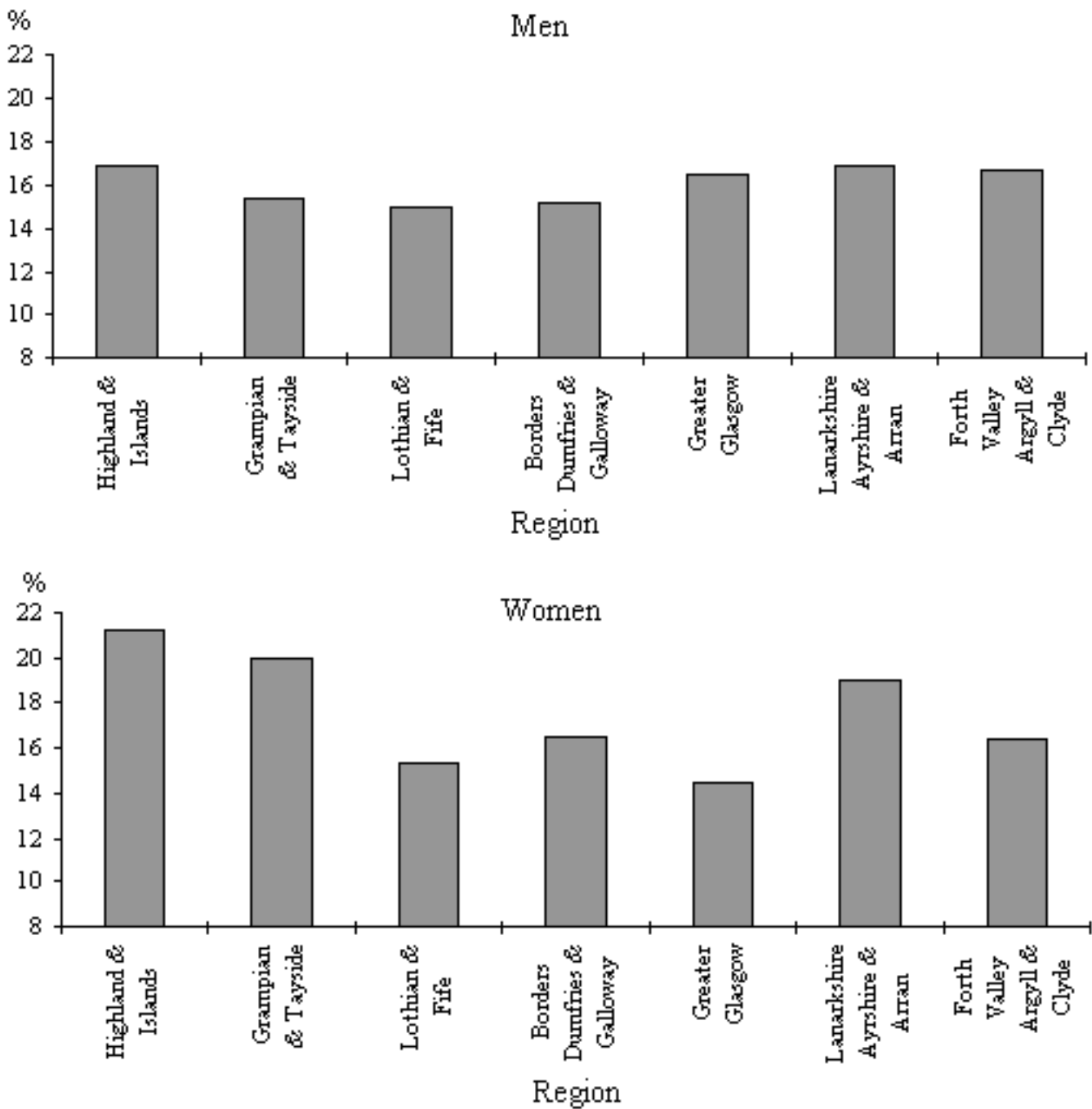
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Figure 7E: Age standardised prevalence of obesity, by region and sex



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All with valid waist and hip measurements

1995

Waist-hip ratio	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
16 - 24								
Mean	[0.831]	0.828	0.819	[0.828]	0.832	0.836	0.832	0.829
Standard error of the mean	[0.009]	0.004	0.004	[0.012]	0.005	0.005	0.006	0.002
25 - 34								
Mean	[0.872]	0.876	0.875	[0.880]	0.872	0.889	0.891	0.879
Standard error of the mean	[0.008]	0.005	0.004	[0.011]	0.005	0.004	0.005	0.002
35 - 44								
Mean	[0.915]	0.900	0.903	[0.918]	0.899	0.907	0.908	0.904
Standard error of the mean	[0.009]	0.005	0.005	[0.010]	0.005	0.005	0.005	0.002
45 - 54								
Mean	[0.916]	0.920	0.920	[0.928]	0.917	0.921	0.917	0.920
Standard error of the mean	[0.011]	0.005	0.005	[0.009]	0.005	0.005	0.006	0.002
55 - 64								
Mean	[0.930]	0.942	0.939	[0.940]	0.935	0.942	0.943	0.939
Standard error of the mean	[0.011]	0.006	0.006	[0.012]	0.005	0.006	0.007	0.002
All men								
Mean	[0.892]	0.890	0.887	[0.902]	0.891	0.900	0.896	0.893
Standard error of the mean	[0.005]	0.003	0.003	[0.006]	0.003	0.003	0.003	0.001
Women								
16 - 24								
Mean	[0.738]	0.750	0.749	[0.754]	0.745	0.746	0.751	0.748
Standard error of the mean	[0.011]	0.007	0.005	[0.011]	0.008	0.007	0.006	0.003
25 - 34								
Mean	[0.773]	0.766	0.763	[0.766]	0.774	0.778	0.771	0.770
Standard error of the mean	[0.010]	0.005	0.004	[0.010]	0.005	0.004	0.006	0.002
35 - 44								
Mean	[0.786]	0.776	0.777	[0.787]	0.780	0.784	0.784	0.781
Standard error of the mean	[0.010]	0.005	0.005	[0.009]	0.005	0.005	0.006	0.002
45 - 54								
Mean	[0.798]	0.788	0.795	[0.803]	0.802	0.787	0.794	0.794
Standard error of the mean	[0.012]	0.006	0.006	[0.012]	0.006	0.005	0.007	0.003
55 - 64								

Mean	[0.810]	0.806	0.818	[0.812]	0.811	0.806	0.827	0.813
Standard error of the mean	[0.011]	0.007	0.006	[0.012]	0.006	0.006	0.008	0.003
All women								
Mean	[0.783]	0.776	0.777	[0.786]	0.783	0.781	0.784	0.781
Standard error of the mean	[0.005]	0.003	0.002	[0.005]	0.003	0.002	0.003	0.001
<i>All with valid height and weight measurements</i>								1995
Waist-hip ratio	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
<i>Bases (weighted)</i>								
<i>Men</i>								
16 - 24	32	131	146	25	97	103	88	622
25 - 34	49	161	218	32	129	164	112	865
35 - 44	39	166	166	38	105	133	104	752
45 - 54	33	128	130	40	114	132	84	660
55 - 64	33	91	103	23	95	113	69	528
All men	186	677	763	157	541	645	458	3426
<i>Women</i>								
16 - 24	26	103	150	23	103	87	82	574
25 - 34	44	125	169	38	130	155	108	768
35 - 44	41	123	170	39	146	126	120	766
45 - 54	35	129	126	33	123	134	92	673
55 - 64	35	86	97	32	115	105	78	548
All women	181	565	713	165	617	608	480	3329
<i>Bases (unweighted)</i>								
<i>Men</i>								
16 - 24	36	71	82	29	59	68	54	399
25 - 34	70	130	161	50	92	134	99	736
35 - 44	69	133	142	63	92	117	90	706
45 - 54	63	103	110	65	85	114	79	619
55 - 64	70	88	104	50	97	117	75	601
All men	308	525	599	257	425	550	397	3061
<i>Women</i>								
16 - 24	38	74	93	36	68	68	63	440
25 - 34	84	130	177	76	135	180	121	903
35 - 44	88	118	170	80	148	141	125	870
45 - 54	76	118	120	66	108	133	92	713
55 - 64	83	104	118	77	124	138	91	735
All women	369	544	678	335	583	660	492	3661

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Table 7.15 Mean body mass index (BMI), by social class of chief income earner, age and sex

All with valid height and weight measurements

BMI (kg/m ²)	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
Men							
16 - 44							
Mean	25.0	25.7	25.4	25.5	25.2	24.6	25.3
Standard error of the mean	0.27	0.17	0.21	0.16	0.22	0.44	0.08
45 - 64							
Mean	26.1	27.4	27.4	27.5	27.4	27.1	27.3
Standard error of the mean	0.31	0.20	0.33	0.19	0.30	0.62	0.11
All men							
Mean	25.4	26.3	26.0	26.3	25.9	25.5	26.0
Standard error of the mean	0.21	0.13	0.18	0.13	0.18	0.37	0.07
Women							
16 - 44							
Mean	24.1	24.2	25.1	25.4	25.2	25.9	24.8
Standard error of the mean	0.35	0.18	0.23	0.19	0.29	0.55	0.10
45 - 64							
Mean	26.9	26.2	27.2	27.4	28.0	26.7	27.1
Standard error of the mean	0.59	0.24	0.37	0.28	0.42	0.53	0.14
All women							
Mean	25.1	25.0	25.8	26.2	26.3	26.3	25.7
Standard error of the mean	0.32	0.15	0.20	0.16	0.25	0.39	0.08
<i>Bases (weighted)</i>							
<i>Men</i>							
<i>16 - 44</i>	<i>163</i>	<i>604</i>	<i>306</i>	<i>723</i>	<i>336</i>	<i>106</i>	<i>2410</i>
<i>45 - 64</i>	<i>96</i>	<i>347</i>	<i>117</i>	<i>445</i>	<i>162</i>	<i>60</i>	<i>1262</i>
<i>All men</i>	<i>259</i>	<i>950</i>	<i>423</i>	<i>1168</i>	<i>498</i>	<i>166</i>	<i>3672</i>
<i>Women</i>							
<i>16 - 44</i>	<i>147</i>	<i>534</i>	<i>415</i>	<i>587</i>	<i>303</i>	<i>99</i>	<i>2299</i>
<i>45 - 64</i>	<i>81</i>	<i>366</i>	<i>214</i>	<i>366</i>	<i>182</i>	<i>83</i>	<i>1333</i>
<i>All women</i>	<i>229</i>	<i>899</i>	<i>628</i>	<i>953</i>	<i>485</i>	<i>181</i>	<i>3632</i>
<i>Bases (unweighted)</i>							
<i>Men</i>							
<i>16 - 44</i>	<i>138</i>	<i>489</i>	<i>243</i>	<i>599</i>	<i>290</i>	<i>101</i>	<i>2005</i>

<i>45 - 64</i>	<i>88</i>	<i>333</i>	<i>116</i>	<i>460</i>	<i>182</i>	<i>79</i>	<i>1298</i>
<i>All men</i>	<i>226</i>	<i>822</i>	<i>359</i>	<i>1059</i>	<i>472</i>	<i>180</i>	<i>3303</i>
<i>Women</i>							
<i>16 - 44</i>	<i>139</i>	<i>546</i>	<i>493</i>	<i>555</i>	<i>369</i>	<i>117</i>	<i>2429</i>
<i>45 - 64</i>	<i>85</i>	<i>432</i>	<i>271</i>	<i>390</i>	<i>224</i>	<i>119</i>	<i>1576</i>
<i>All women</i>	<i>224</i>	<i>978</i>	<i>764</i>	<i>945</i>	<i>593</i>	<i>236</i>	<i>4005</i>

aIncludes those for whom social class could not be determined.

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Table 7.16 Estimated social class differences in mean BMI (adjusted for age^a), by sex

All with valid height and weight measurements

1995

Men				Women			
Variable	N	Differences from Social Class I (kg/m ²)	95% C.I. ^b	Variable	N	Differences from Social Class I (kg/m ²)	95% C.I. ^b
Men				Women			
<i>Base (weighted) 3464</i>				<i>Base (weighted) 3376</i>			
Social Class ^c (p=0.018)				Social Class ^c (p<0.001)			
I	259	0		I	229	0	
II	950	0.90	0.37, 1.43	II	899	-0.22	-0.90, 0.47
IIINM	423	0.73	0.14, 1.33	IIINM	628	0.78	0.06, 1.50
IIIM	1168	0.88	0.36, 1.40	IIIM	953	1.03	0.34, 1.71
IV	498	0.71	0.13, 1.29	IV	485	1.12	0.37, 1.86
V	166	0.44	-0.31, 1.20	V	181	0.85	-0.08, 1.77

a Adjusted for age group using linear regression

bC.I. = confidence interval

cSocial class of chief income earner

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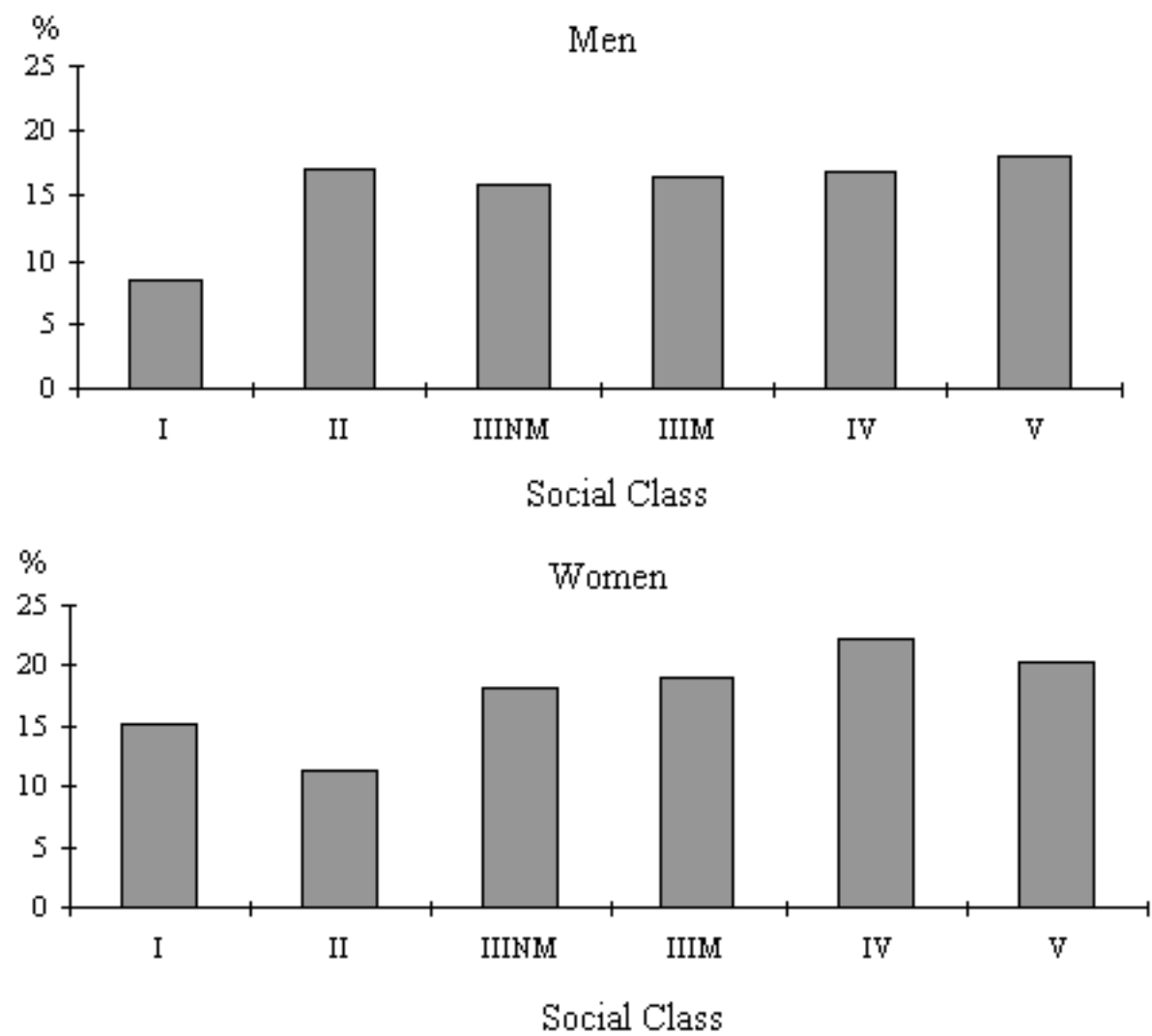
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Figure 7F: Age standardised prevalence of obesity, by social class of chief income earner and sex.



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Table 7.17 Observed and age-standardised prevalence of obesity, by social class of chief income earner and sex

All with valid height and weight measurements

1995

Prevalence of obesity (BMI>30 kg/m ²)	Social class of chief income earner					
	I	II	IIINM	IIIM	IV	V
	%	%	%	%	%	%
Men						
Observed	8.2	17.7	15.3	16.8	16.5	16.7
Age-standardised	8.3	15.7	14.7	15.4	16.0	17.1
Women						
Observed	14.9	12.2	18.1	19.2	22.5	20.7
Age-standardised	13.9	9.9	17.8	18.1	22.1	20.2
<i>Bases (weighted)</i>						
<i>Men</i>	259	950	423	1168	498	166
<i>Women</i>	229	899	628	953	485	181
<i>Bases (unweighted)</i>						
<i>Men</i>	226	822	359	1059	472	180
<i>Women</i>	224	978	764	945	593	236

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Table 7.18 Mean waist-hip ratio, by social class of chief income earner, age and sex

All with valid waist and hip measurements

Social class of chief income earner							1995
WHR							Total ^a
	I	II	IIINM	IIIM	IV	V	
Men							
16 - 44							
Mean	0.862	0.878	0.874	0.878	0.875	0.874	0.874
Standard error of the mean	0.005	0.003	0.003	0.003	0.004	0.007	0.001
45 - 64							
Mean	0.908	0.923	0.919	0.934	0.935	0.950	0.928
Standard error of the mean	0.006	0.003	0.006	0.003	0.005	0.009	0.002
All men							
Mean	0.879	0.895	0.885	0.899	0.895	0.904	0.893
Standard error of the mean	0.004	0.002	0.003	0.002	0.003	0.006	0.001
Women							
16 - 44							
Mean	0.755	0.765	0.762	0.775	0.776	0.797	0.768
Standard error of the mean	0.005	0.003	0.003	0.003	0.003	0.007	0.001
45 - 64							
Mean	0.785	0.787	0.800	0.811	0.820	0.811	0.802
Standard error of the mean	0.007	0.004	0.005	0.004	0.005	0.007	0.002
All women							
Mean	0.765	0.774	0.775	0.788	0.792	0.804	0.781
Standard error of the mean	0.004	0.002	0.003	0.002	0.003	0.005	0.001
<i>Bases (weighted)</i>							
<i>Men</i>							
16 - 44	153	557	297	684	304	95	2238
45 - 64	86	336	102	418	152	60	1187
All men	239	893	399	1102	456	156	3426
<i>Women</i>							
16 - 44	137	496	375	548	284	87	2108
45 - 64	75	341	195	337	167	75	1221
All women	212	837	570	885	451	162	3329

Bases (unweighted)

Men

<i>16 - 44</i>	<i>130</i>	<i>446</i>	<i>236</i>	<i>563</i>	<i>258</i>	<i>90</i>	<i>1841</i>
<i>45 - 64</i>	<i>81</i>	<i>320</i>	<i>105</i>	<i>427</i>	<i>170</i>	<i>80</i>	<i>1220</i>
<i>All men</i>	<i>211</i>	<i>766</i>	<i>341</i>	<i>990</i>	<i>428</i>	<i>170</i>	<i>3061</i>
<i>Women</i>							
<i>16 - 44</i>	<i>129</i>	<i>505</i>	<i>445</i>	<i>519</i>	<i>339</i>	<i>100</i>	<i>2213</i>
<i>45 - 64</i>	<i>79</i>	<i>406</i>	<i>247</i>	<i>361</i>	<i>206</i>	<i>104</i>	<i>1448</i>
<i>All women</i>	<i>208</i>	<i>911</i>	<i>692</i>	<i>880</i>	<i>545</i>	<i>204</i>	<i>3661</i>

aIncludes those for whom social class could not be determined

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Table 7.19 Estimated social class differences in mean WHR (adjusted for age^a), by sex

All with valid waist and hip measurements

1995

Men				Women			
Variable	N	Differences from Social Class I	95% C.I. ^b	Variable	N	Differences from Social Class I	95% C.I. ^b
Base (weighted) 3244				Base (weighted) 3116			
Social Class ^c (p<0.001)				Social Class ^c (p<0.001)			
I	239	0		I	212	0	
II	893	0.014	0.006, 0.022	II	837	0.007	-0.003, 0.016
IIINM	399	0.012	0.003, 0.021	IIINM	570	0.010	0.000, 0.020
IIIM	1102	0.020	0.012, 0.028	IIIM	885	0.022	0.013, 0.032
IV	456	0.020	0.012, 0.029	IV	451	0.026	0.016, 0.036
V	156	0.027	0.016, 0.039	V	162	0.033	0.020, 0.046

a Adjusted for age group using linear regression

bC.I. = confidence interval

cSocial Class of chief income earner

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Table 7.20 Mean BMI, by cigarette smoking status, age and sex

All with valid height and weight measurements

1995

BMI (kg/m ²)	Cigarette smoking status				Total
	Never regularly smoked	Ex-regular smoker	Smokes less than 20 a day	Smokes 20 or more a day	
Men					
16 - 44					
Mean	25.6	26.5	24.0	25.2	25.3
Standard error of the mean	0.12	0.21	0.16	0.25	0.08
45 - 64					
Mean	27.7	28.1	25.9	26.4	27.3
Standard error of the mean	0.19	0.18	0.28	0.25	0.11
All men					
Mean	26.1	27.4	24.5	25.8	26.0
Standard error of the mean	0.10	0.14	0.14	0.18	0.07
Women					
16 - 44					
Mean	24.9	25.6	24.2	25.3	24.8
Standard error of the mean	0.13	0.27	0.20	0.28	0.10
45 - 64					
Mean	27.5	27.8	25.7	26.6	27.1
Standard error of the mean	0.23	0.30	0.28	0.35	0.14
All women					
Mean	25.7	26.7	24.7	25.8	25.7
Standard error of the mean	0.12	0.21	0.16	0.22	0.08

Bases (weighted)

Men

16 - 44	1270	328	508	301	2410
45 - 64	407	434	167	253	1262
All men	1677	762	674	554	3672

Women

16 - 44	1194	277	541	282	2299
45 - 64	573	283	277	201	1333
All women	1766	560	818	483	3632

Bases (unweighted)

Men

16 - 44	1023	279	421	280	2005
---------	------	-----	-----	-----	------

<i>45 - 64</i>	<i>398</i>	<i>436</i>	<i>181</i>	<i>280</i>	<i>1298</i>
<i>All men</i>	<i>1421</i>	<i>715</i>	<i>602</i>	<i>560</i>	<i>3303</i>
<i>Women</i>					
<i>16 - 44</i>	<i>1159</i>	<i>301</i>	<i>614</i>	<i>351</i>	<i>2429</i>
<i>45 - 64</i>	<i>671</i>	<i>348</i>	<i>325</i>	<i>232</i>	<i>1576</i>
<i>All women</i>	<i>1830</i>	<i>649</i>	<i>939</i>	<i>583</i>	<i>4005</i>

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Table 7.21 Mean BMI for men, by alcohol consumption level and age

Men with valid height and weight measurements

1995

BMI (kg/m ²)	Alcohol consumption level (units per week)					Total
	Ex-drinker	Non/occasional drinker	1-10	Over 10-21	Over 21	
Men						
16 - 44						
Mean	[27.0]	25.0	25.6	25.2	25.3	25.3
Standard error of the mean	[0.68]	0.33	0.17	0.15	0.13	0.08
45 - 64						
Mean	27.8	28.6	26.9	27.0	27.5	27.3
Standard error of the mean	0.71	0.37	0.20	0.20	0.19	0.11
All men						
Mean	27.4	26.3	26.0	25.8	26.0	26.0
Standard error of the mean	0.50	0.27	0.13	0.12	0.11	0.07
<i>Bases (weighted)</i>						
16 - 44	36	236	665	641	814	2410
45 - 64	51	141	354	328	388	1262
All men	87	377	1018	969	1203	3672
<i>Bases (unweighted)</i>						
16 - 44	39	182	540	530	703	2005
45 - 64	58	151	372	317	400	1298
All men	97	333	912	847	1103	3303

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Table 7.22 Mean BMI for women, by alcohol consumption level and age

Women with valid height and weight measurements

1995

BMI (kg/m ²)	Alcohol consumption level (units per week)					Total
	Ex-drinker	Non/occasional drinker				
			1-7	Over 7-14	Over 14	
Women						
16 - 44						
Mean	25.7	24.6	25.1	24.7	24.4	24.8
Standard error of the mean	0.87	0.23	0.15	0.19	0.23	0.10
45 - 64						
Mean	27.0	27.9	26.9	26.8	25.9	27.1
Standard error of the mean	0.76	0.30	0.21	0.35	0.34	0.14
All women						
Mean	26.5	26.0	25.8	25.3	24.8	25.7
Standard error of the mean	0.57	0.19	0.13	0.18	0.19	0.08
<i>Bases (weighted)</i>						
16 - 44	46	464	947	479	350	2299
45 - 64	68	362	550	217	135	1333
All women	114	826	1497	696	485	3632
<i>Bases (unweighted)</i>						
16 - 44	56	480	1009	506	369	2429
45 - 64	87	458	618	257	156	1576
All women	143	938	1627	763	525	4005

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Table 7.23 Mean BMI, by frequency-intensity level of physical activity, age and sex

All with valid height and weight measurements

1995

BMI (kg/m ²)	Frequency-intensity level			Total
	Level 0	Levels 1,2	Levels 3,4,5	
Men				
16 - 44				
Mean	25.6	25.6	25.1	25.3
Standard error of the mean	0.22	0.15	0.11	0.08
45 - 64				
Mean	27.5	27.1	27.4	27.3
Standard error of the mean	0.20	0.17	0.19	0.11
All men				
Mean	26.6	26.1	25.6	26.0
Standard error of the mean	0.15	0.12	0.10	0.07
Women				
16 - 44				
Mean	24.8	24.8	24.9	24.8
Standard error of the mean	0.21	0.16	0.15	0.10
45 - 64				
Mean	27.7	26.5	27.1	27.1
Standard error of the mean	0.28	0.21	0.26	0.14
All women				
Mean	26.1	25.5	25.6	25.7
Standard error of the mean	0.18	0.13	0.13	0.08
<i>Bases (weighted)</i>				
<i>Men</i>				
<i>16 - 44</i>	<i>389</i>	<i>789</i>	<i>1218</i>	<i>2410</i>
<i>45 - 64</i>	<i>424</i>	<i>437</i>	<i>393</i>	<i>1262</i>
<i>All men</i>	<i>813</i>	<i>1226</i>	<i>1611</i>	<i>3672</i>
<i>Women</i>				
<i>16 - 44</i>	<i>501</i>	<i>884</i>	<i>901</i>	<i>2299</i>
<i>45 - 64</i>	<i>409</i>	<i>512</i>	<i>404</i>	<i>1333</i>
<i>All women</i>	<i>910</i>	<i>1396</i>	<i>1305</i>	<i>3632</i>

Bases (unweighted)

Men

<i>16 - 44</i>	<i>334</i>	<i>654</i>	<i>1004</i>	<i>2005</i>
<i>45 - 64</i>	<i>432</i>	<i>443</i>	<i>413</i>	<i>1298</i>
<i>All men</i>	<i>766</i>	<i>1097</i>	<i>1417</i>	<i>3303</i>
<i>Women</i>				
<i>16 - 44</i>	<i>495</i>	<i>942</i>	<i>980</i>	<i>2429</i>
<i>45 - 64</i>	<i>493</i>	<i>599</i>	<i>472</i>	<i>1576</i>
<i>All women</i>	<i>988</i>	<i>1541</i>	<i>1452</i>	<i>4005</i>

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Table 7.24 Mean WHR, by cigarette smoking status, age and sex

All with a valid waist and hip measurement

1995

WHR	Cigarette smoking status				Total
	Never regularly smoked	Ex- regular smoker	Smokes less than 20 a day	Smokes 20 or more a day	
Men					
16 - 44					
Mean	0.872	0.891	0.860	0.883	0.874
Standard error of the mean	0.002	0.003	0.003	0.004	0.001
45 - 64					
Mean	0.923	0.932	0.926	0.933	0.928
Standard error of the mean	0.003	0.003	0.004	0.004	0.002
All men					
Mean	0.885	0.914	0.877	0.906	0.893
Standard error of the mean	0.002	0.002	0.003	0.003	0.001
Women					
16 - 44					
Mean	0.760	0.771	0.771	0.792	0.768
Standard error of the mean	0.002	0.004	0.003	0.004	0.001
45 - 64					

Mean	0.792	0.805	0.809	0.819	0.802
Standard error of the mean	0.003	0.004	0.004	0.005	0.002
All women					
Mean	0.770	0.788	0.784	0.803	0.781
Standard error of the mean	0.002	0.003	0.002	0.003	0.001
<i>Bases (weighted)</i>					
<i>Men</i>					
16 - 44	1178	325	462	271	2238
45 - 64	392	403	158	233	1187
All men	1570	727	620	504	3426
<i>Women</i>					
16 - 44	1105	260	488	250	2108
45 - 64	536	269	243	174	1221
All women	1641	529	731	423	3329
<i>Bases (unweighted)</i>					
<i>Men</i>					
16 - 44	951	273	370	246	1841
45 - 64	380	405	171	261	1220
All men	1331	678	541	507	3061
<i>Women</i>					
16 - 44	1073	283	549	304	2213
45 - 64	635	328	283	202	1448
All women	1708	611	832	506	3661

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Table 7.25 MeanWHR for men, by alcohol consumption level and age

Men with a valid waist-hip ratio

1995

WHR	Alcohol consumption level (units per week)					Total
	Ex-drinker	Non/occasional drinker	1-10	Over 10-21	Over 21	
Men						
16 - 44						
Mean	[0.891]	0.868	0.877	0.871	0.875	0.874
Standard error of the mean	[0.011]	0.005	0.003	0.002	0.002	0.001
45 - 64						
Mean	0.936	0.930	0.924	0.923	0.935	0.928
Standard error of the mean	0.007	0.005	0.003	0.003	0.003	0.002
All men						
Mean	0.919	0.891	0.893	0.889	0.895	0.893
Standard error of the mean	0.006	0.004	0.002	0.002	0.002	0.001
<i>Bases (weighted)</i>						
<i>16 - 44</i>	<i>32</i>	<i>222</i>	<i>620</i>	<i>595</i>	<i>756</i>	<i>2238</i>
<i>45 - 64</i>	<i>51</i>	<i>129</i>	<i>336</i>	<i>309</i>	<i>363</i>	<i>1187</i>
<i>All men</i>	<i>82</i>	<i>351</i>	<i>957</i>	<i>903</i>	<i>1119</i>	<i>3426</i>
<i>Bases (unweighted)</i>						
<i>16 - 44</i>	<i>35</i>	<i>168</i>	<i>508</i>	<i>484</i>	<i>639</i>	<i>1841</i>
<i>45 - 64</i>	<i>55</i>	<i>139</i>	<i>351</i>	<i>302</i>	<i>373</i>	<i>1220</i>
<i>All men</i>	<i>90</i>	<i>307</i>	<i>859</i>	<i>786</i>	<i>1012</i>	<i>3061</i>

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Table 7.26 MeanWHR for women, by alcohol consumption level and age

Women with a valid waist-hip ratio

1995

WHR	Alcohol consumption level (units per week)					Total
	Ex-drinker	Non/occasional drinker	1-7	Over 7-14	Over 14	
Women						
16 - 44						
Mean	0.790	0.769	0.767	0.769	0.763	0.768
Standard error of the mean	0.008	0.003	0.002	0.003	0.003	0.001
45 - 64						
Mean	0.806	0.805	0.799	0.803	0.801	0.802
Standard error of the mean	0.010	0.004	0.003	0.005	0.005	0.002
All women						
Mean	0.800	0.785	0.779	0.779	0.774	0.781
Standard error of the mean	0.007	0.003	0.002	0.003	0.003	0.001
<i>Bases (weighted)</i>						
16 - 44	39	424	885	441	311	2108
45 - 64	62	341	505	193	120	1221
All women	101	765	1390	635	431	3329
<i>Bases (unweighted)</i>						
16 - 44	47	435	934	469	322	2213
45 - 64	79	433	565	231	140	1448
All women	126	868	1499	700	462	3661

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Table 7.27 Mean WHR, by frequency-intensity level of physical activity, age and sex

All with valid waist and hip measurements

WHR	Frequency-intensity level			1995
	Level 0	Levels 1,2	Levels 3,4,5	Total
Men				
16 - 44				
Mean	0.888	0.880	0.866	0.874
Standard error of the mean	0.004	0.002	0.002	0.001
45 - 64				
Mean	0.938	0.921	0.926	0.928
Standard error of the mean	0.003	0.003	0.003	0.002
All men				
Mean	0.915	0.895	0.880	0.893
Standard error of the mean	0.003	0.002	0.002	0.001
Women				
16 - 44				
Mean	0.770	0.765	0.770	0.768
Standard error of the mean	0.003	0.002	0.002	0.001
45 - 64				
Mean	0.813	0.798	0.798	0.802
Standard error of the mean	0.004	0.003	0.003	0.002
All women				
Mean	0.790	0.776	0.779	0.781
Standard error of the mean	0.002	0.002	0.002	0.001
<i>Bases (weighted)</i>				
<i>Men</i>				
<i>16 - 44</i>	<i>348</i>	<i>733</i>	<i>1145</i>	<i>2238</i>
<i>45 - 64</i>	<i>391</i>	<i>417</i>	<i>371</i>	<i>1187</i>
<i>All men</i>	<i>739</i>	<i>1150</i>	<i>1516</i>	<i>3426</i>
<i>Women</i>				
<i>16 - 44</i>	<i>443</i>	<i>818</i>	<i>838</i>	<i>2108</i>
<i>45 - 64</i>	<i>381</i>	<i>454</i>	<i>378</i>	<i>1221</i>
<i>All women</i>	<i>824</i>	<i>1272</i>	<i>1216</i>	<i>3329</i>

Bases (unweighted)

Men

<i>16 - 44</i>	<i>301</i>	<i>605</i>	<i>924</i>	<i>1841</i>
<i>45 - 64</i>	<i>399</i>	<i>419</i>	<i>391</i>	<i>1220</i>
<i>All men</i>	<i>700</i>	<i>1024</i>	<i>1315</i>	<i>3061</i>
<i>Women</i>				
<i>16 - 44</i>	<i>431</i>	<i>863</i>	<i>909</i>	<i>2213</i>
<i>45 - 64</i>	<i>457</i>	<i>542</i>	<i>436</i>	<i>1448</i>
<i>All women</i>	<i>888</i>	<i>1405</i>	<i>1345</i>	<i>3661</i>

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Table 8.1 Respiratory symptoms, by age and sex

						1995
<i>All</i>						Total
Respiratory symptoms	Age	16-24	25-34	35-44	45-54	55-64
		%	%	%	%	%
Men						
Phlegm		12	11	9	16	19
Breathlessness		14	12	15	25	41
Wheezing		22	18	19	20	25
Women						
Phlegm		5	8	7	11	13
Breathlessness		22	26	24	36	47
Wheezing		20	20	17	21	25
<i>Bases^a (weighted)</i>						
<i>Men</i>		723	979	851	749	600
<i>Women</i>		695	990	870	777	665
<i>Bases^a (unweighted)</i>						
<i>Men</i>		475	840	811	709	689
<i>Women</i>		547	1160	992	825	884

aBases are for all informants. There were variations in the bases between symptoms because a small number of informants did not answer all questions.

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Table 8.2 Respiratory symptoms in Scotland, England and Northern England, by age and sex

<i>All</i>						<i>1995</i>
Respiratory symptoms	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Phlegm						
Scotland	12	11	9	16	19	13
England	11	10	9	10	16	11
Northern England	14	11	9	15	17	13
Breathlessness						
Scotland	14	12	15	25	41	20
England	10	8	11	18	29	15
Northern England	8	9	10	20	29	15
Wheezing						
Scotland	21	17	18	19	23	19
England	22	18	19	17	24	20
Northern England	23	16	18	18	26	20
Women						
Phlegm						
Scotland	5	8	7	11	13	9
England	7	5	5	8	9	6
Northern England	6	5	6	9	9	7
Breathlessness						
Scotland	22	26	24	36	47	30
England	23	19	21	30	34	25
Northern England	22	19	23	28	37	25
Wheezing						
Scotland	18	18	16	19	22	19
England	22	19	19	20	20	20
Northern England	23	18	18	21	24	20
<i>Bases^a (weighted)</i>						
<i>Scotland</i>						
<i>Men</i>	723	979	851	749	600	3902
<i>Women</i>	695	990	870	777	665	3998

<i>Scotland</i>	<i>475</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3524</i>
<i>England</i>	<i>968</i>	<i>1434</i>	<i>1329</i>	<i>1127</i>	<i>1001</i>	<i>5859</i>
<i>Northern England</i>	<i>269</i>	<i>394</i>	<i>353</i>	<i>318</i>	<i>292</i>	<i>1626</i>

Women

<i>Scotland</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
<i>England</i>	<i>1080</i>	<i>1723</i>	<i>1520</i>	<i>1300</i>	<i>1059</i>	<i>6682</i>
<i>Northern England</i>	<i>296</i>	<i>472</i>	<i>414</i>	<i>351</i>	<i>285</i>	<i>1818</i>

aBases are for all informants. There were variations in the bases between symptoms because a small number of informants did not answer all questions.

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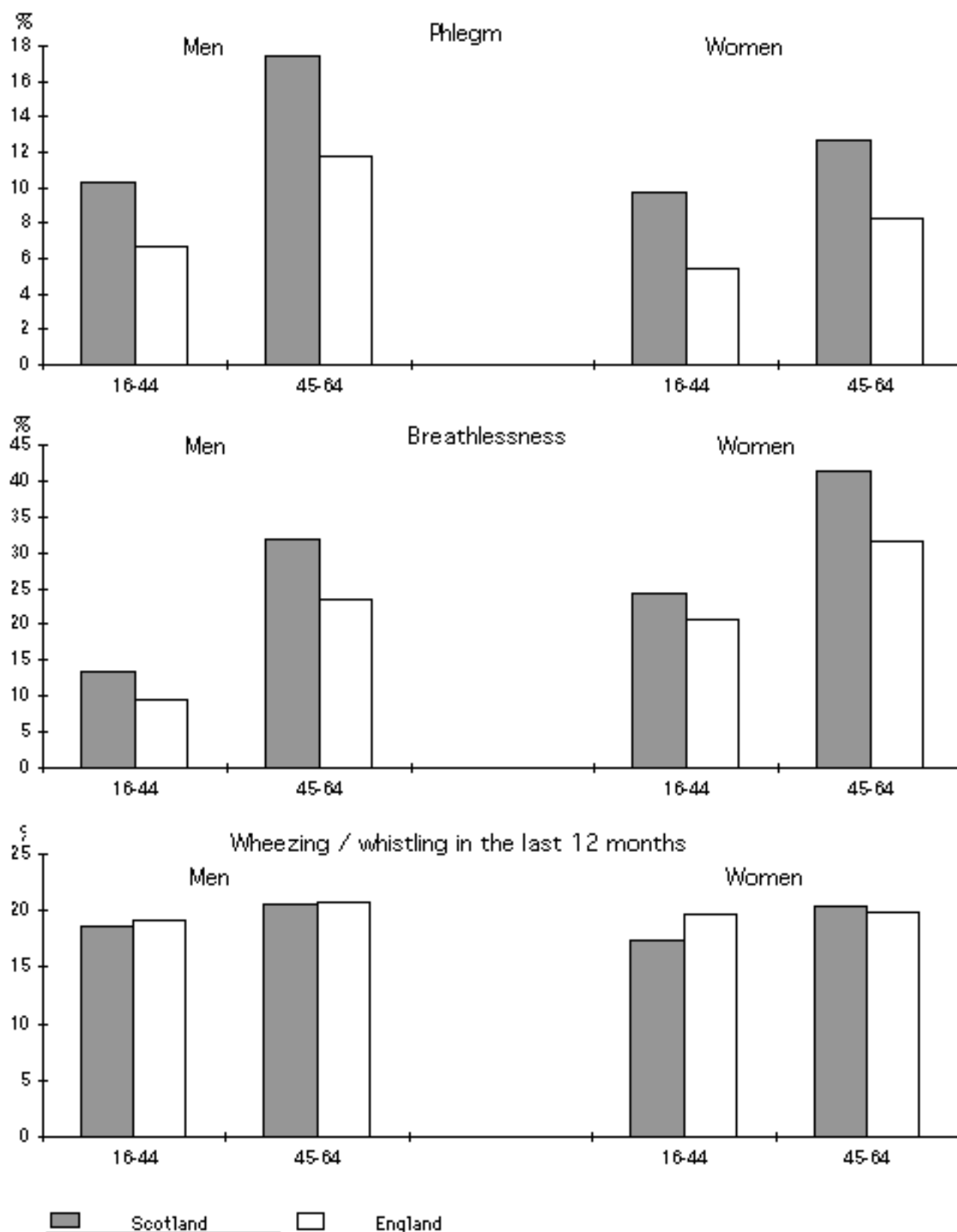
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Figure 8A: Respiratory symptoms in Scotland and England, by age and sex.



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Table 8.3 Prevalence of respiratory symptoms, by region, age and sex

								1995
Respiratory symptoms	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
Phlegm								
16-44	11	7	11	7	13	9	13	10
45 - 64	14	12	17	11	25	20	16	17
All men	12	8	13	9	18	13	14	13
Breathlessness								
16 - 44	14	11	10	11	17	17	17	13
45 - 64	26	23	27	29	39	38	36	32
All men	18	15	16	18	25	25	23	20
Wheezing								
16 - 44	21	14	19	15	23	22	20	19
45 - 64	25	16	21	15	28	21	29	22
All men	22	15	20	15	25	21	23	20
Women								
Phlegm								
16 - 44	5	6	7	4	8	6	7	7
45 - 64	11	10	11	7	18	11	10	12
All women	8	8	8	5	11	8	8	9
Breathlessness								
16 - 44	24	24	20	22	28	27	25	24
45 - 64	33	34	42	30	46	49	39	41
All women	27	28	27	26	35	35	30	30
Wheezing								
16 - 44	21	21	17	14	19	21	18	19
45 - 64	20	23	19	17	25	28	18	23
All women	21	22	18	15	21	24	18	20
<i>Bases^a (weighted)</i>								
<i>Men</i>								
16 - 44	140	511	618	110	390	436	348	2553
45 - 64	73	242	278	69	239	268	180	1349
All men	213	753	896	179	629	704	527	3902

Women

<i>16 - 44</i>	<i>132</i>	<i>424</i>	<i>590</i>	<i>118</i>	<i>480</i>	<i>451</i>	<i>362</i>	<i>2555</i>
<i>45 - 64</i>	<i>78</i>	<i>258</i>	<i>273</i>	<i>76</i>	<i>284</i>	<i>280</i>	<i>193</i>	<i>1443</i>
<i>All women</i>	<i>210</i>	<i>681</i>	<i>863</i>	<i>194</i>	<i>764</i>	<i>731</i>	<i>556</i>	<i>3998</i>

Bases^a (unweighted)

Men

<i>16 - 44</i>	<i>206</i>	<i>374</i>	<i>456</i>	<i>168</i>	<i>296</i>	<i>350</i>	<i>276</i>	<i>2126</i>
<i>45 - 64</i>	<i>150</i>	<i>216</i>	<i>253</i>	<i>128</i>	<i>212</i>	<i>257</i>	<i>182</i>	<i>1398</i>
<i>All men</i>	<i>356</i>	<i>590</i>	<i>709</i>	<i>296</i>	<i>508</i>	<i>607</i>	<i>458</i>	<i>3524</i>

Women

<i>16 - 44</i>	<i>249</i>	<i>386</i>	<i>541</i>	<i>228</i>	<i>450</i>	<i>481</i>	<i>364</i>	<i>2699</i>
<i>45 - 64</i>	<i>176</i>	<i>265</i>	<i>284</i>	<i>165</i>	<i>287</i>	<i>323</i>	<i>209</i>	<i>1709</i>
<i>All women</i>	<i>425</i>	<i>651</i>	<i>825</i>	<i>393</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4408</i>

aBases are for all informants. There were variations in the bases between symptoms because a small number of informants did not answer all questions.

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Table 8.4 Prevalence of respiratory symptoms, by social class of chief income earner, age and sex

<i>All</i>							<i>1995</i>
Respiratory symptoms	Social class of chief income earner						Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	%
Men							
Phlegm							
16 - 44	6	7	9	12	11	24	10
45 - 64	10	12	10	20	26	32	17
All men	7	9	9	15	16	27	13
Breathlessness							
16 - 44	3	12	11	15	15	21	13
45 - 64	18	21	23	39	44	45	32
All men	8	16	15	24	24	30	20
Wheezing							
16 - 44	14	16	16	22	20	24	19
45 - 64	10	19	13	26	30	31	22
All men	12	17	15	23	23	26	20
Women							
Phlegm							
16 - 44	1	4	7	7	10	10	7
45 - 64	8	5	14	14	18	17	12
All women	4	5	9	9	13	13	9
Breathlessness							
16 - 44	13	18	25	25	31	33	24
45 - 64	28	26	35	48	61	59	41
All women	18	22	29	33	42	44	30
Wheezing							
16 - 44	15	14	20	19	25	23	19
45 - 64	15	13	25	23	33	39	23
All women	15	13	22	21	28	30	20
<i>Bases^b (weighted)</i>							
<i>Men</i>							
16 - 44	170	640	321	778	354	110	2553
45 - 64	97	372	127	466	179	69	1349
All men	267	1012	448	1244	532	179	3902
<i>Women</i>							

<i>16 - 44</i>	<i>164</i>	<i>598</i>	<i>454</i>	<i>655</i>	<i>342</i>	<i>114</i>	<i>2555</i>
<i>45 - 64</i>	<i>89</i>	<i>386</i>	<i>235</i>	<i>387</i>	<i>206</i>	<i>93</i>	<i>1443</i>
<i>All women</i>	<i>253</i>	<i>983</i>	<i>689</i>	<i>1042</i>	<i>548</i>	<i>207</i>	<i>3998</i>

Bases^b (unweighted)

Men

<i>16 - 44</i>	<i>146</i>	<i>517</i>	<i>255</i>	<i>645</i>	<i>306</i>	<i>105</i>	<i>2126</i>
<i>45 - 64</i>	<i>90</i>	<i>357</i>	<i>128</i>	<i>484</i>	<i>203</i>	<i>91</i>	<i>1398</i>
<i>All men</i>	<i>236</i>	<i>874</i>	<i>383</i>	<i>1129</i>	<i>509</i>	<i>196</i>	<i>3524</i>

Women

<i>16 - 44</i>	<i>159</i>	<i>609</i>	<i>537</i>	<i>618</i>	<i>412</i>	<i>136</i>	<i>2699</i>
<i>45 - 64</i>	<i>93</i>	<i>459</i>	<i>297</i>	<i>414</i>	<i>253</i>	<i>132</i>	<i>1709</i>
<i>All women</i>	<i>252</i>	<i>1068</i>	<i>834</i>	<i>1032</i>	<i>665</i>	<i>268</i>	<i>4408</i>

aThe total column includes those for whom social class could not be determined.

bBases are for all informants. There were variations in the bases between symptoms because a small number of informants did not answer all questions.

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Table 8.5 Respiratory symptoms, by cigarette smoking status, age and sex

					1995
Respiratory symptoms					Total
	Never regularly smoked	Ex- regular smoker	Smokes less than 20 a day	Smokes 20 or more a day	
	%	%	%	%	%
Men					
Phlegm					
16 - 44	4	8	19	24	10
45 - 64	7	13	32	32	17
All men	5	11	22	28	13
Breathlessness					
16 - 44	9	14	14	30	13
45 - 64	17	33	44	46	32
All men	11	25	22	37	20
Wheezing					
16 - 45	14	18	25	32	19
45 - 64	11	19	37	35	22
All men	13	19	28	33	20
Women					
Phlegm					
16 - 44	3	3	9	23	7
45 - 64	6	5	17	31	12
All women	4	4	12	26	9
Breathlessness					
16 - 44	18	21	30	46	24
45 - 64	35	40	43	58	41
All women	23	30	34	51	30
Wheezing					
16 - 44	13	14	25	37	19
45 - 64	16	19	28	39	23
All women	14	16	26	38	20
<i>Bases^a (weighted)</i>					
<i>Men</i>					
16 - 44	1337	351	537	326	2550
45 - 64	437	458	179	273	1347
All men	1774	809	716	599	3897
<i>Women</i>					

<i>16 - 44</i>	<i>1325</i>	<i>319</i>	<i>596</i>	<i>311</i>	<i>2550</i>
<i>45 - 64</i>	<i>618</i>	<i>308</i>	<i>298</i>	<i>218</i>	<i>1443</i>
<i>All women</i>	<i>1943</i>	<i>627</i>	<i>894</i>	<i>529</i>	<i>3993</i>

Bases^a (unweighted)

Men

<i>16 - 44</i>	<i>1080</i>	<i>298</i>	<i>443</i>	<i>303</i>	<i>2124</i>
<i>45 - 64</i>	<i>427</i>	<i>462</i>	<i>198</i>	<i>308</i>	<i>1395</i>
<i>All men</i>	<i>1507</i>	<i>760</i>	<i>641</i>	<i>611</i>	<i>3519</i>

Women

<i>16 - 44</i>	<i>1286</i>	<i>350</i>	<i>675</i>	<i>384</i>	<i>2695</i>
<i>45 - 64</i>	<i>725</i>	<i>380</i>	<i>353</i>	<i>251</i>	<i>1709</i>
<i>All women</i>	<i>2011</i>	<i>730</i>	<i>1028</i>	<i>635</i>	<i>4404</i>

a Bases are for all informants. There were variations in the bases between symptoms because a small number of informants did not answer all questions.

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Table 8.6 Response to lung function measurement

All with a nurse visit

Response to lung function measurement	Age				1995	
	16-44		45-64		Total	
	N	%	N	%	N	%
Men						
Valid lung function measurement	1844	99	1206	97	3050	98
Invalid lung function measurement ^a	12	1	13	1	25	1
Other ineligible ^b	3	0	13	1	16	1
Refused, attempted but not obtained, not attempted	10	1	9	1	19	1
Women						
Valid lung function measurement	2213	94	1444	97	3657	95
Invalid lung function measurement ^a	31	1	25	2	56	2
Pregnant	89	4	-	-	89	2
Other ineligible ^b	6	0	7	1	13	0
Refused, attempted but not obtained, not attempted	14	1	19	1	33	1
All						
Valid lung function measurement	4057	96	2650	97	6707	96
Invalid lung function measurement ^a	43	1	38	1	81	1
Pregnant	89	2	-	-	89	1
Other ineligible ^b	9	0	20	1	29	0
Refused, attempted but not obtained, not attempted	24	1	28	1	52	1
<i>Bases (unweighted)</i>						
<i>Men</i>	1869	44.3	1241	45.4	3110	44.7
<i>Women</i>	2353	55.7	1495	54.6	3848	55.3
<i>All</i>	4222	100	2736	100	6958	100

^aOnly technically unsatisfactory blows were performed.

^bInformants who were admitted to hospital for heart disease or stroke in the past six weeks or who had abdominal or chest surgery in the past three weeks.

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Table 8.7 FEV₁, by height (cm), age and sex

All with valid lung function readings

1995

FEV ₁ (l)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Height <170 cm						
Mean	3.7	3.7	3.5	3.1	2.6	3.2
Standard error of the mean	0.07	0.06	0.04	0.05	0.05	0.03
5th percentile	2.7	2.6	2.7	2.1	1.5	2.0
10th percentile	3.0	2.7	3.0	2.3	1.6	2.2
Median	3.7	3.8	3.4	3.1	2.6	3.3
90th percentile	4.7	4.6	4.1	3.8	3.4	4.2
95th percentile	4.7	4.7	4.3	4.2	3.6	4.5
Height 170 to <180 cm						
Mean	4.4	4.2	4.0	3.6	3.1	3.9
Standard error of the mean	0.03	0.03	0.03	0.03	0.05	0.02
5th percentile	3.4	3.1	3.1	2.5	1.7	2.6
10th percentile	3.7	3.5	3.3	2.8	2.1	2.9
Median	4.4	4.2	3.9	3.7	3.1	4.0
90th percentile	5.1	5.0	4.8	4.5	4.0	4.9
95th percentile	5.5	5.2	4.9	4.7	4.3	5.1
Height >=180 cm						
Mean	4.9	4.8	4.3	4.0	3.4	4.5
Standard error of the mean	0.05	0.04	0.04	0.06	0.09	0.03
5th percentile	3.6	3.8	3.3	2.9	2.0	3.1
10th percentile	4.0	4.0	3.6	3.1	2.5	3.5
Median	4.9	4.8	4.3	4.0	3.6	4.6
90th percentile	5.9	5.5	5.1	4.9	4.2	5.5
95th percentile	5.9	5.7	5.5	5.2	4.3	5.8
All men						
Mean	4.5	4.4	4.0	3.6	3.0	3.9
Standard error of the mean	0.03	0.02	0.02	0.03	0.03	0.02
5th percentile	3.3	3.1	3.0	2.4	1.5	2.4
10th percentile	3.6	3.5	3.2	2.7	1.9	2.8
Median	4.5	4.4	4.0	3.6	3.0	4.0
90th percentile	5.5	5.2	4.8	4.5	3.9	5.0
95th percentile	5.8	5.5	5.1	4.7	4.2	5.3

Bases (weighted)

<i>Height <170 cm</i>	<i>73</i>	<i>116</i>	<i>126</i>	<i>144</i>	<i>180</i>	<i>640</i>
<i>Height 170 to < 180 cm</i>	<i>318</i>	<i>437</i>	<i>400</i>	<i>385</i>	<i>250</i>	<i>1788</i>
<i>Height >=180 cm</i>	<i>222</i>	<i>296</i>	<i>207</i>	<i>119</i>	<i>74</i>	<i>918</i>
<i>All men</i>	<i>613</i>	<i>848</i>	<i>733</i>	<i>648</i>	<i>504</i>	<i>3346</i>

Bases (unweighted)

<i>Height <170 cm</i>	<i>53</i>	<i>104</i>	<i>120</i>	<i>142</i>	<i>210</i>	<i>629</i>
<i>Height 170 to <180 cm</i>	<i>196</i>	<i>377</i>	<i>372</i>	<i>339</i>	<i>280</i>	<i>1564</i>
<i>Height >=180 cm</i>	<i>145</i>	<i>241</i>	<i>195</i>	<i>124</i>	<i>81</i>	<i>786</i>
<i>All men</i>	<i>394</i>	<i>722</i>	<i>687</i>	<i>605</i>	<i>571</i>	<i>2979</i>
<i>All with valid lung function readings</i>						<i>1995</i>

	Age					Total
	16-24	25-34	35-44	45-54	55-64	

Women

Height <160 cm

Mean	2.9	2.8	2.6	2.4	2.0	2.5
Standard error of the mean	0.03	0.03	0.03	0.03	0.03	0.02
5th percentile	2.4	2.2	1.9	1.6	1.0	1.5
10th percentile	2.4	2.4	2.1	1.8	1.4	1.8
Median	2.9	2.8	2.7	2.4	2.0	2.5
90th percentile	3.5	3.3	3.2	2.9	2.5	3.2
95th percentile	3.6	3.5	3.3	3.0	2.7	3.4

Height 160 to <165 cm

Mean	3.2	3.1	2.9	2.5	2.2	2.8
Standard error of the mean	0.03	0.02	0.03	0.03	0.04	0.02
5th percentile	2.4	2.5	2.1	1.8	1.4	1.9
10th percentile	2.7	2.6	2.3	2.1	1.7	2.1
Median	3.2	3.1	2.9	2.5	2.2	2.9
90th percentile	3.7	3.6	3.4	3.0	2.7	3.5
95th percentile	4.1	3.8	3.5	3.2	2.9	3.6

Height >=165 cm

Mean	3.5	3.4	3.1	2.8	2.4	3.2
Standard error of the mean	0.03	0.03	0.03	0.03	0.05	0.02
5th percentile	2.8	2.6	2.4	2.1	1.6	2.2
10th percentile	3.0	2.8	2.5	2.2	1.7	2.4
Median	3.5	3.4	3.2	2.9	2.4	3.2
90th percentile	4.2	3.9	3.8	3.3	3.0	3.9
95th percentile	4.3	4.1	4.0	3.5	3.2	4.1

All women

Mean	3.3	3.1	2.9	2.5	2.1	2.8
Standard error of the mean	0.02	0.02	0.02	0.02	0.02	0.01
5th percentile	2.4	2.4	2.1	1.8	1.2	1.8
10th percentile	2.7	2.6	2.3	1.9	1.5	2.0
Median	3.2	3.1	2.9	2.5	2.1	2.8

90th percentile	3.9	3.7	3.5	3.2	2.7	3.6
95th percentile	4.2	3.9	3.8	3.3	2.9	3.8

Bases (weighted)

<i>Height < 160 cm</i>	<i>163</i>	<i>216</i>	<i>252</i>	<i>273</i>	<i>277</i>	<i>1180</i>
<i>Height 160 to <165 cm</i>	<i>167</i>	<i>245</i>	<i>240</i>	<i>211</i>	<i>152</i>	<i>1014</i>
<i>Height >= 165 cm</i>	<i>231</i>	<i>297</i>	<i>261</i>	<i>178</i>	<i>109</i>	<i>1076</i>
<i>All women</i>	<i>560</i>	<i>758</i>	<i>753</i>	<i>662</i>	<i>537</i>	<i>3269</i>

Bases (unweighted)

<i>Height <160 cm</i>	<i>125</i>	<i>261</i>	<i>275</i>	<i>281</i>	<i>358</i>	<i>1300</i>
<i>Height 160 to < 165 cm</i>	<i>129</i>	<i>287</i>	<i>269</i>	<i>217</i>	<i>202</i>	<i>1104</i>
<i>Height >=165 cm</i>	<i>177</i>	<i>345</i>	<i>310</i>	<i>196</i>	<i>154</i>	<i>1182</i>
<i>All women</i>	<i>431</i>	<i>893</i>	<i>854</i>	<i>694</i>	<i>714</i>	<i>3586</i>

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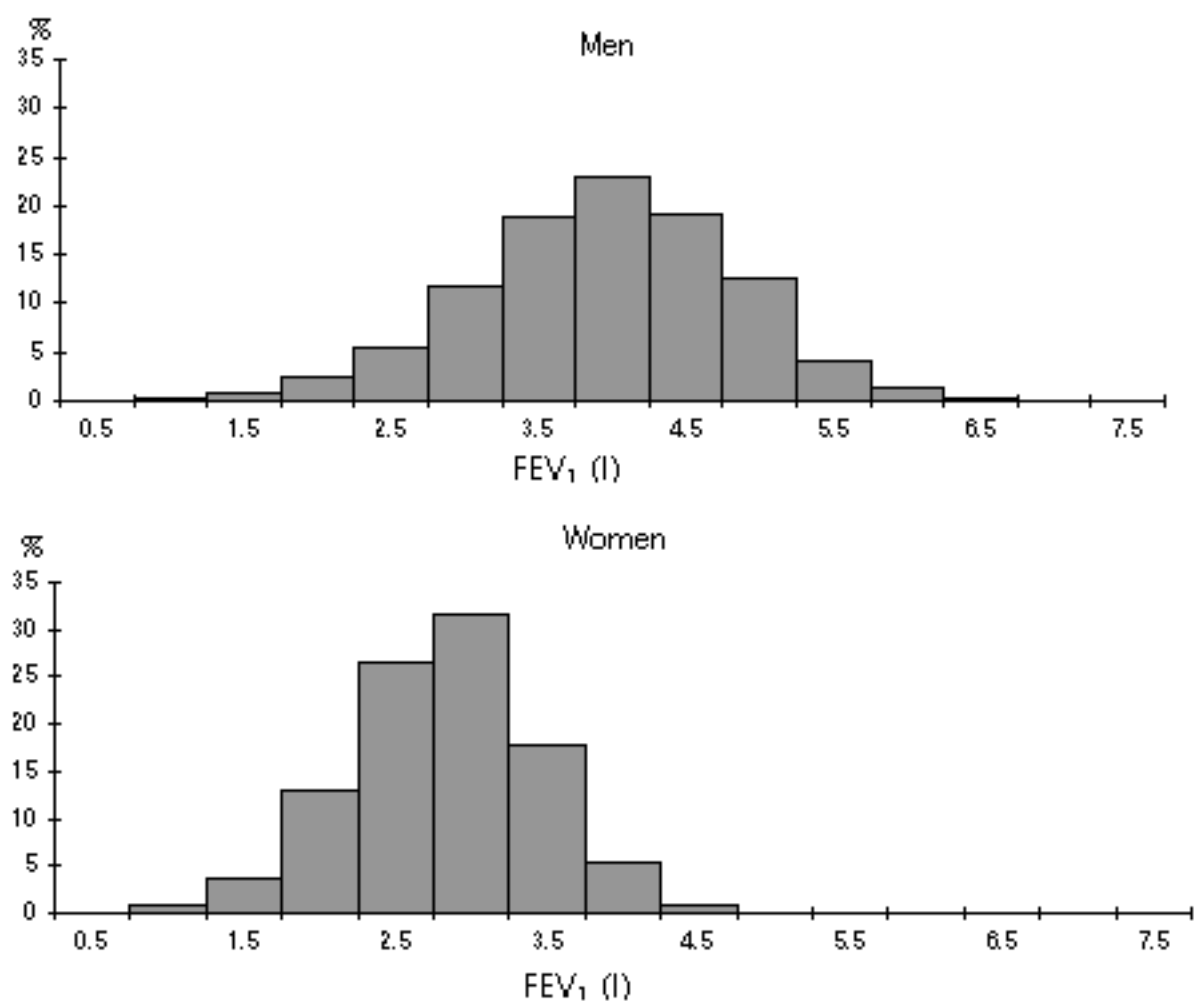
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Figure 8B: Frequency distribution of FEV₁, by sex.



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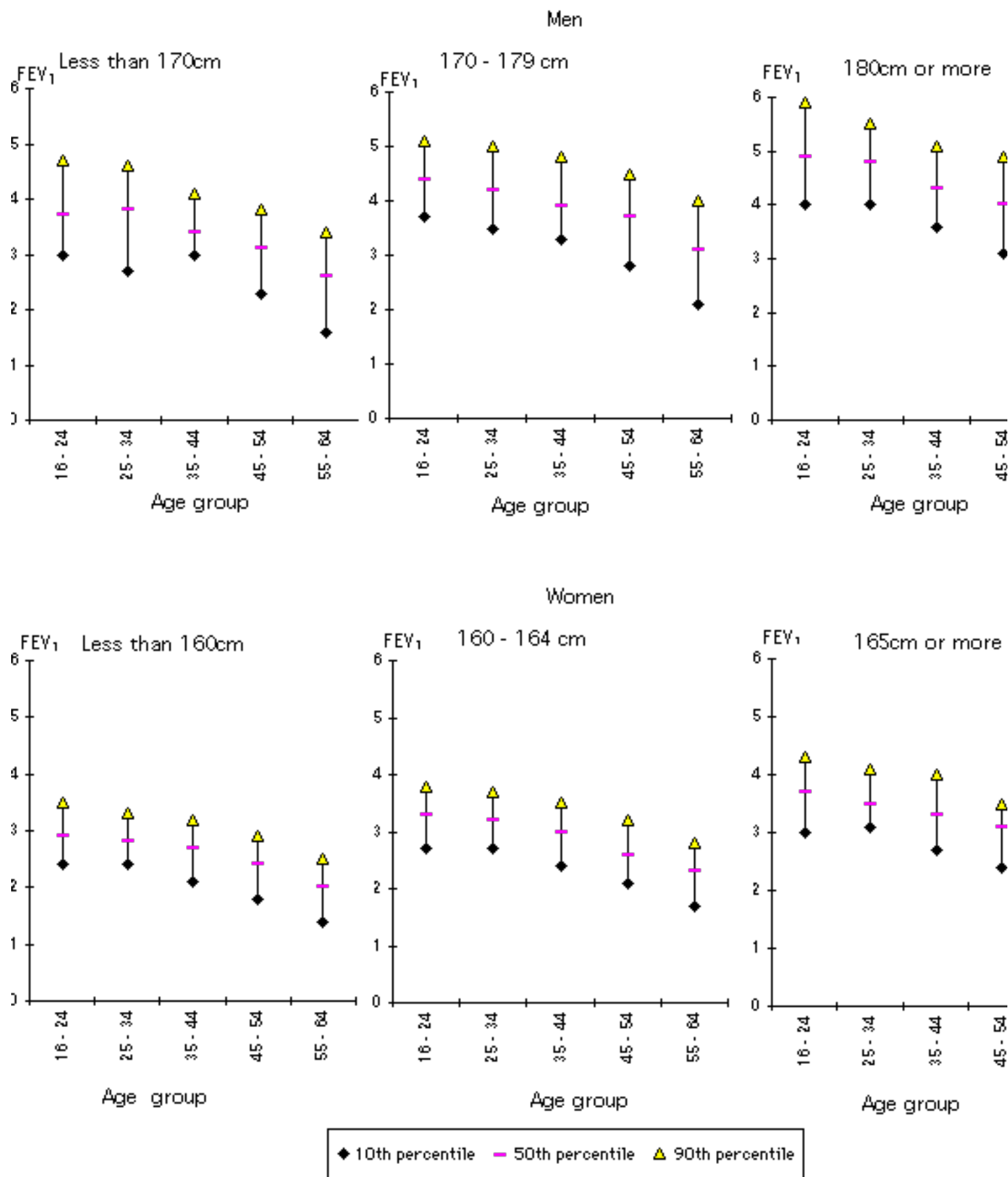
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Figure 8C: FEV₁ (1) by height groups, age and sex.



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Table 8.8 FVC, by height (cm), age and sex

All with valid lung function readings

1995

FVC (l)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Height <170 cm						
Mean	4.4	4.5	4.3	3.9	3.5	4.0
Standard error of the mean	0.07	0.08	0.06	0.06	0.05	0.03
5th percentile	3.6	2.8	3.3	2.9	2.4	2.7
10th percentile	3.8	3.6	3.5	3.1	2.6	3.0
Median	4.3	4.5	4.3	3.9	3.5	4.1
90th percentile	5.4	5.5	5.1	4.9	4.4	5.1
95th percentile	5.5	6.0	5.4	5.2	4.8	5.4
Height 170 to <180 cm						
Mean	5.1	5.2	4.9	4.6	4.1	4.9
Standard error of the mean	0.04	0.04	0.04	0.04	0.05	0.02
5th percentile	4.0	4.0	3.9	3.3	2.8	3.5
10th percentile	4.2	4.3	4.1	3.6	3.2	3.8
Median	5.1	5.2	4.9	4.7	4.1	4.9
90th percentile	6.1	6.1	5.9	5.7	5.1	5.9
95th percentile	6.5	6.4	6.2	6.0	5.4	6.2
Height >=180 cm						
Mean	5.8	5.9	5.4	5.2	4.6	5.6
Standard error of the mean	0.05	0.05	0.06	0.08	0.09	0.03
5th percentile	4.4	4.6	4.2	3.8	3.3	4.2
10th percentile	4.8	4.8	4.4	4.2	3.5	4.4
Median	5.8	5.9	5.3	5.1	4.6	5.6
90th percentile	6.9	7.0	6.7	6.4	5.5	6.7
95th percentile	7.1	7.4	7.0	6.7	5.7	7.1
All men						
Mean	5.3	5.3	5.0	4.6	3.9	4.9
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
5th percentile	3.9	3.9	3.7	3.2	2.6	3.3
10th percentile	4.1	4.3	3.9	3.4	2.8	3.6
Median	5.3	5.3	5.0	4.6	4.0	4.9
90th percentile	6.5	6.5	6.0	5.8	5.1	6.2
95th percentile	6.9	6.8	6.4	6.1	5.4	6.6

Bases (weighted)

<i>Height <170 cm</i>	<i>73</i>	<i>116</i>	<i>126</i>	<i>144</i>	<i>180</i>	<i>640</i>
<i>Height 170 to < 180 cm</i>	<i>318</i>	<i>437</i>	<i>400</i>	<i>385</i>	<i>250</i>	<i>1788</i>
<i>Height >=180 cm</i>	<i>222</i>	<i>296</i>	<i>207</i>	<i>119</i>	<i>74</i>	<i>918</i>
<i>All men</i>	<i>613</i>	<i>848</i>	<i>733</i>	<i>648</i>	<i>504</i>	<i>3346</i>

Bases (unweighted)

<i>Height <170 cm</i>	<i>53</i>	<i>104</i>	<i>120</i>	<i>142</i>	<i>210</i>	<i>629</i>
<i>Height 170 to <180 cm</i>	<i>196</i>	<i>377</i>	<i>372</i>	<i>339</i>	<i>280</i>	<i>1564</i>
<i>Height >=180 cm</i>	<i>145</i>	<i>241</i>	<i>195</i>	<i>124</i>	<i>81</i>	<i>786</i>
<i>All men</i>	<i>394</i>	<i>722</i>	<i>687</i>	<i>605</i>	<i>571</i>	<i>2979</i>
<i>All with valid lung function readings</i>						<i>1995</i>

	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Women						
Height <160 cm						
Mean	3.4	3.3	3.2	3.0	2.5	3.0
Standard error of the mean	0.04	0.03	0.03	0.04	0.03	0.02
5th percentile	2.6	2.6	2.3	2.1	1.5	2.0
10th percentile	2.7	2.7	2.5	2.3	1.8	2.2
Median	3.4	3.3	3.2	2.9	2.5	3.0
90th percentile	4.1	4.0	3.9	3.6	3.2	3.8
95th percentile	4.3	4.2	4.1	3.8	3.4	4.0
Height 160 to < 165 cm						
Mean	3.7	3.8	3.6	3.2	2.8	3.5
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
5th percentile	2.9	3.0	2.6	2.4	2.0	2.4
10th percentile	3.1	3.1	2.9	2.5	2.2	2.7
Median	3.7	3.7	3.6	3.2	2.8	3.5
90th percentile	4.3	4.4	4.2	3.8	3.4	4.2
95th percentile	4.7	4.5	4.5	4.2	3.6	4.4
Height >=165 cm						
Mean	4.1	4.1	3.9	3.6	3.1	3.9
Standard error of the mean	0.04	0.03	0.04	0.04	0.06	0.02
5th percentile	3.3	3.3	2.9	2.5	2.1	2.8
10th percentile	3.5	3.4	3.1	2.9	2.3	3.0
Median	4.1	4.1	3.9	3.6	3.1	3.9
90th percentile	4.9	4.8	4.7	4.4	3.8	4.7
95th percentile	5.1	5.1	4.9	4.6	4.0	4.9
All women						
Mean	3.8	3.8	3.6	3.2	2.7	3.4
Standard error of the mean	0.03	0.02	0.02	0.02	0.03	0.01
5th percentile	2.8	2.8	2.6	2.2	1.7	2.2
10th percentile	3.0	3.0	2.8	2.5	1.9	2.5
Median	3.8	3.7	3.6	3.2	2.7	3.5

90th percentile	4.6	4.5	4.4	4.0	3.4	4.4
95th percentile	4.8	4.8	4.6	4.3	3.7	4.6

Bases (weighted)

<i>Height < 160 cm</i>	<i>163</i>	<i>216</i>	<i>252</i>	<i>273</i>	<i>277</i>	<i>1180</i>
<i>Height 160 to <165 cm</i>	<i>167</i>	<i>245</i>	<i>240</i>	<i>211</i>	<i>152</i>	<i>1014</i>
<i>Height >= 165 cm</i>	<i>231</i>	<i>297</i>	<i>261</i>	<i>178</i>	<i>109</i>	<i>1076</i>
<i>All women</i>	<i>560</i>	<i>758</i>	<i>753</i>	<i>662</i>	<i>537</i>	<i>3269</i>

Bases (unweighted)

<i>Height <160 cm</i>	<i>125</i>	<i>261</i>	<i>275</i>	<i>281</i>	<i>358</i>	<i>1300</i>
<i>Height 160 to < 165 cm</i>	<i>129</i>	<i>287</i>	<i>269</i>	<i>217</i>	<i>202</i>	<i>1104</i>
<i>Height >=165 cm</i>	<i>177</i>	<i>345</i>	<i>310</i>	<i>196</i>	<i>154</i>	<i>1182</i>
<i>All women</i>	<i>431</i>	<i>893</i>	<i>854</i>	<i>694</i>	<i>714</i>	<i>3586</i>

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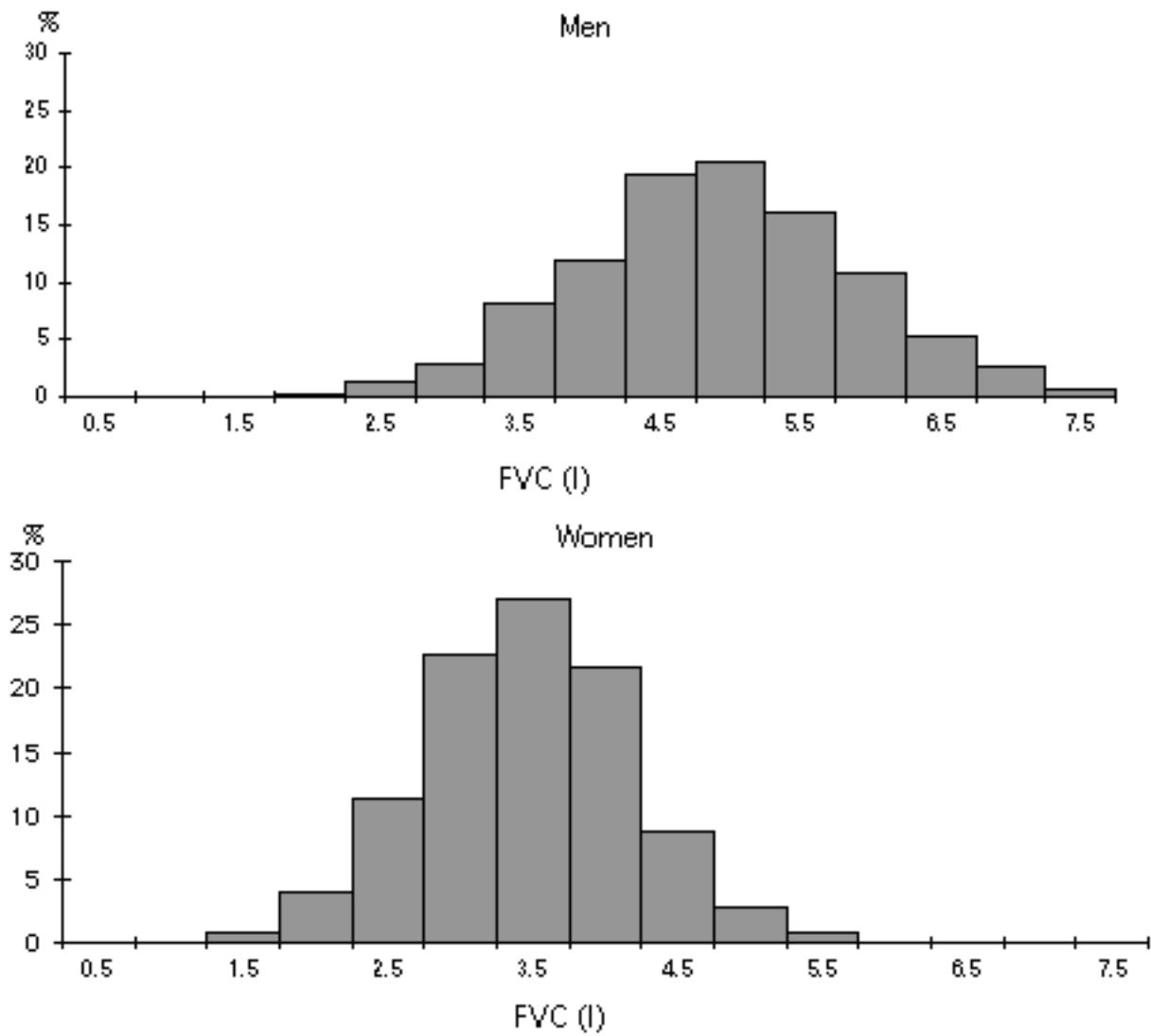
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Figure 8D: Frequency distribution of FVC, by sex.



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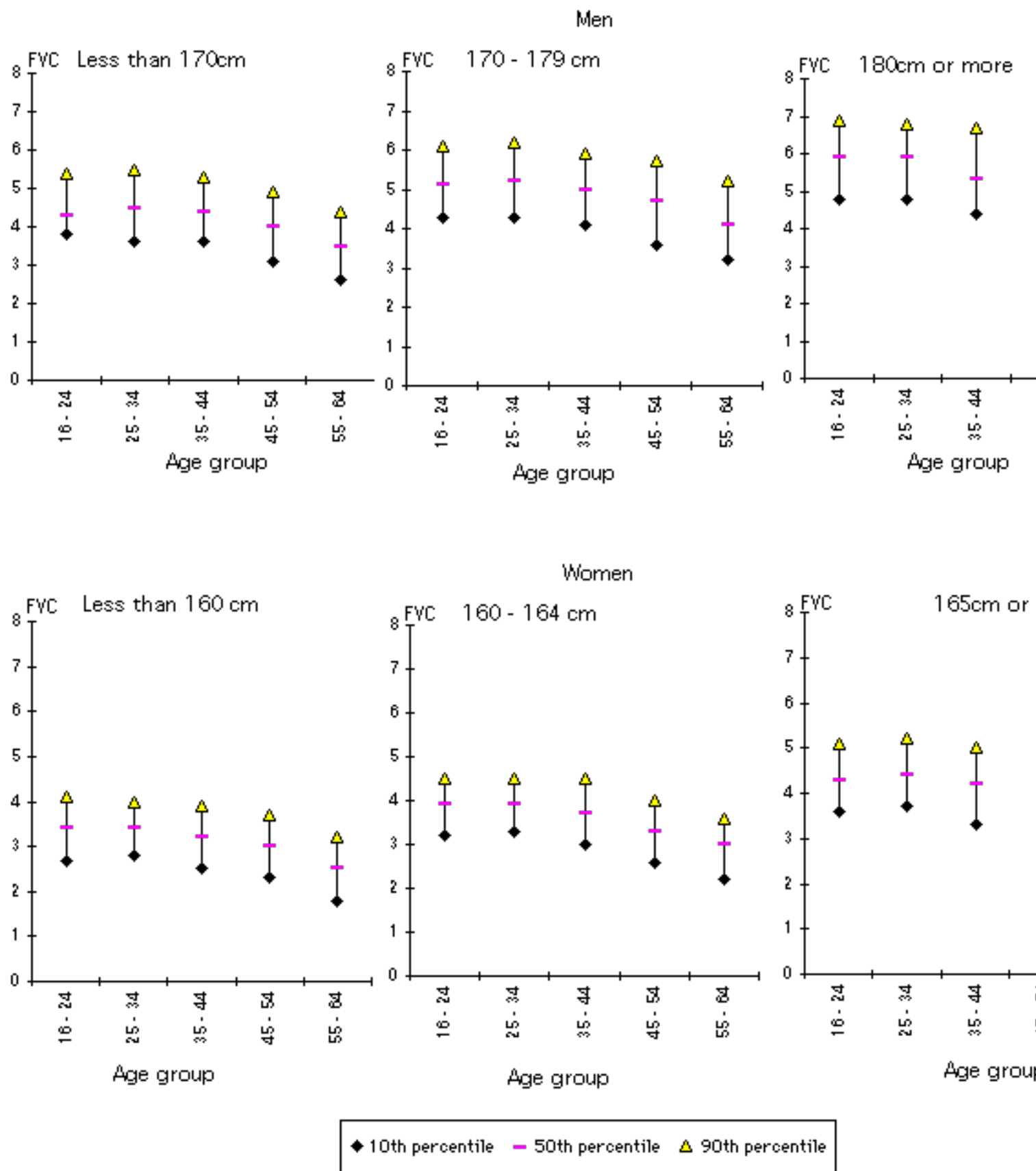
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Figure 8E: FVC(1) by height groups, age and sex.



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Table 8.9 PEF, by height (cm), age and sex

All with valid lung function readings

1995

PEF (l.min ⁻¹)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Height <170 cm						
Mean	501.8	542.9	552.0	513.2	445.1	507.0
Standard error of the mean	12.01	10.10	8.53	9.96	9.27	4.67
5th percentile	275.0	330.0	367.0	303.0	214.0	275.0
10th percentile	369.0	395.0	406.0	328.0	239.0	330.0
Median	489.0	553.0	568.0	526.0	461.0	517.0
90th percentile	632.0	702.0	680.0	663.0	601.0	655.0
95th percentile	678.0	740.0	704.0	720.0	643.0	702.0
Height 170 to <180 cm						
Mean	584.8	601.1	590.7	564.3	513.1	576.1
Standard error of the mean	5.78	5.71	5.86	6.77	8.93	2.96
5th percentile	414.0	402.0	391.0	323.0	256.0	347.0
10th percentile	447.0	460.0	449.0	391.0	324.0	417.0
Median	584.0	601.0	585.0	564.0	520.0	577.0
90th percentile	711.0	749.0	739.0	734.0	677.0	733.0
95th percentile	755.0	790.0	780.0	790.0	741.0	777.0
Height >=180 cm						
Mean	600.4	650.0	631.2	607.3	514.4	617.5
Standard error of the mean	7.58	6.46	7.26	14.03	15.85	4.09
5th percentile	451.0	470.0	475.0	315.0	338.0	426.0
10th percentile	484.0	510.0	504.0	426.0	343.0	469.0
Median	610.0	650.0	626.0	631.0	529.0	619.0
90th percentile	714.0	795.0	745.0	790.0	644.0	763.0
95th percentile	802.0	833.0	824.0	840.0	698.0	822.0
All men						
Mean	577.5	607.3	592.9	558.1	486.5	571.0
Standard error of the mean	4.50	4.14	4.18	5.34	6.14	2.24
5th percentile	390.0	402.0	391.0	319.0	236.0	330.0
10th percentile	440.0	460.0	454.0	374.0	285.0	403.0
Median	583.0	606.0	592.0	562.0	495.0	577.0
90th percentile	709.0	762.0	734.0	730.0	646.0	730.0
95th percentile	754.0	799.0	780.0	791.0	702.0	780.0

Bases (weighted)

<i>Height <170 cm</i>	<i>73</i>	<i>116</i>	<i>126</i>	<i>144</i>	<i>180</i>	<i>640</i>
<i>Height 170 to < 180 cm</i>	<i>318</i>	<i>437</i>	<i>400</i>	<i>385</i>	<i>250</i>	<i>1788</i>
<i>Height >=180 cm</i>	<i>222</i>	<i>296</i>	<i>207</i>	<i>119</i>	<i>74</i>	<i>918</i>
<i>All men</i>	<i>613</i>	<i>848</i>	<i>733</i>	<i>648</i>	<i>504</i>	<i>3346</i>

Bases (unweighted)

<i>Height <170 cm</i>	<i>53</i>	<i>104</i>	<i>120</i>	<i>142</i>	<i>210</i>	<i>629</i>
<i>Height 170 to <180 cm</i>	<i>196</i>	<i>377</i>	<i>372</i>	<i>339</i>	<i>280</i>	<i>1564</i>
<i>Height >=180 cm</i>	<i>145</i>	<i>241</i>	<i>195</i>	<i>124</i>	<i>81</i>	<i>786</i>
<i>All men</i>	<i>394</i>	<i>722</i>	<i>687</i>	<i>605</i>	<i>571</i>	<i>2979</i>
<i>All with valid lung function readings</i>						<i>1995</i>

	Age					Total
	16-24	25-34	35-44	45-54	55-64	

Women

Height <160 cm

Mean	377.5	390.9	379.2	357.3	298.4	357.1
Standard error of the mean	5.67	4.80	4.83	4.75	4.99	2.45
5th percentile	260.0	269.0	239.0	218.0	156.0	209.0
10th percentile	288.0	300.0	286.0	250.0	177.0	247.0
Median	370.0	392.0	387.0	366.0	311.0	361.0
90th percentile	468.0	475.0	470.0	454.0	400.0	456.0
95th percentile	502.0	515.0	496.0	480.0	432.0	487.0

Height 160 to <165 cm

Mean	397.7	403.3	399.4	363.3	337.8	383.3
Standard error of the mean	5.14	4.51	5.16	5.29	7.23	2.51
5th percentile	287.0	285.0	261.0	247.0	186.0	240.0
10th percentile	300.0	318.0	301.0	265.0	224.0	282.0
Median	403.0	406.0	407.0	364.0	342.0	387.0
90th percentile	483.0	497.0	502.0	464.0	448.0	483.0
95th percentile	504.0	508.0	527.0	492.0	483.0	506.0

Height >=165 cm

Mean	436.7	433.1	422.0	400.2	362.8	418.6
Standard error of the mean	5.07	4.73	4.81	5.60	8.47	2.51
5th percentile	320.0	297.0	285.0	298.0	201.0	271.0
10th percentile	349.0	331.0	334.0	319.0	237.0	320.0
Median	445.0	436.0	426.0	398.0	378.0	424.0
90th percentile	527.0	531.0	518.0	506.0	468.0	517.0
95th percentile	558.0	567.0	541.0	520.0	503.0	545.0

All women

Mean	407.9	411.4	400.4	370.8	322.6	385.5
Standard error of the mean	3.24	2.80	2.91	3.07	3.87	1.51
5th percentile	279.0	284.0	260.0	237.0	164.0	228.0
10th percentile	310.0	313.0	301.0	265.0	195.0	272.0
Median	409.0	415.0	406.0	372.0	327.0	389.0

90th percentile	502.0	507.0	497.0	473.0	433.0	492.0
95th percentile	529.0	531.0	528.0	501.0	467.0	519.0

Bases (weighted)

<i>Height < 160 cm</i>	<i>163</i>	<i>216</i>	<i>252</i>	<i>273</i>	<i>277</i>	<i>1180</i>
<i>Height 160 to <165 cm</i>	<i>167</i>	<i>245</i>	<i>240</i>	<i>211</i>	<i>152</i>	<i>1014</i>
<i>Height >= 165 cm</i>	<i>231</i>	<i>297</i>	<i>261</i>	<i>178</i>	<i>109</i>	<i>1076</i>
<i>All women</i>	<i>560</i>	<i>758</i>	<i>753</i>	<i>662</i>	<i>537</i>	<i>3269</i>

Bases (unweighted)

<i>Height <160 cm</i>	<i>125</i>	<i>261</i>	<i>275</i>	<i>281</i>	<i>358</i>	<i>1300</i>
<i>Height 160 to < 165 cm</i>	<i>129</i>	<i>287</i>	<i>269</i>	<i>217</i>	<i>202</i>	<i>1104</i>
<i>Height >=165 cm</i>	<i>177</i>	<i>345</i>	<i>310</i>	<i>196</i>	<i>154</i>	<i>1182</i>
<i>All women</i>	<i>431</i>	<i>893</i>	<i>854</i>	<i>694</i>	<i>714</i>	<i>3586</i>

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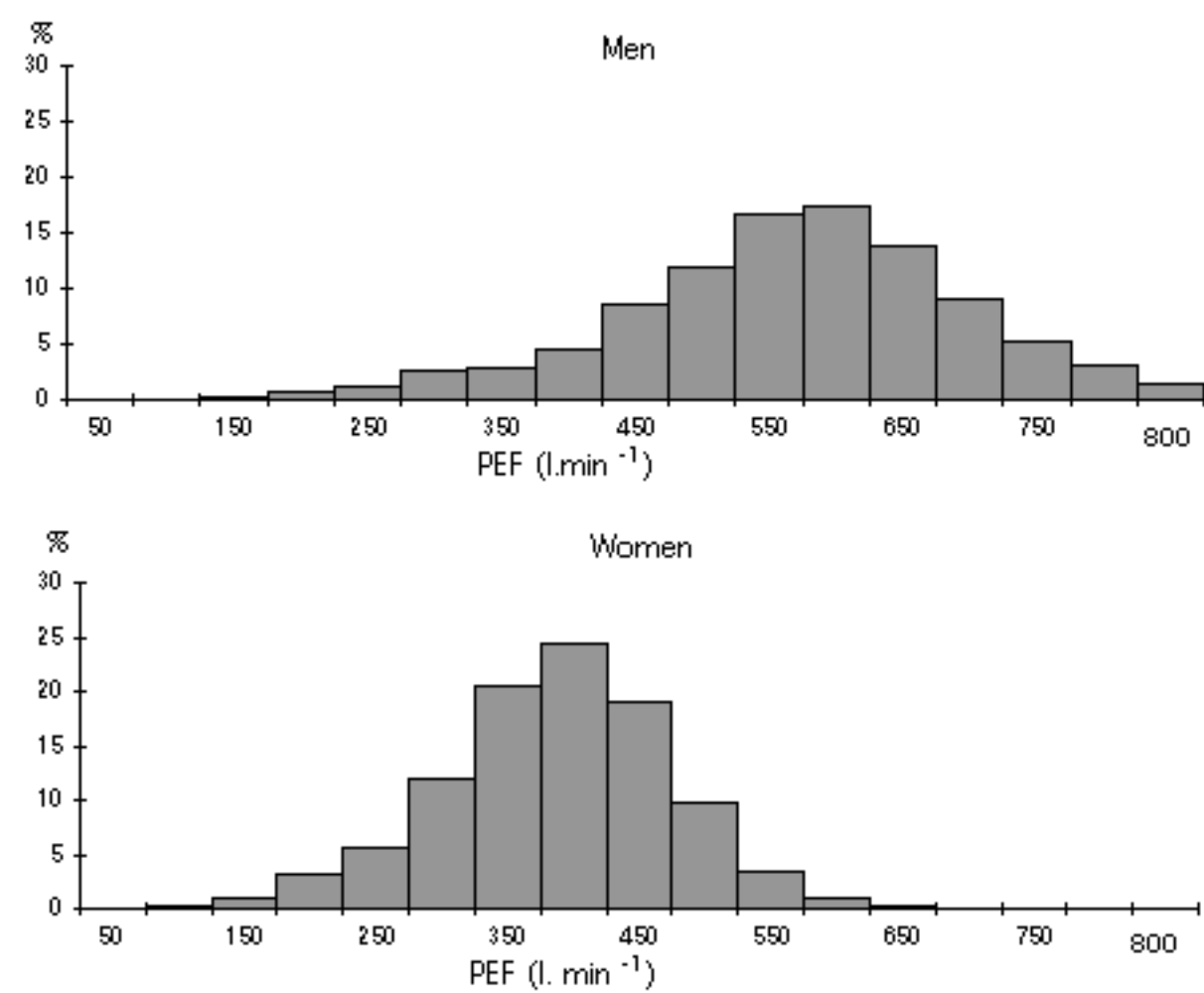
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Figure 8F: Frequency distribution of PEF, by sex.



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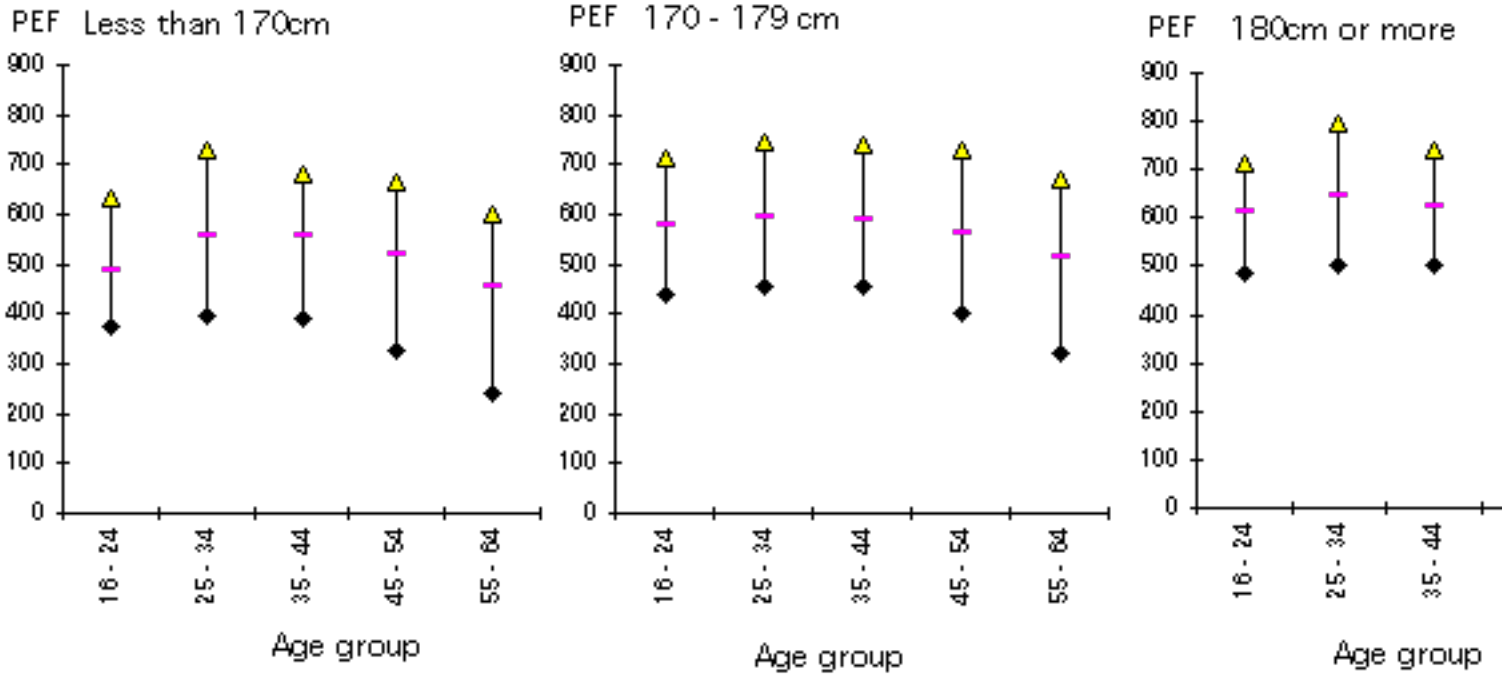
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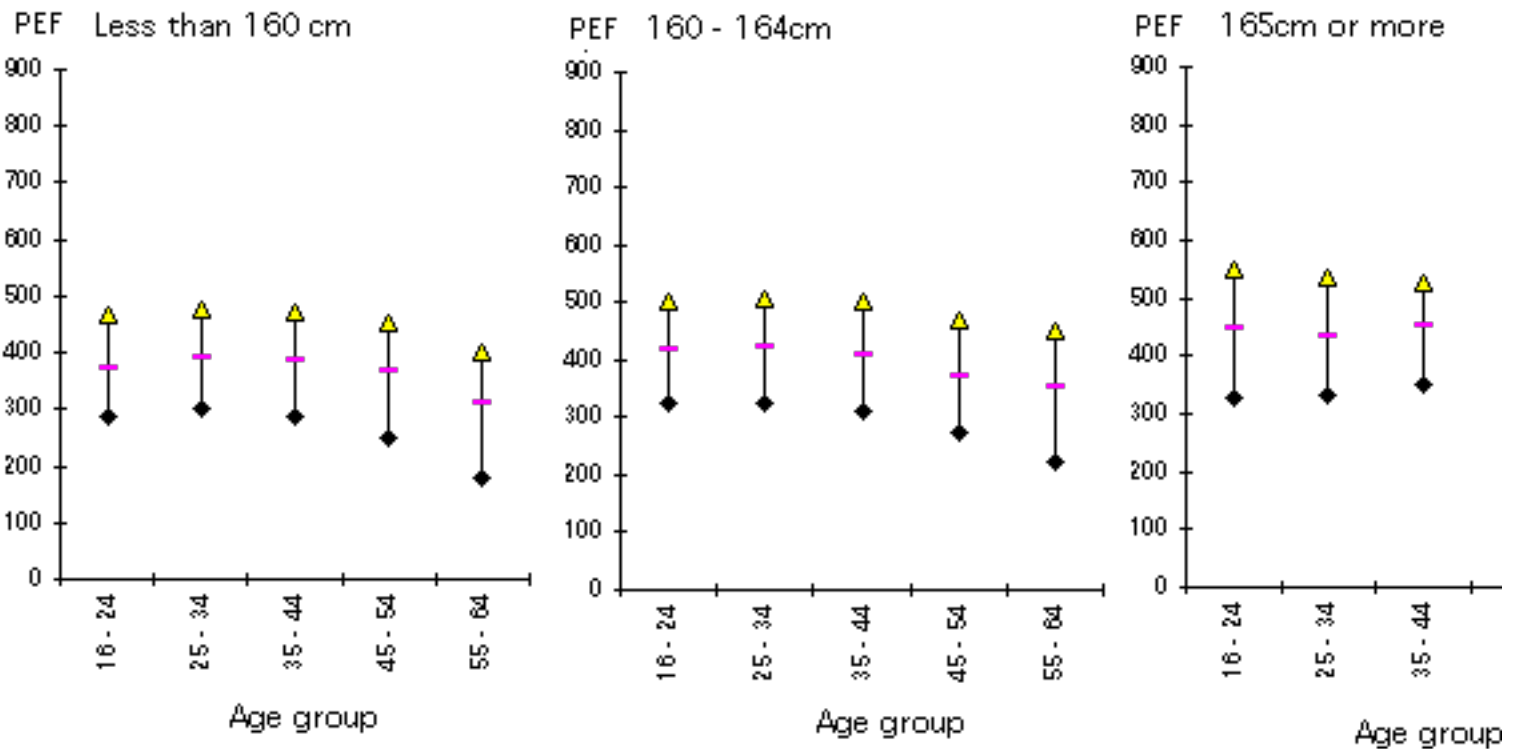
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Figure 8G: PEF 01.min⁻¹) by height groups, age and sex.

Men



Women



◆ 10th percentile — 50th percentile ▲ 90th percentile

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Table 8.10 Relative lung function levels, by age and sex

All with valid lung function levels

Lung function levels	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
<i>FEV₁ level</i>							
Men							
Equal to, or in excess of, predicted		59	57	55	51	36	53
Within 1SD below predicted		27	30	31	30	32	30
1 SD to 1.64 SD below predicted		7	7	10	10	14	9
1.64 SD or more below predicted		7	6	4	9	18	8
Women							
Equal to, or in excess of, predicted		52	55	62	54	43	54
Within 1 SD below predicted		34	34	25	31	32	31
1 SD to 1.64 SD below predicted		9	8	10	8	13	9
1.64 SD or more below predicted		5	4	4	7	12	6
All							
Equal to, or in excess of, predicted		56	56	58	53	40	53
Within 1 SD below predicted		31	32	28	30	32	30
1 SD to 1.64 SD below predicted		8	7	10	9	13	9
1.64 SD or more below predicted		6	5	4	8	15	7
<i>FVC level</i>							
Men							
Equal to, or in excess of, predicted		54	66	61	62	45	59
Within 1 SD below predicted		29	22	29	23	32	27
1 SD to 1.64 SD below predicted		11	8	7	9	12	9
1.64 SD or more below predicted		6	4	3	6	10	5
Women							
Equal to, or in excess of, predicted		58	67	74	72	60	67
Within 1 SD below predicted		27	25	18	20	24	23
1 SD to 1.64 SD below predicted		9	5	5	5	9	6
1.64 SD or more below predicted		5	2	3	3	8	4
All							
Equal to, or in excess of, predicted		56	67	67	67	53	63
Within 1 SD below predicted		28	24	24	21	28	25

1 SD to 1.64 SD below predicted	10	6	6	7	10	8
1.64 SD or more below predicted	6	3	3	5	9	5

Bases (weighted)

<i>Men</i>	<i>613</i>	<i>848</i>	<i>733</i>	<i>648</i>	<i>504</i>	<i>3346</i>
<i>Women</i>	<i>560</i>	<i>758</i>	<i>753</i>	<i>662</i>	<i>537</i>	<i>3269</i>
<i>All</i>	<i>1173</i>	<i>1606</i>	<i>1486</i>	<i>1310</i>	<i>1042</i>	<i>6616</i>

Bases (unweighted)

<i>Men</i>	<i>394</i>	<i>722</i>	<i>687</i>	<i>605</i>	<i>571</i>	<i>2979</i>
<i>Women</i>	<i>431</i>	<i>893</i>	<i>854</i>	<i>694</i>	<i>714</i>	<i>3586</i>
<i>All</i>	<i>825</i>	<i>1615</i>	<i>1541</i>	<i>1299</i>	<i>1285</i>	<i>6565</i>

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Table 8.11 FEV₁ level, by region, age and sex

All with valid lung function readings

FEV ₁ level	Region								1995
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total	
	%	%	%	%	%	%	%	%	
Men									
16 - 44									
Equal to, or in excess of, predicted	62	61	59	59	54	50	55	57	
Within 1 SD below predicted	24	25	27	27	34	35	30	30	
1 SD to 1.64 SD below predicted	9	8	8	7	6	8	10	8	
1.64 SD or more below predicted	5	7	5	6	7	7	5	6	
45 - 64									
Equal to, or in excess of, predicted	56	52	46	44	38	40	41	45	
Within 1SD below predicted	30	32	31	35	31	30	28	31	
1 SD to 1.64 SD below predicted	7	8	8	14	14	17	12	12	
1.64 SD or more below predicted	6	8	15	7	16	13	19	13	
All men									
Equal to, or in excess of, predicted	60	58	55	53	48	46	51	53	
Within 1 SD below predicted	26	27	28	30	33	34	30	30	
1 SD to 1.64 SD below predicted	9	8	8	10	9	11	10	9	
1.64 SD or more below predicted	6	7	8	6	10	9	9	8	
Women									
16 - 44									
Equal to, or in excess of, predicted	61	69	55	59	54	52	52	57	
Within 1 SD below predicted	26	19	33	22	34	34	36	30	
1 SD to 1.64 SD below predicted	10	7	8	13	9	10	7	9	
1.64 SD or more below predicted	3	5	3	5	4	4	5	4	
45 - 64									
Equal to, or in excess of, predicted	59	57	48	49	42	46	49	49	
Within 1 SD below predicted	28	28	33	32	34	32	29	31	
1 SD to 1.64 SD below predicted	7	9	10	10	11	11	11	10	
1.64 SD or more below predicted	6	6	9	9	12	10	11	9	
All women									
Equal to, or in excess of, predicted	60	64	53	55	49	50	51	54	
Within 1 SD below predicted	27	22	33	26	34	33	33	31	
1 SD to 1.64 SD below predicted	9	8	9	12	10	10	8	9	
1.64 SD or more below predicted	4	6	5	7	7	6	7	6	

Bases (weighted)

Men

<i>16 - 44</i>	<i>116</i>	<i>457</i>	<i>511</i>	<i>93</i>	<i>326</i>	<i>388</i>	<i>303</i>	<i>2194</i>
<i>45 - 64</i>	<i>64</i>	<i>215</i>	<i>227</i>	<i>61</i>	<i>195</i>	<i>241</i>	<i>150</i>	<i>1152</i>
<i>All men</i>	<i>180</i>	<i>672</i>	<i>738</i>	<i>154</i>	<i>521</i>	<i>629</i>	<i>452</i>	<i>3346</i>

Women

<i>16 - 44</i>	<i>112</i>	<i>342</i>	<i>469</i>	<i>97</i>	<i>370</i>	<i>377</i>	<i>301</i>	<i>2070</i>
<i>45 - 64</i>	<i>69</i>	<i>216</i>	<i>222</i>	<i>65</i>	<i>225</i>	<i>237</i>	<i>164</i>	<i>1199</i>
<i>All women</i>	<i>181</i>	<i>558</i>	<i>692</i>	<i>163</i>	<i>596</i>	<i>614</i>	<i>466</i>	<i>3269</i>

Bases (unweighted)

Men

<i>16 - 44</i>	<i>169</i>	<i>332</i>	<i>374</i>	<i>140</i>	<i>238</i>	<i>310</i>	<i>240</i>	<i>1803</i>
<i>45 - 64</i>	<i>129</i>	<i>185</i>	<i>208</i>	<i>113</i>	<i>167</i>	<i>225</i>	<i>149</i>	<i>1176</i>
<i>All men</i>	<i>298</i>	<i>517</i>	<i>582</i>	<i>253</i>	<i>405</i>	<i>535</i>	<i>389</i>	<i>2979</i>

Women

<i>16 - 44</i>	<i>211</i>	<i>314</i>	<i>427</i>	<i>188</i>	<i>343</i>	<i>397</i>	<i>298</i>	<i>2178</i>
<i>45 - 64</i>	<i>157</i>	<i>220</i>	<i>231</i>	<i>141</i>	<i>215</i>	<i>270</i>	<i>174</i>	<i>1408</i>
<i>All women</i>	<i>368</i>	<i>534</i>	<i>658</i>	<i>329</i>	<i>558</i>	<i>667</i>	<i>472</i>	<i>3586</i>

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Table 8.12 FVC level, by region, age and sex

All with valid lung function readings

1995

FVC level	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
16 - 44								
Equal to, or in excess of, predicted	67	68	65	66	54	56	52	61
Within 1 SD below predicted	22	20	23	23	30	29	37	26
1 SD to 1.64 SD below predicted	8	7	7	5	11	10	10	8
1.64 SD or more below predicted	3	5	5	6	4	5	1	4
45 - 64								
Equal to, or in excess of, predicted	69	68	57	56	50	47	47	55
Within 1 SD below predicted	25	22	24	24	26	31	35	27
1 SD to 1.64 SD below predicted	2	7	10	14	14	13	10	10
1.64 SD or more below predicted	4	4	8	7	11	9	9	8
All men								
Equal to, or in excess of, predicted	68	68	63	62	53	53	50	59
Within 1 SD below predicted	23	21	23	24	29	30	36	27
1 SD to 1.64 SD below predicted	6	7	8	8	12	11	10	9
1.64 SD or more below predicted	3	4	6	7	7	6	4	5
Women								
16 - 44								
Equal to, or in excess of, predicted	74	75	65	71	65	63	66	67
Within 1 SD below predicted	18	18	28	20	24	27	23	23
1 SD to 1.64 SD below predicted	6	5	5	5	7	6	9	6
1.64 SD or more below predicted	2	2	3	4	5	4	3	3
45-64								

Equal to, or in excess of, predicted	79	78	68	66	56	64	60	66
Within 1 SD below predicted	16	15	20	24	26	23	26	22
1 SD to 1.64 SD below predicted	4	4	7	6	9	7	6	7
1.64 SD or more below predicted	2	2	4	4	9	6	7	5

All women

Equal to, or in excess of, predicted	76	77	66	69	62	64	64	67
Within 1 SD below predicted	17	17	25	21	24	25	24	23
1 SD to 1.64 SD below predicted	5	5	6	6	8	7	8	6
1.64 SD or more below predicted	2	2	3	4	6	5	5	4

Bases (weighted)

Men

<i>16 - 44</i>	<i>116</i>	<i>457</i>	<i>511</i>	<i>93</i>	<i>326</i>	<i>388</i>	<i>303</i>	<i>2194</i>
<i>45 - 64</i>	<i>64</i>	<i>215</i>	<i>227</i>	<i>61</i>	<i>195</i>	<i>241</i>	<i>150</i>	<i>1152</i>
<i>All men</i>	<i>180</i>	<i>672</i>	<i>738</i>	<i>154</i>	<i>521</i>	<i>629</i>	<i>452</i>	<i>3346</i>

Women

<i>16 - 44</i>	<i>112</i>	<i>342</i>	<i>469</i>	<i>97</i>	<i>370</i>	<i>377</i>	<i>301</i>	<i>2070</i>
<i>45 - 64</i>	<i>69</i>	<i>216</i>	<i>222</i>	<i>65</i>	<i>225</i>	<i>237</i>	<i>164</i>	<i>1199</i>
<i>All women</i>	<i>181</i>	<i>558</i>	<i>692</i>	<i>163</i>	<i>596</i>	<i>614</i>	<i>466</i>	<i>3269</i>

Bases (unweighted)

Men

<i>16 - 44</i>	<i>169</i>	<i>332</i>	<i>374</i>	<i>140</i>	<i>238</i>	<i>310</i>	<i>240</i>	<i>1803</i>
<i>45 - 64</i>	<i>129</i>	<i>185</i>	<i>208</i>	<i>113</i>	<i>167</i>	<i>225</i>	<i>149</i>	<i>1176</i>
<i>All men</i>	<i>298</i>	<i>517</i>	<i>582</i>	<i>253</i>	<i>405</i>	<i>535</i>	<i>389</i>	<i>2979</i>

Women

<i>16 - 44</i>	<i>211</i>	<i>314</i>	<i>427</i>	<i>188</i>	<i>343</i>	<i>397</i>	<i>298</i>	<i>2178</i>
<i>45 - 64</i>	<i>157</i>	<i>220</i>	<i>231</i>	<i>141</i>	<i>215</i>	<i>270</i>	<i>174</i>	<i>1408</i>
<i>All women</i>	<i>368</i>	<i>534</i>	<i>658</i>	<i>329</i>	<i>558</i>	<i>667</i>	<i>472</i>	<i>3586</i>

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Table 8.13 FEV₁ level, by social class of chief income earner, age and sex

All with valid lung function readings

FEV ₁ level	Social class of chief income earner						1995 Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	%
Men							
16 - 44							
Equal to, or in excess of, predicted	66	56	59	59	50	47	57
Within 1 SD below predicted	22	31	32	28	35	32	30
1 SD to 1.64 SD below predicted	12	7	7	7	7	8	8
1.64 SD or more below predicted	1	6	2	7	7	13	6
45 - 64							
Equal to, or in excess of, predicted	63	53	43	40	40	19	45
Within 1 SD below predicted	26	32	34	30	30	31	31
1 SD to 1.64 SD below predicted	5	5	13	16	16	16	12
1.64 SD or more below predicted	7	10	9	13	15	34	13
All men							
Equal to, or in excess of, predicted	65	55	55	52	47	36	53
Within 1 SD below predicted	23	31	33	29	34	32	30
1 SD to 1.64 SD below predicted	9	6	9	10	10	11	9
1.64 SD or more below predicted	3	8	4	9	9	21	8
Women							
16 - 44							
Equal to, or in excess of, predicted	67	62	56	54	53	60	57
Within 1 SD below predicted	23	28	32	32	32	28	30
1 SD to 1.64 SD below predicted	8	7	10	9	9	7	9
1.64 SD or more below predicted	2	3	2	5	7	6	4
45 - 64							
Equal to, or in excess of, predicted	57	58	50	44	39	36	49
Within 1 SD below predicted	30	29	36	33	29	30	31
1 SD to 1.64 SD below predicted	6	9	8	10	15	14	10
1.64 SD or more below predicted	6	4	6	12	16	21	9
All women							
Equal to, or in excess of, predicted	64	61	54	50	48	49	54
Within 1 SD below predicted	25	28	33	32	31	29	31

1 SD to 1.64 SD below predicted	7	8	9	10	11	10	9
1.64 SD or more below predicted	3	3	3	8	10	13	6

Bases (weighted)

Men

16 - 44	150	547	285	675	301	93	2194
45 - 64	82	324	103	413	140	57	1152
All men	232	871	388	1088	442	150	3346

Women

16 - 44	138	489	367	539	277	83	2070
45 - 64	74	345	189	328	164	70	1199
All women	212	834	556	867	441	153	3269

Bases (unweighted)

Men

16 - 44	126	439	229	553	255	88	1803
45 - 64	79	307	103	421	156	74	1176
All men	205	746	332	974	411	162	2979

Women

16 - 44	128	499	438	511	331	97	2178
45 - 64	76	407	238	346	200	96	1408
All women	204	906	676	857	531	193	3586

aThe total column includes those for whom social class could not be determined.

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Table 8.14 FVC level, by social class of chief income earner, age and sex

All with valid lung function readings

FVC level	Social class of chief income earner						1995 Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	%
Men							
16 - 44							
Equal to, or in excess of, predicted	65	60	61	64	52	59	61
Within 1 SD below predicted	29	29	26	24	28	25	26
1 SD to 1.64 SD below predicted	5	7	9	8	14	8	8
1.64 SD or more below predicted	1	4	4	4	6	8	4
45 - 64							
Equal to, or in excess of, predicted	69	64	56	50	49	27	55
Within 1 SD below predicted	23	23	29	31	25	27	27
1 SD to 1.64 SD below predicted	5	6	13	12	17	17	10
1.64 SD or more below predicted	4	7	2	7	9	29	8
All men							
Equal to, or in excess of, predicted	66	61	60	59	51	47	59
Within 1 SD below predicted	27	27	27	26	27	25	27
1 SD to 1.64 SD below predicted	5	6	10	10	15	12	9
1.64 SD or more below predicted	2	5	4	5	7	16	5
Women							
16 - 44							
Equal to, or in excess of, predicted	70	72	70	67	61	66	67
Within 1 SD below predicted	24	21	21	24	27	19	23
1 SD to 1.64 SD below predicted	5	5	6	5	9	7	6
1.64 SD or more below predicted	1	3	3	4	3	8	3
45 - 64							
Equal to, or in excess of, predicted	70	74	66	66	54	54	66
Within 1 SD below predicted	22	18	23	22	26	26	22
1 SD to 1.64 SD below predicted	3	4	7	6	12	11	7
1.64 SD or more below predicted	6	4	3	6	9	9	5
All women							
Equal to, or in excess of, predicted	70	73	68	67	58	61	67
Within 1 SD below predicted	23	20	22	23	27	22	23

1 SD to 1.64 SD below predicted	4	5	7	5	10	9	6
1.64 SD or more below predicted	2	3	3	5	5	8	4

Bases (weighted)

Men

16 - 44	150	547	285	675	301	93	2194
45 - 64	82	324	103	413	140	57	1152
All men	232	871	388	1088	442	150	3346

Women

16 - 44	138	489	367	539	277	83	2070
45 - 64	74	345	189	328	164	70	1199
All women	212	834	556	867	441	153	3269

Bases (unweighted)

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All men	205	746	332	974	411	162	2979

Women

16 - 44	128	499	438	511	331	97	2178
45 - 64	76	407	238	346	200	96	1408
All women	204	906	676	857	531	193	3586

aThe total column includes those for whom social class could not be determined.

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Table 8.15 FEV₁ level, by cigarette smoking status, age and sex

All with valid lung function readings

FEV ₁ level	Cigarette smoking status				1995 Total
	Non-smoker	Ex-smoker	Smokes less than 20 a day	Smokes 20 a day or more	
	%	%	%	%	%
Men					
16 - 44					
Equal to, or in excess of, predicted	61	59	54	40	57
Within 1 SD below predicted	27	30	32	37	30
1 SD to 1.64 SD below predicted	7	8	9	12	8
1.64 SD or more below predicted	5	4	6	11	6
45 - 64					
Equal to, or in excess of, predicted	58	48	31	24	45
Within 1 SD below predicted	30	31	33	30	31
1 SD to 1.64 SD below predicted	5	12	17	20	12
1.64 SD or more below predicted	7	10	19	26	13
All men					
Equal to, or in excess of, predicted	60	53	48	33	53
Within 1 SD below predicted	28	31	32	34	30
1 SD to 1.64 SD below predicted	6	10	11	16	9
1.64 SD or more below predicted	6	7	9	18	8
Women					
16 - 44					
Equal to, or in excess of, predicted	59	68	53	41	57
Within 1 SD below predicted	31	23	31	36	30
1 SD to 1.64 SD below predicted	7	7	9	17	9
1.64 SD or more below predicted	3	3	6	6	4
45 - 64					
Equal to, or in excess of, predicted	59	52	42	25	49
Within 1 SD below predicted	28	31	34	38	31
1 SD to 1.64 SD below predicted	8	8	12	20	10
1.64 SD or more below predicted	6	9	13	17	9
All women					
Equal to, or in excess of, predicted	59	60	49	34	54
Within 1 SD below predicted	30	27	32	37	31
1 SD to 1.64 SD below predicted	7	7	10	18	9

1.64 SD or more below predicted	4	6	8	11	6
All					
16 - 44					
Equal to, or in excess ,of predicted	67	69	60	48	63
Within 1 SD below predicted	24	22	29	34	26
1 SD to 1.64 SD below predicted	5	6	7	11	6
1.64 SD or more below predicted	4	3	4	8	4
45 - 64					
Equal to, or in excess of, predicted	71	58	51	34	58
Within 1 SD below predicted	21	26	26	32	25
1 SD to 1.64 SD below predicted	5	9	11	16	9
1.64 SD or more below predicted	3	7	11	18	8
All informants					
Equal to, or in excess of, predicted	68	63	57	42	61
Within 1 SD below predicted	23	24	28	33	26
1 SD to 1.64 SD below predicted	5	8	8	13	7
1.64 SD or more below predicted	4	5	6	12	6
<i>All with valid lung function readings</i>					1995
<i>Bases (weighted)</i>					
<i>Men</i>					
16 - 44	1155	318	452	268	2193
45 - 64	383	402	146	220	1150
All men	1538	720	598	487	3343
<i>Women</i>					
16 - 44	1081	256	479	249	2065
45 - 64	528	269	233	169	1199
All women	1609	525	712	418	3264
<i>All</i>					
16 - 44	2236	573	931	517	4257
45 - 64	911	671	379	389	2350
All informants	3147	1244	1310	906	6607
<i>Bases (unweighted)</i>					
<i>Men</i>					
16 - 44	933	266	361	242	1802
45 - 64	368	401	160	244	1173
All men	1301	667	521	486	2975
<i>Women</i>					
16 - 44	1055	278	538	303	2174

<i>45 - 64</i>	<i>618</i>	<i>329</i>	<i>269</i>	<i>192</i>	<i>1408</i>
<i>All women</i>	<i>1673</i>	<i>607</i>	<i>807</i>	<i>495</i>	<i>3582</i>
<i>All</i>					
<i>16 - 44</i>	<i>1988</i>	<i>544</i>	<i>899</i>	<i>545</i>	<i>3976</i>
<i>45 - 64</i>	<i>986</i>	<i>730</i>	<i>429</i>	<i>436</i>	<i>2581</i>
<i>All informants</i>	<i>2974</i>	<i>1274</i>	<i>1328</i>	<i>981</i>	<i>6557</i>

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Table 8.16 FVC level, by cigarette smoking status, age and sex

All with valid lung function readings

FVC level	Cigarette smoking status				1995 Total
	Non-smoker	Ex-smoker	Smokes less than 20 a day	Smokes 20 a day or more	
	%	%	%	%	%
Men					
16 - 44					
Equal to, or in excess of, predicted	61	62	68	49	61
Within 1 SD below predicted	27	31	20	31	26
1 SD to 1.64 SD below predicted	8	6	10	13	8
1.64 SD or more below predicted	5	2	2	8	4
45 - 64					
Equal to, or in excess of, predicted	63	57	46	43	55
Within 1 SD below predicted	25	24	30	33	27
1 SD to 1.64 SD below predicted	7	9	19	15	10
1.64 SD or more below predicted	6	9	5	10	8
All men					
Equal to, or in excess of, predicted	61	59	63	46	59
Within 1 SD below predicted	26	27	22	32	26
1 SD to 1.64 SD below predicted	7	8	12	14	9
1.64 SD or more below predicted	5	6	3	9	5
Women					
16 - 44					
Equal to, or in excess of, predicted	69	76	63	61	67
Within 1 SD below predicted	22	18	27	29	23
1 SD to 1.64 SD below predicted	6	4	7	5	6
1.64 SD or more below predicted	3	1	4	5	3
45 - 64					
Equal to, or in excess of, predicted	74	66	59	54	66
Within 1 SD below predicted	17	22	26	28	22
1 SD to 1.64 SD below predicted	5	6	8	11	7
1.64 SD or more below predicted	4	6	6	7	5
All women					
Equal to, or in excess of, predicted	71	71	62	58	67
Within 1 SD below predicted	20	20	26	29	23
1 SD to 1.64 SD below predicted	6	5	8	8	6
1.64 SD or more below predicted	3	4	4	6	4

All

16 - 44

Equal to, or in excess of, predicted	65	68	65	54	64
Within 1 SD below predicted	24	25	23	30	25
1 SD to 1.64 SD below predicted	7	5	9	9	7
1.64 SD or more below predicted	4	2	3	6	4

45-64

Equal to, or in excess of, predicted	69	61	54	48	61
Within 1 SD below predicted	20	24	27	31	24
1 SD to 1.64 SD below predicted	6	8	13	13	9
1.64 SD or more below predicted	5	8	6	9	7

All informants

Equal to, or in excess of, predicted	66	64	62	51	63
Within 1 SD below predicted	23	24	24	30	25
1 SD to 1.64 SD below predicted	7	7	10	11	8
1.64 SD or more below predicted	4	5	4	7	5

*Bases (weighted)**Men*

16 - 44	1155	318	452	268	2193
45 - 64	383	402	146	220	1150
All men	1538	720	598	487	3343

Women

16 - 44	1081	256	479	249	2065
45 - 64	528	269	233	169	1199
All women	1609	525	712	418	3264

All

16 - 44	2236	573	931	517	4257
45 - 64	911	671	379	389	2350
All informants	3147	1244	1310	906	6607

*Bases (unweighted)**Men*

16 - 44	933	266	361	242	1802
45 - 64	368	401	160	244	1173
All men	1301	667	521	486	2975

Women

16 - 44	1055	278	538	303	2174
45 - 64	618	329	269	192	1408
All women	1673	607	807	495	3582

All

<i>16 - 44</i>	<i>1988</i>	<i>544</i>	<i>899</i>	<i>545</i>	<i>3976</i>
<i>45 - 64</i>	<i>986</i>	<i>730</i>	<i>429</i>	<i>436</i>	<i>2581</i>
<i>All informants</i>	<i>2974</i>	<i>1274</i>	<i>1328</i>	<i>981</i>	<i>6557</i>

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All with valid lung function readings

All with valid lung function readings							1995
FEV ₁ level	Phlegm		Breathlessness		Wheezing		Total
	yes	no	yes	no	yes	no	
	%	%	%	%	%	%	%
Men							
16 - 44							
Equal to, or in excess of, predicted	50	57	38	60	42	60	57
Within 1 SD below predicted	28	30	36	29	36	28	30
1 SD to 1.64 SD below predicted	10	8	11	7	8	8	8
1.64 SD or more below predicted	12	5	15	5	14	4	6
45 - 64							
Equal to, or in excess of, predicted	24	49	26	53	20	51	45
Within 1 SD below predicted	27	32	28	32	32	31	31
1 SD to 1.64 SD below predicted	16	11	20	8	16	11	12
1.64 SD or more below predicted	33	9	26	7	32	8	13
All men							
Equal to, or in excess of, predicted	38	55	31	58	34	57	53
Within 1 SD below predicted	28	30	31	30	34	29	30
1 SD to 1.64 SD below predicted	13	9	16	8	11	9	9
1.64 SD or more below predicted	22	6	21	5	20	5	8
Women							
16 - 44							
Equal to, or in excess of, predicted	40	58	48	60	44	60	57
Within 1 SD below predicted	32	30	33	30	36	29	30
1 SD to 1.64 SD below predicted	15	8	11	8	11	8	9
1.64 SD or more below predicted	12	3	8	3	9	3	4
45 - 64							

Equal to, or in excess of, predicted	25	52	36	58	24	56	49
Within 1 SD below predicted	31	31	34	29	33	31	31
1 SD to 1.64 SD below predicted	24	8	15	7	19	8	10
1.64 SD or more below predicted	21	8	15	5	24	5	9

All women

Equal to, or in excess of, predicted	32	56	42	59	36	58	54
Within 1 SD below predicted	31	31	34	29	35	30	31
1 SD to 1.64 SD below predicted	19	8	13	8	14	8	9
1.64 SD or more below predicted	17	5	12	4	15	4	6

Bases (weighted)

Men

16 - 44	222	1971	288	1905	421	1773	2194
45 - 64	189	962	357	793	247	905	1152
All men	411	2932	646	2697	669	2678	3346

Women

16 - 44	141	1928	502	1568	386	1684	2070
45 - 64	141	1058	479	721	258	941	1199
All women	282	2986	981	2288	645	2625	3269

Bases (unweighted)

Men

16 - 44	190	1612	251	1551	344	1459	1803
45 - 64	204	971	388	785	279	897	1176
All men	394	2583	639	2336	623	2356	2979

Women

16 - 44	171	2005	557	1621	426	1752	2178
45 - 64	148	1260	581	827	305	1103	1408
All women	319	3265	1138	2448	731	2855	3586

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Table 8.18 FVC level, by respiratory symptoms, age and sex

All with valid lung function readings

FVC level	Phlegm		Breathlessness		Wheezing		1995 Total
	yes	no	yes	no	yes	no	
	%	%	%	%	%	%	%
Men							
16 - 44							
Equal to, or in excess of, predicted	53	62	49	63	55	62	61
Within 1 SD below predicted	27	26	30	26	28	26	26
1 SD to 1.64 SD below predicted	11	8	9	8	8	9	8
1.64 SD or more below predicted	9	4	12	3	9	3	4
45 - 64							
Equal to, or in excess of, predicted	34	59	35	64	37	60	55
Within 1 SD below predicted	31	26	32	25	27	27	27
1 SD to 1.64 SD below predicted	18	9	20	6	19	8	10
1.64 SD or more below predicted	17	6	13	5	16	5	8
All men							
Equal to, or in excess of, predicted	44	61	41	63	49	61	59
Within 1 SD below predicted	29	26	31	25	28	26	27
1 SD to 1.64 SD below predicted	14	8	15	8	12	8	9
1.64 SD or more below predicted	13	4	13	4	12	4	5
Women							
16 - 44							
Equal to, or in excess of, predicted	51	68	60	70	60	69	67
Within 1 SD below predicted	33	23	28	22	26	23	23
1 SD to 1.64 SD below predicted	7	6	8	6	7	6	6
1.64 SD or more below predicted	10	3	5	3	6	3	3
45 - 64							
Equal to, or in excess of, predicted	45	69	54	75	44	73	66
Within 1 SD below predicted	34	20	28	17	30	19	22
1 SD to 1.64 SD below predicted	10	6	10	5	14	5	7
1.64 SD or more below predicted	10	5	8	3	12	3	5
All women							
Equal to, or in excess of, predicted	48	69	57	71	54	70	67
Within 1 SD below predicted	33	22	28	20	28	21	23
1 SD to 1.64 SD below predicted	9	6	9	5	10	6	6
1.64 SD or more below predicted	10	3	6	3	9	3	4

Bases (weighted)

Men

<i>16 - 44</i>	<i>222</i>	<i>1971</i>	<i>288</i>	<i>1905</i>	<i>421</i>	<i>1773</i>	<i>2194</i>
<i>45 - 64</i>	<i>189</i>	<i>962</i>	<i>357</i>	<i>793</i>	<i>247</i>	<i>905</i>	<i>1152</i>
<i>All men</i>	<i>411</i>	<i>2932</i>	<i>646</i>	<i>2697</i>	<i>669</i>	<i>2678</i>	<i>3346</i>
<i>Women</i>							
<i>16 - 44</i>	<i>141</i>	<i>1928</i>	<i>502</i>	<i>1568</i>	<i>386</i>	<i>1684</i>	<i>2070</i>
<i>45 - 64</i>	<i>141</i>	<i>1058</i>	<i>479</i>	<i>721</i>	<i>258</i>	<i>941</i>	<i>1199</i>
<i>All women</i>	<i>282</i>	<i>2986</i>	<i>981</i>	<i>2288</i>	<i>645</i>	<i>2625</i>	<i>3269</i>
<i>Bases (unweighted)</i>							
<i>Men</i>							
<i>16 - 44</i>	<i>190</i>	<i>1612</i>	<i>251</i>	<i>1551</i>	<i>344</i>	<i>1459</i>	<i>1803</i>
<i>45 - 64</i>	<i>204</i>	<i>971</i>	<i>388</i>	<i>785</i>	<i>279</i>	<i>897</i>	<i>1176</i>
<i>All men</i>	<i>394</i>	<i>2583</i>	<i>639</i>	<i>2336</i>	<i>623</i>	<i>2356</i>	<i>2979</i>
<i>Women</i>							
<i>16 - 44</i>	<i>171</i>	<i>2005</i>	<i>557</i>	<i>1621</i>	<i>426</i>	<i>1752</i>	<i>2178</i>
<i>45 - 64</i>	<i>148</i>	<i>1260</i>	<i>581</i>	<i>827</i>	<i>305</i>	<i>1103</i>	<i>1408</i>
<i>All women</i>	<i>319</i>	<i>3265</i>	<i>1138</i>	<i>2448</i>	<i>731</i>	<i>2855</i>	<i>3586</i>

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Table 9.1 Response to blood sample, by age and sex

All who had a nurse visit

1995

Response to blood sample	Age				Total	
	16-44		45-64			
	N	%	N	%	N	%
Men						
Consent and blood obtained	1702	91	1153	93	2855	92
Consent given, no blood obtained	33	2	26	2	59	2
Ineligible ^a	9	0	10	1	19	1
Refused	125	7	52	4	177	6
Women						
Consent and blood obtained	1971	84	1357	91	3328	86
Consent given, no blood obtained	81	3	54	4	135	4
Ineligible ^a	109	5	17	1	126	3
Refused	192	8	67	4	259	7
All informants						
Consent and blood obtained	3673	87	2510	92	6183	89
Consent given, no blood obtained	114	3	80	3	194	3
Ineligible ^a	118	3	27	1	145	2
Refused	317	8	119	4	436	6
<i>Bases (unweighted)</i>						
<i>Men</i>		1869		1241		3110
<i>Women</i>		2353		1495		3848
<i>All informants</i>		4222		2736		6958

^aIneligibles include informants who were pregnant, had a bleeding or clotting disorder, were on oral anticoagulants, or were aged 16-17 and parental or guardian consent was not available.

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Table 9.2 Percent of valid samples for each analyte, by age and sex

All who gave a blood sample

1995

Blood analyte	Age				Total	
	16-44		45-64			
	N	%	N	%	N	%
Men						
Total cholesterol	1689	99	1142	99	2831	99
HDL-cholesterol	1663	98	1119	97	2782	97
Fibrinogen	1604	94	1088	94	2692	94
Haemoglobin	1667	98	1120	97	2787	98
Ferritin	1668	98	1124	97	2792	98
Women						
Total cholesterol	1953	99	1347	99	3300	99
HDL-cholesterol	1932	98	1321	97	3253	98
Fibrinogen	1840	93	1274	94	3114	94
Haemoglobin	1917	97	1316	97	3233	97
Ferritin	1919	97	1315	97	3234	97
All informants						
Total cholesterol	3642	99	2489	99	6131	99
HDL-cholesterol	3595	98	2440	97	6035	98
Fibrinogen	3444	94	2362	94	5806	94
Haemoglobin	3584	98	2436	97	6020	97
Ferritin	3587	98	2439	97	6026	97
<i>Bases (unweighted)</i>						
<i>Men</i>		1702		1153		2855
<i>Women</i>		1971		1357		3328
<i>All informants</i>		3673		2510		6183

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Table 9.3 Total cholesterol, by age and sex

All with a valid cholesterol measurement

Cholesterol (mmol/l)	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Less than 5.2		82	43	26	17	19	37
5.2, less than 6.5		17	42	44	48	49	40
6.5, less than 7.8		1	12	25	27	26	18
7.8 or more		-	3	5	8	7	4
Mean		4.4	5.4	5.9	6.1	6.1	5.6
Standard error of the mean		0.03	0.04	0.04	0.04	0.05	0.02
5th percentile		3.2	3.8	4.3	4.5	4.4	3.7
10th percentile		3.4	4.2	4.5	4.8	4.8	4.2
Median		4.4	5.3	5.8	6.0	6.0	5.5
90th percentile		5.4	6.7	7.4	7.6	7.5	7.2
95th percentile		5.6	7.3	7.8	8.0	8.0	7.7
Women							
Less than 5.2		74	54	41	19	11	39
5.2, less than 6.5		22	38	44	49	38	39
6.5, less than 7.8		4	7	12	25	38	17
7.8 or more		0	1	2	7	13	4
Mean		4.7	5.1	5.4	6.1	6.5	5.6
Standard error of the mean		0.04	0.04	0.04	0.04	0.05	0.02
5th percentile		3.6	3.8	4.0	4.4	4.7	3.9
10th percentile		3.8	4.0	4.3	4.8	5.1	4.2
Median		4.6	5.0	5.3	6.0	6.5	5.4
90th percentile		5.7	6.3	6.7	7.5	7.9	7.2
95th percentile		6.3	6.8	7.3	7.9	8.4	7.7
All informants							
Less than 5.2		78	48	33	18	15	38
5.2, less than 6.5		19	40	44	49	43	40
6.5, less than 7.8		2	10	19	26	32	18
7.8 or more		0	2	4	7	10	4

Mean	4.6	5.3	5.7	6.1	6.3	5.6
Standard error of the mean	0.03	0.03	0.03	0.03	0.04	0.02
5th percentile	3.4	3.8	4.2	4.4	4.5	3.8
10th percentile	3.6	4.1	4.4	4.8	4.9	4.2
Median	4.5	5.2	5.5	6.0	6.2	5.5
90th percentile	5.5	6.6	7.1	7.6	7.8	7.2
95th percentile	6.0	7.1	7.6	8.0	8.3	7.7

Bases (weighted)

<i>Men</i>	<i>540</i>	<i>801</i>	<i>721</i>	<i>628</i>	<i>494</i>	<i>3185</i>
<i>Women</i>	<i>435</i>	<i>696</i>	<i>712</i>	<i>643</i>	<i>500</i>	<i>2986</i>
<i>All informants</i>	<i>974</i>	<i>1498</i>	<i>1434</i>	<i>1272</i>	<i>994</i>	<i>6171</i>

Bases (unweighted)

<i>Men</i>	<i>342</i>	<i>676</i>	<i>671</i>	<i>584</i>	<i>558</i>	<i>2831</i>
<i>Women</i>	<i>338</i>	<i>811</i>	<i>804</i>	<i>673</i>	<i>674</i>	<i>3300</i>
<i>All informants</i>	<i>680</i>	<i>1487</i>	<i>1475</i>	<i>1257</i>	<i>1232</i>	<i>6131</i>

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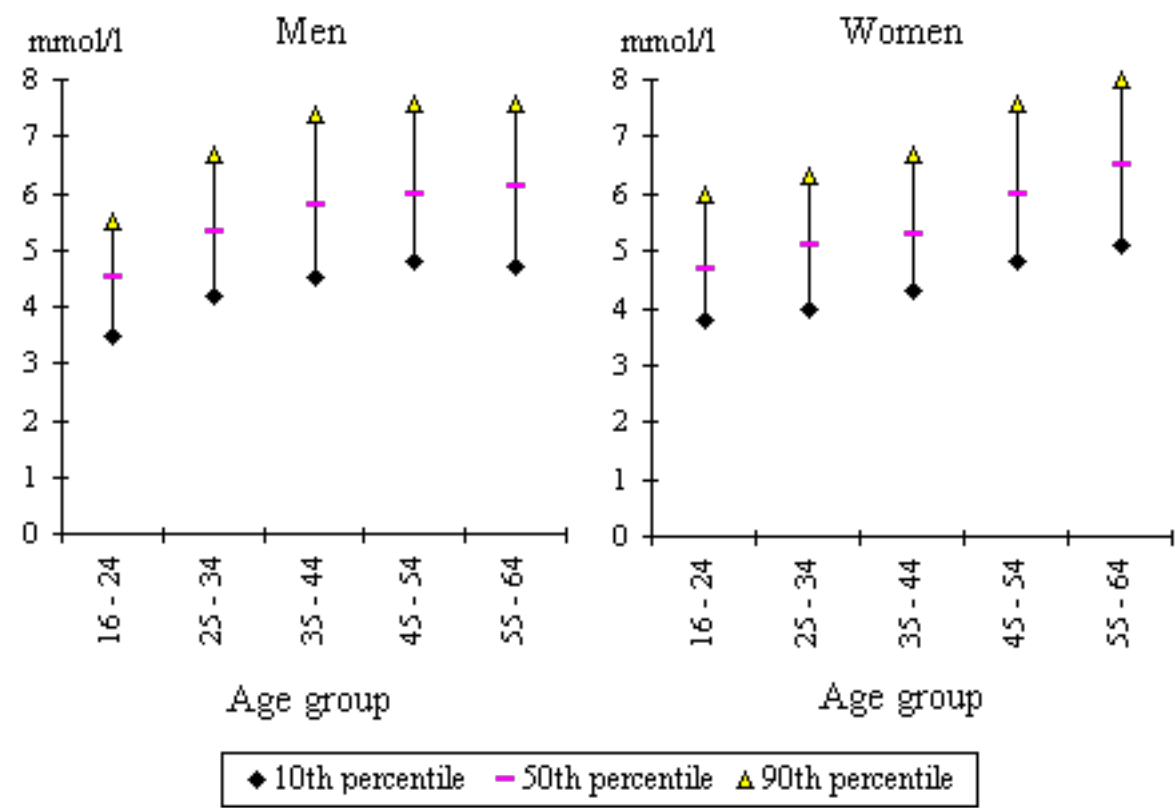
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Figure 9A: Total cholesterol, by age and sex.



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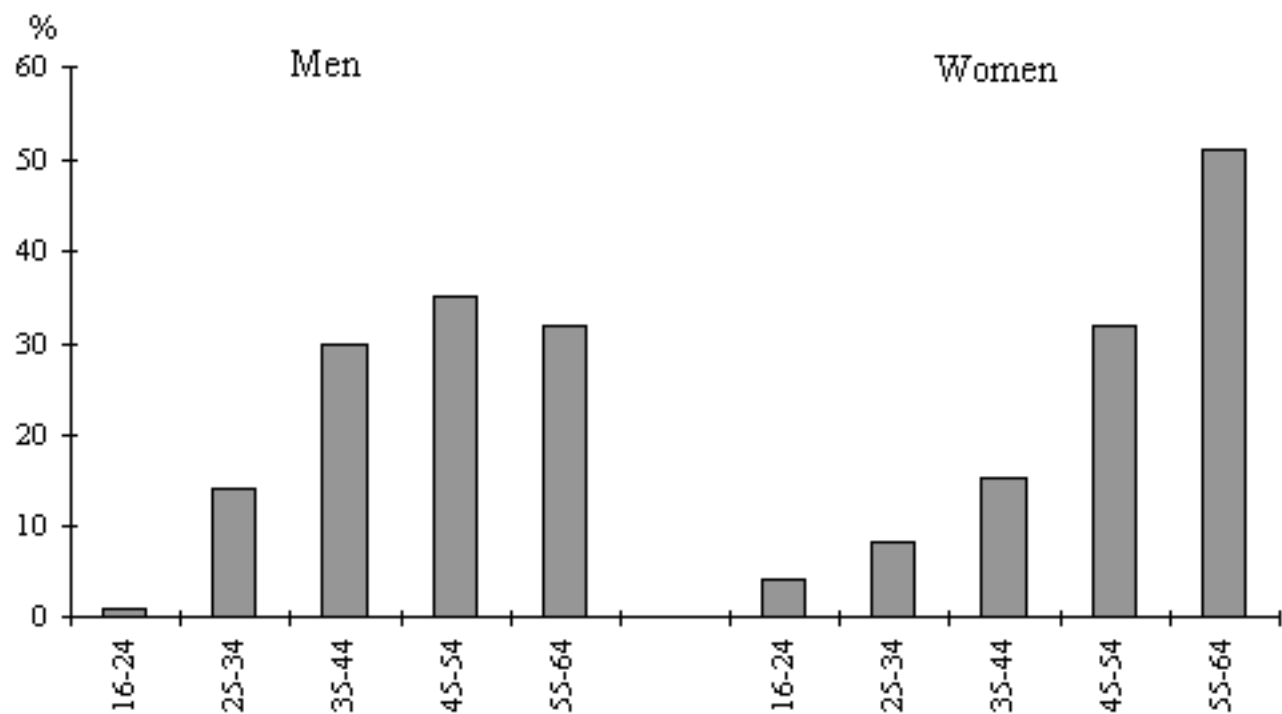
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Figure 9B: Percentage of informants with total cholesterol greater than or equal to 6.5 mmol/l, by age and sex.



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Table 9.4 Total cholesterol in the 1995 Scottish Health Survey and the 1994 Health Survey for England, by age and sex

All with a valid cholesterol measurement

Scottish Health Survey 1995 and Health Survey for England 1994

Cholesterol (mmol/l)	Age						Total
		16-24	25-34	35-44	45-54	55-64	
		%	%	%	%	%	%
Men							
Scotland							
Less than 5.2		82	43	26	17	19	37
5.2, less than 6.5		17	42	44	48	49	40
6.5, less than 7.8		1	12	25	27	26	18
7.8 or more		-	3	5	8	7	4
Mean		4.4	5.4	5.9	6.1	6.1	5.6
Standard error of the mean		0.03	0.04	0.04	0.04	0.05	0.02
England							
Less than 5.2		74	46	24	17	14	33
5.2, less 6.5		23	40	45	44	45	40
6.5, less 7.8		3	12	23	28	31	20
7.8 and over		1	2	7	11	10	6
Mean		4.7	5.3	6.0	6.3	6.2	5.7
Standard error of the mean		0.04	0.03	0.03	0.04	0.04	0.02
Northern England^a							
Less than 5.2		76	44	22	17	15	33
5.2, less 6.5		18	36	45	41	43	38
6.5, less 7.8		5	17	28	29	35	23
7.8 and over		1	2	6	13	7	6
Mean		4.6	5.4	6.0	6.3	6.2	5.8
Standard error of the mean		0.07	0.07	0.06	0.07	0.07	0.03
Women							
Scotland							
Less than 5.2		74	54	41	19	11	39
5.2, less 6.5		22	38	44	49	38	39
6.5, less than 7.8		4	7	12	25	38	17
7.8 or more		0	1	2	7	13	4

Mean	4.7	5.1	5.4	6.1	6.5	5.6
Standard error of the mean	0.04	0.04	0.04	0.04	0.05	0.02
England						
Less than 5.2	65	53	37	19	7	36
5.2, less 6.5	30	37	49	49	36	41
6.5, less 7.8	4	8	11	25	35	16
7.8 and over	0	2	2	7	22	6
Mean	4.9	5.2	5.5	6.1	6.8	5.7
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
Northern England^a						
Less than 5.2	64	54	36	18	7	36
5.2, less 6.5	32	36	51	52	36	43
6.5, less 7.8	4	8	10	23	33	15
7.8 and over	-	3	2	7	24	6
Mean	4.9	5.2	5.5	6.0	6.8	5.7
Standard error of the mean	0.06	0.06	0.06	0.06	0.09	0.03
<i>Bases (weighted)</i>						
<i>Scotland</i>						
<i>Men</i>	<i>540</i>	<i>801</i>	<i>721</i>	<i>628</i>	<i>494</i>	<i>3185</i>
<i>Women</i>	<i>435</i>	<i>696</i>	<i>712</i>	<i>643</i>	<i>500</i>	<i>2986</i>
<i>Bases (unweighted)</i>						
<i>Men</i>						
<i>Scotland</i>	<i>342</i>	<i>676</i>	<i>671</i>	<i>584</i>	<i>558</i>	<i>2831</i>
<i>England</i>	<i>635</i>	<i>1090</i>	<i>1069</i>	<i>856</i>	<i>755</i>	<i>4405</i>
<i>Northern England</i>	<i>176</i>	<i>299</i>	<i>279</i>	<i>238</i>	<i>222</i>	<i>1214</i>
<i>Women</i>						
<i>Scotland</i>	<i>338</i>	<i>811</i>	<i>804</i>	<i>673</i>	<i>674</i>	<i>3300</i>
<i>England</i>	<i>588</i>	<i>1097</i>	<i>1104</i>	<i>967</i>	<i>765</i>	<i>4521</i>
<i>Northern England</i>	<i>165</i>	<i>299</i>	<i>294</i>	<i>261</i>	<i>184</i>	<i>1203</i>

aConsists of Northern & Yorkshire and North West health regions

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Table 9.5 Total cholesterol in the 1984-86 Scottish Heart Health Study and the 1995 Scottish Health Survey, by age and sex

All aged 40-59 with a valid total cholesterol measurement

1995

Cholesterol (mmol/l)	Age				Total
	40-44	45-49	50-54	55-59	
Men					
1984-86 Heart Health Study^a					
6.5 or less	b	b	b	b	58
Greater than 6.5 ^c	b	b	b	b	42
Mean	6.3	6.4	6.4	6.4	6.4
Standard deviation	1.2	1.2	1.1	1.1	1.2
1995 Health Survey					
6.5 or less	69	73	62	70	69
Greater than 6.5 ^c	31	27	38	30	31
Mean	6.0	6.0	6.2	6.1	6.1
Standard deviation	1.2	1.1	1.1	1.1	1.1
Women					
1984-86 Heart Health Study^a					
6.5 or less	b	b	b	b	51
Greater than 6.5 ^c	b	b	b	b	49
Mean	5.9	6.3	6.9	7.2	6.6
Standard deviation	1.1	1.2	1.3	1.3	1.3
1995 Health Survey					
6.5 or less	83	76	67	54	71
Greater than 6.5 ^c	17	24	33	46	29
Mean	5.6	5.9	6.3	6.4	6.0
Standard deviation	1.0	1.1	1.1	1.1	1.1
<i>Bases</i>					
<i>Men</i>					
<i>1984-86 Heart Health Study^a</i>	<i>1263</i>	<i>1202</i>	<i>1364</i>	<i>1294</i>	<i>5123</i>
<i>1995 Health Survey (weighted)</i>	<i>351</i>	<i>352</i>	<i>276</i>	<i>257</i>	<i>1236</i>
<i>1995 Health Survey (unweighted)</i>	<i>313</i>	<i>319</i>	<i>265</i>	<i>277</i>	<i>1174</i>
<i>Women</i>					
<i>1984-86 Heart Health Study^a</i>	<i>1342</i>	<i>1262</i>	<i>1346</i>	<i>1286</i>	<i>5236</i>
<i>1995 Health Survey(weighted)</i>	<i>346</i>	<i>360</i>	<i>283</i>	<i>267</i>	<i>1256</i>

aNumber of participants in the survey

bData not available

cThe SHHS used 'greater than 6.5 mmol/l' and not '6.5 mmol/l or above' to define raised total cholesterol.

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Table 9.6 Total cholesterol, by region, age and sex

All with a valid cholesterol measurement

Cholesterol (mmol/l)	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
16-44								
Less than 5.2	48	48	54	43	44	44	42	47
5.2, less than 6.5	33	35	30	35	41	39	42	36
6.5, less than 7.8	15	13	14	15	13	15	13	14
7.8 or more	3	4	3	7	2	2	2	3
Mean	5.3	5.3	5.2	5.5	5.3	5.4	5.4	5.3
Standard error of the mean	0.12	0.06	0.05	0.14	0.07	0.06	0.06	0.03
45-64								
Less than 5.2	23	19	19	15	17	18	15	18
5.2, less than 6.5	46	48	47	43	45	49	55	48
6.5, less than 7.8	23	28	27	27	27	27	24	27
7.8 or more	8	4	7	14	11	6	6	7
Mean	6.0	6.0	6.0	6.4	6.3	6.1	6.1	6.1
Standard error of the mean	0.14	0.07	0.08	0.15	0.08	0.07	0.10	0.03
All ages								
Less than 5.2	39	38	43	32	33	34	33	37
5.2, less than 6.5	38	39	35	38	42	43	46	40
6.5, less than 7.8	18	18	18	20	19	20	17	18
7.8 or more	5	4	4	10	6	4	4	4
Mean	5.6	5.6	5.5	5.9	5.7	5.6	5.7	5.6
Standard error of the mean	0.09	0.05	0.04	0.11	0.05	0.05	0.06	0.02
Women								
16-44								
Less than 5.2	48	51	58	51	53	55	51	54
5.2, less than 6.5	40	37	35	41	39	34	35	37
6.5, less than 7.8	11	11	7	7	6	10	10	9

7.8 or more	1	1	1	1	2	1	3	1
Mean	5.3	5.2	5.0	5.2	5.2	5.1	5.3	5.2
Standard error of the mean	0.10	0.06	0.04	0.09	0.05	0.05	0.06	0.02
45-64								
Less than 5.2	14	17	21	12	14	12	14	16
5.2, less than 6.5	41	44	44	41	43	50	42	44
6.5, less than 7.8	36	28	29	36	34	29	31	31
7.8 or more	10	11	6	11	9	10	13	10
Mean	6.3	6.2	6.1	6.4	6.3	6.2	6.3	6.2
Standard error of the mean	0.14	0.08	0.08	0.15	0.08	0.07	0.09	0.03
All ages								
Less than 5.2	34	37	45	35	38	38	38	39
5.2, less than 6.5	40	40	38	41	40	40	38	39
6.5, less than 7.8	21	18	14	19	17	17	18	17
7.8 or more	4	5	2	5	4	5	7	4
Mean	5.7	5.6	5.4	5.7	5.6	5.6	5.7	5.6
Standard error of the mean	0.09	0.05	0.04	0.10	0.05	0.05	0.06	0.02
<i>Bases (weighted)</i>								
<i>Men</i>								
16-44	107	417	498	86	307	373	275	2062
45-64	63	206	218	56	201	236	142	1122
All men	170	622	715	141	509	610	418	3185
<i>Women</i>								
16-44	97	291	430	84	334	341	266	1843
45-64	65	207	215	57	215	225	159	1143
All women	162	498	644	141	549	567	425	2986
<i>Bases (unweighted)</i>								
<i>Men</i>								
16-44	157	304	357	129	223	298	221	1689
45-64	128	181	199	101	170	222	141	1142
All men	285	485	556	230	393	520	362	2831
<i>Women</i>								
16-44	183	271	391	166	309	364	269	1953
45-64	145	211	232	122	211	260	166	1347

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Table 9.7 Total cholesterol, by social class of chief income earner, age and sex

All with a valid total cholesterol measurement

Cholesterol (mmol/l)	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
	%	%	%	%	%	%	%
Men							
16-44							
Less than 5.2	44	44	43	50	44	54	47
5.2, less than 6.5	36	36	44	34	38	32	36
6.5, less than 7.8	15	17	9	14	17	9	14
7.8 or more	5	3	4	2	2	5	3
Mean	5.5	5.4	5.4	5.3	5.4	5.2	5.3
Standard error of the mean	0.10	0.05	0.07	0.05	0.07	0.14	0.03
45-64							
Less than 5.2	21	15	13	19	22	16	18
5.2, less than 6.5	46	46	55	50	45	46	48
6.5, less than 7.8	27	31	24	24	25	32	27
7.8 or more	7	8	8	7	8	6	7
Mean	6.0	6.2	6.2	6.1	6.0	6.0	6.1
Standard error of the mean	0.12	0.06	0.11	0.06	0.09	0.17	0.03
All men							
Less than 5.2	36	33	35	38	36	39	37
5.2, less than 6.5	39	40	47	40	40	38	40
6.5, less than 7.8	19	22	13	18	20	18	18
7.8 or more	6	5	5	4	4	5	4
Mean	5.7	5.7	5.6	5.6	5.6	5.5	5.6
Standard error of the mean	0.08	0.04	0.06	0.04	0.06	0.11	0.02
<i>Bases (weighted)</i>							
<i>Men</i>							
16-44	145	518	270	637	277	87	2062
45-64	82	313	101	400	140	55	1122
All men	227	830	371	1037	417	142	3185
<i>Bases (unweighted)</i>							
<i>Men</i>							
16-44	120	418	218	518	233	81	1689
45-64	77	296	105	406	154	70	1142
All men	197	714	323	924	387	151	2831

Women**16-44**

Less than 5.2	54	56	53	51	51	46	54
5.2, less than 6.5	39	35	37	39	37	41	37
6.5, less than 7.8	7	8	9	9	10	10	9
7.8 or more	-	2	2	1	2	3	1
Mean	5.1	5.2	5.2	5.2	5.2	5.3	5.2
Standard error of the mean	0.08	0.04	0.06	0.04	0.06	0.13	0.02

45-64

Less than 5.2	11	18	19	13	14	16	16
5.2, less than 6.5	48	47	44	46	39	41	44
6.5, less than 7.8	31	27	27	32	34	35	31
7.8 or more	9	8	11	9	13	7	10
Mean	6.2	6.2	6.2	6.2	6.4	6.2	6.2
Standard error of the mean	0.13	0.06	0.08	0.06	0.09	0.13	0.03

All women

Less than 5.2	39	40	41	36	37	32	39
5.2, less than 6.5	42	40	39	42	38	41	39
6.5, less than 7.8	15	16	15	18	19	22	17
7.8 or more	3	4	5	4	6	5	4
Mean	5.5	5.6	5.5	5.6	5.7	5.8	5.6
Standard error of the mean	0.08	0.04	0.05	0.04	0.06	0.10	0.02

*Bases (weighted)**Women*

<i>16-44</i>	<i>129</i>	<i>440</i>	<i>325</i>	<i>470</i>	<i>254</i>	<i>75</i>	<i>1843</i>
<i>45-64</i>	<i>69</i>	<i>319</i>	<i>184</i>	<i>314</i>	<i>157</i>	<i>67</i>	<i>1143</i>
<i>All women</i>	<i>198</i>	<i>759</i>	<i>509</i>	<i>784</i>	<i>411</i>	<i>142</i>	<i>2986</i>

*Bases (unweighted)**Women*

<i>16-44</i>	<i>121</i>	<i>452</i>	<i>390</i>	<i>449</i>	<i>305</i>	<i>89</i>	<i>1953</i>
<i>45-64</i>	<i>72</i>	<i>375</i>	<i>232</i>	<i>333</i>	<i>198</i>	<i>92</i>	<i>1347</i>
<i>All women</i>	<i>193</i>	<i>827</i>	<i>622</i>	<i>782</i>	<i>503</i>	<i>181</i>	<i>3300</i>

aThe total includes informants for whom social class was unknown.

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Table 9.8 Proportion of informants who ever had their cholesterol measured, by age and sex

<i>All</i>		<i>1995</i>	
	Age		Total
	16-44	45-64	
	%	%	%
Men			
Yes	22	47	31
No	77	51	68
Don't know	1	2	1
Women			
Yes	17	33	23
No	81	66	76
Don't know	1	1	1
All informants			
Yes	19	40	27
No	79	58	72
Don't know	1	2	1
<i>Bases (weighted)</i>			
<i>Men</i>	2553	1349	3902
<i>Women</i>	2555	1443	3998
<i>All informants</i>	5108	2792	7900
<i>Bases (unweighted)</i>			
<i>Men</i>	2126	1398	3524
<i>Women</i>	2699	1709	4408
<i>All informants</i>	4825	3107	7932

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Table 9.9 Last time cholesterol measured, by age and sex

All who ever had their cholesterol monitored

All who ever had their cholesterol monitored				1995
Last time cholesterol measured	Age			Total
		16-44	45-64	
		%	%	%
Men				
Less than 1 year		32	36	34
1 to less than 3 years		42	30	36
3 to less than 5 years		14	20	18
5 years or more		11	13	12
Women				
Less than 1 year		28	36	32
1 to less than 3 years		42	34	38
3 to less than 5 years		19	19	19
5 years or more		10	11	11
All informants				
Less than 1 year		31	36	33
1 to less than 3 years		42	32	37
3 to less than 5 years		17	20	18
5 years or more		11	12	12
Bases (weighted)				
Men		556	640	1197
Women		438	480	918
All informants		994	1120	2114
Bases (unweighted)				
Men		486	641	1127
Women		488	574	1062
All informants		974	1215	2189

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Table 9.10 Observed and age-standardised proportions who ever had cholesterol measured, by region and sex

All

Ever had cholesterol measured	Region						
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde
Men							
Observed %	25.3	31.2	23.2	39.0	36.4	36.5	30.4
Age-standardised %	22.0	29.1	22.2	34.3	33.3	32.7	27.8
Women							
Observed %	17.4	22.2	17.6	25.9	28.0	24.8	26.1
Age-standardised %	15.7	21.2	16.8	23.7	26.6	22.6	25.1
<i>Bases (weighted)</i>							
<i>Men</i>	213	753	896	179	629	704	527
<i>Women</i>	210	681	863	194	764	731	556
<i>Bases (unweighted)</i>							
<i>Men</i>	356	590	709	296	508	607	458
<i>Women</i>	425	651	825	393	737	804	573

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Table 9.11 HDL-cholesterol, by age and sex

All with a valid HDL-cholesterol measurement

HDL-cholesterol (mmol/l)	Age					1995
	16-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Men						
0.9 or less	10	13	16	14	17	14
More than 0.9	90	87	84	86	83	86
Mean	1.3	1.3	1.3	1.3	1.3	1.3
Standard error of the mean	0.01	0.01	0.01	0.01	0.02	0.01
5th percentile	0.9	0.8	0.8	0.8	0.8	0.8
10th percentile	1.0	0.9	0.9	0.9	0.9	0.9
Median	1.2	1.3	1.2	1.2	1.2	1.2
90th percentile	1.6	1.7	1.7	1.7	1.8	1.7
95th percentile	1.9	1.9	1.8	2.0	2.1	1.9
Women						
0.9 or less	4	4	4	4	5	4
More than 0.9	96	96	96	96	95	96
Mean	1.5	1.5	1.6	1.6	1.5	1.5
Standard error of the mean	0.02	0.01	0.01	0.02	0.02	0.01
5th percentile	1.0	1.0	1.0	1.0	0.9	1.0
10th percentile	1.1	1.1	1.1	1.1	1.1	1.1
Median	1.5	1.5	1.5	1.5	1.5	1.5
90th percentile	2.0	2.0	2.0	2.1	2.0	2.0
95th percentile	2.1	2.2	2.2	2.4	2.2	2.2
All informants						
0.9 or less	7	9	10	10	11	9
More than 0.9	93	91	90	90	89	91
Mean	1.4	1.4	1.4	1.4	1.4	1.4
Standard error of the mean	0.01	0.01	0.01	0.01	0.01	0.01
5th percentile	0.9	0.9	0.9	0.9	0.8	0.9
10th percentile	1.0	1.0	1.0	1.0	0.9	1.0
Median	1.4	1.4	1.4	1.4	1.3	1.4
90th percentile	1.9	1.9	1.9	2.0	2.0	1.9

95th percentile	2.0	2.1	2.1	2.2	2.2	2.1
<i>Bases (weighted)</i>						
<i>Men</i>	536	784	712	615	489	3135
<i>Women</i>	432	688	708	633	487	2946
<i>All informants</i>	967	1471	1420	1247	976	6081
<i>Bases (unweighted)</i>						
<i>Men</i>	339	662	662	569	550	2782
<i>Women</i>	336	800	796	660	661	3253
<i>All informants</i>	675	1462	1458	1229	1211	6035

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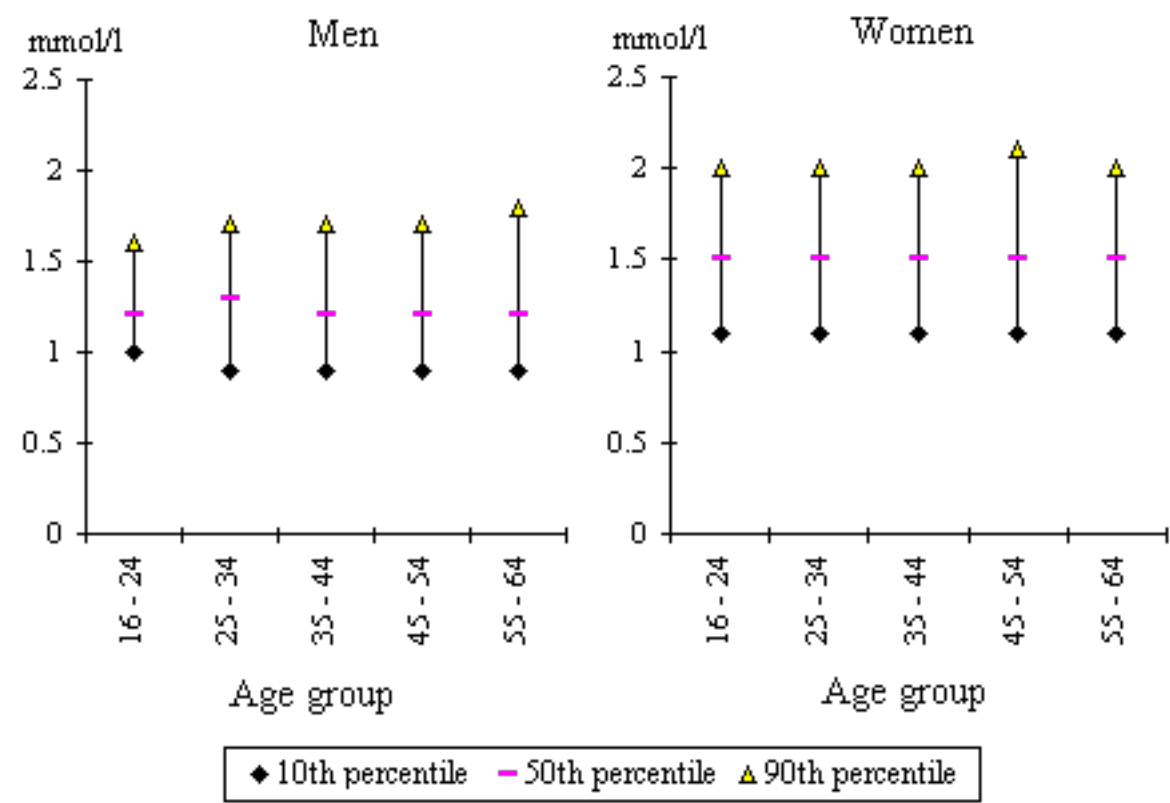
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Figure 9C: HDL-cholesterol, by age and sex.



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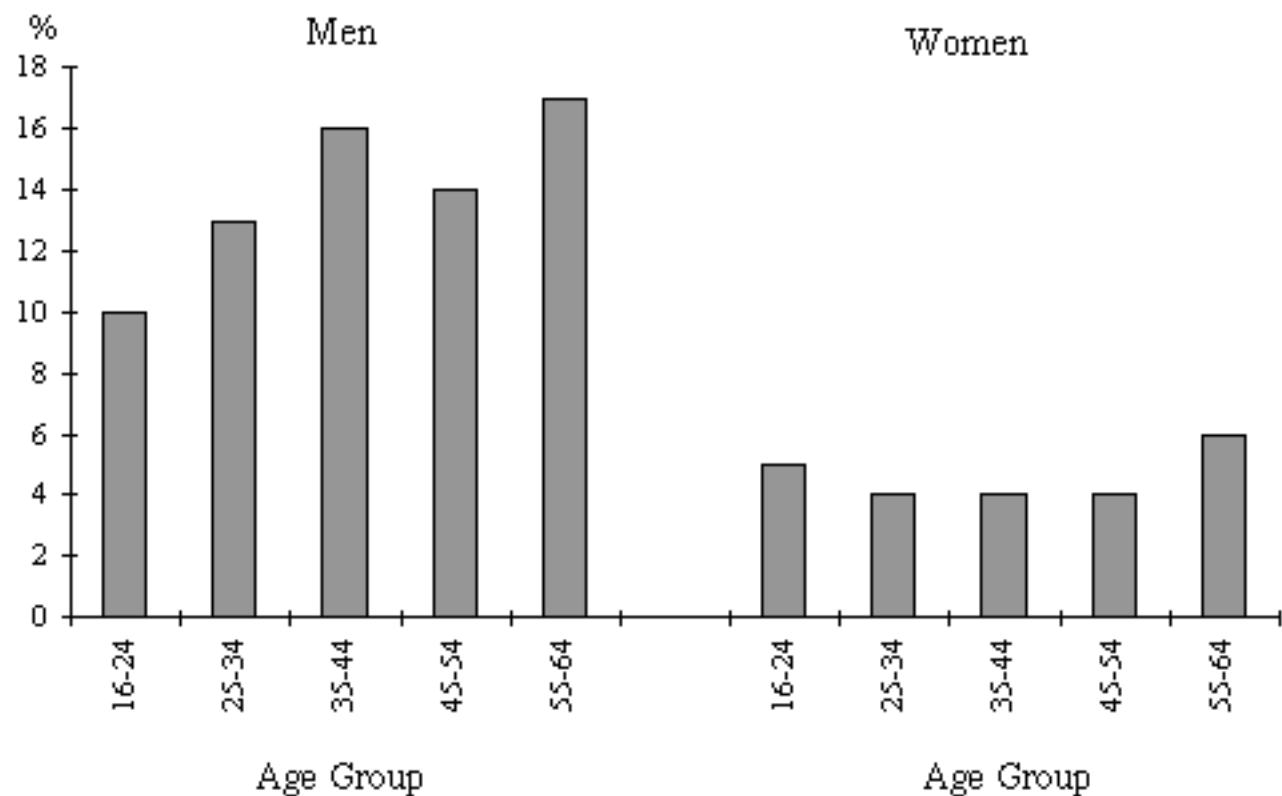
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Figure 9D: Percentage of informants with HDL-cholesterol less than 0.9 mmol/l, by age and sex.



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Table 9.12 HDL-cholesterol in the 1984-86 Scottish Heart Health Study and the 1995 Scottish Health Survey, by age and sex

All aged 40-59 with a valid HDL-cholesterol measurement Scottish Health Survey 1995 and SHHS 1984-86

HDL-cholesterol (mmol/l)	Age				Total
	40-44	45-49	50-54	55-59	
Men					
1984-86 Heart Health Study					
Mean	1.37	1.35	1.37	1.35	1.36
Standard deviation	0.4	0.4	0.4	0.4	0.4
1995 Health Survey					
Mean	1.29	1.28	1.31	1.30	1.30
Standard deviation	0.3	0.3	0.4	0.4	0.4
Women					
1984-86 Heart Health Study					
Mean	1.63	1.65	1.71	1.70	1.67
Standard deviation	0.4	0.4	0.4	0.4	0.4
1995 Health Survey					
Mean	1.55	1.59	1.59	1.50	1.56
Standard deviation	0.4	0.6	0.4	0.4	0.5
<i>Bases</i>					
<i>Men</i>					
<i>1984-86 Heart Health Study^a</i>	<i>1263</i>	<i>1202</i>	<i>1364</i>	<i>1294</i>	<i>5123</i>
<i>1995 Health Survey (weighted)</i>	<i>411</i>	<i>419</i>	<i>330</i>	<i>301</i>	<i>1461</i>
<i>1995 Health Survey (unweighted)</i>	<i>379</i>	<i>388</i>	<i>321</i>	<i>332</i>	<i>1420</i>
<i>Women</i>					
<i>1984-86 Heart Health Study^a</i>	<i>1342</i>	<i>1262</i>	<i>1346</i>	<i>1286</i>	<i>5236</i>
<i>1995 Health Survey (weighted)</i>	<i>415</i>	<i>434</i>	<i>344</i>	<i>357</i>	<i>1549</i>
<i>1995 Health Survey (unweighted)</i>	<i>430</i>	<i>431</i>	<i>394</i>	<i>426</i>	<i>1681</i>

aNumber of participants in the survey

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Table 9.13 Estimated LDL-cholesterol level^a, by age and sex

All with valid total and HDL-cholesterol measurements

Estimated LDL-cholesterol (mmol/l)	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
Mean	3.2	4.1	4.6	4.8	4.8	4.3
Standard error of the mean	0.03	0.04	0.04	0.05	0.05	0.02
5th percentile	1.9	2.5	2.8	3.0	3.0	2.5
10th percentile	2.2	2.9	3.1	3.4	3.4	2.8
Median	3.1	4.0	4.6	4.8	4.8	4.2
90th percentile	4.1	5.5	6.1	6.4	6.3	6.0
95th percentile	4.4	6.1	6.7	6.7	6.8	6.4
Women						
Mean	3.1	3.6	3.9	4.5	5.0	4.0
Standard error of the mean	0.04	0.04	0.04	0.04	0.05	0.02
5th percentile	1.9	2.3	2.5	2.9	3.2	2.3
10th percentile	2.2	2.5	2.7	3.1	3.5	2.6
Median	3.1	3.5	3.7	4.4	4.8	3.9
90th percentile	4.2	4.9	5.3	5.9	6.5	5.6
95th percentile	4.7	5.3	5.7	6.4	7.1	6.2
All informants						
Mean	3.2	3.9	4.3	4.6	4.9	4.2
Standard error of the mean	0.03	0.03	0.03	0.03	0.04	0.02
5th percentile	1.9	2.4	2.6	2.9	3.1	2.4
10th percentile	2.2	2.6	2.9	3.2	3.5	2.7
Median	3.1	3.8	4.1	4.5	4.8	4.0
90th percentile	4.2	5.3	5.8	6.2	6.4	5.8
95th percentile	4.5	5.8	6.3	6.6	6.9	6.4
<i>Bases (weighted)</i>						
<i>Men</i>	<i>536</i>	<i>784</i>	<i>712</i>	<i>615</i>	<i>489</i>	<i>3135</i>
<i>Women</i>	<i>432</i>	<i>688</i>	<i>708</i>	<i>633</i>	<i>487</i>	<i>2946</i>
<i>All informants</i>	<i>967</i>	<i>1471</i>	<i>1420</i>	<i>1247</i>	<i>976</i>	<i>6081</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>339</i>	<i>662</i>	<i>662</i>	<i>569</i>	<i>550</i>	<i>2782</i>
<i>Women</i>	<i>336</i>	<i>800</i>	<i>796</i>	<i>660</i>	<i>661</i>	<i>3253</i>

aLDL-cholesterol has been estimated as the difference between total cholesterol and HDL-cholesterol.

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Table 9.14 HDL-cholesterol, by region, age and sex

All with a valid HDL-cholesterol measurement

HDL-cholesterol (mmol/l)	Region							1995
	Highlands & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total
	%	%	%	%	%	%	%	%
Men								
16-44								
0.9 or less	11	11	13	14	15	14	15	13
More than 0.9	89	89	87	86	85	86	85	87
Mean	1.3	1.3	1.3	1.2	1.3	1.3	1.3	1.3
Standard error of the mean	0.03	0.02	0.01	0.04	0.02	0.02	0.02	0.01
45-64								
0.9 or less	10	12	18	15	14	17	18	15
More than 0.9	90	88	82	85	86	83	82	85
Mean	1.3	1.4	1.3	1.2	1.3	1.3	1.3	1.3
Standard error of the mean	0.05	0.03	0.03	0.05	0.03	0.02	0.03	0.01
All men								
0.9 or less	11	11	14	14	15	15	16	14
More than 0.9	89	89	86	86	85	85	84	86
Mean	1.3	1.3	1.3	1.2	1.3	1.3	1.3	1.3
Standard error of the mean	0.03	0.01	0.01	0.03	0.02	0.01	0.02	0.01
Women								
16-44								
0.9 or less	6	3	4	3	3	5	3	4
More than 0.9	94	97	96	97	97	95	97	96
Mean	1.6	1.6	1.5	1.6	1.5	1.5	1.5	1.5
Standard error of the mean	0.04	0.02	0.02	0.05	0.02	0.02	0.02	0.01
45-64								
0.9 or less	5	5	4	2	8	5	5	5
More than 0.9	95	95	96	98	92	95	95	95
Mean	1.6	1.5	1.6	1.6	1.5	1.5	1.6	1.5
Standard error of the mean	0.06	0.03	0.03	0.06	0.03	0.03	0.03	0.01
All women								
0.9 or less	6	3	4	3	5	5	4	4
More than 0.9	94	97	96	97	95	95	96	96
Mean	1.6	1.6	1.6	1.6	1.5	1.5	1.6	1.5

Standard error of the mean	0.03	0.02	0.02	0.04	0.02	0.02	0.02	0.01
<i>Bases (weighted)</i>								
<i>Men</i>								
<i>16-44</i>	<i>106</i>	<i>412</i>	<i>484</i>	<i>84</i>	<i>299</i>	<i>372</i>	<i>274</i>	<i>2031</i>
<i>45-64</i>	<i>62</i>	<i>204</i>	<i>213</i>	<i>54</i>	<i>196</i>	<i>234</i>	<i>141</i>	<i>1104</i>
<i>All men</i>	<i>168</i>	<i>616</i>	<i>697</i>	<i>139</i>	<i>495</i>	<i>606</i>	<i>415</i>	<i>3135</i>
<i>Women</i>								
<i>16-44</i>	<i>95</i>	<i>288</i>	<i>424</i>	<i>82</i>	<i>332</i>	<i>341</i>	<i>264</i>	<i>1827</i>
<i>45-64</i>	<i>64</i>	<i>206</i>	<i>213</i>	<i>56</i>	<i>208</i>	<i>218</i>	<i>155</i>	<i>1120</i>
<i>All women</i>	<i>160</i>	<i>495</i>	<i>638</i>	<i>138</i>	<i>539</i>	<i>558</i>	<i>419</i>	<i>2946</i>
<i>Bases (unweighted)</i>								
<i>Men</i>								
<i>16-44</i>	<i>155</i>	<i>300</i>	<i>349</i>	<i>127</i>	<i>216</i>	<i>296</i>	<i>220</i>	<i>1663</i>
<i>45-64</i>	<i>124</i>	<i>179</i>	<i>193</i>	<i>98</i>	<i>166</i>	<i>219</i>	<i>140</i>	<i>1119</i>
<i>All men</i>	<i>279</i>	<i>479</i>	<i>542</i>	<i>225</i>	<i>382</i>	<i>515</i>	<i>360</i>	<i>2782</i>
<i>Women</i>								
<i>16-44</i>	<i>180</i>	<i>268</i>	<i>386</i>	<i>162</i>	<i>307</i>	<i>362</i>	<i>267</i>	<i>1932</i>
<i>45-64</i>	<i>143</i>	<i>209</i>	<i>230</i>	<i>120</i>	<i>204</i>	<i>253</i>	<i>162</i>	<i>1321</i>
<i>All women</i>	<i>323</i>	<i>477</i>	<i>616</i>	<i>282</i>	<i>511</i>	<i>615</i>	<i>429</i>	<i>3253</i>

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Table 9.15 HDL-cholesterol, by social class of chief income earner, age and sex

All with a valid HDL-cholesterol measurement

1995

HDL-cholesterol (mmol/l)	Social class of chief income earner						Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	%
Men							
16-44							
0.9 or less	10	15	14	14	10	16	13
More than 0.9	90	85	86	86	90	84	87
Mean	1.3	1.3	1.3	1.3	1.3	1.3	1.3
Standard error of the mean	0.02	0.01	0.02	0.01	0.02	0.04	0.01
45-64							
0.9 or less	8	10	15	19	23	8	15
More than 0.9	92	90	85	81	77	92	85
Mean	1.3	1.3	1.3	1.3	1.3	1.4	1.3
Standard error of the mean	0.04	0.02	0.05	0.02	0.04	0.06	0.01
All men							
0.9 or less	10	13	14	16	14	13	14
More than 0.9	90	87	86	84	86	87	86
Mean	1.3	1.3	1.3	1.3	1.3	1.3	1.3
Standard error of the mean	0.02	0.01	0.02	0.01	0.02	0.03	0.01
Women							
16-44							
0.9 or less	3	2	2	4	8	4	4
More than 0.9	97	98	98	96	92	96	96
Mean	1.6	1.6	1.6	1.5	1.5	1.5	1.5
Standard error of the mean	0.03	0.02	0.02	0.02	0.03	0.04	0.01
45-64							
0.9 or less	2	5	4	6	6	2	5
More than 0.9	98	95	96	94	94	98	95
Mean	1.7	1.6	1.6	1.5	1.4	1.5	1.5
Standard error of the mean	0.05	0.02	0.03	0.02	0.03	0.05	0.01
All women							
0.9 or less	3	3	3	5	7	3	4
More than 0.9	97	97	97	95	93	97	96

Mean	1.6	1.6	1.6	1.5	1.5	1.5	1.5
Standard error of the mean	0.03	0.01	0.02	0.01	0.02	0.03	0.01

Bases (weighted)

Men

<i>16-44</i>	<i>144</i>	<i>511</i>	<i>265</i>	<i>629</i>	<i>270</i>	<i>85</i>	<i>2031</i>
<i>45-64</i>	<i>80</i>	<i>304</i>	<i>101</i>	<i>394</i>	<i>138</i>	<i>54</i>	<i>1104</i>
<i>All men</i>	<i>224</i>	<i>816</i>	<i>367</i>	<i>1023</i>	<i>408</i>	<i>139</i>	<i>3135</i>

Women

<i>16-44</i>	<i>129</i>	<i>433</i>	<i>321</i>	<i>468</i>	<i>253</i>	<i>75</i>	<i>1827</i>
<i>45-64</i>	<i>68</i>	<i>312</i>	<i>182</i>	<i>309</i>	<i>153</i>	<i>65</i>	<i>1120</i>
<i>All women</i>	<i>197</i>	<i>745</i>	<i>503</i>	<i>777</i>	<i>405</i>	<i>140</i>	<i>2946</i>

Bases (unweighted)

Men

<i>16-44</i>	<i>119</i>	<i>413</i>	<i>213</i>	<i>513</i>	<i>227</i>	<i>79</i>	<i>1663</i>
<i>45-64</i>	<i>75</i>	<i>289</i>	<i>105</i>	<i>396</i>	<i>151</i>	<i>69</i>	<i>1119</i>
<i>All men</i>	<i>194</i>	<i>702</i>	<i>318</i>	<i>909</i>	<i>378</i>	<i>148</i>	<i>2782</i>

Women

<i>16-44</i>	<i>121</i>	<i>444</i>	<i>384</i>	<i>445</i>	<i>304</i>	<i>89</i>	<i>1932</i>
<i>45-64</i>	<i>71</i>	<i>368</i>	<i>231</i>	<i>328</i>	<i>192</i>	<i>90</i>	<i>1321</i>
<i>All women</i>	<i>192</i>	<i>812</i>	<i>615</i>	<i>773</i>	<i>496</i>	<i>179</i>	<i>3253</i>

aThe total includes informants for whom social class was unknown.

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Table 9.16 Total and HDL-cholesterol, by body mass index and sex

All with valid total and HDL-cholesterol measurements

1995

HDL-cholesterol (mmol/l)	BMI				Total ^a
	20 or under	>20-25	>25-30	Over 30	
Men					
Total cholesterol					
Mean	4.7	5.2	5.8	6.1	5.6
Standard error of the mean	0.09	0.03	0.03	0.05	0.02
HDL-cholesterol					
Mean	1.4	1.4	1.3	1.2	1.3
Standard error of the mean	0.03	0.01	0.01	0.01	0.01
Women					
Total cholesterol					
Mean	5.0	5.3	5.8	6.1	5.6
Standard error of the mean	0.07	0.03	0.04	0.06	0.02
HDL-cholesterol					
Mean	1.7	1.6	1.5	1.4	1.5
Standard error of the mean	0.03	0.01	0.01	0.02	0.01
<i>Bases (weighted)</i>					
<i>Men</i>					
<i>Total cholesterol</i>	<i>141</i>	<i>1171</i>	<i>1259</i>	<i>455</i>	<i>3185</i>
<i>HDL-cholesterol</i>	<i>141</i>	<i>1157</i>	<i>1246</i>	<i>434</i>	<i>3135</i>
<i>Women</i>					
<i>Total cholesterol</i>	<i>225</i>	<i>1254</i>	<i>844</i>	<i>479</i>	<i>2986</i>
<i>HDL-cholesterol</i>	<i>220</i>	<i>1248</i>	<i>831</i>	<i>466</i>	<i>2946</i>
<i>Bases (unweighted)</i>					
<i>Men</i>					
<i>Total cholesterol</i>	<i>109</i>	<i>989</i>	<i>1162</i>	<i>420</i>	<i>2831</i>
<i>HDL-cholesterol</i>	<i>109</i>	<i>978</i>	<i>1144</i>	<i>401</i>	<i>2782</i>
<i>Women</i>					
<i>Total cholesterol</i>	<i>227</i>	<i>1387</i>	<i>926</i>	<i>554</i>	<i>3300</i>
<i>HDL-cholesterol</i>	<i>223</i>	<i>1378</i>	<i>910</i>	<i>539</i>	<i>3253</i>

^aThe total includes informants for whom BMI was unknown.

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Table 9.20 Estimates of total and HDL-cholesterol from linear regression, by lifestyle factors and sex

All with valid total and HDL-cholesterol measurements, body mass index, cigarette smoking status, alcohol consumption and physical activity level

1995

Variable	<i>N</i> <i>weighted</i>	Difference from reference category mmol/l	95% C.I. ^a	Variable	<i>N</i> <i>weighted</i>	Difference from reference category mmol/l	95% C.I. ^a
Total cholesterol				Total cholesterol			
Men	2996			Women	2785		
Age group (p<0.001)				Age group (p<0.001)			
16-24 ^b	506	0		16-24 ^b	415	0	
25-34	760	0.78	0.66, 0.90	25-34	648	0.38	0.25, 0.50
35-44	675	1.21	1.09, 1.33	35-44	657	0.66	0.53, 0.78
45-54	589	1.38	1.25, 1.51	45-54	603	1.24	1.12, 1.37
55-64	467	1.32	1.18, 1.46	55-64	463	1.61	1.48, 1.75
Body mass index (p<0.001)		0.06 ^c	0.05, 0.07	Body mass index (p<0.001)		0.04 ^c	0.03, 0.05
Cigarette smoking status (p<0.077)				Cigarette smoking status (p<0.001)			
Never regularly smoked ^b	1366	0		Never regularly smoked ^b	1383	0	
Ex-regular smoker	659	0.07	-0.03, 0.17	Ex-regular smoker	443	0.03	-0.08, 0.14
Smokes less than 20 cigarettes a day	538	0.08	-0.02, 0.18	Smokes less than 20 cigarettes a day	605	0.26	0.17, 0.36
Smokes 20 or more cigarettes a day	433	0.14	0.03, 0.25	Smokes 20 or more cigarettes a day	354	0.30	0.18, 0.41
Alcohol consumption level (p=0.002)				Alcohol consumption level (p=0.049)			

Non/occasional drinker ^b	293	0		Non/occasional drinker ^b	626	0
Ex-drinker	69	-0.31	-0.57, -0.04	Ex-drinker	83	0.13 -0.09, 0.36
1-10 units per week	844	-0.12	-0.26, 0.02	1-7 units per week	1165	-0.06 -0.15, 0.04
>10-21 units per week	801	0.05	-0.09, 0.19	>7-14 units per week	535	-0.15 -0.26, -0.03
>21 units per week	989	-0.07	-0.21, 0.06	>14 units per week	376	-0.05 -0.18, 0.07
Frequency-intensity level of physical activity (p=0.003)				Frequency-intensity level of physical activity (p=0.945)		
Level 0 ^b	649	0		Level 0 ^b	662	0
Levels 1,2	1018	-0.05	-0.15, 0.05	Levels 1,2	1079	0.02 -0.08, 0.11
Levels 3,4,5	1330	-0.16	-0.26, -0.06	Levels 3,4,5	1044	0.01 -0.08, 0.11
HDL-cholesterol				HDL-cholesterol		
Men	2949			Women	2748	
Age group (p<0.001)				Age group (p<0.001)		
16-24 ^b	502	0		16-24 ^b	412	0
25-34	742	0.08	0.04, 0.12	25-34	640	0.01 -0.03, 0.06
35-44	666	0.11	0.07, 0.15	35-44	653	0.07 0.02, 0.12
45-54	578	0.14	0.10, 0.18	45-54	592	0.12 0.07, 0.17
55-64	461	0.16	0.11, 0.21	55-64	451	0.09 0.04, 0.14
Body mass index (p<0.001)		-0.03	-0.03, -0.02	Body mass index (p<0.001)		-0.02 -0.03, -0.02
Cigarette smoking status (p<0.001)				Cigarette smoking status (p<0.001)		
Never regularly smoked ^b	1343	0		Never regularly smoked ^b	1370	0

Ex-regular smoker	649	-0.03	-0.06, 0.00	Ex-regular smoker	437	-0.02	-0.06, 0.02
Smokes less than 20 cigarettes a day	534	-0.07	-0.10, -0.03	Smokes less than 20 cigarettes a day	595	-0.13	-0.17, -0.10
Smokes 20 or more cigarettes a day	423	-0.08	-0.12, -0.04	Smokes 20 or more cigarettes a day	347	-0.18	-0.22, -0.14
Alcohol consumption level (p<0.001)				Alcohol consumption level (p<0.001)			
Non/occasional drinker ^b	289	0		Non/occasional drinker ^b	611	0	
Ex-drinker	69	-0.06	-0.15, 0.02	Ex-drinker	82	-0.04	-0.13, 0.04
1-10 units per week	831	0.07	0.03, 0.12	1-7 units per week	1153	0.08	0.05, 0.12
>10-21 units per week	788	0.14	0.09, 0.18	>7-14 units per week	531	0.17	0.12, 0.21
>21 units per week	972	0.23	0.19, 0.28	>14 units per week	370	0.24	0.19, 0.29
Frequency-intensity level of physical activity (p=0.010)				Frequency-intensity level of physical activity (p=0.055)			
Level 0 ^b	636	0		Level 0 ^b	645	0	
Levels 1,2	1001	-0.02	-0.05, 0.02	Levels 1,2	1068	0.02	-0.02, 0.06
Levels 3,4,5	1312	0.03	-0.01, 0.06	Levels 3,4,5	1034	0.04	0.01, 0.08

aC.I. = confidence interval

bReference category

cAverage increase in HDL-cholesterol for every unit increase in BMI

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Table 9.17 Total and HDL-cholesterol, by cigarette smoking status and sex

All with valid total and HDL-cholesterol measurements

1995

HDL-cholesterol (mmol/l)	Cigarette smoking status				Total ^a
	Never regularly smoked	Ex-regular smoker	Smokes less than 20 a day	Smokes 20 or more a day	
Men					
Total cholesterol					
Mean	5.5	5.9	5.4	5.8	5.6
Standard error of the mean	0.03	0.04	0.05	0.06	0.02
HDL-cholesterol					
Mean	1.3	1.3	1.3	1.3	1.3
Standard error of the mean	0.01	0.01	0.01	0.02	0.01
Women					
Total cholesterol					
Mean	5.4	5.7	5.6	5.9	5.6
Standard error of the mean	0.03	0.05	0.05	0.06	0.02
HDL-cholesterol					
Mean	1.6	1.6	1.5	1.4	1.5
Standard error of the mean	0.01	0.02	0.02	0.02	0.01
Bases (weighted)					
Men					
Total cholesterol	1446	699	573	465	3185
HDL-cholesterol	1422	689	567	455	3135
Women					
Total cholesterol	1485	479	644	377	2986
HDL-cholesterol	1469	473	633	369	2946
Bases (unweighted)					
Men					
Total cholesterol	1223	645	497	463	2831
HDL-cholesterol	1198	635	490	456	2782
Women					

<i>Total cholesterol</i>	<i>1554</i>	<i>560</i>	<i>737</i>	<i>447</i>	<i>3300</i>
<i>HDL-cholesterol</i>	<i>1533</i>	<i>552</i>	<i>728</i>	<i>438</i>	<i>3253</i>

aThe total includes informants for whom smoking status was unknown.

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Table 9.18 Total and HDL-cholesterol, by alcohol consumption level and sex

All with valid total and HDL-cholesterol measurements

1995

mmol/l	Alcohol consumption level (units per week)					Total ^a
	Ex-drinker	Non/occasional drinker	1-10 units per week	>10-21 units per week	Over 21 units per week	
Men						
Total cholesterol						
Mean	5.8	5.6	5.6	5.7	5.6	5.6
Standard error of the mean	0.12	0.07	0.04	0.04	0.04	0.02
HDL-cholesterol						
Mean	1.1	1.2	1.2	1.3	1.4	1.3
Standard error of the mean	0.03	0.02	0.01	0.01	0.01	0.01
	Ex-drinker	Non/occasional drinker	1-7 units per week	>7-14 units per week	Over 14 units per week	
Women						
Total cholesterol						
Mean	6.0	5.7	5.6	5.4	5.4	5.6
Standard error of the mean	0.13	0.05	0.03	0.05	0.06	0.02
HDL-cholesterol						
Mean	1.4	1.4	1.5	1.6	1.7	1.5
Standard error of the mean	0.04	0.01	0.01	0.02	0.02	0.01
<i>Bases (weighted)</i>						
<i>Men</i>						
<i>Total cholesterol</i>	79	314	894	839	1047	3173
<i>HDL-cholesterol</i>	78	310	880	827	1029	3123
<i>Women</i>						
<i>Total cholesterol</i>	91	679	1252	571	390	2982
<i>HDL-cholesterol</i>	90	663	1240	566	384	2943
<i>Bases (unweighted)</i>						
<i>Men</i>						
<i>Total cholesterol</i>	86	274	800	721	944	2825
<i>HDL-cholesterol</i>	85	268	787	711	925	2776
<i>Women</i>						
<i>Total cholesterol</i>	113	778	1345	646	416	3298

<i>HDL-cholesterol</i>	<i>111</i>	<i>761</i>	<i>1333</i>	<i>637</i>	<i>409</i>	<i>3251</i>
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aThe total includes informants whose alcohol consumption level was unknown.

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Table 9.19 Total and HDL-cholesterol, by frequency-intensity level of physical activity and sex

All with valid total and HDL-cholesterol measurements

1995

mmol/l	Frequency-intensity of physical activity			Total ^a
	Level 0	Levels 1,2	Levels 3,4,5	
Men				
Total cholesterol				
Mean	5.9	5.7	5.4	5.6
Standard error of the mean	0.04	0.04	0.03	0.02
HDL cholesterol				
Mean	1.3	1.3	1.3	1.3
Standard error of the mean	0.01	0.01	0.01	0.01
Women				
Total cholesterol				
Mean	5.7	5.6	5.5	5.6
Standard error of the mean	0.05	0.03	0.03	0.02
HDL cholesterol				
Mean	1.5	1.5	1.6	1.5
Standard error of the mean	0.02	0.01	0.01	0.01
<i>Bases (weighted)</i>				
<i>Men</i>				
<i>Total cholesterol</i>	<i>692</i>	<i>1068</i>	<i>1407</i>	<i>3185</i>
<i>HDL cholesterol</i>	<i>678</i>	<i>1052</i>	<i>1389</i>	<i>3135</i>
<i>Women</i>				
<i>Total cholesterol</i>	<i>729</i>	<i>1150</i>	<i>1093</i>	<i>2986</i>
<i>HDL cholesterol</i>	<i>710</i>	<i>1138</i>	<i>1084</i>	<i>2946</i>
<i>Bases (unweighted)</i>				
<i>Men</i>				
<i>Total cholesterol</i>	<i>651</i>	<i>944</i>	<i>1216</i>	<i>2831</i>
<i>HDL cholesterol</i>	<i>634</i>	<i>930</i>	<i>1200</i>	<i>2782</i>
<i>Women</i>				
<i>Total cholesterol</i>	<i>787</i>	<i>1289</i>	<i>1204</i>	<i>3300</i>
<i>HDL cholesterol</i>	<i>770</i>	<i>1273</i>	<i>1190</i>	<i>3253</i>

^aThe total includes informants whose frequency-intensity level was unknown.

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Table 9.21 Total and HDL-cholesterol, by whether had any cardiovascular disorder^a, age and sex

All with valid total and HDL-cholesterol measurements

1995

mmol/l	Had any cardiovascular disorder			mmol/l	Had any cardiovascular disorder		
	Yes	No	Total^b		Yes	No	Total^b
Men				Women			
Total cholesterol				Total cholesterol			
16-44				16-44			
Mean	5.8	5.3	5.3	Mean	5.3	5.1	5.2
Standard error of the mean	0.08	0.03	0.03	Standard error of the mean	0.06	0.02	0.02
45-64				45-64			
Mean	6.2	6.1	6.1	Mean	6.5	6.1	6.2
Standard error of the mean	0.06	0.04	0.03	Standard error of the mean	0.06	0.04	0.03
All men				All women			
Mean	6.0	5.5	5.6	Mean	6.1	5.4	5.6
Standard error of the mean	0.05	0.02	0.02	Standard error of the mean	0.05	0.02	0.02
HDL-cholesterol				HDL-cholesterol			
16-44				16-44			
Mean	1.3	1.3	1.3	Mean	1.5	1.5	1.5
Standard error of the mean	0.02	0.01	0.01	Standard error of the mean	0.03	0.01	0.01
45-64				45-64			
Mean	1.2	1.3	1.3	Mean	1.5	1.6	1.5
Standard error of the mean	0.02	0.02	0.01	Standard error of the mean	0.02	0.02	0.01
All men				All women			
Mean	1.2	1.3	1.3	Mean	1.5	1.6	1.5
Standard error of the mean	0.01	0.01	0.01	Standard error of the mean	0.02	0.01	0.01
<i>Bases (weighted)</i>				<i>Bases (weighted)</i>			
<i>Total cholesterol</i>				<i>Total cholesterol</i>			
<i>16-44</i>	<i>223</i>	<i>1802</i>	<i>2062</i>	<i>16-44</i>	<i>225</i>	<i>1608</i>	<i>1843</i>
<i>45-64</i>	<i>385</i>	<i>729</i>	<i>1122</i>	<i>45-64</i>	<i>372</i>	<i>766</i>	<i>1143</i>
<i>All men</i>	<i>608</i>	<i>2531</i>	<i>3185</i>	<i>All women</i>	<i>597</i>	<i>2375</i>	<i>2986</i>

<i>HDL-cholesterol</i>				<i>HDL-cholesterol</i>			
<i>16-44</i>	<i>218</i>	<i>1777</i>	<i>2031</i>	<i>16-44</i>	<i>223</i>	<i>1593</i>	<i>1827</i>
<i>45-64</i>	<i>373</i>	<i>721</i>	<i>1104</i>	<i>45-64</i>	<i>362</i>	<i>753</i>	<i>1120</i>
<i>All men</i>	<i>591</i>	<i>2498</i>	<i>3135</i>	<i>All women</i>	<i>586</i>	<i>2346</i>	<i>2946</i>

<i>Bases (unweighted)</i>				<i>Bases (unweighted)</i>			
<i>Total cholesterol</i>				<i>Total cholesterol</i>			
<i>16-44</i>	<i>202</i>	<i>1457</i>	<i>1689</i>	<i>16-44</i>	<i>247</i>	<i>1694</i>	<i>1953</i>
<i>45-64</i>	<i>401</i>	<i>731</i>	<i>1142</i>	<i>45-64</i>	<i>466</i>	<i>874</i>	<i>1347</i>
<i>All men</i>	<i>603</i>	<i>2188</i>	<i>2831</i>	<i>All women</i>	<i>713</i>	<i>2568</i>	<i>3300</i>

<i>HDL-cholesterol</i>				<i>HDL-cholesterol</i>			
<i>16-44</i>	<i>197</i>	<i>1436</i>	<i>1663</i>	<i>16-44</i>	<i>244</i>	<i>1676</i>	<i>1932</i>
<i>45-64</i>	<i>389</i>	<i>720</i>	<i>1119</i>	<i>45-64</i>	<i>456</i>	<i>858</i>	<i>1321</i>
<i>All men</i>	<i>586</i>	<i>2156</i>	<i>2782</i>	<i>All women</i>	<i>700</i>	<i>2534</i>	<i>3253</i>

aInformants were classified as having any cardiovascular disorder if they were told by a doctor that they had one of the following: angina, heart attack, abnormal heart rhythm, heart murmur, other heart trouble, stroke, high blood pressure, or diabetes.

bThe total includes informants who were not classified on CVD condition.

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Table 9.22 Fibrinogen, by age and sex

All with a valid fibrinogen measurement

All with a valid fibrinogen measurement						1995
Fibrinogen (g/l)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Mean	2.9	3.1	3.3	3.5	3.9	3.3
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
Geometric mean	2.8	3.0	3.2	3.4	3.8	3.2
Women						
Mean	3.4	3.4	3.5	3.7	4.0	3.6
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
Geometric mean	3.4	3.4	3.4	3.6	3.9	3.5
All informants						
Mean	3.2	3.2	3.4	3.6	3.9	3.4
Standard error of the mean	0.03	0.02	0.02	0.03	0.03	0.01
Geometric mean	3.0	3.2	3.3	3.5	3.8	3.3
<i>Bases (weighted)</i>						
Men	514	763	690	604	472	3043
Women	396	659	681	620	469	2824
All informants	909	1421	1372	1224	941	5868
<i>Bases (unweighted)</i>						
Men	323	643	638	557	531	2692
Women	310	767	763	640	634	3114
All informants	633	1410	1401	1197	1165	5806

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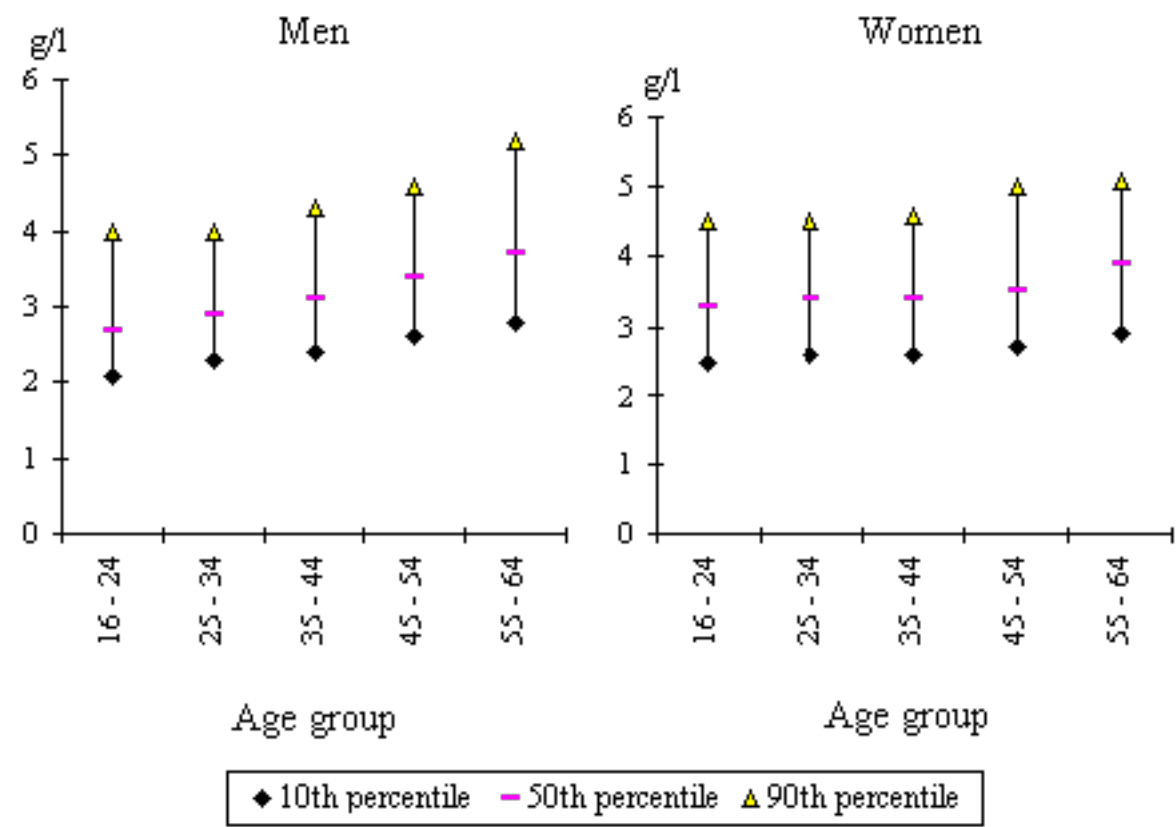
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Figure 9E: Fibrinogen by age and sex.



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Table 9.24 Fibrinogen in the 1984-86 Scottish Heart Health Study and the 1995 Scottish Health Survey, by age and sex

All aged 40-59 with a valid fibrinogen measurement Scottish Health Survey 1995 and SHHS 1984-86

Fibrinogen (g/l)	Age				Total
	40-44	45-49	50-54	55-59	
Men					
1984-86 Heart Health Study^a					
Mean	2.18	2.27	2.35	2.43	2.31
Standard deviation	0.62	0.66	0.73	0.71	0.69
1995 Health Survey					
Mean	3.29	3.40	3.62	3.82	3.51
Standard deviation	0.92	0.81	0.93	0.91	0.91
Women					
1984-86 Heart Health Study^a					
Mean	2.22	2.30	2.46	2.52	2.38
Standard deviation	0.64	0.62	0.69	0.74	0.69
1995 Health Survey					
Mean	3.55	3.64	3.75	3.94	3.7
Standard deviation	0.84	0.86	0.91	0.93	0.89
<i>Bases</i>					
<i>Men</i>					
<i>1984-86 Heart Health Study^a</i>	<i>1263</i>	<i>1202</i>	<i>1364</i>	<i>1294</i>	<i>5123</i>
<i>1995 Health Survey (weighted)</i>	<i>332</i>	<i>341</i>	<i>264</i>	<i>245</i>	<i>1181</i>
<i>1995 Health Survey (unweighted)</i>	<i>295</i>	<i>306</i>	<i>251</i>	<i>263</i>	<i>1115</i>
<i>Women</i>					
<i>1984-86 Heart Health Study^a</i>	<i>1342</i>	<i>1262</i>	<i>1346</i>	<i>1286</i>	<i>5236</i>
<i>1995 Health Survey (weighted)</i>	<i>335</i>	<i>351</i>	<i>269</i>	<i>250</i>	<i>1205</i>
<i>1995 Health Survey (unweighted)</i>	<i>340</i>	<i>338</i>	<i>302</i>	<i>307</i>	<i>1287</i>

^aNumber of participants in the survey

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Table 9.25 Fibrinogen, by region, age and sex

All with a valid fibrinogen measurement

1995

Fibrinogen (g/l)	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
16-44								
Mean	3.1	3	3.1	3.2	3.2	3.1	3.1	3.1
Standard error of the mean	0.11	0.04	0.05	0.1	0.05	0.04	0.05	0.02
Geometric mean	3.0	2.9	3.0	3.1	3.1	3.0	3.0	3.0
45-64								
Mean	3.6	3.6	3.6	3.6	3.7	3.7	3.8	3.7
Standard error of the mean	0.13	0.06	0.06	0.11	0.07	0.07	0.09	0.03
Geometric mean	3.4	3.5	3.5	3.5	3.6	3.6	3.7	3.6
All men								
Mean	3.3	3.2	3.2	3.3	3.4	3.4	3.3	3.3
Standard error of the mean	0.08	0.03	0.04	0.08	0.04	0.04	0.05	0.02
Geometric mean	3.2	3.1	3.1	3.2	3.3	3.3	3.2	3.2
Women								
16-44								
Mean	3.4	3.4	3.4	3.5	3.5	3.6	3.5	3.5
Standard error of the mean	0.08	0.05	0.04	0.08	0.04	0.05	0.05	0.02
Geometric mean	3.4	3.3	3.3	3.4	3.4	3.5	3.4	3.4
45-64								
Mean	3.8	3.7	3.8	3.9	3.9	3.9	3.6	3.8
Standard error of the mean	0.11	0.06	0.06	0.13	0.06	0.06	0.08	0.03
Geometric mean	3.7	3.6	3.7	3.8	3.8	3.8	3.5	3.7
All women								
Mean	3.6	3.6	3.5	3.6	3.6	3.7	3.6	3.6
Standard error of the mean	0.07	0.04	0.03	0.07	0.04	0.04	0.05	0.02
Geometric mean	3.5	3.4	3.5	3.5	3.6	3.6	3.4	3.5
All informants								
16-44								
Mean	3.3	3.2	3.2	3.3	3.3	3.3	3.3	3.3
Standard error of the mean	0.07	0.03	0.03	0.06	0.03	0.03	0.04	0.01
Geometric mean	3.2	3.1	3.1	3.2	3.3	3.2	3.2	3.2
45-64								

Mean	3.7	3.7	3.7	3.7	3.8	3.8	3.7	3.7
Standard error of the mean	0.09	0.05	0.04	0.09	0.05	0.04	0.06	0.02
Geometric mean	3.6	3.6	3.6	3.6	3.7	3.7	3.6	3.6
All								
Mean	3.4	3.4	3.4	3.5	3.5	3.5	3.5	3.4
Standard error of the mean	0.05	0.03	0.03	0.05	0.03	0.03	0.03	0.01
Geometric mean	3.3	3.2	3.3	3.4	3.4	3.4	3.3	3.3
<i>Bases (weighted)</i>								
<i>Men</i>								
16-44	103	403	467	81	288	360	266	1966
45-64	60	202	207	52	197	225	135	1077
All men	162	604	674	133	484	585	400	3043
<i>Women</i>								
16-44	88	278	393	80	314	324	258	1736
45-64	62	194	211	50	206	215	151	1089
All women	150	472	604	130	520	539	409	2824
<i>All informants</i>								
16-44	191	680	860	160	602	684	524	3702
45-64	121	396	418	102	403	440	286	2165
All	312	1076	1278	262	1005	1124	810	5868
<i>Bases (unweighted)</i>								
<i>Men</i>								
16-44	150	294	336	119	206	286	213	1604
45-64	120	176	188	93	165	211	135	1088
All men	270	470	524	212	371	497	348	2692
<i>Women</i>								
16-44	169	256	366	158	288	344	259	1840
45-64	136	196	226	108	203	248	157	1274
All women	305	452	592	266	491	592	416	3114
<i>All informants</i>								
16-44	319	550	702	277	494	630	472	3444
45-64	256	372	414	201	368	459	292	2362
All	575	922	1116	478	862	1089	764	5806

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Table 9.26 Fibrinogen, by social class of chief income earner, age and sex

All with a valid fibrinogen measurement

Fibrinogen (g/l)	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
Men							
16-44							
Mean	3.1	3.1	3.1	3.1	3.2	3.4	3.1
Standard error of the mean	0.07	0.04	0.05	0.03	0.07	0.1	0.02
Geometric mean	3.0	3.0	3.0	3.0	3.1	3.3	3.0
45-64							
Mean	3.4	3.5	3.8	3.7	3.9	3.9	3.7
Standard error of the mean	0.09	0.05	0.1	0.05	0.1	0.13	0.03
Geometric mean	3.3	3.4	3.6	3.6	3.7	3.8	3.6
All men							
Mean	3.2	3.2	3.3	3.3	3.4	3.6	3.3
Standard error of the mean	0.06	0.03	0.05	0.03	0.06	0.08	0.02
Geometric mean	3.1	3.1	3.1	3.2	3.3	3.4	3.2
Women							
16-44							
Mean	3.3	3.4	3.5	3.5	3.5	3.7	3.5
Standard error of the mean	0.07	0.04	0.04	0.04	0.05	0.09	0.02
Geometric mean	3.2	3.3	3.4	3.4	3.4	3.6	3.4
45-64							
Mean	3.5	3.7	3.9	3.8	3.9	4.2	3.8
Standard error of the mean	0.09	0.05	0.07	0.05	0.07	0.13	0.03
Geometric mean	3.4	3.5	3.8	3.7	3.8	4.0	3.7
All women							
Mean	3.4	3.5	3.7	3.6	3.7	3.9	3.6
Standard error of the mean	0.05	0.03	0.04	0.03	0.04	0.08	0.02
Geometric mean	3.3	3.4	3.6	3.5	3.6	3.8	3.5
<i>Bases (weighted)</i>							
<i>Men</i>							
16-44	135	492	249	617	263	84	1966
45-64	80	296	96	389	135	51	1077
All men	215	787	345	1006	398	135	3043
<i>Women</i>							
16-44	128	395	300	451	246	71	1736

<i>45-64</i>	<i>66</i>	<i>307</i>	<i>177</i>	<i>299</i>	<i>147</i>	<i>61</i>	<i>1089</i>
<i>All women</i>	<i>195</i>	<i>702</i>	<i>477</i>	<i>750</i>	<i>393</i>	<i>132</i>	<i>2824</i>

Bases (unweighted)

Men

<i>16-44</i>	<i>111</i>	<i>398</i>	<i>203</i>	<i>498</i>	<i>222</i>	<i>76</i>	<i>1604</i>
<i>45-64</i>	<i>75</i>	<i>280</i>	<i>97</i>	<i>392</i>	<i>146</i>	<i>65</i>	<i>1088</i>
<i>All men</i>	<i>186</i>	<i>678</i>	<i>300</i>	<i>890</i>	<i>368</i>	<i>141</i>	<i>2692</i>

Women

<i>16-44</i>	<i>120</i>	<i>410</i>	<i>364</i>	<i>428</i>	<i>293</i>	<i>85</i>	<i>1840</i>
<i>45-64</i>	<i>69</i>	<i>356</i>	<i>221</i>	<i>317</i>	<i>186</i>	<i>83</i>	<i>1274</i>
<i>All women</i>	<i>189</i>	<i>766</i>	<i>585</i>	<i>745</i>	<i>479</i>	<i>168</i>	<i>3114</i>

aThe total includes informants for whom social class was unknown.

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Table 9.27 Fibrinogen, by cigarette smoking status, age and sex

All with a valid fibrinogen measurement

1995

Fibrinogen (g/l)	Cigarette smoking status				Total ^a
	Never regularly smoked	Ex-regular smoker	Smokes less than 20 a day	Smokes 20 or more a day	
Men					
16-44					
Mean	3.0	3.1	3.2	3.3	3.1
Standard error of the mean	0.03	0.05	0.04	0.07	0.02
Geometric mean	2.9	3.0	3.1	3.2	3.0
45-64					
Mean	3.4	3.7	3.9	4.0	3.7
Standard error of the mean	0.05	0.05	0.08	0.06	0.03
Geometric mean	3.3	3.6	3.8	3.9	3.6
All men					
Mean	3.1	3.4	3.4	3.6	3.3
Standard error of the mean	0.02	0.04	0.04	0.05	0.02
Geometric mean	3.0	3.3	3.2	3.5	3.2
Women					
16-44					
Mean	3.4	3.4	3.5	3.7	3.5
Standard error of the mean	0.03	0.05	0.04	0.06	0.02
Geometric mean	3.3	3.3	3.4	3.6	3.4
45-64					
Mean	3.7	3.8	3.9	4.0	3.8
Standard error of the mean	0.04	0.06	0.06	0.07	0.03
Geometric mean	3.6	3.7	3.8	3.9	3.7
All women					
Mean	3.5	3.6	3.7	3.8	3.6
Standard error of the mean	0.02	0.04	0.04	0.05	0.02

Geometric mean	3.4	3.5	3.6	3.7	3.5
<i>Bases (weighted)</i>					
<i>Men</i>					
<i>16-44</i>	<i>1019</i>	<i>289</i>	<i>414</i>	<i>244</i>	<i>1966</i>
<i>45-64</i>	<i>356</i>	<i>372</i>	<i>146</i>	<i>201</i>	<i>1077</i>
<i>All men</i>	<i>1375</i>	<i>661</i>	<i>560</i>	<i>445</i>	<i>3043</i>
<i>Women</i>					
<i>16-44</i>	<i>918</i>	<i>218</i>	<i>392</i>	<i>206</i>	<i>1736</i>
<i>45-64</i>	<i>485</i>	<i>237</i>	<i>213</i>	<i>154</i>	<i>1089</i>
<i>All women</i>	<i>1403</i>	<i>455</i>	<i>604</i>	<i>360</i>	<i>2824</i>
<i>Bases (unweighted)</i>					
<i>Men</i>					
<i>16-44</i>	<i>816</i>	<i>241</i>	<i>329</i>	<i>218</i>	<i>1604</i>
<i>45-64</i>	<i>341</i>	<i>368</i>	<i>154</i>	<i>222</i>	<i>1088</i>
<i>All men</i>	<i>1157</i>	<i>609</i>	<i>483</i>	<i>440</i>	<i>2692</i>
<i>Women</i>					
<i>16-44</i>	<i>895</i>	<i>244</i>	<i>449</i>	<i>250</i>	<i>1840</i>
<i>45-64</i>	<i>565</i>	<i>285</i>	<i>245</i>	<i>179</i>	<i>1274</i>
<i>All women</i>	<i>1460</i>	<i>529</i>	<i>694</i>	<i>429</i>	<i>3114</i>

aThe total includes informants not classified on cigarette smoking status.

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Table 9.28 Haemoglobin, by age and sex

All with a valid haemoglobin measurement

Haemoglobin (g/dl)	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
Less than 13.0	1	1	2	1	6	2
13.0, less than 14.0	11	8	11	9	11	10
14.0, less than 15.5	51	53	54	54	47	52
15.5 or more	36	39	34	36	36	36
Mean	15.1	15.2	15.1	15.1	15.0	15.1
Standard error of the mean	0.04	0.03	0.04	0.04	0.06	0.02
5th percentile	13.4	13.8	13.5	13.5	12.8	13.5
10th percentile	13.9	14.0	13.8	13.9	13.6	13.9
Median	15.1	15.2	15.1	15.1	15.1	15.1
90th percentile	16.3	16.3	16.3	16.4	16.4	16.4
95th percentile	16.7	16.7	16.8	16.8	16.9	16.7
Women						
Less than 12.0	6	7	12	9	5	8
12.0, less than 13.0	27	28	28	22	20	25
13.0, less than 14.0	43	39	38	39	40	40
14 or more	24	26	22	30	35	27
Mean	13.3	13.3	13.1	13.4	13.6	13.3
Standard error of the mean	0.05	0.04	0.04	0.05	0.05	0.02
5th percentile	11.8	11.7	11.3	11.3	12.0	11.6
10th percentile	12.2	12.2	11.8	12.1	12.4	12.1
Median	13.3	13.3	13.2	13.4	13.6	13.4
90th percentile	14.3	14.5	14.4	14.8	14.8	14.6
95th percentile	14.7	14.8	14.7	15.2	15.2	14.9
<i>Bases (weighted)</i>						
<i>Men</i>	533	792	711	618	487	3142
<i>Women</i>	424	685	700	633	484	2926
<i>Bases (unweighted)</i>						
<i>Men</i>	336	667	664	573	547	2787
<i>Women</i>	332	796	789	659	657	3233

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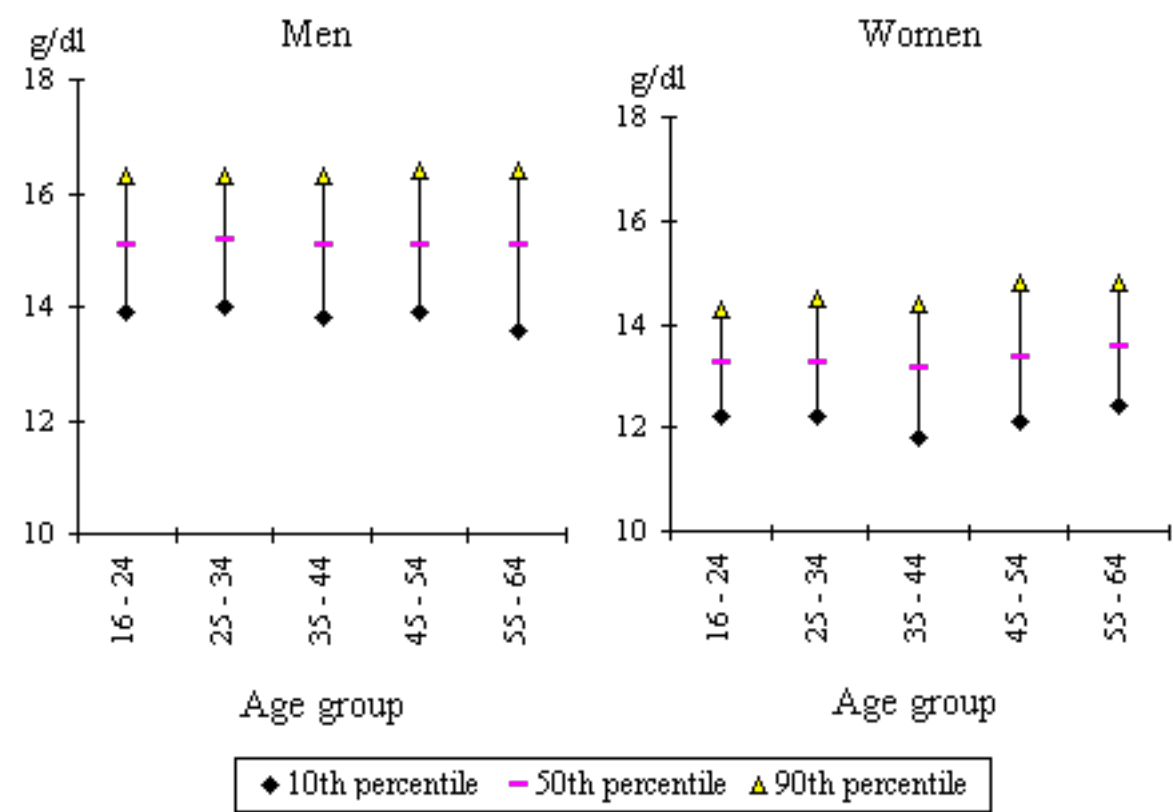
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Figure 9F: Haemoglobin, by age and sex.



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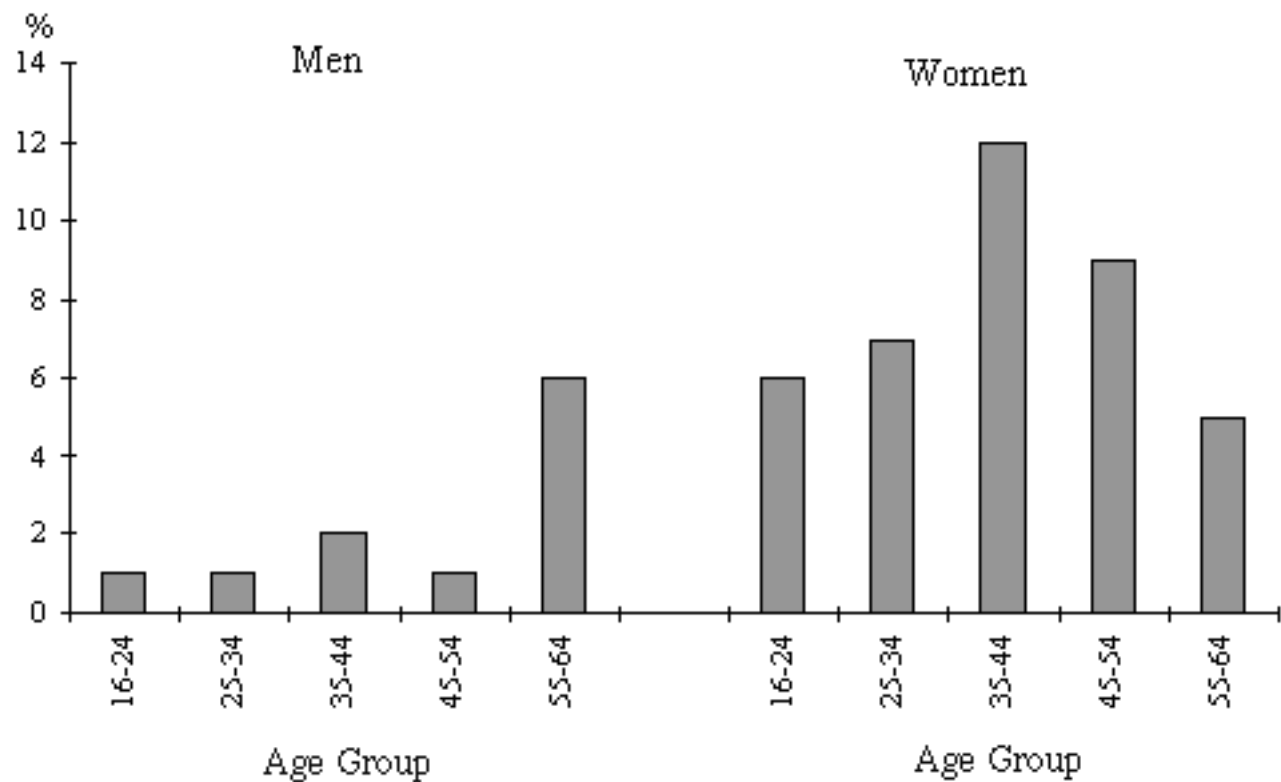
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Figure 9G: Percentage of informants with low haemoglobin, by age and sex.



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Table 9.29 Haemoglobin in the 1995 Scottish Health Survey and the 1994 Health Survey for England, by age and sex
All with a valid haemoglobin measurement Scottish Health Survey 1995 and Health Survey for England 1994

Haemoglobin (g/dl)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Scotland						
Less than 13.0	1	1	2	1	6	2
13.0, less than 14.0	11	8	11	9	11	10
14.0, less than 15.5	51	53	54	54	47	52
15.5 or more	36	39	34	36	36	36
Mean	15.1	15.2	15.1	15.1	15.0	15.1
Standard error of the mean	0.04	0.03	0.04	0.04	0.06	0.02
England						
Less than 13.0	1	1	3	2	4	2
13.0, less than 14.0	12	11	13	13	17	13
14.0, less than 15.5	58	58	56	57	55	57
15.5 or more	30	29	28	28	24	28
Mean	15.0	15.0	14.9	14.9	14.7	14.9
Standard error of the mean	0.04	0.03	0.03	0.03	0.04	0.01
Northern England^a						
Less than 13.0	1	1	1	3	5	2
13.0, less than 14.0	13	11	13	12	16	13
14.0, less than 15.5	54	57	58	56	51	55
15.5 or more	32	32	28	29	28	30
Mean	15.1	15.0	15.0	14.9	14.8	15.0
Standard error of the mean	0.07	0.06	0.06	0.07	0.08	0.03
Women						
Scotland						
Less than 12.0	6	7	12	9	5	8
12.0 less than 13.0	27	28	28	22	20	25
13.0 less than 14.0	43	39	38	39	40	40

14.0 or more	24	26	22	30	35	27
Mean	13.3	13.3	13.1	13.4	13.6	13.3
Standard error of the mean	0.05	0.04	0.04	0.05	0.05	0.02

England

Less than 12.0	10	11	13	13	6	11
12.0 less than 13.0	34	33	33	27	20	30
13.0 less than 14.0	41	38	38	40	46	40
14.0 or more	15	17	16	20	29	19
Mean	13.1	13.1	13.0	13.1	13.5	13.1
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02

Northern England^a

Less than 12.0	9	11	14	14	5	11
12.0 less than 13.0	36	33	32	25	20	30
13.0 less than 14.0	41	38	35	42	49	40
14.0 or more	14	18	19	19	26	19
Mean	13.1	13.1	13.0	13.1	13.5	13.1
Standard error of the mean	0.07	0.06	0.07	0.07	0.08	0.03

Bases

Men

<i>Scotland (weighted)</i>	<i>533</i>	<i>792</i>	<i>711</i>	<i>618</i>	<i>487</i>	<i>3142</i>
<i>Scotland (unweighted)</i>	<i>336</i>	<i>667</i>	<i>664</i>	<i>573</i>	<i>547</i>	<i>2787</i>
<i>England (unweighted)</i>	<i>613</i>	<i>1072</i>	<i>1042</i>	<i>843</i>	<i>734</i>	<i>4304</i>
<i>Northern England (unweighted)</i>	<i>171</i>	<i>297</i>	<i>269</i>	<i>234</i>	<i>216</i>	<i>1187</i>

Women

<i>Scotland (weighted)</i>	<i>424</i>	<i>685</i>	<i>700</i>	<i>633</i>	<i>484</i>	<i>2926</i>
<i>Scotland (unweighted)</i>	<i>332</i>	<i>796</i>	<i>789</i>	<i>659</i>	<i>657</i>	<i>3233</i>
<i>England (unweighted)</i>	<i>560</i>	<i>1056</i>	<i>1065</i>	<i>943</i>	<i>745</i>	<i>4369</i>
<i>Northern England (unweighted)</i>	<i>154</i>	<i>287</i>	<i>289</i>	<i>250</i>	<i>181</i>	<i>1161</i>

aConsists of Northern & Yorkshire and North West health regions

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Table 9.30 Haemoglobin, by region, age and sex

All with a valid haemoglobin measurement

1995

Haemoglobin (g/dl)hH	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
16-44								
Less than 13.0	1	1	1	2	1	1	1	1
13.0, less than 14.0	13	12	9	9	5	11	11	10
14.0, less than 15.5	52	51	56	59	55	47	50	53
15.5 or more	34	35	33	31	39	40	37	36
Mean	15.1	15.1	15.1	15.0	15.2	15.1	15.2	15.1
Standard error of the mean	0.09	0.05	0.04	0.10	0.05	0.05	0.06	0.02
45-64								
Less than 13.0	1	4	3	4	2	4	3	3
13.0, less than 14.0	11	6	14	13	6	12	8	10
14.0, less than 15.5	62	55	47	61	45	53	48	51
15.5 or more	26	35	36	23	47	31	41	36
Mean	14.9	15.1	15.0	14.9	15.3	14.9	15.2	15.1
Standard error of the mean	0.12	0.07	0.07	0.14	0.07	0.08	0.10	0.03
All men								
Less than 13.0	1	2	2	3	1	2	2	2
13.0, less than 14.0	12	10	10	10	5	11	10	10
14.0, less than 15.5	56	53	54	59	51	50	49	52
15.5 or more	31	35	34	28	42	37	38	36
Mean	15.1	15.1	15.0	15.0	15.2	15.1	15.2	15.1
Standard error of the mean	0.07	0.04	0.04	0.08	0.04	0.05	0.05	0.02
Women								
16-44								
Less than 12.0	9	6	8	7	11	7	10	8
12.0, less than 13.0	28	28	27	30	27	30	28	28

13.0, less than 14.0	43	38	42	43	37	42	37	40
14 or more	20	28	23	20	25	20	26	24
Mean	13.2	13.3	13.2	13.2	13.2	13.2	13.2	13.2
Standard error of the mean	0.10	0.06	0.05	0.10	0.06	0.05	0.07	0.02
45-64								
Less than 12.0	6	6	10	9	9	6	5	7
12.0, less than 13.0	21	18	24	21	15	26	25	21
13.0, less than 14.0	39	41	40	40	44	36	36	40
14 or more	34	35	27	30	33	32	33	32
Mean	13.5	13.6	13.3	13.4	13.6	13.5	13.5	13.5
Standard error of the mean	0.13	0.08	0.08	0.17	0.07	0.08	0.09	0.03
All women								
Less than 12.0	8	6	9	8	10	6	8	8
12.0, less than 13.0	25	23	26	26	22	29	27	25
13.0, less than 14.0	41	39	41	42	39	40	36	40
14 or more	26	31	24	24	28	25	28	27
Mean	13.3	13.4	13.3	13.3	13.3	13.3	13.3	13.3
Standard error of the mean	0.08	0.05	0.04	0.09	0.05	0.04	0.05	0.02
<i>Bases (weighted)</i>								
<i>Men</i>								
<i>16-44</i>	<i>105</i>	<i>411</i>	<i>490</i>	<i>85</i>	<i>300</i>	<i>371</i>	<i>275</i>	<i>2036</i>
<i>45-64</i>	<i>62</i>	<i>207</i>	<i>214</i>	<i>52</i>	<i>200</i>	<i>231</i>	<i>138</i>	<i>1106</i>
<i>All men</i>	<i>167</i>	<i>618</i>	<i>704</i>	<i>138</i>	<i>500</i>	<i>602</i>	<i>413</i>	<i>3142</i>
<i>Women</i>								
<i>16-44</i>	<i>95</i>	<i>288</i>	<i>420</i>	<i>84</i>	<i>327</i>	<i>330</i>	<i>266</i>	<i>1809</i>
<i>45-64</i>	<i>65</i>	<i>202</i>	<i>214</i>	<i>55</i>	<i>209</i>	<i>219</i>	<i>153</i>	<i>1117</i>
<i>All women</i>	<i>160</i>	<i>490</i>	<i>633</i>	<i>139</i>	<i>536</i>	<i>549</i>	<i>419</i>	<i>2926</i>
<i>Bases (unweighted)</i>								
<i>Men</i>								
<i>16-44</i>	<i>155</i>	<i>299</i>	<i>352</i>	<i>129</i>	<i>217</i>	<i>295</i>	<i>220</i>	<i>1667</i>
<i>45-64</i>	<i>124</i>	<i>182</i>	<i>196</i>	<i>97</i>	<i>169</i>	<i>217</i>	<i>135</i>	<i>1120</i>
<i>All men</i>	<i>279</i>	<i>481</i>	<i>548</i>	<i>226</i>	<i>386</i>	<i>512</i>	<i>355</i>	<i>2787</i>
<i>Women</i>								
<i>16-44</i>	<i>180</i>	<i>266</i>	<i>385</i>	<i>165</i>	<i>301</i>	<i>352</i>	<i>268</i>	<i>1917</i>
<i>45-64</i>	<i>144</i>	<i>206</i>	<i>230</i>	<i>118</i>	<i>205</i>	<i>254</i>	<i>159</i>	<i>1316</i>

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Table 9.31 Haemoglobin, by social class of chief income earner, age and sex

All with a valid haemoglobin measurement

Haemoglobin (g/dl)	Social class of chief income earner						1995 Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	%
Men							
16-44							
Less than 13.0	-	2	2	1	0	-	1
13.0, less than 14.0	8	11	11	10	10	5	10
14.0, less than 15.5	60	54	52	52	51	50	53
15.5 or more	32	33	35	36	39	45	36
Mean	15.1	15.0	15.0	15.1	15.2	15.3	15.1
Standard error of the mean	0.08	0.04	0.06	0.04	0.06	0.09	0.02
45-64							
Less than 13.0	5	1	3	3	6	4	3
13.0, less than 14.0	11	12	8	9	8	9	10
14.0, less than 15.5	51	53	50	51	53	46	51
15.5 or more	34	34	39	37	33	41	36
Mean	14.9	15.0	15.2	15.1	15.0	15.3	15.1
Standard error of the mean	0.12	0.05	0.13	0.06	0.10	0.19	0.03
All men							
Less than 13.0	2	2	2	2	2	2	2
13.0, less than 14.0	9	11	10	10	9	6	10
14.0, less than 15.5	56	54	51	52	52	49	52
15.5 or more	33	33	36	36	37	43	36
Mean	15.1	15.0	15.1	15.1	15.1	15.3	15.1
Standard error of the mean	0.07	0.03	0.06	0.03	0.05	0.09	0.02
Women							
16-44							
Less than 12.0	8	7	9	11	10	5	8
12.0, less than 13.0	34	32	27	30	20	22	28
13.0, less than 14.0	34	42	41	36	41	37	40
14 or more	24	19	23	23	28	36	24

Mean	13.1	13.2	13.2	13.2	13.3	13.5	13.2
Standard error of the mean	0.09	0.04	0.06	0.05	0.07	0.11	0.02
45-64							
Less than 12.0	4	6	8	8	9	9	7
12.0, less than 13.0	21	24	21	19	19	23	21
13.0, less than 14.0	41	43	38	43	34	28	40
14 or more	34	27	34	30	38	40	32
Mean	13.5	13.4	13.5	13.5	13.6	13.5	13.5
Standard error of the mean	0.12	0.06	0.08	0.07	0.10	0.15	0.03
All women							
Less than 12.0	7	6	9	10	10	7	8
12.0, less than 13.0	30	29	24	26	20	22	25
13.0, less than 14.0	37	42	40	39	39	33	40
14 or more	27	23	27	26	32	38	27
Mean	13.3	13.3	13.3	13.3	13.4	13.5	13.3
Standard error of the mean	0.07	0.04	0.05	0.04	0.06	0.09	0.02
<i>Bases (weighted)</i>							
<i>Men</i>							
16-44	140	512	268	630	274	86	2036
45-64	81	308	101	395	134	55	1106
All men	221	820	370	1025	408	141	3142
<i>Women</i>							
16-44	129	425	317	466	250	75	1809
45-64	68	315	180	306	151	65	1117
All women	197	741	497	772	401	140	2926
<i>Bases (unweighted)</i>							
<i>Men</i>							
16-44	117	414	216	512	230	80	1667
45-64	76	290	105	400	146	70	1120
All men	193	704	321	912	376	150	2787
<i>Women</i>							
16-44	121	437	383	443	300	89	1917
45-64	71	369	228	323	192	89	1316
All women	192	806	611	766	492	178	3233

aThe total includes informants for whom social class was unknown.

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Table 9.32 Ferritin, by age and sex

All with a valid ferritin measurement

Ferritin (μ g/l)	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Mean		73.5	108.8	134.6	153.0	155.8	124.7
Standard error of the mean		2.13	3.66	5.56	5.76	8.43	2.41
Geometric mean		61.9	88.3	104.0	114.7	111.0	94.1
1st quintile		37	20	14	14	14	19
2nd quintile		29	22	19	15	19	21
3rd quintile		18	21	21	20	15	19
4th quintile		13	23	23	21	23	21
5th quintile		3	14	23	31	30	20
Women							
Mean		35.9	39.2	40.4	57.6	83.1	50.3
Standard error of the mean		1.49	0.98	1.54	2.18	3.22	0.91
Geometric mean		29.5	32.4	30.3	41.2	63.9	37.1
1st quintile		23	21	26	19	7	20
2nd quintile		31	24	22	15	9	20
3rd quintile		23	21	23	17	11	19
4th quintile		16	24	16	22	24	20
5th quintile		7	10	13	27	49	20
All informants							
Mean		56.9	76.5	87.8	104.9	119.6	88.8
Standard error of the mean		1.49	2.21	3.16	3.34	4.68	1.41
Geometric mean		44.6	55.5	56.4	68.4	84.4	60.1
1st quintile		25	20	23	17	9	19
2nd quintile		28	23	20	17	14	20
3rd quintile		24	21	16	18	21	20
4th quintile		17	20	19	22	25	20
5th quintile		6	16	21	26	31	20

Bases (weighted)

<i>Men</i>	535	788	715	621	490	3148
<i>Women</i>	424	680	705	633	485	2927
<i>All informants</i>	959	1468	1420	1254	975	6075

Bases (unweighted)

<i>Men</i>	339	666	663	574	550	2792
<i>Women</i>	332	795	792	659	656	3234
<i>All informants</i>	671	1461	1455	1233	1206	6026

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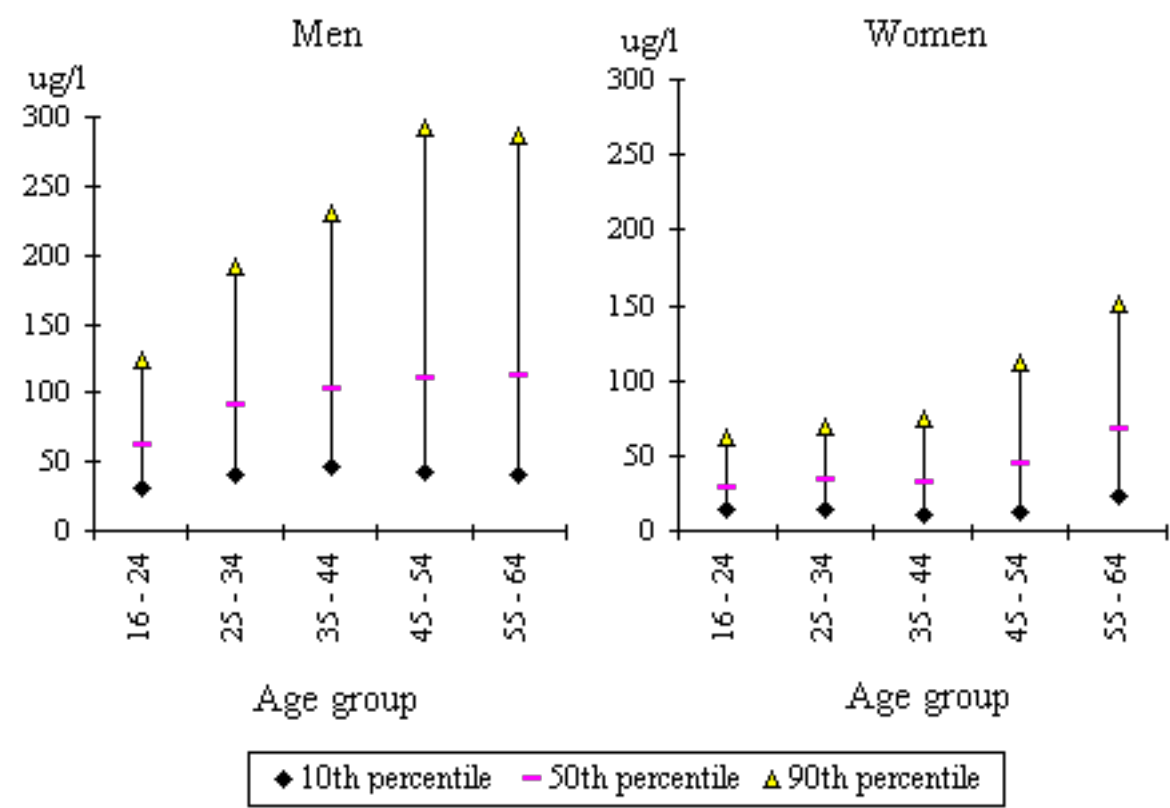
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Figure 9H: Ferritin, by age and sex.



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Table 9.33 Ferritin in the 1995 Scottish Health Survey and the 1994 Health Survey for England, by age and sex

All with a valid ferritin measurement Scottish Health Survey 1995 and English Health Survey 1994

Ferritin ($\mu\text{g/l}$)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Men						
Scotland						
Mean	73.5	108.8	134.6	153	155.8	124.7
Standard error of the mean	2.13	3.66	5.56	5.76	8.43	2.41
Geometric mean	61.9	88.3	104.0	114.7	111.0	94.1
1st quintile (%) ^a	37	20	14	14	14	19
England						
Mean	65.1	93.7	106.7	116	126.2	102.7
Standard error of the mean	1.55	2.31	3.28	2.96	5.07	1.48
Geometric mean	55.6	77.4	83.0	91.9	89.9	79.6
1st quintile (%) ^b	36	17	18	16	18	20
Northern England^c						
Mean	60.7	87.4	107	115.8	130.3	101.4
Standard error of the mean	2.69	3.11	9.17	6.08	8.57	3.06
Geometric mean	50.1	79.4	79.4	100.0	100.0	79.4
1st quintile (%) ^d	37	17	19	16	17	20
Women						
Scotland						
Mean	35.9	39.2	40.4	57.6	83.1	50.3
Standard error of the mean	1.49	0.98	1.54	2.18	3.22	0.91
Geometric mean	29.5	32.4	30.3	41.2	63.9	37.1
1st quintile (%) ^e	23	21	26	19	7	20
England						
Mean	31.9	36	38.1	47	68.5	43.9
Standard error of the mean	0.93	0.76	1.27	1.56	1.92	0.63
Geometric mean	25.5	29.1	28.6	33.3	54.3	32.6
1st quintile (%) ^f	24	18	22	20	5	18
Northern England^c						
Mean	31.5	37.1	37.5	49.0	73.6	44.5
Standard error of the mean	1.84	1.59	1.88	3.89	4.93	1.36
Geometric mean	25.1	31.6	25.1	31.6	50.1	31.6

1st quintile (%) ^g	25	17	24	22	6	19
<i>Bases</i>						
<i>Men</i>						
<i>Scotland (weighted)</i>	535	788	715	621	490	3148
<i>Scotland (unweighted)</i>	339	666	663	574	550	2792
<i>England (unweighted)</i>	628	1083	1060	849	750	4370
<i>Northern England (unweighted)</i>	175	299	275	237	219	1205
<i>Women</i>						
<i>Scotland (weighted)</i>	424	680	705	633	485	2927
<i>Scotland (unweighted)</i>	332	795	792	659	656	3234
<i>England (unweighted)</i>	578	1075	1087	959	753	4452
<i>Northern England (unweighted)</i>	163	296	290	257	179	1185
aDefined as less than 54 µg/l						
bDefined as less than 46.5 µg/l						
cConsists of Northern & Yorkshire and North West health regions						
dDefined as less than 43.5 µg/l						
eDefined as less than 20 µg/l						
fDefined as less than 17 µg/l						
gDefined as less than 17 µg/l						

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Table 9.34 Ferritin, by region, age and sex

All with a valid ferritin measurement

1995

Ferritin ($\mu\text{g/l}$)	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
Men								
16-44								
1st quintile	18	23	23	29	19	20	25	22
2nd quintile	29	23	20	27	24	25	22	23
3rd quintile	18	21	21	20	23	18	19	20
4th quintile	18	21	24	14	18	19	16	20
5th quintile	17	12	12	10	15	18	18	15
Mean	110.8	105.1	103.4	90.8	120.3	107.5	116.0	108.5
Standard error of the mean	8.92	4.91	3.49	7.87	10.01	3.77	9.76	2.53
Geometric mean	88.0	83.3	84.0	71.2	89.7	87.8	85.5	85.2
45-64								
1st quintile	19	13	13	18	10	17	14	14
2nd quintile	9	21	16	15	17	18	13	17
3rd quintile	13	16	23	21	16	15	19	18
4th quintile	30	21	21	17	20	21	26	22
5th quintile	29	29	27	28	37	30	28	30
Mean	135.6	154.6	135.3	140.4	187.2	143.7	167.0	154.3
Standard error of the mean	10.96	12.25	7.21	16.54	16.77	8.08	15.69	4.92
Geometric mean	108.9	111.2	107.9	103.8	127.9	108.0	118.5	113.1
All men								
1st quintile	18	20	20	25	16	19	21	19
2nd quintile	22	22	18	22	21	22	19	21
3rd quintile	16	20	22	21	20	17	19	19
4th quintile	22	21	23	15	19	20	20	21
5th quintile	22	18	16	17	24	23	22	20
Mean	120.0	121.3	113.2	110.3	147.1	121.5	133.4	124.7
Standard error of the mean	6.97	5.27	3.32	8.29	9.12	3.95	8.44	2.41

Geometric mean	95.3	91.5	90.7	82.6	103.4	95.1	95.5	94.1
<i>Bases (weighted)</i>								
<i>Men</i>								
<i>16-44</i>	<i>106</i>	<i>415</i>	<i>488</i>	<i>83</i>	<i>300</i>	<i>372</i>	<i>273</i>	<i>2038</i>
<i>45-64</i>	<i>62</i>	<i>201</i>	<i>216</i>	<i>54</i>	<i>200</i>	<i>236</i>	<i>141</i>	<i>1111</i>
<i>All men</i>	<i>169</i>	<i>616</i>	<i>705</i>	<i>137</i>	<i>500</i>	<i>608</i>	<i>415</i>	<i>3148</i>
<i>Bases (unweighted)</i>								
<i>Men</i>								
<i>16-44</i>	<i>156</i>	<i>302</i>	<i>352</i>	<i>125</i>	<i>216</i>	<i>297</i>	<i>220</i>	<i>1668</i>
<i>45-64</i>	<i>126</i>	<i>176</i>	<i>197</i>	<i>96</i>	<i>169</i>	<i>221</i>	<i>139</i>	<i>1124</i>
<i>All men</i>	<i>282</i>	<i>478</i>	<i>549</i>	<i>221</i>	<i>385</i>	<i>518</i>	<i>359</i>	<i>2792</i>
Women								
16-44								
1st quintile	17	29	24	23	25	17	25	23
2nd quintile	36	22	29	31	23	24	19	25
3rd quintile	18	20	25	23	20	24	22	22
4th quintile	18	17	15	20	22	23	21	19
5th quintile	11	12	8	3	10	12	13	10
Mean	39.5	37.9	36.2	34.6	39.4	41.6	41.5	38.9
Standard error of the mean	3.32	1.71	1.47	2.85	2.16	1.61	2.54	0.79
Geometric mean	32.0	29.5	29.3	29.3	30.3	34.3	31.6	30.9
45-64								
1st quintile	15	9	16	20	15	14	13	14
2nd quintile	12	15	14	15	12	10	10	12
3rd quintile	12	15	17	10	13	15	16	15
4th quintile	26	22	21	22	20	25	23	23
5th quintile	35	38	33	34	41	36	38	37
Mean	61.3	75.5	63.8	55.4	68.4	69.5	73.5	68.7
Standard error of the mean	6.08	5.74	3.69	5.32	4.11	3.94	5.76	1.90
Geometric mean	46.8	54.1	46.2	41.6	50.7	49.9	52.8	49.8
All women								
1st quintile	16	21	21	22	21	16	20	20
2nd quintile	27	19	24	24	19	19	16	20
3rd quintile	16	18	22	18	17	21	20	19
4th quintile	21	19	17	21	21	23	22	20
5th quintile	21	23	16	15	22	21	22	20

Mean	48.2	53.5	45.6	42.9	50.5	52.6	53.4	50.3
Standard error of the mean	3.25	2.71	1.67	2.85	2.15	1.92	2.77	0.91
Geometric mean	37.3	37.9	34.2	33.7	36.9	39.8	38.2	37.1

Bases (weighted)

Women

<i>16-44</i>	<i>94</i>	<i>288</i>	<i>415</i>	<i>82</i>	<i>332</i>	<i>336</i>	<i>262</i>	<i>1809</i>
<i>45-64</i>	<i>63</i>	<i>204</i>	<i>215</i>	<i>55</i>	<i>208</i>	<i>219</i>	<i>155</i>	<i>1118</i>
<i>All women</i>	<i>157</i>	<i>492</i>	<i>630</i>	<i>137</i>	<i>540</i>	<i>555</i>	<i>417</i>	<i>2927</i>

Bases (unweighted)

Women

<i>16-44</i>	<i>178</i>	<i>268</i>	<i>381</i>	<i>162</i>	<i>307</i>	<i>359</i>	<i>264</i>	<i>1919</i>
<i>45-64</i>	<i>140</i>	<i>206</i>	<i>230</i>	<i>117</i>	<i>206</i>	<i>253</i>	<i>163</i>	<i>1315</i>
<i>All women</i>	<i>318</i>	<i>474</i>	<i>611</i>	<i>279</i>	<i>513</i>	<i>612</i>	<i>427</i>	<i>3234</i>

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Table 9.35 Ferritin, by social class of chief income earner, age and sex

All with a valid ferritin measurement

Ferritin (ug/l)	Social class of chief income earner						1995
	Total ^a						
	I	II	III	IV	V		
	%	%	%	%	%	%	%
Men							
16-44							
1st quintile	19	24	22	22	19	26	22
2nd quintile	28	25	18	21	27	22	23
3rd quintile	26	16	18	20	25	21	20
4th quintile	17	19	23	21	17	25	20
5th quintile	10	16	20	15	12	6	15
Mean	97.8	106.8	114.1	109.2	110.6	91.7	108.5
Standard error of the mean	5.40	4.48	4.98	3.95	9.80	6.02	2.53
Geometric mean	86.2	82.6	84.2	89.6	87.2	82.2	85.2
45-64							
1st quintile	18	12	15	14	16	14	14
2nd quintile	23	15	19	15	15	22	17
3rd quintile	11	19	21	14	22	17	18
4th quintile	18	23	19	25	17	16	22
5th quintile	29	31	27	31	29	32	30
Mean	158.9	146.1	158.4	153.1	168.9	175.4	154.3
Standard error of the mean	22.63	7.40	15.24	6.90	21.88	24.86	4.92
Geometric mean	96.4	103.5	115.2	110.8	117.1	108.0	113.1
All men							
1st quintile	19	19	20	19	18	21	19
2nd quintile	26	21	18	19	23	22	21
3rd quintile	21	17	19	18	24	19	19
4th quintile	18	20	22	23	17	21	21
5th quintile	16	21	22	21	18	16	20
Mean	120.0	121.6	126.3	126.1	130.2	123.9	124.7
Standard error of the mean	9.10	4.00	5.62	3.66	9.90	10.77	2.41
Geometric mean	88.1	89.7	94.8	95.0	97.7	90.1	94.1

Bases (weighted)

Men

<i>16-44</i>	<i>144</i>	<i>509</i>	<i>266</i>	<i>630</i>	<i>274</i>	<i>87</i>	<i>2038</i>
<i>45-64</i>	<i>82</i>	<i>309</i>	<i>101</i>	<i>393</i>	<i>139</i>	<i>54</i>	<i>1111</i>
<i>All men</i>	<i>227</i>	<i>818</i>	<i>367</i>	<i>1023</i>	<i>413</i>	<i>141</i>	<i>3148</i>
<i>Bases (unweighted)</i>							
<i>Men</i>							
<i>16-44</i>	<i>119</i>	<i>412</i>	<i>214</i>	<i>512</i>	<i>230</i>	<i>81</i>	<i>1668</i>
<i>45-64</i>	<i>77</i>	<i>291</i>	<i>105</i>	<i>397</i>	<i>151</i>	<i>69</i>	<i>1124</i>
<i>All men</i>	<i>196</i>	<i>703</i>	<i>319</i>	<i>909</i>	<i>381</i>	<i>150</i>	<i>2792</i>
Women							
16-44							
1st quintile	31	22	25	24	20	26	23
2nd quintile	21	21	26	26	27	21	25
3rd quintile	23	22	20	23	21	27	22
4th quintile	17	21	18	18	20	23	19
5th quintile	9	14	11	9	12	3	10
Mean	34.4	43.4	38.9	36.7	41.9	34.1	38.9
Standard error of the mean	1.97	2.02	1.79	1.20	2.78	2.18	0.79
Geometric mean	29.3	27.4	33.8	30.7	29.5	32.2	30.9
45-64							
1st quintile	15	14	16	13	14	17	14
2nd quintile	5	19	13	10	7	14	12
3rd quintile	14	14	14	16	14	12	15
4th quintile	33	23	19	20	29	21	23
5th quintile	32	30	39	42	36	37	37
Mean	63.4	59.7	70.1	79.3	69.1	62.3	68.7
Standard error of the mean	5.17	3.10	4.76	4.70	4.14	5.75	1.90
Geometric mean	62.9	50.0	44.2	49.2	55.0	51.7	49.8
All women							
1st quintile	25	18	22	19	18	22	20
2nd quintile	16	20	21	19	19	17	20
3rd quintile	20	19	18	21	18	20	19
4th quintile	22	22	18	19	23	22	20
5th quintile	17	21	21	22	21	19	20
Mean	44.2	50.3	50.2	53.7	52.1	47.2	50.3
Standard error of the mean	2.39	1.78	2.18	2.14	2.42	3.14	0.91
Geometric mean	33.5	33.6	37.9	36.4	37.8	38.4	37.1

Bases (weighted)

Women

<i>16-44</i>	<i>129</i>	<i>426</i>	<i>316</i>	<i>463</i>	<i>252</i>	<i>75</i>	<i>1809</i>
<i>45-64</i>	<i>66</i>	<i>316</i>	<i>180</i>	<i>307</i>	<i>152</i>	<i>65</i>	<i>1118</i>
<i>All women</i>	<i>195</i>	<i>742</i>	<i>496</i>	<i>771</i>	<i>404</i>	<i>140</i>	<i>2927</i>

Bases (unweighted)

Women

<i>16-44</i>	<i>121</i>	<i>439</i>	<i>381</i>	<i>442</i>	<i>303</i>	<i>88</i>	<i>1919</i>
<i>45-64</i>	<i>69</i>	<i>371</i>	<i>226</i>	<i>324</i>	<i>191</i>	<i>90</i>	<i>1315</i>
<i>All women</i>	<i>190</i>	<i>810</i>	<i>607</i>	<i>766</i>	<i>494</i>	<i>178</i>	<i>3234</i>

aThe total includes informants for whom social class was unknown.

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Table 9.36 Percentage of informants in the lowest quintile of ferritin, by level of haemoglobin, age and sex

All with valid ferritin and haemoglobin measurements

% Lowest quartile of ferritin	Haemoglobin level		1995
	Low ^a	Normal	Total
	%	%	%
Men			
16-44	81	21	22
45-64	58	13	14
All men	67	18	19
Women			
16-44	67	19	23
45-64	65	10	14
All women	66	16	20
<i>Bases (weighted)</i>			
<i>Men</i>			
16-44	24	1991	2015
45-64	35	1060	1095
All men	59	3051	3109
<i>Women</i>			
16-44	151	1628	1779
45-64	80	1017	1098
All women	231	2645	2877
<i>Bases (unweighted)</i>			
<i>Men</i>			
16-44	21	1626	1647
45-64	37	1067	1104
All men	58	2693	2751
<i>Women</i>			
16-44	156	1730	1886
45-64	82	1209	1291
All women	238	2939	3177

^aLow haemoglobin is defined by less than 13 g/dl for men and less than 12 g/dl for women

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Table 9.37 Proportion of informants with low haemoglobin, low ferritin, or both, by age and sex

All with valid haemoglobin and ferritin measurements

All with valid haemoglobin and ferritin measurements			1995
Low haemoglobin and low ferritin	Age		Total
	16-44	45-64	
	%	%	%
Men			
Low haemoglobin only	1	3	2
Low ferritin only	22	14	19
Low haemoglobin and ferritin	1	2	2
Women			
Low haemoglobin only	8	7	8
Low ferritin only	23	14	20
Low haemoglobin and ferritin	7	5	6
Bases (weighted)			
Men	2015	1095	3109
Women	1779	1098	2877
Bases (unweighted)			
Men	1647	1104	2751
Women	1886	1291	3177

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Table 9.38 Vitamins C, A and E and carotenoids, by age and sex

All with a valid vitamin measurement

1995

$\mu\text{mol/l}$	Age			$\mu\text{mol/l}$	Age		
	16-44	45-64	Total		16-44	45-64	Total
Men				Women			
Vitamin C				Vitamin C			
Mean	32.5	27.4	30.4	Mean	38.7	34.0	37.0
S.E.	1.31	1.53	1.00	S.E.	1.27	1.78	1.04
5th percentile	5.3	4.0	4.4	5th percentile	5.7	4.7	5.6
10th percentile	7.0	4.6	5.8	10th percentile	9.5	7.1	7.8
Median	28.7	20.8	24.9	Median	35.5	26.9	33.3
90th percentile	65.8	60.5	62.0	90th percentile	69.7	72.3	71.2
95th percentile	78.6	67.7	73.4	95th percentile	78.2	82.5	80.5
% of <11	19.6	33.3	25.2	% of <11	12.1	20.3	15.1
% of 11-17	15.5	12.1	14.1	% of 11-17	11.5	16.1	13.2
% of over 17	64.9	54.6	60.6	% of over 17	76.4	63.5	71.7
Vitamin A and carotenoids				Vitamin A and carotenoids			
Retinol				Retinol			
Mean	2.6	2.7	2.6	Mean	2.3	2.5	2.4
S.E.	0.05	0.05	0.03	S.E.	0.04	0.06	0.03
5th percentile	1.4	1.5	1.5	5th percentile	1.3	1.5	1.4
10th percentile	1.7	1.8	1.7	10th percentile	1.5	1.6	1.5
Median	2.5	2.7	2.6	Median	2.2	2.4	2.2
90th percentile	3.6	3.7	3.6	90th percentile	3.2	3.6	3.3
95th percentile	4.0	4.1	4.0	95th percentile	3.6	4.0	3.8
β-carotene				β-carotene			
Mean	0.30	0.34	0.32	Mean	0.41	0.43	0.42
S.E.	0.011	0.015	0.009	S.E.	0.016	0.021	0.013
5th percentile	0.09	0.08	0.09	5th percentile	0.12	0.12	0.12
10th percentile	0.11	0.13	0.12	10th percentile	0.16	0.17	0.16
Median	0.26	0.28	0.27	Median	0.34	0.35	0.34
90th percentile	0.52	0.61	0.57	90th percentile	0.72	0.80	0.76
95th percentile	0.63	0.82	0.73	95th percentile	0.85	1.00	0.93
α-carotene				α-carotene			

Mean	0.07	0.09	0.08	Mean	0.09	0.10	0.10
S.E.	0.003	0.005	0.003	S.E.	0.004	0.005	0.003
5th percentile	0.02	0.02	0.02	5th percentile	0.03	0.03	0.03
10th percentile	0.03	0.03	0.03	10th percentile	0.03	0.04	0.04
Median	0.06	0.07	0.06	Median	0.08	0.08	0.08
90th percentile	0.13	0.18	0.14	90th percentile	0.16	0.17	0.16
95th percentile	0.16	0.21	0.19	95th percentile	0.21	0.24	0.23

β-cryptoxanthin

Mean	0.12	0.11	0.11	Mean	0.15	0.14	0.15
S.E.	0.006	0.009	0.005	S.E.	0.007	0.011	0.006
5th percentile	0.03	0.02	0.02	5th percentile	0.03	0.03	0.03
10th percentile	0.03	0.02	0.03	10th percentile	0.05	0.03	0.04
Median	0.09	0.08	0.09	Median	0.11	0.1	0.11
90th percentile	0.23	0.21	0.22	90th percentile	0.28	0.31	0.29
95th percentile	0.36	0.27	0.32	95th percentile	0.37	0.41	0.39

Lycopene

Mean	0.71	0.54	0.64	Mean	0.68	0.50	0.62
S.E.	0.02	0.021	0.015	S.E.	0.017	0.021	0.014
5th percentile	0.21	0.10	0.16	5th percentile	0.25	0.12	0.17
10th percentile	0.30	0.16	0.25	10th percentile	0.30	0.16	0.23
Median	0.66	0.48	0.58	Median	0.64	0.47	0.59
90th percentile	1.22	0.94	1.11	90th percentile	1.11	0.92	1.03
95th percentile	1.40	1.15	1.31	95th percentile	1.22	1.02	1.18

Lutein

Mean	0.19	0.20	0.20	Mean	0.20	0.20	0.20
S.E.	0.006	0.007	0.004	S.E.	0.005	0.009	0.005
5th percentile	0.08	0.06	0.08	5th percentile	0.08	0.07	0.07
10th percentile	0.09	0.09	0.09	10th percentile	0.09	0.08	0.09
Median	0.17	0.18	0.18	Median	0.18	0.18	0.18
90th percentile	0.31	0.35	0.33	90th percentile	0.32	0.34	0.32
95th percentile	0.38	0.43	0.41	95th percentile	0.36	0.40	0.39

α-cryptoxanthin

Mean	0.07	0.06	0.07	Mean	0.08	0.07	0.07
S.E.	0.003	0.002	0.002	S.E.	0.002	0.003	0.002
5th percentile	0.02	0.01	0.02	5th percentile	0.03	0.02	0.03
10th percentile	0.03	0.02	0.03	10th percentile	0.04	0.03	0.03
Median	0.07	0.06	0.06	Median	0.07	0.06	0.07
90th percentile	0.12	0.11	0.12	90th percentile	0.13	0.12	0.13
95th percentile	0.14	0.13	0.14	95th percentile	0.14	0.13	0.14

Vitamin E α-tocopherol				Vitamin E α-tocopherol			
Mean	29.2	33.1	30.8	Mean	28.4	33.1	30.1
S.E.	0.52	0.69	0.43	S.E.	0.45	0.74	0.40
5th percentile	16.6	18.1	17.7	5th percentile	17.4	17.3	17.4
10th percentile	19.6	21.7	20.3	10th percentile	19.5	21.8	19.7
Median	27.8	31.8	29.9	Median	26.9	31.5	28.7
90th percentile	40.3	45.0	42.3	90th percentile	38.1	46.3	42.3
95th percentile	44.8	52.4	48.6	95th percentile	43.5	51.2	48.4
α-tocopherol:total cholesterol ratio (μmol/mmol)				α-tocopherol:total cholesterol ratio (μmol/mmol)			
Mean	5.40	5.37	5.39	Mean	5.57	5.30	5.47
S.E.	0.083	0.097	0.063	S.E.	0.074	0.107	0.061
5th percentile	3.36	3.31	3.34	5th percentile	3.83	2.97	3.63
10th percentile	3.83	3.81	3.83	10th percentile	4.14	3.63	3.95
Median	5.24	5.20	5.24	Median	5.31	5.09	5.21
90th percentile	6.95	7.17	7.10	90th percentile	7.08	7.54	7.17
95th percentile	8.26	7.82	7.88	95th percentile	7.93	8.32	8.18
γ-tocopherol				γ-tocopherol			
Mean	2.56	2.75	2.64	Mean	2.42	2.80	2.56
S.E.	0.065	0.084	0.052	S.E.	0.06	0.089	0.05
5th percentile	1.03	1.05	1.04	5th percentile	1.01	1.14	1.06
10th percentile	1.33	1.40	1.35	10th percentile	1.21	1.37	1.26
Median	2.39	2.49	2.43	Median	2.20	2.65	2.31
90th percentile	4.04	4.55	4.22	90th percentile	3.81	4.61	4.23
95th percentile	4.78	5.20	4.94	95th percentile	4.61	5.35	5.01
<i>Bases (unweighted)</i>				<i>Bases (unweighted)</i>			
Vitamin C	296	207	503	Vitamin C	331	192	523
Vitamins A and E and carotenoids	317	218	535	Vitamins A and E and carotenoids	364	207	571
α-tocopherol:total cholesterol ratio	315	218	533	α-tocopherol:total cholesterol ratio	361	207	568

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Table 9.39 Vitamins C, A and E and carotenoids, by social class of chief income earner, age and sex

All with a valid vitamin measurement

1995

$\mu\text{mol/l}$				$\mu\text{mol/l}$			
	Non-manual	Manual	Total ^a		Non-manual	Manual	Total ^a
Men				Women			
Vitamin C				Vitamin C			
16-44				16-44			
Mean	38.6	26.5	32.5	Mean	42.7	33.1	38.7
S.E.	1.99	1.67	1.31	S.E.	1.70	1.95	1.27
Median	35.5	21.6	28.7	Median	41.9	28.2	35.5
% of <11	13.1	25.8	19.6	% of <11	8.0	16.3	12.1
45-64				45-64			
Mean	35.8	22.0	27.4	Mean	39.5	29.9	34.0
S.E.	2.43	1.85	1.53	S.E.	2.69	2.36	1.78
Median	31.6	14.5	20.8	Median	33.1	20.9	26.9
% of <11	15.5	44.9	33.3	% of <11	8.4	29.1	20.3
All men				All women			
Mean	37.6	24.4	30.4	Mean	41.7	31.7	37.0
S.E.	1.54	1.25	1.00	S.E.	1.44	1.51	1.04
Median	35.4	18.5	24.9	Median	40.5	25.3	33.3
% of <11	14.0	34.8	25.2	% of <11	8.1	22.0	15.1
Vitamin A				Vitamin A			
Retinol				Retinol			
16-44				16-44			
Mean	2.6	2.6	2.6	Mean	2.3	2.3	2.3
S.E.	0.07	0.07	0.05	S.E.	0.05	0.06	0.04
Median	2.5	2.5	2.5	Median	2.2	2.2	2.2
45-64				45-64			
Mean	2.8	2.7	2.7	Mean	2.5	2.5	2.5
S.E.	0.08	0.07	0.05	S.E.	0.09	0.07	0.06
Median	2.8	2.7	2.7	Median	2.4	2.5	2.4
All men				All women			
Mean	2.7	2.6	2.6	Mean	2.4	2.4	2.4
S.E.	0.05	0.05	0.03	S.E.	0.05	0.05	0.03
Median	2.6	2.5	2.5	Median	2.2	2.3	2.2
β-carotene				β-carotene			
16-44				16-44			

Mean	0.32	0.27	0.30	Mean	0.44	0.36	0.41
S.E.	0.015	0.015	0.011	S.E.	0.025	0.017	0.016
Median	0.28	0.25	0.26	Median	0.36	0.32	0.34
45-64				45-64			
Mean	0.38	0.31	0.34	Mean	0.48	0.39	0.43
S.E.	0.026	0.017	0.015	S.E.	0.038	0.023	0.021
Median	0.30	0.27	0.28	Median	0.39	0.32	0.35
All men				All women			
Mean	0.34	0.29	0.32	Mean	0.46	0.37	0.42
S.E.	0.014	0.011	0.009	S.E.	0.021	0.014	0.013
Median	0.29	0.26	0.27	Median	0.37	0.32	0.34
Men				Women			
Vitamin E α-tocopherol				Vitamin E α-tocopherol			
16-44				16-44			
Mean	30.2	28.6	29.2	Mean	28.5	28.0	28.4
S.E.	0.86	0.67	0.52	S.E.	0.63	0.72	0.45
Median	28.6	27.8	27.8	Median	27.2	26.7	26.9
45-64				45-64			
Mean	33.3	33.3	33.1	Mean	33.6	32.2	33.1
S.E.	0.92	0.99	0.69	S.E.	1.10	0.97	0.74
Median	32.0	32.1	31.8	Median	32.4	30.6	31.5
All men				All women			
Mean	31.29	30.79	30.80	Mean	30.1	29.8	30.1
S.E.	0.645	0.601	0.426	S.E.	0.57	0.60	0.40
Median	30.0	29.8	29.9	Median	28.8	28.5	28.7
α-tocopherol:total cholesterol ratio (μmol/mmol)				α-tocopherol:total cholesterol ratio (μmol/mmol)			
16-44				16-44			
Mean	5.57	5.27	5.40	Mean	5.62	5.46	5.57
S.E.	0.132	0.113	0.083	S.E.	0.099	0.122	0.074
Median	5.32	5.18	5.24	Median	5.35	5.17	5.31
45-64				45-64			
Mean	5.46	5.34	5.37	Mean	5.47	5.14	5.30
S.E.	0.143	0.132	0.097	S.E.	0.161	0.141	0.107
Median	5.43	5.13	5.20	Median	5.17	5.01	5.09
All men				All women			
Mean	5.53	5.30	5.39	Mean	5.57	5.32	5.47
S.E.	0.099	0.086	0.063	S.E.	0.085	0.093	0.061
Median	5.37	5.15	5.24	Median	5.31	5.11	5.21

Bases (unweighted)

<i>Vitamin C</i>				<i>Vitamin C</i>			
<i>16-44</i>	<i>145</i>	<i>132</i>	<i>296</i>	<i>16-44</i>	<i>176</i>	<i>129</i>	<i>331</i>
<i>45-64</i>	<i>84</i>	<i>118</i>	<i>207</i>	<i>45-64</i>	<i>83</i>	<i>103</i>	<i>192</i>
<i>All men</i>	<i>229</i>	<i>250</i>	<i>503</i>	<i>All women</i>	<i>259</i>	<i>232</i>	<i>523</i>
<i>Vitamins A and E and carotenoids</i>				<i>Vitamins A and E and carotenoids</i>			
<i>16-44</i>	<i>154</i>	<i>143</i>	<i>317</i>	<i>16-44</i>	<i>195</i>	<i>142</i>	<i>364</i>
<i>45-64</i>	<i>88</i>	<i>125</i>	<i>218</i>	<i>45-64</i>	<i>89</i>	<i>112</i>	<i>207</i>
<i>All men</i>	<i>242</i>	<i>268</i>	<i>535</i>	<i>All women</i>	<i>284</i>	<i>254</i>	<i>571</i>
<i>α-tocopherol:total cholesterol ratio</i>				<i>α-tocopherol:total cholesterol ratio</i>			
<i>16-44</i>	<i>154</i>	<i>141</i>	<i>315</i>	<i>16-44</i>	<i>194</i>	<i>140</i>	<i>361</i>
<i>45-64</i>	<i>88</i>	<i>125</i>	<i>218</i>	<i>45-64</i>	<i>89</i>	<i>112</i>	<i>207</i>
<i>All men</i>	<i>242</i>	<i>266</i>	<i>533</i>	<i>All women</i>	<i>283</i>	<i>252</i>	<i>568</i>

aMembers of the armed forces, students, and those for whom social class could not be coded are not shown separately, but are included in the total column.

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Table 9.40 Vitamins C, A and E and carotenoids, by season and sex

All with a valid vitamin measurement

$\mu\text{mol/l}$	Seasons				1995 Total
	Winter	Spring	Summer	Autumn	
	(Dec - Feb)	(Mar - May)	(Jun - Aug)	(Sep - Nov)	
Men					
Vitamin C					
Mean	32.1	26.4	31.1	31.2	30.4
S.E.	1.91	2.26	1.85	1.99	1.00
Median	29.5	14.6	27.9	23.9	24.9
Retinol					
Mean	2.7	2.6	2.6	2.7	2.6
S.E.	0.08	0.06	0.06	0.07	0.03
Median	2.6	2.5	2.5	2.6	2.6
β-carotene					
Mean	0.28	0.32	0.32	0.34	0.32
S.E.	0.016	0.016	0.017	0.019	0.009
Median	0.24	0.30	0.26	0.31	0.27
α-tocopherol					
Mean	30.8	32.2	29.1	31.4	30.8
S.E.	0.93	0.90	0.68	0.87	0.43
Median	30.3	30.8	28.4	29.9	29.9
α-tocopherol: total cholesterol ratio ($\mu\text{mol}/\text{mmol}$)					
Mean	5.47	5.28	5.20	5.56	5.39
S.E.	0.148	0.116	0.094	0.133	0.063
Median	5.20	5.29	5.05	5.28	5.24
Women					
Vitamin C					
Mean	36.0	33.7	37.8	39.6	37.0
S.E.	2.05	2.20	2.20	1.88	1.04
Median	33.1	29.0	35.2	35.3	33.3
Retinol					

Mean	2.3	2.4	2.4	2.4	2.4
mean	0.07	0.06	0.07	0.06	0.03
Median	2.10	2.32	2.42	2.25	2.24
β-carotene					
Mean	0.38	0.41	0.43	0.44	0.42
S.E.	0.021	0.024	0.032	0.023	0.013
Median	0.32	0.34	0.34	0.37	0.34
α-tocopherol					
Mean	29.6	31.0	29.0	30.6	30.1
S.E.	0.92	0.80	0.72	0.76	0.40
Median	27.7	30.9	27.2	28.9	28.7
α-tocopherol: total cholesterol ratio (μmol/mmol)					
Mean	5.25	5.41	5.39	5.77	5.47
mean	0.117	0.134	0.106	0.123	0.061
Median	5.00	5.22	5.19	5.61	5.21
<i>Bases (unweighted)</i>					
<i>Vitamin C</i>					
<i>Men</i>	<i>120</i>	<i>104</i>	<i>141</i>	<i>138</i>	<i>503</i>
<i>Women</i>	<i>127</i>	<i>121</i>	<i>124</i>	<i>151</i>	<i>523</i>
<i>Vitamins A and E and carotenoids</i>					
<i>Men</i>	<i>137</i>	<i>109</i>	<i>140</i>	<i>149</i>	<i>535</i>
<i>Women</i>	<i>142</i>	<i>133</i>	<i>125</i>	<i>171</i>	<i>571</i>
<i>α-tocopherol:total cholesterol ratio</i>					
<i>Men</i>	<i>137</i>	<i>108</i>	<i>139</i>	<i>149</i>	<i>533</i>
<i>Women</i>	<i>141</i>	<i>133</i>	<i>125</i>	<i>169</i>	<i>568</i>

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Table 9.41 Vitamins C, A and E and carotenoids, by smoking status and sex

All with a valid vitamin measurement

$\mu\text{mol/l}$	Smoking status				1995
	Non-smoker	Ex-smoker	Less than 20 a day	More than 20 a day	Total
Men					
Vitamin C					
Mean	35.3	36.4	21.4	20.0	30.4
Standard error of the mean	1.46	2.36	2.02	1.98	1.00
Median	31.9	35.6	13.5	13.5	24.9
Retinol					
Mean	2.6	2.8	2.7	2.5	2.6
Standard error of the mean	0.05	0.07	0.08	0.08	0.03
Median	2.5	2.8	2.5	2.4	2.5
β-carotene					
Mean	0.34	0.36	0.28	0.25	0.32
Standard error of the mean	0.014	0.019	0.017	0.019	0.009
Median	0.29	0.30	0.25	0.21	0.27
α-tocopherol					
Mean	30.8	33.5	29.8	28.5	30.8
Standard error of the mean	0.67	0.96	0.92	0.88	0.43
Median	29.9	32.1	29.0	28.8	29.9
α-tocopherol:total cholesterol ratio ($\mu\text{mol}/\text{mmol}$)					
Mean	5.51	5.70	5.15	4.95	5.39
Standard error of the mean	0.103	0.130	0.125	0.138	0.063
Median	5.28	5.53	4.99	4.90	5.24
Women					
Vitamin C					
Mean	43.2	43.6	31.4	19.5	37.0
Standard error of the mean	1.49	2.52	2.14	1.71	1.04
Median	42.7	45.9	27.7	16.1	33.3
Retinol					
Mean	2.4	2.4	2.3	2.4	2.4
Standard error of the mean	0.05	0.08	0.06	0.08	0.03

Median	2.2	2.2	2.2	2.4	2.2
β-carotene					
Mean	0.45	0.51	0.33	0.34	0.42
Standard error of the mean	0.020	0.041	0.016	0.022	0.013
Median	0.38	0.40	0.30	0.27	0.34
α-tocopherol					
Mean	29.4	31.0	30.3	30.5	30.1
Standard error of the mean	0.55	1.07	0.93	1.02	0.40
Median	28.2	29.8	29.4	28.2	28.7
α-tocopherol:total cholesterol ratio (μmol/mmol)					
Mean	5.50	5.80	5.25	5.34	5.47
Standard error of the mean	0.083	0.156	0.145	0.158	0.061
Median	5.23	5.49	5.03	5.04	5.21
<i>Bases (unweighted)</i>					
<i>Vitamin C</i>					
<i>Men</i>	<i>221</i>	<i>104</i>	<i>93</i>	<i>85</i>	<i>503</i>
<i>Women</i>	<i>242</i>	<i>87</i>	<i>110</i>	<i>84</i>	<i>523</i>
<i>Vitamines A and E and carotenoids</i>					
<i>Men</i>	<i>238</i>	<i>111</i>	<i>95</i>	<i>91</i>	<i>535</i>
<i>Women</i>	<i>261</i>	<i>95</i>	<i>125</i>	<i>90</i>	<i>571</i>
α-tocopherol:total cholesterol ratio					
<i>Men</i>	<i>237</i>	<i>111</i>	<i>94</i>	<i>91</i>	<i>533</i>
<i>Women</i>	<i>260</i>	<i>95</i>	<i>125</i>	<i>88</i>	<i>568</i>

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Table 9.42 Vitamins C, A and E and carotenoids, by alcohol consumption and sex

All with a valid vitamin measurement and alcohol consumption

1995

$\mu\text{mol/l}$	Alcohol consumption				Total
	Ex-drinker	Non/occasional drinker	Under 21/14 units per week	Over 21/14 units per week	
Men					
Vitamin C					
Mean	[18.9]	25.9	33.5	28.3	30.4
Standard error of the mean	[3.55]	3.03	1.40	1.69	1.00
Median	[15.5]	17.2	29.5	22.5	24.9
Retinol					
Mean	[2.4]	2.3	2.6	2.7	2.6
Standard error of the mean	[0.14]	0.11	0.05	0.06	0.03
Median	[2.3]	2.2	2.6	2.7	2.5
β-carotene					
Mean	[0.36]	0.34	0.35	0.25	0.32
Standard error of the mean	[0.045]	0.033	0.012	0.012	0.009
Median	[0.31]	0.29	0.31	0.21	0.27
α-tocopherol					
Mean	[30.5]	28.3	31.5	30.5	30.8
Standard error of the mean	[1.64]	1.32	0.64	0.64	0.43
Median	[31.2]	27.7	29.9	30.2	29.9
α-tocopherol:total cholesterol ratio ($\mu\text{mol}/\text{mmol}$)					
Mean	[5.19]	5.07	5.45	5.41	5.39
Standard error of the mean	[0.272]	0.183	0.093	0.102	0.063
Median	[5.10]	4.90	5.23	5.44	5.24
Women					
Vitamin C					
Mean	[30.5]	37.7	35.6	43.1	37.0
Standard error of the mean	[7.06]	2.17	1.28	3.10	1.04
Median	[22.7]	33.2	32.7	41.8	33.3
Retinol					
Mean	[2.2]	2.3	2.4	2.5	2.4
Standard error of the mean	[0.22]	0.06	0.04	0.10	0.03

Median	[1.9]	2.2	2.2	2.4	2.2
β-carotene					
Mean	[0.34]	0.44	0.41	0.39	0.42
Standard error of the mean	[0.079]	0.028	0.016	0.031	0.013
Median	[0.25]	0.36	0.34	0.32	0.34
α-tocopherol					
Mean	[27.8]	30.9	29.8	30.0	30.1
Standard error of the mean	[3.64]	0.80	0.52	1.08	0.40
Median	[25.2]	29.7	28.6	28.5	28.7
α-tocopherol:total cholesterol ratio (μmol/mmol)					
Mean	[4.96]	5.38	5.53	5.47	5.47
Standard error of the mean	[0.489]	0.117	0.083	0.140	0.061
Median	[4.66]	5.15	5.25	5.23	5.21
<i>Bases (unweighted)</i>					
<i>Vitamin C</i>					
<i>Men</i>	<i>19</i>	<i>54</i>	<i>259</i>	<i>171</i>	<i>503</i>
<i>Women</i>	<i>14</i>	<i>130</i>	<i>309</i>	<i>70</i>	<i>523</i>
<i>Vitamines A, and E and carotenoids</i>					
<i>Men</i>	<i>20</i>	<i>56</i>	<i>277</i>	<i>182</i>	<i>535</i>
<i>Women</i>	<i>14</i>	<i>140</i>	<i>338</i>	<i>79</i>	<i>571</i>
α-tocopherol:total cholesterol ratio					
<i>Men</i>	<i>20</i>	<i>56</i>	<i>276</i>	<i>181</i>	<i>533</i>
<i>Women</i>	<i>14</i>	<i>139</i>	<i>336</i>	<i>79</i>	<i>568</i>

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Table 9.23 Fibrinogen in the 1995 Scottish Health Survey and the 1994 Health Survey for England, by age and sex
All with a valid fibrinogen measurement Scottish Health Survey 1995 and Health Survey for England 1994

Fibrinogen (g/l)	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Scotland						
Mean	2.9	3.1	3.3	3.5	3.9	3.3
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
Geometric mean	2.8	3.0	3.2	3.4	3.8	3.2
England						
Mean	2.5	2.6	2.8	3.0	3.3	2.8
Standard error of the mean	0.02	0.02	0.02	0.03	0.03	0.01
Geometric mean	2.4	2.6	2.7	2.9	3.2	2.8
Northern England^a						
Mean	2.5	2.6	2.8	3.1	3.3	2.9
Standard error of the mean	0.05	0.04	0.04	0.05	0.06	0.02
Geometric mean	2.5	2.5	2.5	3.2	3.2	2.5
Women						
Scotland						
Mean	3.4	3.4	3.5	3.7	4.0	3.6
Standard error of the mean	0.04	0.03	0.03	0.04	0.04	0.02
Geometric mean	3.4	3.4	3.4	3.6	3.9	3.5
England						
Mean	2.9	3.0	3.0	3.2	3.5	3.1
Standard error of the mean	0.03	0.02	0.02	0.02	0.03	0.01
Geometric mean	2.8	2.9	2.9	3.1	3.4	3.0
Northern England^a						
Mean	2.9	3.0	3.0	3.2	3.6	3.1
Standard error of the mean	0.06	0.05	0.04	0.04	0.06	0.02
Geometric mean	2.5	3.2	3.2	3.2	3.2	3.2

Bases

Men

<i>Scotland (weighted)</i>	<i>514</i>	<i>763</i>	<i>690</i>	<i>604</i>	<i>472</i>	<i>3043</i>
<i>Scotland (unweighted)</i>	<i>323</i>	<i>643</i>	<i>638</i>	<i>557</i>	<i>531</i>	<i>2692</i>
<i>England (unweighted)</i>	<i>584</i>	<i>1011</i>	<i>1000</i>	<i>790</i>	<i>699</i>	<i>4084</i>
<i>Northern England (unweighted)</i>	<i>160</i>	<i>283</i>	<i>266</i>	<i>222</i>	<i>213</i>	<i>1144</i>

Women

<i>Scotland (weighted)</i>	<i>396</i>	<i>659</i>	<i>681</i>	<i>620</i>	<i>469</i>	<i>2824</i>
<i>Scotland (unweighted)</i>	<i>310</i>	<i>767</i>	<i>763</i>	<i>640</i>	<i>634</i>	<i>3114</i>
<i>England (unweighted)</i>	<i>520</i>	<i>1005</i>	<i>990</i>	<i>897</i>	<i>701</i>	<i>4113</i>
<i>Northern England (unweighted)</i>	<i>147</i>	<i>274</i>	<i>264</i>	<i>239</i>	<i>169</i>	<i>1093</i>

aConsists of Northern & Yorkshire and North West health regions

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Table 10.1 Prevalence of ever having CVD condition and recently having CVD condition, by age and sex

<i>All men</i>						1995
CVD condition	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Angina						
Ever	-	0.2	0.3	4.1	14.4	3.1
Past 12 months	-	0.2	0.0	3.1	12.2	2.5
Heart attack						
Ever	-	-	1.1	3.5	9.8	2.4
Past 12 months	-	-	0.3	0.8	1.0	0.4
Stroke						
Ever	-	0.2	0.1	1.7	3.9	1.0
Past 12 months	-	-	0.1	0.4	0.8	0.2
Hypertension						
Ever	1.4	6.6	11.6	21.0	31.2	13.3
Currently	0.5	1.5	4.4	11.2	20.3	6.7
Diabetes						
Ever	0.4	0.2	1.0	2.8	4.3	1.5
Heart murmur						
Ever	2.7	1.4	1.6	2.5	2.7	2.1
Past 12 months	0.4	0.3	0.4	0.6	1.1	0.5
Irregular heart rhythm						
Ever	1.7	1.6	2.8	3.1	6.4	2.9
Past 12 months	0.9	0.9	0.8	1.7	3.1	1.4
Other heart trouble						
Ever	-	0.6	0.5	0.3	2.2	0.6
Past 12 months	-	0.1	0.2	0.2	1.2	0.3
<i>All women</i>						1995
CVD condition	Age					Total
	16-24	25-34	35-44	45-54	55-64	

	%	%	%	%	%	%
Women						
Angina						
Ever	0.3	-	0.9	3.1	9.9	2.5
Past 12 months	-	-	0.7	2.5	7.1	1.8
Heart attack						
Ever	-	0.4	0.1	1.5	4.1	1.1
Past 12 months	-	-	-	0.2	0.4	0.1
Stroke						
Ever	-	0.2	0.2	0.7	1.8	0.5
Past 12 months	-	-	0.1	0.1	-	0
Hypertension						
Ever	4.8	6.7	9.9	21.7	30.3	13.9
Currently	1.2	1.5	2.7	11.7	22.2	7.1
Diabetes						
Ever	0.8	0.7	1.3	1.7	3.3	1.5
Heart murmur						
Ever	3.4	1.8	2.8	3.2	5.6	3.2
Past 12 months	1.3	0.8	1.0	1.9	2.0	1.3
Irregular heart rhythm						
Ever	2.4	2.7	3.7	5.2	6.4	4.0
Past 12 months	2.2	1.7	2.1	2.8	3.0	2.3
Other heart trouble						
Ever	-	0.3	0.8	1.5	1.2	0.8
Past 12 months	-	0.1	0.3	0.9	0.8	0.4
<i>Bases^a (weighted)</i>						
<i>Men</i>	<i>723</i>	<i>979</i>	<i>851</i>	<i>749</i>	<i>600</i>	<i>3902</i>
<i>Women</i>	<i>695</i>	<i>990</i>	<i>870</i>	<i>777</i>	<i>665</i>	<i>3998</i>
<i>All</i>	<i>1418</i>	<i>1969</i>	<i>1721</i>	<i>1527</i>	<i>1265</i>	<i>7900</i>
<i>Bases^a (unweighted)</i>						
<i>Men</i>	<i>475</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>689</i>	<i>3524</i>
<i>Women</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
<i>All</i>	<i>1022</i>	<i>2000</i>	<i>1803</i>	<i>1534</i>	<i>1573</i>	<i>7932</i>

aBases are for the overall sample. Bases for certain conditions may vary slightly from these due to a small number of informants failing to give full information.

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Table 10.2 Any cardiovascular disorder, by age and sex

<i>All</i>						<i>1995</i>
Any cardiovascular disorder	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Yes	5.2	9.5	16.6	28.0	44.7	19.3
No	94.8	90.5	83.4	72.0	55.3	80.7
Women						
Yes	9.8	11.0	16.6	27.9	40.6	20.2
No	90.2	89.0	83.4	72.1	59.4	79.8
All						
Yes	7.5	10.3	16.6	28.0	42.5	19.8
No	92.5	89.7	83.4	72.0	57.5	80.2
<i>Bases (weighted)</i>						
<i>Men</i>	<i>704</i>	<i>965</i>	<i>838</i>	<i>742</i>	<i>597</i>	<i>3846</i>
<i>Women</i>	<i>688</i>	<i>983</i>	<i>869</i>	<i>777</i>	<i>659</i>	<i>3976</i>
<i>All</i>	<i>1392</i>	<i>1948</i>	<i>1707</i>	<i>1518</i>	<i>1256</i>	<i>7822</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>462</i>	<i>829</i>	<i>799</i>	<i>703</i>	<i>684</i>	<i>3477</i>
<i>Women</i>	<i>541</i>	<i>1151</i>	<i>990</i>	<i>823</i>	<i>875</i>	<i>4380</i>
<i>All</i>	<i>1003</i>	<i>1980</i>	<i>1789</i>	<i>1526</i>	<i>1559</i>	<i>7857</i>

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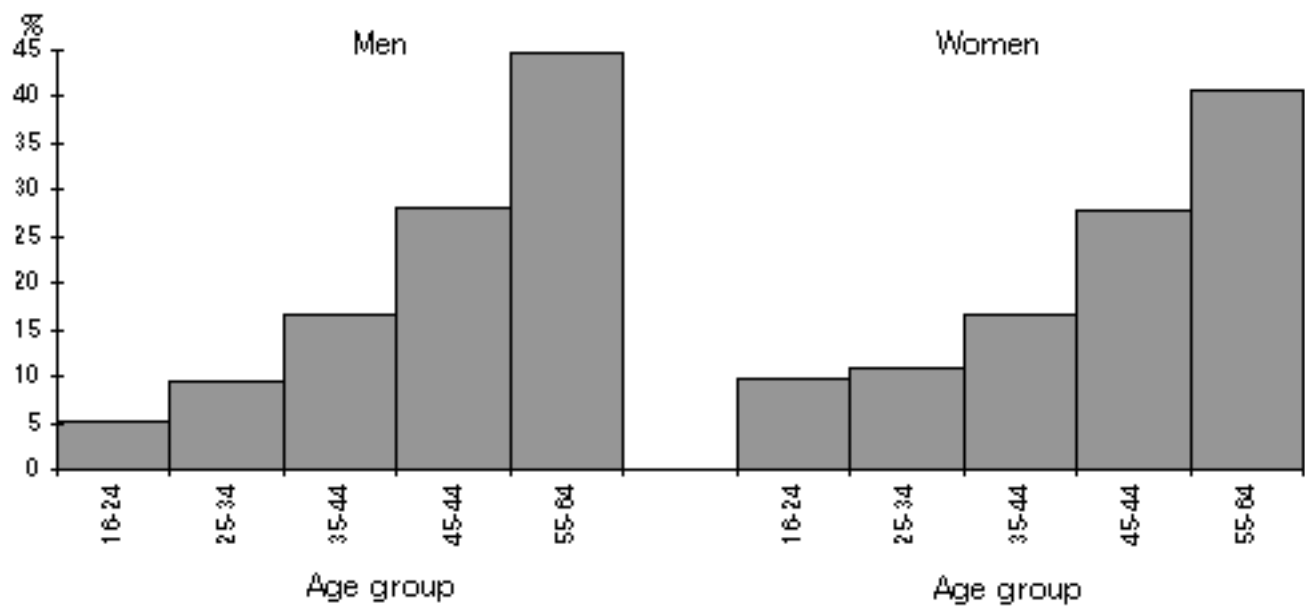
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Figure 10A: Prevalence of any cardiovascular disorder, by age and sex.



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Table 10.3 Ischaemic heart disease (heart attack or angina), and IHD or stroke, by age and sex

						1995
IHD or stroke	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Ischaemic heart disease						
Men						
Yes	-	0.2	1.1	6.0	17.0	4.0
No	100.0	99.8	98.9	94.0	83.0	96.0
Women						
Yes	0.3	0.4	1.0	3.4	11.4	2.9
No	99.7	99.6	99.0	96.6	88.6	97.1
All						
Yes	0.1	0.3	1.0	4.7	14.0	3.5
No	99.9	99.7	99.0	95.3	86.0	96.5
Ischaemic heart disease or stroke						
Men						
Yes	-	0.2	1.2	7.2	19.0	4.6
No	100.0	99.8	98.8	92.8	81.0	95.4
Women						
Yes	0.3	0.4	1.1	3.9	12.4	3.2
No	99.7	99.6	98.9	96.1	87.6	96.8
All						
Yes	0.1	0.3	1.2	5.5	15.5	3.9
No	99.9	99.7	98.8	94.5	84.5	96.1
Bases ^a (weighted)						
Men	723	979	851	749	600	3902
Women	695	990	870	777	665	3998
All	1418	1969	1721	1527	1265	7900
Bases ^a (unweighted)						
Men	475	840	811	709	689	3524

<i>Women</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
<i>All</i>	<i>1022</i>	<i>2000</i>	<i>1803</i>	<i>1534</i>	<i>1573</i>	<i>7932</i>

aBases are for the overall sample. Bases for certain conditions may vary slightly from these due to a small number of informants failing to give full information.

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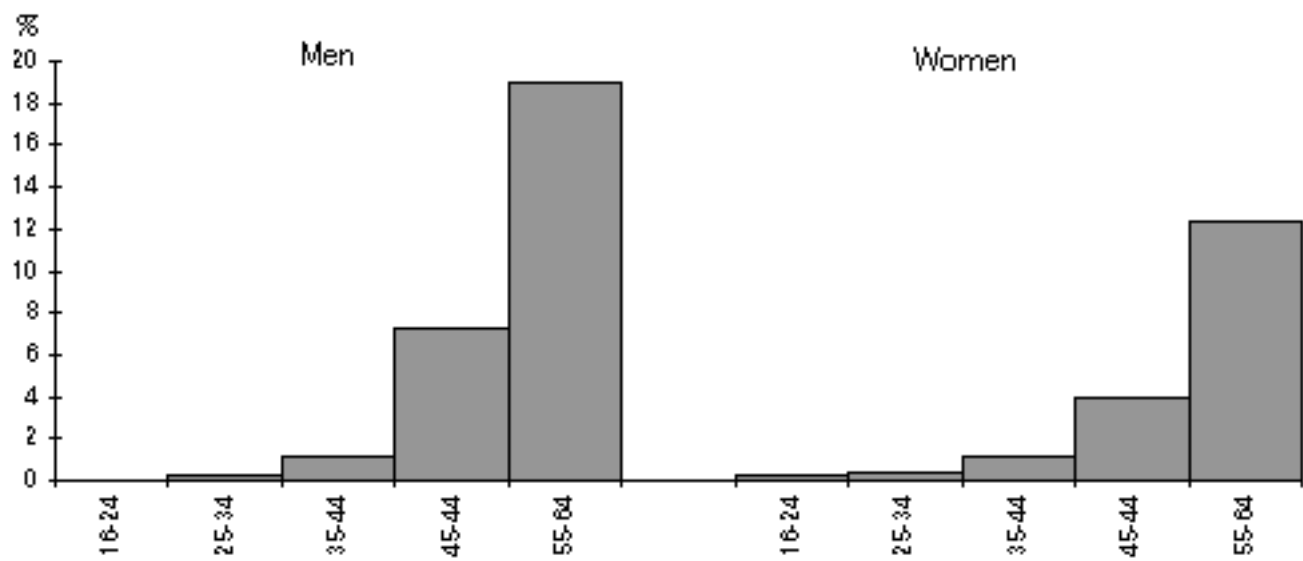
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Figure 10B: Prevalence of ischaemic heart disease or stroke, by age and sex.



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Table 10.4 Rose angina questionnaire: the prevalence of Rose angina symptoms and possible myocardial infarction (MI), by age and sex

<i>All</i>						<i>1995</i>
Rose angina and MI	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Rose angina symptoms						
Men						
Grade 1 angina	0.6	0.5	0.7	1.4	5.6	1.5
Grade 2 angina	-	0.2	0.2	2.5	4.5	1.2
Women						
Grade 1 angina	1.9	1.2	1.0	2.0	3.7	1.9
Grade 2 angina	0.1	0.4	0.6	1.1	2.2	0.8
All						
Grade 1 angina	1.2	0.9	0.9	1.7	4.6	1.7
Grade 2 angina	0	0.3	0.4	1.8	3.3	1.0
Possible MI						
Men	1.5	2.3	2.2	4.0	8.7	3.4
Women	0.3	1.7	1.4	3.7	6.0	2.5
All	0.9	2.0	1.8	3.8	7.3	3.0
<i>Bases^a (weighted)</i>						
Men	723	979	851	749	600	3902
Women	695	990	870	777	665	3998
All	1418	1969	1721	1527	1265	7900
<i>Bases^a (unweighted)</i>						
Men	475	840	811	709	689	3524
Women	547	1160	992	825	884	4408
All	1022	2000	1803	1534	1573	7932

aBases are for the overall sample. Bases for Rose angina symptoms vary slightly from these due to a small number of informants (2 men and 7 women) failing to give full information.

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Table 10.5 Intermittent claudication, by age and sex

<i>All</i>						<i>1995</i>
Intermittent claudication	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Grade 1	-	0.5	1.1	1.1	2.8	1.0
Grade 2	0.4	0.2	0.3	0.9	2.2	0.7
Grades 1 and 2 combined	0.4	0.7	1.4	1.9	5.0	1.7
No	99.6	99.3	98.6	98.1	95.0	98.3
Women						
Grade 1	0.9	0.7	0.9	2.3	1.9	1.3
Grade 2	0.6	0.1	0.4	1.1	1.0	0.6
Grades 1 and 2 combined	1.5	0.8	1.3	3.5	3.0	1.9
No	98.5	99.2	98.7	96.6	97.0	98.1
All						
Grade 1	0.4	0.6	1.0	1.7	2.3	1.1
Grade 2	0.5	0.2	0.3	1.0	1.6	0.6
Grades 1 and 2 combined	0.9	0.7	1.3	2.7	3.9	1.8
No	99.1	99.3	98.7	97.3	96.1	98.2
<i>Bases (weighted)</i>						
<i>Men</i>	723	979	847	741	595	3885
<i>Women</i>	689	987	870	772	661	3978
<i>All</i>	1412	1965	1717	1512	1256	7863
<i>Bases (unweighted)</i>						
<i>Men</i>	475	839	807	700	682	3503
<i>Women</i>	544	1157	991	820	877	4389
<i>All</i>	1019	1996	1798	1520	1559	7892

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Table 10.6 Intermittent claudication, by any cardiovascular disorder, age and sex

All

1995

	Men			Women		
	Any cardiovascular disorder			Any cardiovascular disorder		
	Yes	No	Total	Yes	No	Total
	%	%	%	%	%	%
16-44						
Grade 1	0.6	0.5	0.5	1.7	0.7	0.8
Grade 2	1.2	0.2	0.3	0.4	0.3	0.3
Grades 1 & 2 combined	1.8	0.7	0.8	2.1	1	1.1
No	98.2	99.3	99.2	97.9	99.0	98.9
45-64						
Grade 1	3.5	0.9	1.8	3.5	1.4	2.1
Grade 2	2.4	1.0	1.5	2.2	0.5	1.1
Grades 1 & 2 combined	5.9	1.9	3.3	5.7	1.9	3.2
No	94.1	98.1	96.7	94.3	98.1	96.9
All						
Grade 1	2.5	0.6	1	2.8	0.9	1.3
Grade 2	1.9	0.4	0.7	1.5	0.4	0.6
Grades 1 & 2 combined	4.4	1.1	1.7	4.4	1.2	1.9
No	95.6	98.9	98.3	95.7	98.8	98.1
<i>Bases (weighted)</i>						
<i>16-44</i>	<i>267</i>	<i>2236</i>	<i>2503</i>	<i>317</i>	<i>2214</i>	<i>2531</i>
<i>45-64</i>	<i>466</i>	<i>859</i>	<i>1326</i>	<i>479</i>	<i>946</i>	<i>1425</i>
<i>All</i>	<i>733</i>	<i>3095</i>	<i>3829</i>	<i>796</i>	<i>3160</i>	<i>3956</i>
<i>Bases (unweighted)</i>						
<i>16-44</i>	<i>249</i>	<i>1836</i>	<i>2085</i>	<i>345</i>	<i>2330</i>	<i>2675</i>
<i>45-64</i>	<i>495</i>	<i>876</i>	<i>1371</i>	<i>597</i>	<i>1089</i>	<i>1686</i>
<i>All</i>	<i>744</i>	<i>2712</i>	<i>3456</i>	<i>942</i>	<i>3419</i>	<i>4361</i>

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Table 10.7 Intermittent claudication, by IHD or stroke, age and sex

<i>All</i>						
<i>1995</i>						
Intermittent claudication	Men			Women		
	IHD or stroke			IHD or stroke		
	Yes	No	Total	Yes	No	Total
	%	%	%	%	%	%
16-44						
Grade 1	[-]	0.5	0.5	[3.0]	0.8	0.8
Grade 2	[5.3]	0.3	0.3	[-]	0.3	0.3
Grades 1 & 2 combined	[5.3]	0.8	0.8	[3.0]	1.1	1.1
No	[94.7]	99.2	99.2	[97]	98.9	98.9
45-64						
Grade 1	6.1	1.2	1.8	3.3	2.0	2.1
Grade 2	4.4	1.1	1.5	2.5	0.9	1.1
Grades 1 & 2 combined	10.5	2.3	3.3	5.8	3.0	3.3
No	89.5	97.7	96.7	94.2	97.0	96.8
All						
Grade 1	5.7	0.8	1.0	3.3	1.2	1.3
Grade 2	4.4	0.5	0.7	2.2	0.5	0.6
Grades 1 & 2 combined	10.1	1.3	1.7	5.4	1.8	1.9
No	89.9	98.7	98.3	94.6	98.2	98.1
<i>Bases (weighted)</i>						
<i>16-44</i>	<i>12</i>	<i>2535</i>	<i>2547</i>	<i>16</i>	<i>2530</i>	<i>2546</i>
<i>45-64</i>	<i>163</i>	<i>1172</i>	<i>1335</i>	<i>109</i>	<i>1323</i>	<i>1432</i>
<i>All</i>	<i>175</i>	<i>3707</i>	<i>3882</i>	<i>125</i>	<i>3853</i>	<i>3978</i>
<i>Bases (unweighted)</i>						
<i>16-44</i>	<i>14</i>	<i>2106</i>	<i>2120</i>	<i>20</i>	<i>2672</i>	<i>2692</i>
<i>45-64</i>	<i>180</i>	<i>1201</i>	<i>1381</i>	<i>136</i>	<i>1561</i>	<i>1697</i>
<i>All</i>	<i>194</i>	<i>3307</i>	<i>3501</i>	<i>156</i>	<i>4233</i>	<i>4389</i>

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Table 10.8 Comparison of prevalence of selected cardiovascular conditions among informants aged 40-59 years in 1995 Scottish Health Survey with the 1984-86 Scottish Heart Health Study (SHHS)

CVD conditions	Men		Women		1995
	Health Survey	SHHS	Health Survey	SHHS	
	%	%	%	%	
Angina	4.3	5.5	3.9	3.9	
Heart attack	4.2	4.3	1.7	1.4	
Rose angina	3.9	6.3	3.1	8.5	
Rose possible myocardial infarction	4.2	7.8	3.5	5.4	
<i>Bases^a</i>	<i>1461</i>	<i>5123</i>	<i>1549</i>	<i>5236</i>	

a Weighted bases in Health Survey, and estimated number of participants in the SHHS.

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All 1995 Scottish Health Survey and 1994 Health Survey for England

Country	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Scotland	5.2	9.5	16.6	28.0	44.7	19.3
England	7.2	8.4	15.0	23.8	37.4	17.6
Northern England ^a	6.7	8.1	15.0	26.4	39.7	18.6
Women						
Scotland	9.8	11.0	16.6	27.9	40.6	20.2
England	8.3	11.4	15.9	23.5	37.5	18.4
Northern England ^a	5.4	10.2	14.7	21.1	32.6	16.1
All						
Scotland	7.5	10.3	16.6	28.0	42.5	19.8
England	7.8	10.1	15.4	23.6	37.4	18.0
Northern England ^a	6.0	9.2	14.9	23.6	36.2	17.3
<i>Bases (weighted)</i>						
<i>Scotland</i>						
<i>Men</i>	<i>704</i>	<i>965</i>	<i>838</i>	<i>742</i>	<i>597</i>	<i>3846</i>
<i>Women</i>	<i>688</i>	<i>983</i>	<i>869</i>	<i>777</i>	<i>659</i>	<i>3976</i>
<i>All</i>	<i>1392</i>	<i>1948</i>	<i>1707</i>	<i>1518</i>	<i>1256</i>	<i>7822</i>
<i>Bases (unweighted)</i>						
<i>Men</i>						
<i>Scotland</i>	<i>462</i>	<i>829</i>	<i>799</i>	<i>703</i>	<i>684</i>	<i>3477</i>
<i>England</i>	<i>967</i>	<i>1424</i>	<i>1319</i>	<i>1117</i>	<i>984</i>	<i>5811</i>
<i>Northern England</i>	<i>269</i>	<i>389</i>	<i>352</i>	<i>316</i>	<i>287</i>	<i>1613</i>
<i>Women</i>						
<i>Scotland</i>	<i>541</i>	<i>1151</i>	<i>990</i>	<i>823</i>	<i>875</i>	<i>4380</i>
<i>England</i>	<i>1074</i>	<i>1701</i>	<i>1496</i>	<i>1273</i>	<i>1038</i>	<i>6582</i>
<i>Northern England</i>	<i>294</i>	<i>461</i>	<i>405</i>	<i>346</i>	<i>275</i>	<i>1781</i>
<i>All</i>						

<i>Scotland</i>	<i>1003</i>	<i>1980</i>	<i>1789</i>	<i>1526</i>	<i>1559</i>	<i>7857</i>
<i>England</i>	<i>2041</i>	<i>3125</i>	<i>2815</i>	<i>2390</i>	<i>2022</i>	<i>12393</i>
<i>Northern England</i>	<i>563</i>	<i>850</i>	<i>757</i>	<i>662</i>	<i>562</i>	<i>3394</i>

a Northern England includes the Northern & Yorkshire and North West health regions.

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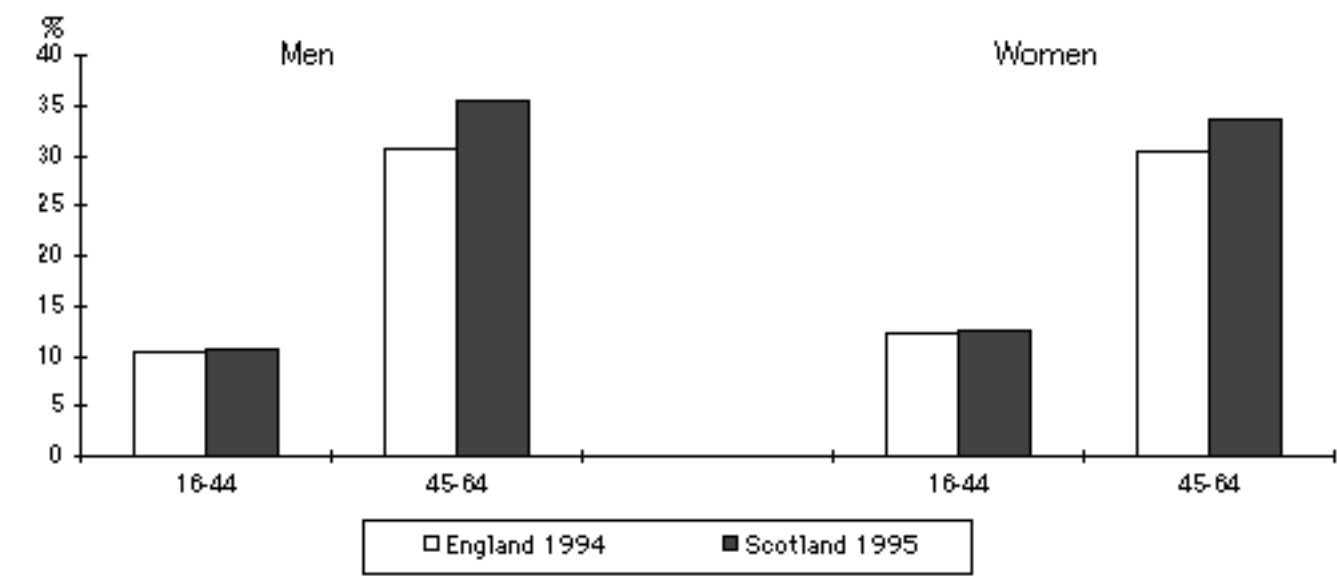
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Figure 10C: Prevalence of any cardiovascular disorder in Scotland and England, by age and sex.



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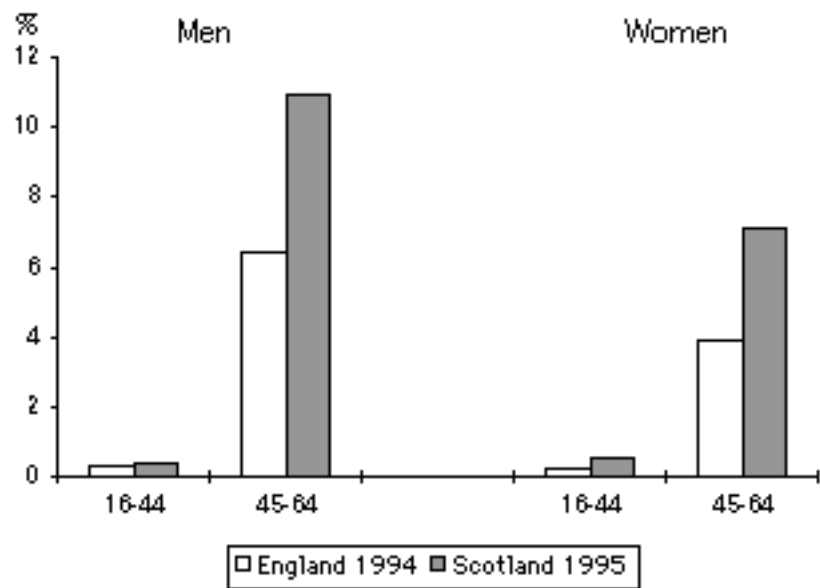
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Figure 10D: Prevalence of ischaemic heart disease in Scotland and England, by age and sex.



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Table10.10 Prevalence of ischaemic heart disease and of stroke in 1995 Scottish Health Survey and 1994 Health Survey for England, by age and sex

All 1995 Scottish Health Survey and 1994 Health Survey for England

Country	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Ischaemic heart disease						
Men						
Scotland	-	0.2	1.1	6.0	17.0	4.0
England	-	0.3	0.5	3.0	10.3	2.5
Northern England ^a	-	-	0.3	4.4	13.4	3.3
Women						
Scotland	0.3	0.4	1.0	3.4	11.4	2.9
England	0.2	0.1	0.3	2.3	5.9	1.5
Northern England ^a	0.3	0.2	0.2	2.0	5.6	1.4
All						
Scotland	0.1	0.3	1.0	4.7	14.0	3.5
England	0.1	0.2	0.4	2.6	8.1	2.0
Northern England ^a	0.2	0.1	0.3	3.1	9.5	2.3
Stroke						
Men						
Scotland	-	0.2	0.1	1.7	3.9	1.0
England	-	0.1	0.1	0.3	2.9	0.6
Northern England ^a	-	-	-	0.3	3.1	0.6
Women						
Scotland	-	0.2	0.2	0.7	1.8	0.5
England	-	0.2	0.3	0.6	1.8	0.5
Northern England ^a	-	0.4	-	0.3	1.4	0.4
All						
Scotland	-	0.2	0.2	1.2	2.8	0.8
England	-	0.1	0.2	0.5	2.3	0.5
Northern England ^a	-	0.2	-	0.3	2.3	0.5

Bases (weighted)

Scotland

<i>Men</i>	722	979	851	748	600	3900
<i>Women</i>	695	990	870	777	665	3998
<i>All</i>	1417	1969	1721	1526	1265	7898

Bases (unweighted)

<i>Men</i>						
<i>Scotland</i>	474	840	811	708	689	3522
<i>England</i>	968	1434	1329	1127	1001	5859
<i>Northern England</i>	269	394	353	318	292	1626

<i>Women</i>						
<i>Scotland</i>	547	1160	992	825	884	4408
<i>England</i>	1080	1723	1520	1300	1059	6682
<i>Northern England</i>	296	472	414	351	285	1818

<i>All</i>						
<i>Scotland</i>	1021	2000	1803	1533	1573	7930
<i>England</i>	2048	3157	2849	2427	2060	12541
<i>Northern England</i>	565	866	767	669	577	3444

a Northern England includes the Northern & Yorkshire and North West health regions.

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All 1995

Any cardiovascular disorder	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	
Observed prevalence								
Men								
16 - 44	10.5	9.9	11.8	11.4	8.7	9.9	12.8	10.7
45 - 64	29.5	25.9	31.1	32.1	43.4	37.8	44.5	35.4
All	17.1	15.2	17.8	19.4	21.8	20.7	23.7	19.3
Women								
16 - 44	10.2	11.0	12.3	12.7	12.5	17.2	9.8	12.6
45 - 64	37.7	30.3	27.3	33.9	38.2	37.4	33.9	33.7
All	20.3	18.3	17.1	21.0	22.0	25.0	18.3	20.2
Age-standardised prevalence								
Men	15.0	14.1	16.9	16.1	18.9	18.1	21.7	17.4
Women	18.6	17.5	16.5	19.7	20.7	24.0	17.9	19.3
Bases (weighted)								
Men								
16 - 44	138	497	606	110	386	426	345	2508
45 - 64	73	242	273	69	234	268	180	1338
All	211	739	880	179	620	694	525	3846
Women								
16 - 44	131	422	586	118	477	448	357	2540
45 - 64	76	257	273	76	282	278	193	1436
All	208	679	859	194	759	726	551	3976
Bases (unweighted)								
Men								
16 - 44	203	365	447	168	293	341	273	2090
45 - 64	149	215	249	128	207	257	182	1387
All	352	580	696	296	500	598	455	3477
Women								

<i>16 - 44</i>	<i>248</i>	<i>384</i>	<i>537</i>	<i>228</i>	<i>447</i>	<i>478</i>	<i>360</i>	<i>2682</i>
<i>45 - 64</i>	<i>172</i>	<i>264</i>	<i>284</i>	<i>165</i>	<i>283</i>	<i>321</i>	<i>209</i>	<i>1698</i>
<i>All</i>	<i>420</i>	<i>648</i>	<i>821</i>	<i>393</i>	<i>730</i>	<i>799</i>	<i>569</i>	<i>4380</i>

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All 1995

Ischaemic heart disease	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	
Observed prevalence								
Men								
16 - 44	0.2	-	0.5	1.1	1.0	0.5	0.2	0.4
45 - 64	8.9	5.6	9.3	9.7	12.4	15.2	13.1	10.9
All	3.2	1.8	3.2	4.4	5.3	6.1	4.6	4.0
Women								
16 - 44	-	0	0.4	-	1.5	0.7	0.3	0.5
45 - 64	5.6	4.3	4.2	5.8	9.2	11.3	6.7	7.1
All	2.1	1.7	1.6	2.3	4.4	4.8	2.5	2.9
Age-standardised prevalence								
Men	2.4	1.6	3.0	3.4	4.4	4.8	3.7	3.3
Women	1.8	1.5	1.5	1.8	3.9	3.9	2.3	2.5
<i>Bases (weighted)</i>								
<i>Men</i>								
16 - 44	140	511	617	110	390	436	348	2552
45 - 64	73	242	278	69	237	268	180	1348
All	213	753	895	179	628	704	527	3900
<i>Women</i>								
16 - 44	132	424	590	118	480	451	362	2555
45 - 64	78	258	273	76	284	280	193	1443
All	210	681	863	194	764	731	556	3998
<i>Bases (unweighted)</i>								
<i>Men</i>								
16 - 44	206	374	455	168	296	350	276	2125
45 - 64	150	216	253	128	211	257	182	1397
All	356	590	708	296	507	607	458	3522
<i>Women</i>								

<i>16 - 44</i>	<i>249</i>	<i>386</i>	<i>541</i>	<i>228</i>	<i>450</i>	<i>481</i>	<i>364</i>	<i>2699</i>
<i>45 - 64</i>	<i>176</i>	<i>265</i>	<i>284</i>	<i>165</i>	<i>287</i>	<i>323</i>	<i>209</i>	<i>1709</i>
<i>All</i>	<i>425</i>	<i>651</i>	<i>825</i>	<i>393</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4408</i>

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Table 10.13 Observed and age-standardised prevalence of any cardiovascular disorder, by social class of chief income earner, age and sex

							1995
Any cardiovascular disorder	Social class of chief income earner						Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	
Observed prevalence							
Men							
16 - 44	10.8	10.2	9.7	12.0	7.3	16.1	10.7
45 - 64	19.4	30.0	27.7	40.9	45.0	30.0	35.4
All	14.0	17.5	14.8	22.9	19.9	21.3	19.3
Women							
16 - 44	17.0	9.1	15.3	14.2	10.0	15.0	12.6
45-64	30.7	26.8	38.8	34.2	39.7	37.4	33.7
All	21.9	16.1	23.3	21.6	21.2	25.0	20.2
Age-standardised prevalence							
Men	12.4	14.8	14.6	19.5	17.8	19.4	17.4
Women	21.0	14.2	22.7	20.5	20.1	21.0	19.3
Bases (weighted)							
Men							
16 - 44	164	626	318	763	352	109	2508
45 - 64	97	369	125	462	178	67	1338
All	261	995	443	1225	530	176	3846
Women							
16 - 44	162	595	453	650	340	114	2540
45 - 64	89	384	233	386	206	92	1436
All	251	978	686	1036	547	205	3976
Bases (unweighted)							
Men							
16 - 44	140	507	251	635	304	104	2090
45 - 64	90	355	127	480	202	88	1387
All	230	862	378	1115	506	192	3477
Women							
16 - 44	158	607	534	614	410	135	2682
45 - 64	92	457	294	412	253	130	1698

<i>All</i>	250	1064	828	1026	663	265	4380
------------	-----	------	-----	------	-----	-----	------

<i>All</i>	250	1064	828	1026	663	265	4380
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<i>All</i>	250	1064	828	1026	663	265	4380
------------	-----	------	-----	------	-----	-----	------

<i>All</i>	250	1064	828	1026	663	265	4380
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<i>All</i>	250	1064	828	1026	663	265	4380
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<i>All</i>	250	1064	828	1026	663	265	4380
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<i>All</i>	250	1064	828	1026	663	265	4380
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<i>All</i>	250	1064	828	1026	663	265	4380
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aThe total includes informants for whom social class was unknown.

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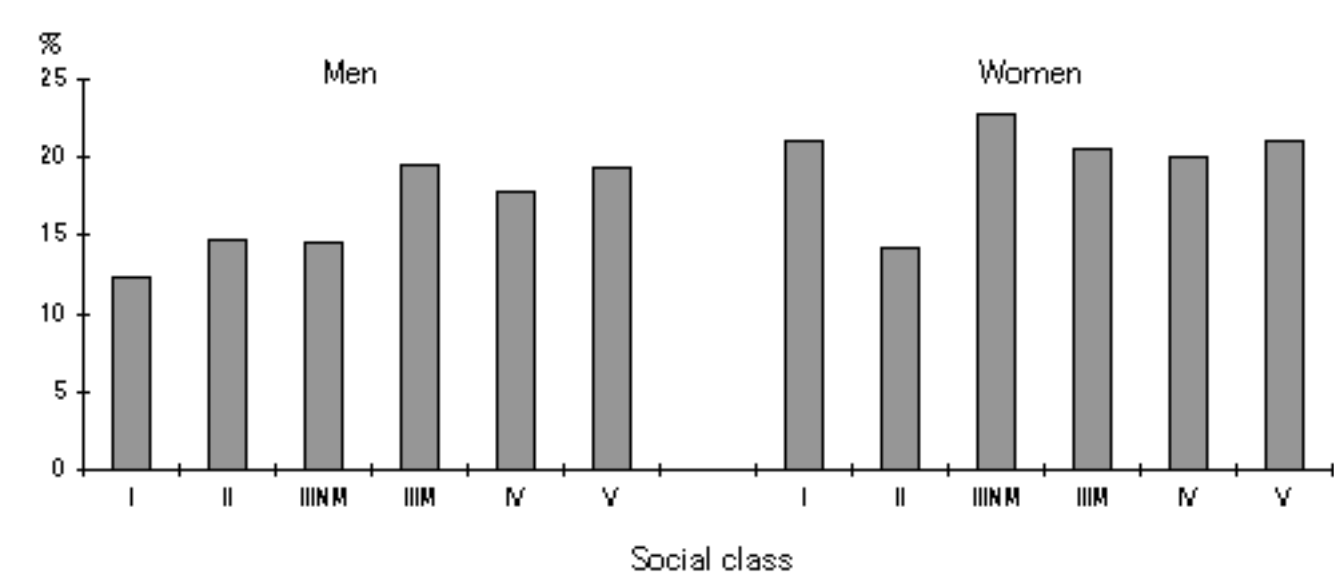
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Figure 10E: Age standardised prevalence of cardiovascular disorder, by social class of chief income earner and sex.



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<i>All</i>	252	1068	834	1032	665	268	4408
------------	-----	------	-----	------	-----	-----	------

aThe total includes informants for whom social class was unknown.

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Table 10.15 Prevalence of major risk factors^a, by CVD, age and sex

	1995								
	All informants			All informants with any cardiovascular disorder		All informants with IHD or stroke			
	16-44	45-64	Total	16-44	45-64	Total	16-44	45-64	Total
Men	%	%	%	%	%	%	%	%	%
Raised BMI									
BMI >25 (kg/m ²)	46.9	72.2	55.6	64.5	79.9	74.3	[12]	81.2	82.0
BMI >30 (kg/m ²)	13.0	21.5	15.9	30.2	31.4	31.0	[9]	35.0	34.8
Current smoker									
Smokes 20 or more cigarettes a day	33.8	33.6	33.7	38.1	33.0	34.8	[5]	39.7	39.1
	12.8	20.3	15.4	18.2	19.1	18.8	[4]	18.7	19.2
Alcohol consumption									
>21 units per week	34.3	30.2	32.9	42.1	27.9	33.0	[4]	25.6	25.6
>28 units per week	23.4	19.5	22.0	29.6	17.5	21.8	[2]	17.8	17.3
<i>Bases^b: had interview</i>									
(weighted)	2553	1349	3902	268	474	742	12	168	180
(unweighted)	2126	1398	3524	250	504	754	14	186	200
High blood pressure									
Normotensive treated	2.9	26.0	11.0	17.1	58.8	44.2	[3]	71.0	69.9
Hypertensive treated	1.1	12.4	5.1	10.1	33.4	25.2	[2]	55.2	54.7
Hypertensive untreated	0.2	4.1	1.5	1.8	11.6	8.1	-	7.4	7.0
	1.6	9.5	4.4	5.3	13.9	10.9	[1]	8.4	8.1
<i>Bases: valid blood pressure measurement</i>									
(weighted)	1898	1014	2912	193	356	549	7	126	134
(unweighted)	1558	1022	2580	178	359	537	8	132	140
Raised total cholesterol									
6.5 mmol/ or over	16.9	34.0	22.9	28.5	35.9	33.2	[5]	34.1	36.8
7.8 mmol/l or over	2.9	7.4	4.5	3.9	8.2	6.6	-	7.6	7.1
<i>Bases: valid cholesterol measurement</i>									
(weighted)	2062	1122	3185	223	385	608	8	130	138
(unweighted)	1689	1142	2831	202	401	603	10	143	153

Women	%	%	%	%	%	%	%	%	%
Raised BMI									
BMI >25 (kg/m ²)	38.9	61.4	47.2	49.0	71.4	62.5	[12]	74.5	71.6
BMI >30 (kg/m ²)	13.5	23.8	17.3	22.0	37.8	31.5	[15]	46.1	42.8
Current smoker									
Current smoker	35.5	35.8	35.6	38.4	37.4	37.8	[11]	42.4	43.7
Smokes 20 or more cigarettes a day	12.2	15.1	13.2	17.0	15.9	16.3	[5]	24.4	25.0
Alcohol consumption									
>14 units per week	14.7	9.8	12.9	13.2	8.1	10.1	[1]	4.7	4.2
>21 units per week	5.8	3.5	5.0	5.1	2.2	3.4	[1]	1.5	1.4
<i>Bases^b: had interview</i>									
(weighted)	2555	1443	3998	319	484	804	16	113	129
(unweighted)	2699	1709	4408	346	604	950	20	141	161
High blood pressure									
High blood pressure	3.1	29.5	12.9	15.0	63.5	45.3	[6]	76.8	72.5
Normotensive treated	2.2	18.7	8.4	10.0	46.5	32.8	[5]	61.2	58.5
Hypertensive treated	0.1	3.1	1.2	0.7	8.7	5.7	[1]	12.0	10.8
Hypertensive untreated	0.7	7.7	3.3	4.2	8.4	6.8	-	3.7	3.2
<i>Bases: valid blood pressure measurement</i>									
(weighted)	1834	1083	2917	218	360	577	11	81	92
(unweighted)	1907	1281	3188	239	446	685	16	99	115
Raised total cholesterol									
6.5 mmol/l or over	9.8	40.2	21.5	11.5	49.4	35.1	[5]	56.0	53.0
7.8 mmol/l or over	1.3	9.5	4.5	2.1	14.0	9.5	[1]	17.1	16.0
<i>Bases: valid cholesterol measurement</i>									
(weighted)	1843	1143	2986	225	372	597	11	86	98
(unweighted)	1953	1347	3300	247	466	713	16	106	122

^aThe lower categories also contain the higher categories. See text for full explanation.

^bBases for certain variables may vary slightly from these due to missing data.

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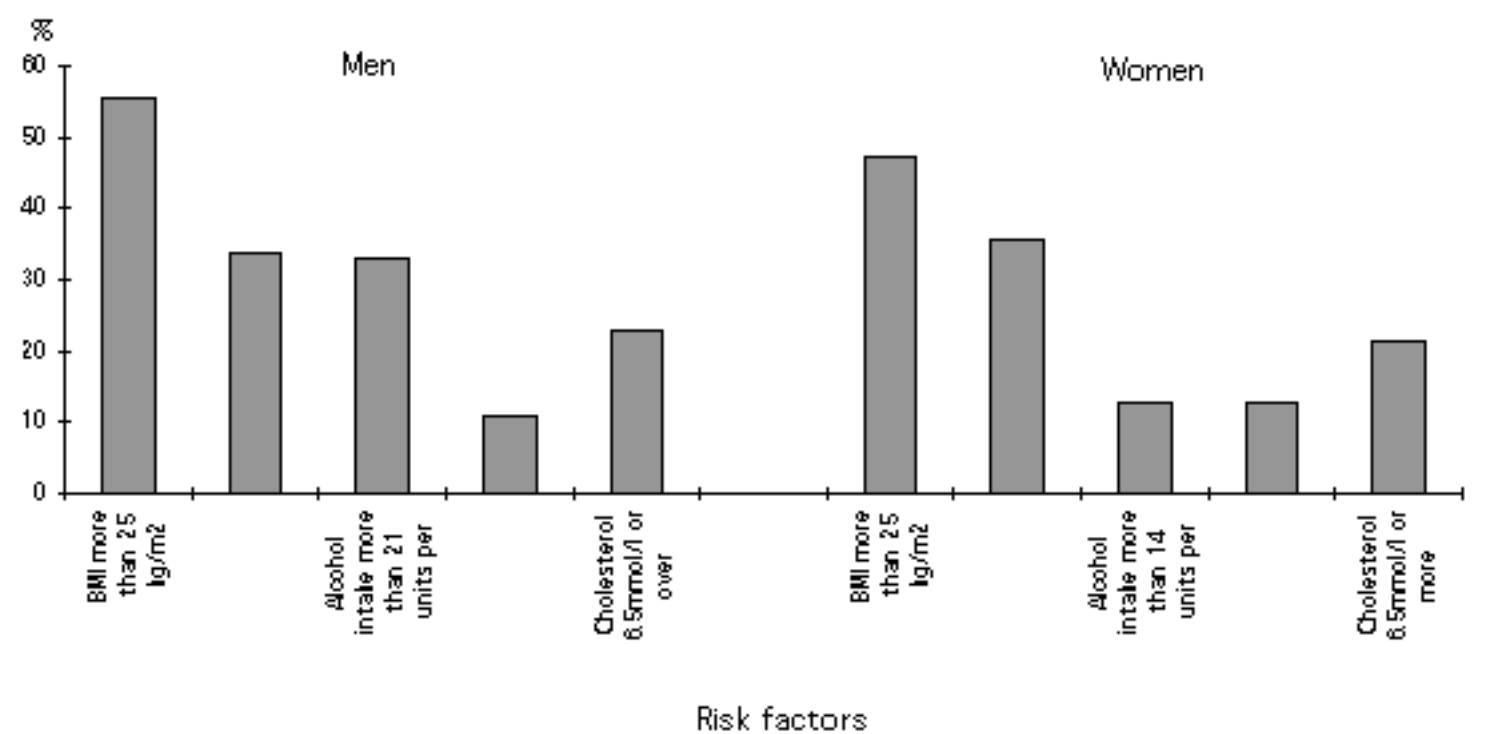
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Figure 10F: Prevalence of CVD risk factors, by sex.

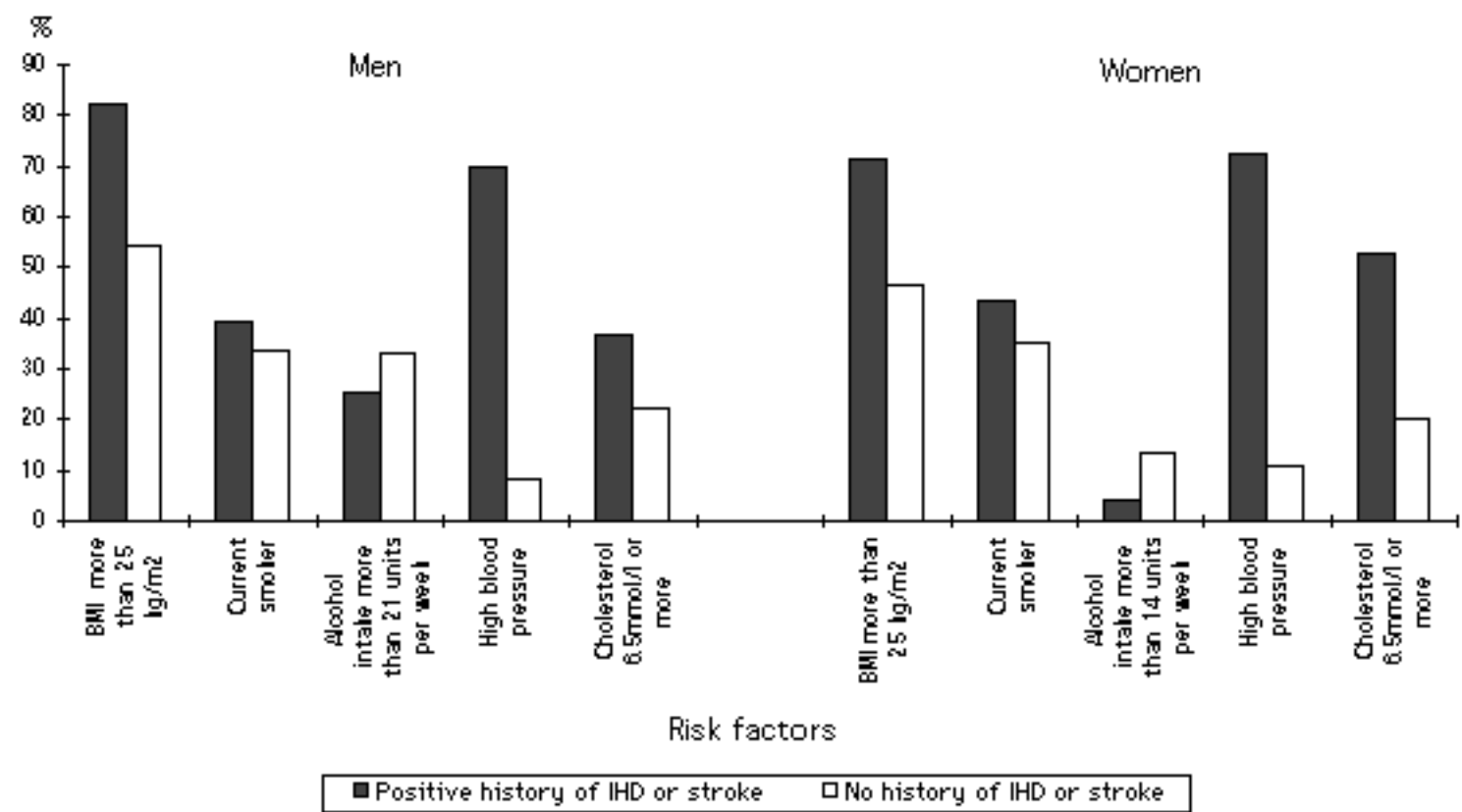


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Figure 10G: Prevalence of CVD risk factors among those with IHD or stroke, by sex.



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Table 10.16 Prevalence of any cardiovascular disorder, by risk factors, age and sex

	Men				Women		
	16-44	45-64	Total		16-44	45-64	Total
	%	%	%		%	%	%
Body Mass Index (kg/m²)				Body Mass Index (kg/m²)			
20 or under	6.6	[6]	9.1	20 or under	9.9	13.8	10.6
Over 20-25	7.2	24.8	11.3	Over 20-25	10.9	26.2	15.2
Over 25-30	10.7	33.5	20.8	Over 25-30	13.6	29.9	21.1
Over 30	24.4	51.0	36.7	Over 30	20.8	53.0	37.0
Cigarette smoking				Cigarette smoking			
Non-smoker	8.6	31.4	14.3	Non-smoker	11.8	30.8	17.8
Ex-smoker	15.3	39.4	29.1	Ex-smoker	13.1	37.0	24.8
Smokes less than 20 a day	10.1	37.4	16.9	Smokes less than 20 a day	11.6	35.2	19.5
Smokes 20 or more a day	15.3	33.7	23.7	Smokes 20 or more a day	17.6	35.4	25.0
Alcohol consumption				Alcohol consumption			
Non/occasional drinker	9.7	43.1	22.1	Non/occasional drinker	13.7	39.9	24.9
Ex-drinker	[7]	58.7	42.3	Ex-drinker	25.9	37.8	32.7
1-21 units per week	9.2	33.4	17.7	1-14 units per week	12.1	31.5	18.8
>21 units per week	13.2	32.8	19.5	>14 units per week	11.4	27.5	15.8
High blood pressure^a				High blood pressure^a			
Normotensive untreated	8.8	19.7	12.0	Normotensive untreated	10.4	17.3	12.5
Hypertensive untreated	[10]	52.0	48.1	Hypertensive untreated	[9]	36.2	40.8
Total cholesterol (mmol/l)				Total cholesterol (mmol/l)			
Less than 5.2	7.6	32.7	11.9	Less than 5.2	10.0	24.5	12.3
5.2, less than 6.5	12.0	33.7	21.2	5.2, less than 6.5	14.9	28.7	20.8
6.5, less than 7.8	19.4	36.3	28.0	6.5, less than 7.8	13.5	37.9	30.3
7.8 or more	14.9	38.1	28.5	7.8 or more	[5]	48.1	43.0
<i>Bases</i>				<i>Bases</i>			
<i>BMI (weighted)</i>				<i>BMI (weighted)</i>			
20 or under	178	19	197	20 or under	267	65	331
Over 20-25	1145	355	1500	Over 20-25	1204	485	1690
Over 25-30	847	667	1514	Over 25-30	618	530	1147
Over 30	333	293	626	Over 30	333	342	675
<i>BMI (unweighted)</i>				<i>BMI (unweighted)</i>			
20 or under	134	23	157	20 or under	261	76	337
Over 20-25	926	380	1306	Over 20-25	1294	551	1845
Over 25-30	739	679	1418	Over 25-30	646	633	1279

<i>Over 30</i>	287	299	586	<i>Over 30</i>	354	420	774
<i>Cigarette smoking (weighted)</i>				<i>Cigarette smoking (weighted)</i>			
<i>Non-smoker</i>	1317	437	1754	<i>Non-smoker</i>	1319	617	1936
<i>Ex-smoker</i>	344	456	800	<i>Ex-smoker</i>	318	306	624
<i>Smokes less than 20 a day</i>	525	175	700	<i>Smokes less than 20 a day</i>	589	295	884
<i>Smokes 20 or more a day</i>	319	268	587	<i>Smokes 20 or more a day</i>	308	217	525
<i>Cigarette smoking (unweighted)</i>				<i>Cigarette smoking (unweighted)</i>			
<i>Non-smoker</i>	1066	427	1493	<i>Non-smoker</i>	1280	722	2002
<i>Ex-smoker</i>	293	460	753	<i>Ex-smoker</i>	349	378	727
<i>Smokes less than 20 a day</i>	432	194	626	<i>Smokes less than 20 a day</i>	668	348	1016
<i>Smokes 20 or more a day</i>	297	303	600	<i>Smokes 20 or more a day</i>	381	250	631
<i>Alcohol consumption (weighted)</i>				<i>Alcohol consumption (weighted)</i>			
<i>Non/occasional drinker</i>	253	148	401	<i>Non/occasional drinker</i>	538	398	936
<i>Ex-drinker</i>	40	61	101	<i>Ex-drinker</i>	56	76	132
<i>1-21 units per week</i>	1340	726	2066	<i>1-14 units per week</i>	1562	820	2382
<i>>21 units per week</i>	856	403	1259	<i>>14 units per week</i>	371	142	513
<i>Alcohol consumption (unweighted)</i>				<i>Alcohol consumption (unweighted)</i>			
<i>Non/occasional drinker</i>	197	161	358	<i>Non/occasional drinker</i>	553	509	1062
<i>Ex-drinker</i>	42	67	109	<i>Ex-drinker</i>	67	94	161
<i>1-21 units per week</i>	1106	737	1843	<i>1-14 units per week</i>	1664	930	2594
<i>>21 units per week</i>	734	422	1156	<i>>14 units per week</i>	389	165	554
<i>High blood pressure (weighted)</i>				<i>High blood pressure (weighted)</i>			
<i>Normotensive untreated</i>	1803	741	2545	<i>Normotensive untreated</i>	1762	757	2518
<i>Hypertensive untreated</i>	29	95	124	<i>Hypertensive untreated</i>	13	83	96
<i>High blood pressure (unweighted)</i>				<i>High blood pressure (unweighted)</i>			
<i>Normotensive untreated</i>	1473	738	2211	<i>Normotensive untreated</i>	1825	877	2702
<i>Hypertensive untreated</i>	32	105	137	<i>Hypertensive untreated</i>	18	103	121
<i>Total cholesterol(weighted)</i>				<i>Total cholesterol(weighted)</i>			
<i>Less than 5.2</i>	952	201	1154	<i>Less than 5.2</i>	981	177	1159
<i>5.2, less than 6.5</i>	732	536	1268	<i>5.2, less than 6.5</i>	671	506	1177
<i>6.5, less than 7.8</i>	283	294	577	<i>6.5, less than 7.8</i>	157	347	504
<i>7.8 or more</i>	58	83	141	<i>7.8 or more</i>	24	108	132
<i>Total cholesterol (unweighted)</i>				<i>Total cholesterol (unweighted)</i>			
<i>Less than 5.2</i>	723	203	926	<i>Less than 5.2</i>	989	188	1177
<i>5.2, less than 6.5</i>	629	528	1157	<i>5.2, less than 6.5</i>	745	576	1321
<i>6.5, less than 7.8</i>	252	309	561	<i>6.5, less than 7.8</i>	178	426	604
<i>7.8 or more</i>	55	92	147	<i>7.8 or more</i>	29	150	179

aInformants were considered hypertensive if their systolic blood pressure was 160 mmHg or over or their diastolic blood pressure was 95 mmHg or over or they were taking medication affecting blood pressure.

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Table 10.17 Prevalence of ischaemic heart disease or stroke, by risk factors, age and sex

							1995
Men			Women				
16-44	45-64	Total	16-44	45-64	Total		
%	%	%	%	%	%		
Body Mass Index (kg/m²)			Body Mass Index (kg/m²)				
20 or under	-	[2]	1.3	20 or under	1.1	5.5	2.0
Over 20-25	0.1	7.9	1.9	Over 20-25	0.4	4.9	1.7
Over 25-30	0.8	11.0	5.3	Over 25-30	0.8	5.7	3.1
Over 30	1.0	19.7	9.7	Over 30	1.1	14.6	7.9
Cigarette smoking			Cigarette smoking				
Non-smoker	0.1	6.0	1.6	Non-smoker	0.4	4.8	1.8
Ex-smoker	1.9	16.2	10.0	Ex-smoker	0.6	11.5	6.0
Smokes less than 20 a day	0.1	19.5	5.0	Smokes less than 20 a day	0.8	9.3	3.6
Smokes 20 or more a day	0.9	11.4	5.7	Smokes 20 or more a day	1.2	9.3	4.6
Alcohol consumption			Alcohol consumption				
Non/occasional drinker	0.9	17.6	7.0	Non/occasional drinker	0.8	13.6	6.2
Ex-drinker	[1]	25.3	16.1	Ex-drinker	4.3	8.9	7.0
1-21 units per week	0.4	11.4	4.2	1-14 units per week	0.6	5.7	2.3
>21 units per week	0.4	10.5	3.6	>14 units per week	0	3.8	1.1
High blood pressure^a			High blood pressure^a				
Normotensive untreated	0.2	4.9	1.6	Normotensive untreated	0.4	2.5	1.0
Normotensive treated	[4]	55.4	49.7	Normotensive treated	[4]	24.6	22.1
Hypertensive treated	-	[9]	[9]	Hypertensive treated	[1]	[10]	[10]
Hypertensive untreated	[1]	11.1	8.6	Hypertensive untreated	-	3.6	3.1
Total cholesterol (mmol/l)			Total cholesterol (mmol/l)				
Less than 5.2	0.1	8.1	1.5	Less than 5.2	0.1	3.0	0.6
5.2, less than 6.5	0.1	12.9	5.5	5.2, less than 6.5	1.0	6.4	3.3
6.5, less than 7.8	2.3	11.6	7.0	6.5, less than 7.8	1.6	9.6	7.1
7.8 or more	-	11.9	6.9	7.8 or more	[1]	13.6	11.8
<i>Bases</i>			<i>Bases</i>				
<i>BMI (weighted)</i>			<i>BMI (weighted)</i>				
20 or under	179	20	199	20 or under	272	66	338
Over 20-25	1170	358	1528	Over 20-25	1212	487	1699
Over 25-30	863	671	1534	Over 25-30	619	531	1150
Over 30	335	294	629	Over 30	334	343	677
<i>BMI (unweighted)</i>			<i>BMI (unweighted)</i>				

<i>20 or under</i>	<i>136</i>	<i>25</i>	<i>161</i>	<i>20 or under</i>	<i>265</i>	<i>79</i>	<i>344</i>
<i>Over 20-25</i>	<i>944</i>	<i>382</i>	<i>1326</i>	<i>Over 20-25</i>	<i>1303</i>	<i>553</i>	<i>1856</i>
<i>Over 25-30</i>	<i>753</i>	<i>683</i>	<i>1436</i>	<i>Over 25-30</i>	<i>648</i>	<i>635</i>	<i>1283</i>
<i>Over 30</i>	<i>288</i>	<i>301</i>	<i>589</i>	<i>Over 30</i>	<i>356</i>	<i>423</i>	<i>779</i>
<i>Cigarette smoking (weighted)</i>				<i>Cigarette smoking (weighted0</i>			
<i>Non-smoker</i>	<i>1337</i>	<i>437</i>	<i>1774</i>	<i>Non-smoker</i>	<i>1325</i>	<i>618</i>	<i>1943</i>
<i>Ex-smoker</i>	<i>351</i>	<i>458</i>	<i>809</i>	<i>Ex-smoker</i>	<i>319</i>	<i>308</i>	<i>627</i>
<i>Smokes less than 20 a day</i>	<i>535</i>	<i>179</i>	<i>715</i>	<i>Smokes less than 20 a day</i>	<i>596</i>	<i>298</i>	<i>894</i>
<i>Smokes 20 or more a day</i>	<i>326</i>	<i>272</i>	<i>598</i>	<i>Smokes 20 or more a day</i>	<i>311</i>	<i>218</i>	<i>529</i>
<i>Cigarette smoking (unweighted)</i>				<i>Cigarette smoking (unweighted)</i>			
<i>Non-smoker</i>	<i>1080</i>	<i>427</i>	<i>1507</i>	<i>Non-smoker</i>	<i>1286</i>	<i>725</i>	<i>2011</i>
<i>Ex-smoker</i>	<i>298</i>	<i>462</i>	<i>760</i>	<i>Ex-smoker</i>	<i>350</i>	<i>380</i>	<i>730</i>
<i>Smokes less than 20 a day</i>	<i>442</i>	<i>198</i>	<i>640</i>	<i>Smokes less than 20 a day</i>	<i>675</i>	<i>353</i>	<i>1028</i>
<i>Smokes 20 or more a day</i>	<i>303</i>	<i>307</i>	<i>610</i>	<i>Smokes 20 or more a day</i>	<i>384</i>	<i>251</i>	<i>635</i>
<i>Alcohol consumption (weighted)</i>				<i>Alcohol consumption (weighted)</i>			
<i>Non/occasional drinker</i>	<i>258</i>	<i>151</i>	<i>409</i>	<i>Non/occasional drinker</i>	<i>542</i>	<i>398</i>	<i>940</i>
<i>Ex-drinker</i>	<i>39</i>	<i>61</i>	<i>100</i>	<i>Ex-drinker</i>	<i>56</i>	<i>77</i>	<i>133</i>
<i>1-21 units per week</i>	<i>1366</i>	<i>729</i>	<i>2095</i>	<i>1-14 units per week</i>	<i>1572</i>	<i>826</i>	<i>2397</i>
<i>>21 units per week</i>	<i>871</i>	<i>407</i>	<i>1277</i>	<i>>14 units per week</i>	<i>373</i>	<i>142</i>	<i>515</i>
<i>Alcohol consumption (unweighted)</i>				<i>Alcohol consumption (unweighted)</i>			
<i>Non/occasional drinker</i>	<i>201</i>	<i>164</i>	<i>365</i>	<i>Non/occasional drinker</i>	<i>556</i>	<i>511</i>	<i>1067</i>
<i>ex-drinker</i>	<i>41</i>	<i>67</i>	<i>108</i>	<i>Ex-drinker</i>	<i>67</i>	<i>96</i>	<i>163</i>
<i>1-21 units per week</i>	<i>1125</i>	<i>741</i>	<i>1866</i>	<i>1-21 units per week</i>	<i>1675</i>	<i>937</i>	<i>2612</i>
<i>>21 units per week</i>	<i>747</i>	<i>425</i>	<i>1172</i>	<i>>21 units per week</i>	<i>392</i>	<i>165</i>	<i>557</i>
<i>Blood pressure (weighted)</i>				<i>Blood pressure (weighted)</i>			
<i>Normotensive untreated</i>	<i>1834</i>	<i>748</i>	<i>2581</i>	<i>Normotensive untreated</i>	<i>1773</i>	<i>761</i>	<i>2534</i>
<i>Normotensive treated</i>	<i>22</i>	<i>126</i>	<i>147</i>	<i>Normotensive treated</i>	<i>41</i>	<i>202</i>	<i>243</i>
<i>Hypertensive treated</i>	<i>3</i>	<i>41</i>	<i>44</i>	<i>Hypertensive treated</i>	<i>1</i>	<i>33</i>	<i>35</i>
<i>Hypertensive untreated</i>	<i>31</i>	<i>96</i>	<i>127</i>	<i>Hypertensive untreated</i>	<i>13</i>	<i>83</i>	<i>96</i>
<i>Blood pressure (unweighthed)</i>				<i>Blood pressure (unweighthed)</i>			
<i>Normotensive untreated</i>	<i>1495</i>	<i>744</i>	<i>2239</i>	<i>Normotensive untreated</i>	<i>1837</i>	<i>883</i>	<i>2720</i>
<i>Normotensive treated</i>	<i>20</i>	<i>128</i>	<i>148</i>	<i>Normotensive treated</i>	<i>44</i>	<i>244</i>	<i>288</i>
<i>Hypertensive treated</i>	<i>4</i>	<i>40</i>	<i>44</i>	<i>Hypertensive treated</i>	<i>3</i>	<i>45</i>	<i>48</i>
<i>Hypertensive untreated</i>	<i>34</i>	<i>106</i>	<i>140</i>	<i>Hypertensive untreated</i>	<i>18</i>	<i>104</i>	<i>122</i>
<i>Total cholesterol(weighted)</i>				<i>Total cholesterol(weighted)</i>			
<i>Less than 5.2</i>	<i>969</i>	<i>201</i>	<i>1170</i>	<i>Less than 5.2</i>	<i>989</i>	<i>177</i>	<i>1166</i>
<i>5.2, less than 6.5</i>	<i>746</i>	<i>539</i>	<i>1285</i>	<i>5.2, less than 6.5</i>	<i>673</i>	<i>506</i>	<i>1179</i>

<i>6.5, less than 7.8</i>	<i>288</i>	<i>298</i>	<i>586</i>	<i>6.5, less than 7.8</i>	<i>157</i>	<i>351</i>	<i>507</i>
<i>7.8 or more</i>	<i>59</i>	<i>83</i>	<i>143</i>	<i>7.8 or more</i>	<i>24</i>	<i>109</i>	<i>133</i>
<i>Total cholesterol (unweighted)</i>				<i>Total cholesterol (unweighted)</i>			
<i>Less than 5.2</i>	<i>736</i>	<i>203</i>	<i>939</i>	<i>Less than 5.2</i>	<i>998</i>	<i>188</i>	<i>1186</i>
<i>5.2, less than 6.5</i>	<i>641</i>	<i>531</i>	<i>1172</i>	<i>5.2, less than 6.5</i>	<i>747</i>	<i>578</i>	<i>1325</i>
<i>6.5, less than 7.8</i>	<i>256</i>	<i>314</i>	<i>570</i>	<i>6.5, less than 7.8</i>	<i>178</i>	<i>430</i>	<i>608</i>
<i>7.8 or more</i>	<i>56</i>	<i>93</i>	<i>149</i>	<i>7.8 or more</i>	<i>30</i>	<i>151</i>	<i>181</i>

aInformants were considered hypertensive if their systolic blood pressure was 160 mmHg or over or their diastolic blood pressure was 95 mmHg or over or they were taking medication affecting blood pressure.

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Table 11.1 Self-reported general health, by age and sex

Self-reported general health	Age						1995
							Total
		16-24	25-34	35-44	45-54	55-64	%
		%	%	%	%	%	%
Men							
Very good		30	36	45	34	24	34
Good		50	49	41	39	31	43
Fair		19	14	12	18	29	17
Bad		1	1	3	6	12	4
Very bad		0	1	1	3	4	1
Women							
Very good		30	39	45	31	25	35
Good		51	42	38	42	40	42
Fair		17	17	13	20	27	18
Bad		2	2	3	5	7	4
Very bad		1	0	1	1	2	1
All							
Very good		30	38	45	33	25	35
Good		50	45	39	41	36	42
Fair		18	15	12	19	28	18
Bad		2	2	3	5	9	4
Very bad		1	0	1	2	3	1
<i>Bases (weighted)</i>							
Men		723	979	851	749	600	3902
Women		695	990	870	777	665	3998
All		1418	1969	1721	1527	1265	7900
<i>Bases (unweighted)</i>							
Men		475	840	811	709	689	3524
Women		547	1160	992	825	884	4408
All		1022	2000	1803	1534	1573	7932

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Table 11.2 Self-reported general health, by region and sex

Self-reported general health	1995							
	Total							
	Region							
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Scotland/ (England)
	%	%	%	%	%	%	%	%
Men								
Very good	38	39	37	34	28	32	33	34 (41)
Good	44	42	43	47	39	43	44	43 (40)
Fair	14	16	16	14	22	18	18	17 (14)
Bad	3	2	3	3	8	5	3	4 (4)
Very bad	2	0	1	2	3	2	2	1 (1)
Women								
Very good	39	39	37	43	27	35	34	35 (36)
Good	42	42	44	40	45	37	45	42 (44)
Fair	16	14	16	15	20	23	18	18 (16)
Bad	1	3	2	2	6	4	2	3 (3)
Very bad	1	1	1	-	2	1	1	1 (1)
All								
Very good	39	39	37	39	28	33	33	35 (39)
Good	43	42	43	43	42	40	44	42 (42)
Fair	15	15	16	14	21	21	18	18 (15)
Bad	2	3	3	3	7	4	3	4 (3)
Very bad	1	1	1	1	2	1	1	1 (1)
<i>Bases (weighted)</i>								
Men	213	753	896	179	629	704	527	3902
Women	210	681	863	194	764	731	556	3998
All	423	1434	1759	373	1393	1435	1083	7900
<i>Bases (unweighted)</i>								
Men	356	590	709	296	508	607	458	3524
Women	425	651	825	393	737	804	573	4408
All	781	1241	1534	689	1245	1411	1031	7932

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Table 11.3 Self-reported general health, by social class of chief income earner and sex

Self-reported general health	Social class of chief income earner						1995
							Total ^a
	I	II	IIINM	IIIM	IV	V	%
	%	%	%	%	%	%	%
Men							
Very good	46	40	38	30	30	19	34
Good	41	44	44	42	41	43	43
Fair	11	13	15	20	22	24	17
Bad	2	2	1	5	5	11	4
Very bad	-	1	1	2	1	3	1
Women							
Very good	47	44	36	32	27	21	35
Good	41	41	41	42	42	46	42
Fair	10	13	17	21	25	21	18
Bad	2	2	4	4	4	11	3
Very bad	-	0	2	1	2	1	1
All							
Very good	46	42	37	31	29	20	35
Good	41	43	42	42	41	45	42
Fair	10	13	16	20	24	22	18
Bad	2	2	3	5	5	11	4
Very bad	-	0	2	2	2	2	1
<i>Bases (weighted)</i>							
Men	267	1012	448	1244	532	179	3902
Women	253	983	689	1042	548	207	3998
All	520	1995	1136	2286	1080	386	7900
<i>Bases (unweighted)</i>							
Men	236	874	383	1129	509	196	3524
Women	252	1068	834	1032	665	268	4408
All	488	1942	1217	2161	1174	464	7932

^aThe total includes informants whose social class was unknown.

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Table 11.4 Prevalence of longstanding illness or disability, by age and sex

<i>All</i>						1995
Number of longstanding illnesses or disabilities	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
None	79	75	70	56	41	66
One	18	20	23	28	29	23
Two	2	4	5	10	18	7
Three	0	0	1	4	8	2
Four or more	0	0	1	2	4	1
Total with illness or disability	21	25	30	46	59	34
Total with <i>limiting</i> illness or disability	5	12	15	26	41	18
Women						
None	77	71	68	57	45	64
One	18	21	23	27	29	23
Two	4	6	6	11	15	8
Three	1	1	2	4	7	3
Four or more	1	0	1	1	5	1
Total with illness or disability	23	29	32	43	55	36
Total with <i>limiting</i> illness or disability	10	15	17	29	35	21
All						
None	78	73	69	57	43	65
One	18	21	23	28	29	23
Two	3	5	6	10	16	8
Three	0	1	2	4	7	2
Four or more	0	0	1	1	4	1
Total with illness or disability	22	27	31	43	57	35
Total with <i>limiting</i> illness or disability	8	13	16	28	38	20

Bases (weighted)

<i>Men</i>	723	979	851	749	600	3902
<i>Women</i>	695	990	870	777	665	3998
<i>All</i>	1418	1969	1721	1527	1265	7900

Bases (unweighted)

<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408
<i>All</i>	1022	2000	1803	1534	1573	7932

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Table 11.5 Prevalence of longstanding illness or disability, by region and sex

Number of longstanding illnesses or disabilities	Region								1995
									Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
	%	%	%	%	%	%	%		%
Men									
None	69	74	68	63	60	61	64		66
One	23	19	23	26	26	23	27		23
Two	6	5	6	8	8	11	6		7
Three	2	2	1	2	4	3	3		2
Four or more	0	0	1	1	2	2	0		1
Total with illness or disability	31	26	32	37	40	39	36		34
Total with <i>limiting</i> illness/disability	15	13	14	23	25	25	18		18
Women									
None	66	67	66	71	63	59	64		64
One	24	23	22	23	21	26	26		23
Two	8	6	8	5	9	10	6		8
Three	1	3	2	1	4	3	2		3
Four or more	1	2	1	0	3	2	1		1
Total with illness or disability	34	33	34	29	37	41	36		36
Total with <i>limiting</i> illness/disability	19	19	19	16	23	25	20		21
All									
None	68	70	67	67	62	60	64		65
One	23	21	23	24	23	24	27		23
Two	7	5	7	6	9	10	6		8
Three	2	2	1	2	4	3	3		2
Four or more	1	1	1	1	2	2	1		1
Total with illness or disability	32	30	33	33	38	40	36		35
Total with <i>limiting</i> illness/disability	17	15	16	19	24	25	19		20

<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	863	194	764	731	556	3998
<i>All</i>	423	1434	1759	373	1393	1435	1083	7900

<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	825	393	737	804	573	4408
<i>All</i>	781	1241	1534	689	1245	1411	1031	7932

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Table 11.6 Type of longstanding illness or disability, by age and sex

All						1995
Type of longstanding illness or disability	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
II Neoplasms and benign growths	-	1	0	0	1	0
III Endocrine and metabolic	0	0	2	4	5	2
V Mental disorders	0	1	3	4	3	2
VI Nervous system	1	3	3	5	4	3
VI Eye	1	1	1	1	2	1
VI Ear	0	1	1	2	3	2
VII Circulatory system	0	1	3	10	22	6
VIII Respiratory system	12	8	6	5	9	8
IX Digestive system	2	3	5	8	10	5
X Genito-urinary system	0	0	1	1	3	1
XII Skin	1	1	2	1	1	1
XIII Musculo-skeletal system	3	8	12	18	28	13
Infectious disease	0	-	0	0	-	0
Blood disorders	-	0	0	0	0	0
Other complaints	-	-	0	0	-	0
Women						
II Neoplasms and benign growths	-	1	1	1	3	1
III Endocrine and metabolic	2	2	3	4	8	3
V Mental disorders	2	2	2	4	3	3
VI Nervous system	2	4	5	6	3	4
VI Eye	1	0	1	0	1	1
VI Ear	1	0	2	1	2	1
VII Circulatory system	1	1	3	8	19	6
VIII Respiratory system	9	8	6	6	10	8
IX Digestive system	1	4	4	6	9	5
X Genito-urinary system	1	3	3	2	3	2
XII Skin	2	3	1	1	1	2
XIII Musculo-skeletal system	5	6	10	20	27	13
Infectious disease	1	0	0	0	0	0
Blood disorders	0	1	1	1	2	1
Other complaints	0	0	-	0	0	0

Bases (weighted)

<i>Men</i>	723	979	851	749	600	3902
<i>Women</i>	695	990	870	777	665	3998
<i>Bases (unweighted)</i>						
<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408

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Table 11.7 Type of longstanding illness or disability, by region and sex

Type of longstanding illness or disability	1995							
	Total							
Region	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
II Neoplasms and benign growths	0	0	1	1	0	0	1	0
III Endocrine and metabolic	2	2	2	3	2	2	2	2
V Mental disorders	1	1	2	2	4	2	3	2
VI Nervous system	3	3	2	6	3	4	2	3
VI Eye	1	1	2	1	1	2	1	1
VI Ear	1	1	1	2	1	3	1	2
VII Circulatory system	3	4	4	5	8	10	8	6
VIII Respiratory system	9	5	9	7	10	9	7	8
IX Digestive system	5	4	5	5	6	5	4	5
X Genito-urinary system	0	0	1	0	1	2	1	1
XII Skin	2	1	1	2	1	1	3	1
XIII Musculo-skeletal system	10	10	10	14	17	16	13	13
Infectious disease	0	-	0	-	-	0	-	0
Blood disorders	-	0	0	0	0	0	-	0
Other complaints	0	0	-	-	0	-	-	0
Women								
II Neoplasms and benign growths	1	1	1	1	1	2	2	1
III Endocrine and metabolic	3	4	3	3	4	3	3	3
V Mental disorders	2	3	2	1	4	3	3	3
VI Nervous system	4	3	5	3	5	3	5	4
VI Eye	1	0	0	1	1	1	1	1
VI Ear	1	2	0	1	1	2	0	1
VII Circulatory system	6	5	4	4	8	8	5	6
VIII Respiratory system	8	7	7	5	8	9	9	8
IX Digestive system	4	5	5	3	5	6	4	5
X Genito-urinary system	1	3	2	2	2	3	2	2
XII Skin	2	2	1	0	2	2	3	2
XIII Musculo-skeletal system	11	10	14	10	17	16	10	13
Infectious disease	1	0	-	-	1	-	0	0

Blood disorders	-	0	1	-	1	1	1	1
Other complaints	-	0	0	-	0	1	-	0

Bases (weighted)

<i>Men</i>	<i>213</i>	<i>753</i>	<i>896</i>	<i>179</i>	<i>629</i>	<i>704</i>	<i>527</i>	<i>3902</i>
<i>Women</i>	<i>210</i>	<i>681</i>	<i>863</i>	<i>194</i>	<i>764</i>	<i>731</i>	<i>556</i>	<i>3998</i>

Bases (unweighted)

<i>Men</i>	<i>356</i>	<i>590</i>	<i>709</i>	<i>296</i>	<i>508</i>	<i>607</i>	<i>458</i>	<i>3524</i>
<i>Women</i>	<i>425</i>	<i>651</i>	<i>825</i>	<i>393</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4408</i>

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Table 11.8 Self-reported acute sickness in two week period, by age and sex

<i>All</i>						<i>1995</i>
Days of acute sickness	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
None	89	88	89	86	80	87
1-3 days	4	5	3	2	4	4
4-6 days	2	3	2	3	3	3
7-13 days	3	2	3	2	2	2
Every day	2	2	3	7	11	4
Mean number of days for all men	0.72	0.67	0.79	1.30	1.88	1.01
Total with acute sickness (%)	11	12	11	14	20	13
Mean number of days for men with acute sickness	6.45	5.62	7.38	9.32	9.57	7.73
Women						
None	88	85	84	80	80	83
1-3 days	4	5	6	5	4	5
4-6 days	4	2	3	4	3	3
7-13 days	2	3	2	3	5	3
Every day	3	5	5	7	7	5
Mean number of days for all women	0.81	1.10	1.11	1.64	1.72	1.26
Total with acute sickness (%)	12	15	16	20	20	17
Mean number of days for women with acute sickness	6.51	7.16	7.01	8.24	8.52	7.57
All						
None	88	86	87	83	80	85
1-3 days	4	5	4	4	4	4
4-6 days	3	3	3	3	3	3
7-13 days	3	2	2	3	4	3
Every day	2	3	4	7	9	5
Mean number of days for all informants	0.76	0.89	0.95	1.47	1.79	1.14

Total with acute sickness (%)	12	14	13	17	20	15
Mean number of days for informants with acute sickness	6.48	6.49	7.16	8.67	9.01	7.64

Bases (weighted)

<i>Men</i>	723	979	851	749	600	3902
<i>Women</i>	695	990	870	777	665	3998
<i>All</i>	1418	1969	1721	1527	1265	7900

Bases (unweighted)

<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408
<i>All</i>	1022	2000	1803	1534	1573	7932

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Table 11.9 Self-reported acute sickness in two week period, by region and sex

Days of acute sickness	Region							1995
								Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	%	%	%	%	%	%	%	%
Men								
None	90	90	88	87	82	86	87	87
1-3 days	3	4	4	4	5	3	3	4
4-6 days	1	2	3	2	3	3	1	3
7-13 days	2	1	3	1	3	1	4	2
Every day	5	2	2	5	7	6	5	4
Mean number of days for all men	.92	.63	.79	1.05	1.50	1.20	1.13	1.01
Total with acute sickness (%)	10	10	12	13	18	14	13	13
Mean number of days for men with acute sickness	8.81	6.57	6.52	8.01	8.28	8.30	8.64	7.73
Women								
None	85	85	84	85	80	82	85	83
1-3 days	3	5	6	4	5	4	4	5
4-6 days	3	3	3	2	3	5	3	3
7-13 days	4	3	2	3	5	4	2	3
Every day	5	4	4	6	7	5	6	5
Mean number of days for all women	1.26	1.05	1.04	1.24	1.65	1.31	1.27	1.26
Total with acute sickness (%)	15	15	16	15	20	18	15	17
Mean number of days for women with acute sickness	8.27	6.93	6.53	8.43	8.46	7.39	8.19	7.57
All								
None	87	88	86	86	81	84	86	85
1-3 days	3	4	5	4	5	4	3	4
4-6 days	2	2	3	2	3	4	2	3
7-13 days	3	2	2	2	4	3	3	3
Every day	5	3	3	6	7	5	5	5

Mean number of days for all informants	1.08	.83	.92	1.15	1.58	1.25	1.20	1.14
Total with acute sickness (%)	13	12	14	14	19	16	14	15
Mean number of days for informants with acute sickness	8.50	6.78	6.53	8.24	8.38	7.79	8.39	7.64

Bases (weighted)

<i>Men</i>	<i>213</i>	<i>753</i>	<i>896</i>	<i>179</i>	<i>629</i>	<i>704</i>	<i>527</i>	<i>3902</i>
<i>Women</i>	<i>210</i>	<i>681</i>	<i>863</i>	<i>194</i>	<i>764</i>	<i>731</i>	<i>556</i>	<i>3998</i>
<i>All</i>	<i>423</i>	<i>1434</i>	<i>1759</i>	<i>373</i>	<i>1393</i>	<i>1435</i>	<i>1083</i>	<i>7900</i>

Bases (unweighted)

<i>Men</i>	<i>356</i>	<i>590</i>	<i>709</i>	<i>296</i>	<i>508</i>	<i>607</i>	<i>458</i>	<i>3524</i>
<i>Women</i>	<i>425</i>	<i>651</i>	<i>825</i>	<i>393</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4408</i>
<i>All</i>	<i>781</i>	<i>1241</i>	<i>1534</i>	<i>689</i>	<i>1245</i>	<i>1411</i>	<i>1031</i>	<i>7932</i>

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Table 11.10 Prevalence of gastroenteritis in six month period, by age and sex

<i>All</i>						<i>1995</i>	
Gastroenteritis	Age					Total	
		16-24	25-34	35-44	45-54	55-64	
		%	%	%	%	%	
Men							
Yes		10	15	11	9	9	11
No		90	85	89	91	91	89
Women							
Yes		18	19	16	15	12	16
No		82	81	84	85	88	84
All							
Yes		14	17	14	12	11	14
No		86	83	86	88	89	86
<i>Bases (weighted)</i>							
<i>Men</i>		<i>634</i>	<i>877</i>	<i>761</i>	<i>673</i>	<i>536</i>	<i>3481</i>
<i>Women</i>		<i>604</i>	<i>839</i>	<i>787</i>	<i>699</i>	<i>566</i>	<i>3495</i>
<i>All</i>		<i>1238</i>	<i>1716</i>	<i>1549</i>	<i>1373</i>	<i>1101</i>	<i>6976</i>
<i>Bases (unweighted)</i>							
<i>Men</i>		<i>407</i>	<i>745</i>	<i>716</i>	<i>631</i>	<i>610</i>	<i>3109</i>
<i>Women</i>		<i>472</i>	<i>983</i>	<i>893</i>	<i>737</i>	<i>758</i>	<i>3843</i>
<i>All</i>		<i>879</i>	<i>1728</i>	<i>1609</i>	<i>1368</i>	<i>1368</i>	<i>6952</i>

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Table 11.12 Rate of GP consultation in two week period, by region and sex

Consulted GP	Region								1995
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total	
	%	%	%	%	%	%	%	%	%
Men									
Yes	15	11	13	13	15	15	15	14	
No	85	89	87	87	85	85	85	86	
Women									
Yes	21	21	22	22	22	23	23	22	
No	79	79	78	78	78	77	77	78	
<i>Bases (weighted)</i>									
<i>Men</i>	<i>213</i>	<i>752</i>	<i>896</i>	<i>179</i>	<i>629</i>	<i>704</i>	<i>527</i>	<i>3901</i>	
<i>Women</i>	<i>210</i>	<i>681</i>	<i>863</i>	<i>194</i>	<i>764</i>	<i>731</i>	<i>556</i>	<i>3998</i>	
<i>Bases (unweighted)</i>									
<i>Men</i>	<i>356</i>	<i>589</i>	<i>709</i>	<i>296</i>	<i>508</i>	<i>607</i>	<i>458</i>	<i>3523</i>	
<i>Women</i>	<i>425</i>	<i>651</i>	<i>825</i>	<i>393</i>	<i>737</i>	<i>804</i>	<i>573</i>	<i>4408</i>	

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Table 11.13 Rate of GP consultation in two week period, by social class of chief income earner and sex

							1995
<i>All</i>							
Consulted GP	Social class of chief income earner						Total ^a
	I	II	IIINM	IIIM	IV	V	
	%	%	%	%	%	%	%
Men							
Yes	11	13	12	14	16	19	14
No	89	87	88	86	84	81	86
Women							
Yes	17	19	23	22	25	27	22
No	83	81	77	78	75	73	78
<i>Bases (weighted)</i>							
<i>Men</i>	267	1012	448	1244	531	179	3901
<i>Women</i>	253	983	689	1042	548	207	3998
<i>Bases (unweighted)</i>							
<i>Men</i>	236	874	383	1129	508	196	3523
<i>Women</i>	252	1068	834	1032	665	268	4408

^aThe total includes informants whose social class was unknown.

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<i>With CVD condition</i>	<i>57</i>	<i>125</i>	<i>164</i>	<i>240</i>	<i>364</i>	<i>950</i>
<i>No CVD condition</i>	<i>484</i>	<i>1026</i>	<i>826</i>	<i>583</i>	<i>511</i>	<i>3430</i>
<i>All women</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
<i>All informants</i>						
<i>With CVD condition</i>	<i>83</i>	<i>210</i>	<i>303</i>	<i>440</i>	<i>667</i>	<i>1703</i>
<i>No CVD condition</i>	<i>920</i>	<i>1770</i>	<i>1485</i>	<i>1086</i>	<i>891</i>	<i>6152</i>
<i>All</i>	<i>1022</i>	<i>2000</i>	<i>1802</i>	<i>1534</i>	<i>1572</i>	<i>7930</i>

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Table 11.15 Rate of hospital attendance as an outpatient in last 12 months, by age and sex

All						1995
Outpatient in last 12 months	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
With CVD condition	[37]	40	37	46	47	44
No CVD condition	33	29	29	26	29	29
All men	33	30	31	32	37	32
Women						
With CVD condition	51	45	48	50	45	47
No CVD condition	27	38	34	39	33	35
All women	29	39	36	42	38	37
All informants						
With CVD condition	46	43	43	48	46	46
No CVD condition	30	34	32	33	31	32
All	31	35	33	37	37	35
Bases (weighted)						
Men						
With CVD condition	37	92	139	208	265	741
No CVD condition	667	873	699	534	330	3104
All men	723	979	850	749	599	3901
Women						
With CVD condition	67	108	144	217	267	804
No CVD condition	620	875	725	560	392	3172
All women	695	990	870	777	665	3998
All informants						
With CVD condition	104	200	283	425	533	1544
No CVD condition	1288	1749	1424	1094	722	6276
All	1418	1969	1721	1527	1264	7899
Bases (unweighted)						
Men						
With CVD condition	26	85	139	200	303	753
No CVD condition	436	744	659	503	380	2722
All men	475	840	810	709	688	3522
Women						

<i>With CVD condition</i>	<i>57</i>	<i>125</i>	<i>164</i>	<i>240</i>	<i>364</i>	<i>950</i>
<i>No CVD condition</i>	<i>484</i>	<i>1026</i>	<i>826</i>	<i>583</i>	<i>511</i>	<i>3430</i>
<i>All women</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
<i>All informants</i>						
<i>With CVD condition</i>	<i>83</i>	<i>210</i>	<i>303</i>	<i>440</i>	<i>667</i>	<i>1703</i>
<i>No CVD condition</i>	<i>920</i>	<i>1770</i>	<i>1485</i>	<i>1086</i>	<i>891</i>	<i>6152</i>
<i>All</i>	<i>1022</i>	<i>2000</i>	<i>1802</i>	<i>1534</i>	<i>1572</i>	<i>7930</i>

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Table 11.16 Blood pressure monitoring, by age and sex

Most recent blood pressure measurement	Age					1995
						Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Within 12 months	31	39	40	50	58	43
One year but less than three	24	25	28	23	21	25
Three years or more ^a	18	23	26	22	17	22
Never	27	12	5	5	3	11
Women						
Within 12 months	64	70	55	63	62	63
One year but less than three	16	19	23	20	22	20
Three years or more ^a	8	10	22	16	15	14
Never	12	1	1	1	1	3
All						
Within 12 months	47	55	48	56	60	53
One year but less than three	20	22	25	22	21	22
Three years or more ^a	13	17	24	19	16	18
Never	20	6	3	3	2	7
<i>Bases (weighted)</i>						
<i>Men</i>	721	977	851	749	600	3898
<i>Women</i>	695	990	870	777	665	3998
<i>All</i>	1416	1967	1721	1527	1265	7896
<i>Bases (unweighted)</i>						
<i>Men</i>	473	837	811	709	689	3519
<i>Women</i>	546	1160	992	825	884	4407
<i>All</i>	1019	1997	1803	1534	1573	7926

Includes a small number who could not recall when their blood pressure was last measured.

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Table 11.17 Blood pressure monitoring, by region and sex

Most recent blood pressure measurement	Region								1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		%
	%	%	%	%	%	%	%		%
Men									
Within 12 months	43	42	40	39	47	42	47		43
One year but less than three	22	28	24	29	22	26	20		25
Three years or more ^a	24	20	23	23	20	22	22		22
Never	11	9	12	9	11	10	11		11
Women									
Within 12 months	57	60	63	64	65	63	66		63
One year but less than three	22	21	19	22	18	22	19		20
Three years or more ^a	16	17	15	12	14	13	13		14
Never	5	2	4	2	3	2	3		3
<i>Bases (weighted)</i>									
<i>Men</i>	210	753	896	179	629	703	527		3898
<i>Women</i>	209	681	863	194	764	731	556		3998
<i>Bases (unweighted)</i>									
<i>Men</i>	352	590	709	296	508	606	458		3519
<i>Women</i>	424	651	825	393	737	804	573		4407

Includes a small number who could not recall when their blood pressure was last measured.

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Table 11.18 Blood pressure monitoring for those with a CVD condition, by age and sex

Doctor-diagnosed CVD condition

1995

Most recent blood pressure measurement	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Within 12 months	[49]	55	59	73	80	69
One year but less than three	[40]	12	23	15	13	17
Three years or more ^a	[10]	33	17	12	7	13
Never	-	-	1	-	0	0
Women						
Within 12 months	83	81	77	76	80	79
One year but less than three	12	12	13	16	14	14
Three years or more ^a	6	7	10	7	6	7
Never	-	-	-	-	-	-
All						
Within 12 months	71	69	68	75	80	74
One year but less than three	22	12	18	16	14	15
Three years or more ^a	7	19	13	10	6	10
Never	-	-	0	-	0	0
<i>Bases (weighted)</i>						
<i>Men</i>	37	92	139	207	267	741
<i>Women</i>	67	108	143	216	267	802
<i>All</i>	104	200	283	423	534	1544
<i>Bases (unweighted)</i>						
<i>Men</i>	26	85	139	199	304	753
<i>Women</i>	57	125	163	239	364	948
<i>All</i>	83	210	302	438	668	1701

^aIncludes a small number of informants who could not recall when their blood pressure was last measured.

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Table 11.19 Cholesterol monitoring, by age and sex

Most recent cholesterol measurement	Age					1995
						Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Within 12 months	2	7	12	16	20	11
One year but less than three	3	8	16	15	15	11
Three years or more ^a	2	5	10	17	16	9
Never	94	80	62	53	50	69
Women						
Within 12 months	3	5	6	10	15	8
One year but less than three	3	8	10	11	12	9
Three years or more ^a	1	5	8	10	10	7
Never	94	82	75	69	63	77
All						
Within 12 months	2	6	9	13	17	9
One year but less than three	3	8	13	13	13	10
Three years or more ^a	1	5	9	14	13	8
Never	94	81	68	61	57	73
<i>Bases (weighted)</i>						
<i>Men</i>	715	970	841	739	584	3849
<i>Women</i>	685	975	859	768	658	3945
<i>All</i>	1400	1945	1700	1507	1242	7794
<i>Bases (unweighted)</i>						
<i>Men</i>	470	833	801	698	673	3475
<i>Women</i>	536	1144	978	811	874	4343
<i>All</i>	1006	1977	1779	1509	1547	7818

^aIncludes a small number of informants who could not recall when their cholesterol was last measured.

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Table 11.20 Cholesterol monitoring, by region and sex

Most recent cholesterol measurement	Region								1995
									Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde		
	%	%	%	%	%	%	%	%	%
Men									
Within 12 months	13	11	9	12	11	11	9		11
One year but less than three	8	12	8	12	12	15	11		11
Three years or more ^a	5	8	6	15	13	10	10		9
Never	75	69	77	61	64	64	70		69
Women									
Within 12 months	5	8	7	6	8	7	10		8
One year but less than three	7	9	6	8	9	12	9		9
Three years or more ^a	5	6	4	12	11	6	7		7
Never	83	78	82	74	72	75	74		77
All									
Within 12 months	9	9	8	9	10	9	9		9
One year but less than three	7	11	7	10	10	13	10		10
Three years or more ^a	5	7	5	13	12	8	9		8
Never	79	73	80	68	68	69	72		73
<i>Bases (weighted)</i>									
Men	210	745	883	177	616	695	524		3849
Women	207	676	850	193	747	719	553		3945
All	417	1421	1733	370	1363	1413	1076		7794
<i>Bases (unweighted)</i>									
Men	351	584	696	292	499	599	454		3475
Women	419	645	811	392	717	791	568		4343
All	770	1229	1507	684	1216	1390	1022		7818

^aIncludes a small number of informants who could not recall when their cholesterol was last measured.

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Table 11.21 Cholesterol monitoring, by social class of chief income earner and sex

Most recent cholesterol measurement	Social class of chief income earner						1995 Total ^b
	I %	II %	IIINM %	IIIM %	IV %	V %	%
Men							
Within 12 months	10	12	9	10	12	5	11
One year but less than three	17	13	11	11	8	7	11
Three years or more ^a	13	12	13	7	8	3	9
Never	60	63	67	71	72	85	69
Women							
Within 12 months	10	5	9	9	7	10	8
One year but less than three	7	11	9	8	9	9	9
Three years or more ^a	12	9	7	5	7	8	7
Never	71	75	76	78	78	74	77
All							
Within 12 months	10	9	9	10	9	8	9
One year but less than three	12	12	10	10	8	8	10
Three years or more ^a	13	10	9	6	7	6	8
Never	65	69	73	74	75	79	73
<i>Bases (weighted)</i>							
Men	261	1004	442	1225	528	174	3849
Women	252	980	677	1026	541	200	3945
All	514	1983	1119	2251	1069	374	7794
<i>Bases (unweighted)</i>							
Men	232	869	376	1110	504	190	3475
Women	250	1063	819	1016	656	259	4343
All	482	1932	1195	2126	1160	449	7818

^aIncludes a small number of informants who could not recall when their cholesterol was last measured.

^bThe total includes informants whose social class was unknown.

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Table 11.22 Prevalence of prescribed medicine taking, by age and sex

<i>All</i>						<i>1995</i>
Number of medicines taken	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
None	80	79	70	60	43	68
One	12	12	18	21	20	16
Two	5	6	7	9	14	8
Three	2	2	3	4	7	3
Four	1	1	1	2	6	2
Five or more	0	0	0	4	9	2
Women						
None	74	71	65	40	31	58
One	15	19	21	30	23	22
Two	6	5	7	13	18	10
Three	2	2	4	8	11	5
Four	1	1	1	4	6	2
Five or more	1	1	1	4	11	3
All						
None	77	75	67	50	37	63
One	14	15	20	25	21	19
Two	6	6	7	11	16	9
Three	2	2	4	6	9	4
Four	1	1	1	3	6	2
Five or more	0	1	1	4	10	3
<i>Bases (weighted)</i>						
<i>Men</i>	629	875	758	673	532	3467
<i>Women</i>	588	822	783	697	563	3453
<i>All</i>	1217	1697	1542	1369	1095	6919
<i>Bases (unweighted)</i>						
<i>Men</i>	405	744	712	630	606	3097
<i>Women</i>	460	967	889	734	754	3804
<i>All</i>	865	1711	1601	1364	1360	6901

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Table 11.23 Category of prescribed medicines taken, by age and sex

<i>All</i>						<i>1995</i>
Medicines	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Cardiovascular	0	1	4	14	29	8
Gastrointestinal	1	3	6	9	14	6
Respiratory	11	8	6	6	8	7
Central nervous system	2	4	8	13	20	9
Infections	4	3	4	2	3	3
Endocrine	0	1	2	3	5	2
Obstetrics and gynaecology	-	-	-	1	1	0
Cytotoxic	-	0	0	0	0	0
Nutrition and blood	-	0	0	1	2	1
Musculo-skeletal	1	2	4	7	11	5
Eye, ear, nose and throat	2	2	3	1	3	2
Skin	3	2	3	3	2	3
Other	-	-	-	-	-	-
None of these	80	79	70	60	43	68
Women						
Cardiovascular	1	2	5	16	33	10
Gastrointestinal	1	3	5	10	14	6
Respiratory	10	7	6	8	11	8
Central nervous system	5	8	11	17	22	12
Infections	3	4	3	3	4	3
Endocrine	2	3	7	30	25	13
Obstetrics and gynaecology	-	0	1	1	1	1
Cytotoxic	-	0	0	2	1	1
Nutrition and blood	3	4	2	4	4	3
Musculo-skeletal	2	3	5	8	14	6
Eye, ear, nose and throat	2	1	2	3	4	2
Skin	2	4	3	2	3	3
Other	0	0	-	-	-	0
None of these	74	71	65	40	31	58
<i>Bases (weighted)</i>						
<i>Men</i>	629	875	758	673	532	3467

<i>Women</i>	588	822	783	697	563	3453
<i>Bases (unweighted)</i>						
<i>Men</i>	405	744	712	630	606	3097
<i>Women</i>	460	967	889	734	754	3804

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Table 11.24 Category of prescribed medicines taken by people with a CVD condition, by age and sex

<i>Doctor-diagnosed CVD condition</i>						<i>1995</i>
Medicines	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Cardiovascular	[4]	6	19	46	62	39
Gastrointestinal	-	11	7	14	19	13
Respiratory	[8]	7	5	5	10	7
Central nervous system	[7]	13	13	20	26	19
Infections	-	2	3	4	3	3
Endocrine	[6]	7	7	8	7	8
Obstetrics and gynaecology	-	-	-	2	1	1
Cytotoxic	-	-	-	0	-	0
Nutrition and blood	-	3	-	3	3	3
Musculo-skeletal	-	5	10	10	14	10
Eye, ear, nose and throat	-	-	4	1	3	2
Skin	[1]	1	4	2	2	2
Other	-	2	1	-	-	0
None of these	[80]	65	48	37	20	39
Women						
Cardiovascular	[5]	10	16	47	69	41
Gastrointestinal	[7]	11	5	10	21	13
Respiratory	[9]	7	5	10	13	10
Central nervous system	[11]	16	20	22	26	21
Infections	-	2	4	4	6	4
Endocrine	[10]	12	16	38	29	25
Obstetrics and gynaecology	-	-	0	1	0	0
Cytotoxic	-	-	-	-	0	0
Nutrition and blood	[9]	5	1	4	5	4
Musculo-skeletal	[4]	4	4	13	15	10
Eye, ear, nose and throat	[5]	1	1	4	4	3
Skin	[2]	6	2	0	5	3
Other	-	1	1	0	1	1
None of these	[58]	60	56	30	14	36
<i>Bases (weighted)</i>						
<i>Men</i>	<i>31</i>	<i>89</i>	<i>125</i>	<i>183</i>	<i>235</i>	<i>663</i>

<i>Women</i>	52	88	130	191	229	691
<i>Bases (unweighted)</i>						
<i>Men</i>	22	80	122	172	266	662
<i>Women</i>	45	102	149	212	315	823

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Table 11.25 Contraceptive pill use, by age

Women aged 16-54					1995
Contraceptive pill or injection	Age				Total
	16-24	25-34	35-44	45-54	
	%	%	%	%	%
Women					
Using pill	41	38	10	1	23
Not using pill	59	62	90	99	77
(Menstruating)	56	55	80	52	61
(Not menstruating)	3	7	10	46	16
<i>Bases (weighted)</i>	673	982	848	761	3265
<i>Bases (unweighted)</i>	533	1149	970	803	3455

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Table 11.26 Hormone replacement therapy, by age

Women aged 25-64					1995	
HRT	Age				Total	
		25-34	35-44	45-54	55-64	
		%	%	%	%	%
Women						
Yes- now		1	4	26	16	11
Yes - in past		1	3	13	14	7
No		98	93	61	70	83
<i>Bases (weighted)</i>		990	869	777	664	3301
<i>Bases (unweighted)</i>		1160	991	825	883	3859

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Table 11.27 Prevalence of false teeth, by age and sex

<i>All</i>						<i>1995</i>
Teeth	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
All own teeth	92	83	70	54	36	69
Some false/some own	8	16	25	33	30	22
All false teeth	0	2	5	13	34	9
Women						
All own teeth	96	85	71	45	26	66
Some false/some own	4	13	24	35	30	21
All false teeth	0	2	5	20	45	13
All						
All own teeth	94	84	70	49	31	68
Some false/some own	6	14	25	34	30	21
All false teeth	0	2	5	17	40	11
<i>Bases (weighted)</i>						
<i>Men</i>	723	979	851	749	600	3902
<i>Women</i>	695	990	870	777	665	3998
<i>All</i>	1418	1969	1721	1527	1265	7900
<i>Bases (unweighted)</i>						
<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408
<i>All</i>	1022	2000	1803	1534	1573	7932

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Table 11.28 Prevalence of false teeth, by social class of chief income earner and sex

Teeth	Social class of chief income earner						1995
							Total ^a
	I	II	IIINM	IIIM	IV	V	%
	%	%	%	%	%	%	%
Men							
All own teeth	78	74	70	64	65	61	69
Some false/some own	18	20	22	25	24	19	22
All false teeth	4	6	8	11	11	20	9
Women							
All own teeth	78	72	69	61	58	49	66
Some false/some own	19	21	21	22	23	25	21
All false teeth	3	7	10	17	19	27	13
All							
All own teeth	78	73	69	62	61	54	68
Some false/some own	18	20	21	24	24	22	21
All false teeth	3	7	10	14	15	24	11
<i>Bases (weighted)</i>							
<i>Men</i>	267	1012	448	1244	532	179	3902
<i>Women</i>	253	983	689	1042	548	207	3998
<i>All</i>	520	1995	1136	2286	1080	386	7900
<i>Bases (unweighted)</i>							
<i>Men</i>	236	874	383	1129	509	196	3524
<i>Women</i>	252	1068	834	1032	665	268	4408
<i>All</i>	488	1942	1217	2161	1174	464	7932

^aThe total includes informants whose social class was unknown.

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Table 11.29 Prevalence of false teeth, by region and sex

Teeth	Region							1995
								Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
All own teeth	73	73	71	64	69	62	69	69
Some false/some own	19	19	21	24	23	25	22	22
All false teeth	8	8	8	12	8	13	9	9
Women								
All own teeth	65	68	70	60	62	64	69	66
Some false/some own	24	18	21	27	23	22	17	21
All false teeth	12	14	9	13	15	15	14	13
All								
All own teeth	69	71	70	62	65	63	69	68
Some false/some own	21	19	21	26	23	23	19	21
All false teeth	10	11	9	13	12	14	11	11
<i>Bases (weighted)</i>								
<i>Men</i>	213	753	896	179	629	704	527	3902
<i>Women</i>	210	681	863	194	764	731	556	3998
<i>All</i>	423	1434	1759	373	1393	1435	1083	7900
<i>Bases (unweighted)</i>								
<i>Men</i>	356	590	709	296	508	607	458	3524
<i>Women</i>	425	651	825	393	737	804	573	4408
<i>All</i>	781	1241	1534	689	1245	1411	1031	7932

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Table 11.30 Type of toothpaste used, by age and sex

All/some own teeth

Type of toothpaste	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Flouride		95	95	93	84	77	90
Non-flouride		3	3	5	10	13	6
Does not use toothpaste		1	1	1	2	7	2
Don't know		1	1	1	4	4	2
Women							
Flouride		93	97	95	85	83	92
Non-flouride		5	2	5	13	14	7
Does not use toothpaste		0	0	0	1	0	0
Don't know		2	1	1	1	2	1
All							
Flouride		94	96	94	85	80	91
Non-flouride		4	3	5	11	13	6
Does not use toothpaste		1	1	1	1	4	1
Don't know		1	1	1	3	3	1
<i>Bases (weighted)</i>							
<i>Men</i>		723	964	808	652	396	3542
<i>Women</i>		695	968	827	620	369	3479
<i>All</i>		1417	1932	1635	1272	765	7021
<i>Bases (unweighted)</i>							
<i>Men</i>		474	826	770	603	442	3115
<i>Women</i>		546	1135	936	647	490	3754
<i>All</i>		1020	1961	1706	1250	932	6869

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Table 11.31 Frequency of teeth brushing, by age and sex

All/some own teeth

Frequency	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
More than once a day		64	62	65	56	50	60
Once a day		29	30	29	33	37	31
Less than once a day		8	8	6	11	13	9
Women							
More than once a day		83	84	85	79	78	82
Once a day		16	14	14	20	21	16
Less than once a day		2	3	2	2	1	2
All							
More than once a day		73	73	75	67	63	71
Once a day		22	22	21	26	29	23
Less than once a day		5	5	4	6	7	5
<i>Bases (weighted)</i>							
<i>Men</i>		723	964	808	652	396	3542
<i>Women</i>		695	968	827	620	369	3479
<i>All</i>		1417	1932	1635	1272	765	7021
<i>Bases (unweighted)</i>							
<i>Men</i>		474	826	770	603	442	3115
<i>Women</i>		546	1135	936	647	490	3754
<i>All</i>		1020	1961	1706	1250	932	6869

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Table 11.32 Frequency of teeth brushing, by social class of chief income earner and sex

All/some own teeth

Frequency	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
	%	%	%	%	%	%	%
Men							
More than once a day	76	69	62	54	53	47	60
Once a day	22	27	33	34	36	33	31
Less than once a day	2	4	5	12	12	20	9
Women							
More than once a day	94	88	83	80	75	64	82
Once a day	6	12	16	19	20	31	16
Less than once a day	1	1	2	2	4	5	2
All							
More than once a day	85	78	75	65	64	56	71
Once a day	14	19	23	27	28	32	23
Less than once a day	1	3	3	7	8	12	5
<i>Bases (weighted)</i>							
<i>Men</i>	257	949	411	1104	471	143	3542
<i>Women</i>	246	910	617	865	443	151	3479
<i>All</i>	503	1859	1028	1969	914	294	7021
<i>Bases (unweighted)</i>							
<i>Men</i>	227	809	344	968	442	145	3115
<i>Women</i>	243	975	736	834	529	185	3754
<i>All</i>	470	1784	1080	1802	971	330	6869

^aThe total includes informants whose social class was unknown.

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Table 11.33 Frequency of attending a dentist, by age and sex

All/some own teeth

Frequency	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
More often than every 6 months	4	2	3	3	3	3
Every 6 months	52	45	51	46	42	48
Every 12 months	12	17	16	14	12	14
Every 24 months	5	5	3	3	4	4
At longer intervals	13	16	14	15	17	15
Never	15	15	14	20	22	16
Women						
More often than every 6 months	5	3	3	4	4	4
Every 6 months	59	66	68	58	55	62
Every 12 months	13	13	11	13	13	12
Every 24 months	5	4	4	4	3	4
At longer intervals	11	8	7	12	15	10
Never	8	7	7	10	10	8
All						
More often than every 6 months	5	3	3	3	3	3
Every 6 months	55	55	59	52	48	55
Every 12 months	12	15	13	13	12	13
Every 24 months	5	4	3	3	4	4
At longer intervals	12	12	10	13	16	12
Never	11	11	11	15	17	12
<i>Bases (weighted)</i>						
<i>Men</i>	723	964	808	652	396	3542
<i>Women</i>	695	968	827	620	369	3479
<i>All</i>	1417	1932	1635	1272	765	7021
<i>Bases (unweighted)</i>						
<i>Men</i>	474	826	770	603	442	3115
<i>Women</i>	546	1135	936	647	490	3754
<i>All</i>	1020	1961	1706	1250	932	6869

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Table 11.34 Frequency of attending a dentist, by region and sex

All/some own teeth

Frequency	Region							1995
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	Total
	%	%	%	%	%	%	%	%
Men								
More often than every 6 months	4	2	3	2	2	5	2	3
Every 6 months	46	53	49	54	43	41	48	48
Every 12 months	12	15	14	17	15	14	14	14
Every 24 months	7	2	6	4	4	4	4	4
At longer intervals	19	14	15	15	13	18	11	15
Never	13	13	13	8	23	18	21	16
Women								
More often than every 6 months	6	6	3	4	4	3	3	4
Every 6 months	59	67	65	67	57	59	63	62
Every 12 months	11	12	12	10	12	11	16	12
Every 24 months	6	1	4	5	4	6	2	4
At longer intervals	13	8	9	9	10	13	8	10
Never	6	5	7	4	13	8	7	8
All								
More often than every 6 months	5	4	3	3	3	4	3	3
Every 6 months	52	60	57	61	51	50	56	55
Every 12 months	12	13	13	14	13	13	15	13
Every 24 months	6	2	5	4	4	5	3	4
At longer intervals	16	12	12	12	11	16	9	12
Never	10	10	10	6	18	13	14	12
<i>Bases (weighted)</i>								
<i>Men</i>	<i>197</i>	<i>693</i>	<i>822</i>	<i>158</i>	<i>577</i>	<i>616</i>	<i>479</i>	<i>3542</i>
<i>Women</i>	<i>185</i>	<i>587</i>	<i>785</i>	<i>168</i>	<i>652</i>	<i>623</i>	<i>480</i>	<i>3479</i>
<i>All</i>	<i>382</i>	<i>1279</i>	<i>1608</i>	<i>326</i>	<i>1229</i>	<i>1239</i>	<i>959</i>	<i>7021</i>
<i>Bases (unweighted)</i>								
<i>Men</i>	<i>319</i>	<i>527</i>	<i>638</i>	<i>254</i>	<i>457</i>	<i>515</i>	<i>405</i>	<i>3115</i>

<i>Women</i>	369	549	736	330	608	675	487	3754	
<i>All</i>	688	1076	1374	584	1065	1190	892		6869

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Table 11.35 Frequency of attending a dentist, by social class of chief income earner and sex

All/some own teeth

Frequency	Social class of chief income earner						1995
	I	II	IIINM	IIIM	IV	V	Total ^a
	%	%	%	%	%	%	%
Men							
More often than every 6 months	7	3	3	1	4	3	3
Every 6 months	55	54	53	42	48	33	48
Every 12 months	18	16	11	14	12	12	14
Every 24 months	3	4	2	5	5	2	4
At longer intervals	8	13	15	16	13	26	15
Never	9	11	16	22	18	24	16
Women							
More often than every 6 months	4	4	3	3	3	2	4
Every 6 months	74	68	63	59	56	52	62
Every 12 months	11	13	12	12	13	12	12
Every 24 months	3	4	3	4	3	4	4
At longer intervals	7	6	11	12	13	12	10
Never	2	4	8	9	12	17	8
All							
More often than every 6 months	6	4	3	2	3	2	3
Every 6 months	64	61	59	50	52	43	55
Every 12 months	14	15	12	13	12	12	13
Every 24 months	3	4	3	5	4	3	4
At longer intervals	7	10	12	14	13	19	12
Never	6	8	11	16	15	21	12
<i>Bases (weighted)</i>							
<i>Men</i>	<i>257</i>	<i>949</i>	<i>411</i>	<i>1104</i>	<i>471</i>	<i>143</i>	<i>3542</i>
<i>Women</i>	<i>246</i>	<i>910</i>	<i>617</i>	<i>865</i>	<i>443</i>	<i>151</i>	<i>3479</i>
<i>All</i>	<i>503</i>	<i>1859</i>	<i>1028</i>	<i>1969</i>	<i>914</i>	<i>294</i>	<i>7021</i>
<i>Bases (unweighted)</i>							
<i>Men</i>	<i>227</i>	<i>809</i>	<i>344</i>	<i>968</i>	<i>442</i>	<i>145</i>	<i>3115</i>
<i>Women</i>	<i>243</i>	<i>975</i>	<i>736</i>	<i>834</i>	<i>529</i>	<i>185</i>	<i>3754</i>
<i>All</i>	<i>470</i>	<i>1784</i>	<i>1080</i>	<i>1802</i>	<i>971</i>	<i>330</i>	<i>6869</i>

^aThe total includes informants whose social class was unknown.

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Table 11.11 Rate of GP consultation in two week period, by age and sex

<i>All</i>						<i>1995</i>
Consulted GP	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Yes	11	13	14	13	18	14
No	89	87	86	87	82	86
Women						
Yes	22	24	18	24	22	22
No	78	76	82	76	78	78
All						
Yes	16	19	16	19	20	18
No	84	81	84	81	80	82
<i>Bases (weighted)</i>						
<i>Men</i>	<i>723</i>	<i>979</i>	<i>851</i>	<i>749</i>	<i>599</i>	<i>3901</i>
<i>Women</i>	<i>695</i>	<i>990</i>	<i>870</i>	<i>777</i>	<i>665</i>	<i>3998</i>
<i>All</i>	<i>1418</i>	<i>1969</i>	<i>1721</i>	<i>1527</i>	<i>1264</i>	<i>7899</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>475</i>	<i>840</i>	<i>811</i>	<i>709</i>	<i>688</i>	<i>3523</i>
<i>Women</i>	<i>547</i>	<i>1160</i>	<i>992</i>	<i>825</i>	<i>884</i>	<i>4408</i>
<i>All</i>	<i>1022</i>	<i>2000</i>	<i>1803</i>	<i>1534</i>	<i>1572</i>	<i>7931</i>

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Table 12.1 GHQ12 score, by age and sex

All with a valid GHQ12 score

GHQ12 score	Age					1995 Total
	16-24 %	25-34 %	35-44 %	45-54 %	55-64 %	%
Men						
0	61	60	62	59	57	60
1-3	29	29	25	24	25	27
4	5	3	4	4	2	4
5	1	2	2	2	3	2
6	0	1	1	3	3	1
7	1	2	1	2	2	1
8	1	1	1	1	2	1
9	1	1	1	2	1	1
10+	1	2	2	3	4	2
Women						
0	54	51	57	56	57	55
1-3	30	26	24	23	27	26
4	4	6	4	6	4	5
5	3	3	3	3	2	3
6	5	3	3	2	2	3
7	1	3	2	2	3	2
8	1	1	2	2	1	1
9	0	1	1	2	1	1
10+	2	5	4	6	3	4
<i>Bases (weighted)</i>						
<i>Men</i>	709	962	834	737	583	3825
<i>Women</i>	684	975	854	768	645	3924
<i>Bases (unweighted)</i>						
<i>Men</i>	467	822	795	694	670	3448
<i>Women</i>	540	1141	976	811	858	4326

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Table 12.2 Comparison of GHQ12 score for Scotland and England, by age and sex

All with a valid GHQ12 score

GHQ12 score of 4 or more	Age						1995
		16-24	25-34	35-44	45-54	55-64	Total
		%	%	%	%	%	%
Men							
Scotland		9	11	12	17	17	13
England		12	12	16	17	14	14
Women							
Scotland		16	23	19	22	16	19
England		21	21	21	21	19	21
<i>Bases (weighted)</i>							
<i>Scotland</i>							
<i>Men</i>		709	962	834	737	583	3825
<i>Women</i>		684	975	854	768	645	3924
<i>Bases (unweighted)</i>							
<i>Men</i>							
<i>Scotland</i>		467	822	795	694	670	3448
<i>England</i>		906	1372	1343	1161	963	5745
<i>Women</i>							
<i>Scotland</i>		540	1141	976	811	858	4326
<i>England</i>		1058	1697	1477	1351	1093	6676

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Table 12.3 GHQ12 score, by region and sex

All with a valid GHQ12 score

GHQ12 score	Region							1995 Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	%
	%	%	%	%	%	%	%	%
Men								
0	64	61	59	68	54	61	61	60
1-3	25	27	30	21	28	24	25	27
4 or more	11	12	12	11	18	14	13	13
Women								
0	67	57	53	62	47	54	58	55
1-3	21	25	28	22	27	27	25	26
4 or more	12	18	19	16	26	19	18	19
<i>Bases (weighted)</i>								
<i>Men</i>	211	742	879	176	608	695	515	3825
<i>Women</i>	205	671	851	191	736	715	554	3924
<i>Bases (unweighted)</i>								
<i>Men</i>	351	579	693	291	491	595	448	3448
<i>Women</i>	415	642	814	387	712	786	570	4326

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Table 12.4 GHQ12 score, by residential area type and sex

All with a valid GHQ12 score

GHQ12 score	Residential area type					1995
	Urban/city centre	Small country town	Suburban	Rural residential/ village	Rural agricultural	Total
	%	%	%	%	%	%
Men						
0	58	62	59	60	69	60
1-3	26	28	27	27	22	27
4 or more	16	10	14	13	10	13
Women						
0	52	63	52	59	62	55
1-3	25	22	28	23	21	26
4 or more	23	16	20	17	17	19
<i>Bases (weighted)</i>						
<i>Men</i>	493	343	2252	518	217	3835
<i>Women</i>	499	310	2368	565	180	3924
<i>Bases (unweighted)</i>						
<i>Men</i>	457	340	1896	495	259	3448
<i>Women</i>	544	381	2482	663	255	4326

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Table 12.5 GHQ12 score, by social class of chief income earner and sex

All with a valid GHQ12 score

GHQ12 score	Social class of chief income earner						1995
							Total ^a
	I	II	IIINM	IIIM	IV	V	%
	%	%	%	%	%	%	
Men							
0	58	61	58	63	62	50	60
1-3	32	30	28	23	24	26	27
4 or more	10	9	14	14	13	24	13
Women							
0	61	55	55	58	47	52	55
1-3	26	27	23	24	30	25	26
4 or more	14	18	22	17	23	23	19
<i>Bases (weighted)</i>							
<i>Men</i>	264	992	442	1218	521	176	3825
<i>Women</i>	248	968	681	1020	541	197	3924
<i>Bases (unweighted)</i>							
<i>Men</i>	233	859	375	1103	496	190	3448
<i>Women</i>	246	1051	823	1014	656	257	4326

^aThe total includes informants whose social class was unknown.

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Table 12.6 GHQ12 score, by economic activity status and sex

All with a valid GHQ12 score

1995

GHQ12 score	Economic activity status						Total ^c
	Full time student	In work	Unemployed ^a	Permanently unable to work	Other activity ^b		
	%	%	%	%	%	%	
Men							
0	58	65	53	28	56	*	60
1-3	34	26	21	31	33	*	27
4 or more	8	9	26	41	12	*	13
	Full time student	In work	Unemployed ^a	Permanently unable to work	Looking after home/other activity	Retired	
Women							
0	52	60	38	22	50	56	55
1-3	32	25	23	33	26	25	26
4 or more	17	15	39	45	24	19	19
<i>Bases (weighted)</i>							
<i>Men</i>	294	2734	309	347	140	*	3825
<i>Women</i>	277	2265	108	189	862	222	3924
<i>Bases (unweighted)</i>							
<i>Men</i>	180	2408	310	382	168	*	3448
<i>Women</i>	204	2413	133	243	332	1001	4326

^aIncludes those unable to work due to temporary illness.

^bBecause of the small number of retired men in the sample, they are included in the 'other activity' category.

^cThe total includes informants whose activity status was unknown.

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Table 12.7 GHQ12 score, by marital status and sex

All with a valid GHQ12 score

GHQ12 score	Marital status						1995 Total
	Married %	Co-habiting %	Widowed %	Divorced %	Separated %	Single %	%
Men							
0	61	59	47	54	46	60	60
1-3	26	30	29	21	19	28	27
4 or more	12	11	24	25	35	12	13
Women							
0	58	49	48	45	37	53	55
1-3	24	28	29	28	28	29	26
4 or more	18	23	24	28	35	18	19
<i>Bases (weighted)</i>							
<i>Men</i>	2237	229	47	120	76	1116	3825
<i>Women</i>	2324	230	138	207	146	879	3924
<i>Bases (unweighted)</i>							
<i>Men</i>	1872	194	75	202	117	988	3448
<i>Women</i>	2302	241	242	362	241	938	4326

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Table 12.8 GHQ12 score, by estimated alcohol consumption level and sex

All with a valid GHQ12 score

GHQ12 score	Estimated alcohol consumption level (units per week)								1995
	Never drank	Ex-drinker	<1	1-10	>10-21	>21-35	>35-50	>50	Total ^a
	%	%	%	%	%	%	%	%	%
Men									
0	69	46	63	63	62	57	59	51	60
1-3	22	27	19	26	27	31	27	28	27
4 or more	9	27	18	13	11	12	15	21	13
	Never drank	Ex-drinker	<1	1-7	>7-14	>14-21	>21		
Women									
0	61	47	53	56	54	57	45	*	55
1-3	23	24	27	24	29	25	32	*	26
4 or more	17	30	20	20	17	18	24	*	19
<i>Bases (weighted)</i>									
<i>Men</i>	112	96	281	1051	1013	662	288	303	3825
<i>Women</i>	251	131	650	1632	734	317	197	*	3924
<i>Bases (unweighted)</i>									
<i>Men</i>	88	103	259	954	883	602	265	283	3448
<i>Women</i>	274	158	754	1763	813	346	210	*	4326

^aThe total includes informants whose alcohol consumption level was unknown.

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Table 12.9 GHQ12 score, by current smoking status and sex

All with a valid GHQ12 score

GHQ12 score	Current smoking status (cigarettes per day)				1995 Total ^a
	Not a current smoker	Light (1-9)	Moderate (10- 19)	Heavy (20 or more)	
	%	%	%	%	%
Men					
0	62	62	59	51	60
1-3	27	23	25	28	27
4 or more	11	15	17	21	13
Women					
0	58	47	52	45	55
1-3	25	29	27	27	26
4 or more	17	24	20	28	19
<i>Bases (weighted)</i>					
<i>Men</i>	2531	220	485	584	3825
<i>Women</i>	2518	284	598	521	3924
<i>Bases (unweighted)</i>					
<i>Men</i>	2222	192	435	594	3448
<i>Women</i>	2686	315	695	627	4326

^aThe total includes informants whose current smoking status was unknown.

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Table 12.10 GHQ12 score, by physical activity level and sex

All with a valid GHQ12 score

GHQ12 score	Frequency-intensity level						1995 Total ^a
	0 %	1 %	2 %	3 %	4 %	5 %	%
Men							
0	51	62	61	63	62	67	60
1-3	28	28	27	25	28	25	27
4 or more	21	10	12	12	11	8	13
Women							
0	52	56	57	54	56	55	55
1-3	27	25	25	25	27	30	26
4 or more	22	19	18	20	18	14	19
<i>Bases (weighted)</i>							
<i>Men</i>	863	620	653	773	378	515	3825
<i>Women</i>	1012	705	789	867	336	194	3924
<i>Bases (unweighted)</i>							
<i>Men</i>	818	558	582	735	311	419	3448
<i>Women</i>	1096	770	883	980	367	204	4326

^aThe total includes informants whose frequency-intensity level was unknown.

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Table 12.11 Relationship of psychosocial well-being to self-reported health measures, by sex

All with a valid GHQ12 score

GHQ12 score	Self reported health			Long-standing illness		Acute sickness in last two weeks		1995 Total ^a
	Very good/ good	Fair	Bad/ very bad	Yes	No	Yes	No	
	%	%	%	%	%	%	%	%
Men								
0	66	48	17	47	67	34	64	60
1-3	25	32	31	31	24	36	25	27
4 or more	9	20	52	22	9	30	11	13
Women								
0	61	37	12	43	61	34	59	55
1-3	24	33	28	30	24	29	25	26
4 or more	15	31	59	27	15	37	16	19
<i>Bases (weighted)</i>								
<i>Men</i>	2948	666	211	1290	2535	498	3327	3825
<i>Women</i>	3041	715	169	1393	2532	645	3280	3924
<i>Bases (unweighted)</i>								
<i>Men</i>	2602	622	224	1258	2190	469	2979	3448
<i>Women</i>	3286	827	213	1611	2715	724	3602	4326

^aThe total is for all informants.

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Table 12.12 Estimated odds ratios from logistic regression of high GHQ12 scores, by sex

All with a valid GHQ12 score

1995

Variable	Odds ratio	Approximate 95% C.I. ^a	Variable	Odds ratio	Approximate 95% C.I. ^a
Men			Women		
Economic activity (p<0.001)			Age (p<0.001)		
Full time student	0.88	0.55, 1.42	16-24 ^b	1.00	
In work ^b	1.00		25-34	1.59	1.15, 2.21
Unemployed	3.29	2.43, 4.45	35-44	1.30	0.90, 1.86
Permanently unable to work	6.43	4.93, 8.40	45-54	1.39	0.96, 2.02
Other	1.33	0.77, 2.28	55-64	0.74	0.49, 1.14
Marital status (p=0.003)			Region (p=0.001)		
Married ^b	1.00		Highland & Islands ^b	1.00	
Co-habiting	0.90	0.56, 1.43	Grampian & Tayside	1.62	1.00, 2.64
Widowed	1.27	0.61, 2.65	Lothian & Fife	1.81	1.12, 2.90
Divorced	1.34	0.83, 2.16	Borders, Dumfries & Galloway	1.54	0.85, 2.78
Separated	2.98	1.75, 5.08	Greater Glasgow	2.44	1.52, 3.92
Single	1.03	0.80, 1.32	Lanarkshire, Ayrshire & Arran	1.60	0.99, 2.59
			Forth Valley, Argyll & Clyde	1.64	1.00, 2.68
Alcohol consumption (p=0.013)			Economic activity (p<0.001)		
Never drank ^b	1.00		Full time student	1.32	0.88, 1.98
Ex-drinker	3.06	1.26, 7.43	In work ^b	1.00	
<1 unit percent	2.50	1.12, 5.58	Unemployed	3.59	2.35, 5.49
1-10 units per week	1.87	0.87, 4.03	Permanently unable to work	4.47	3.22, 6.22
>10-21 units per week	1.82	0.84, 3.92	Retired	2.02	1.29, 3.14
>21-35 units per week	2.02	0.93, 4.40	Looking after home/other	1.74	1.42, 2.13
>35-50 units per week	2.66	1.18, 6.00			
>50 units per week	3.25	1.46, 7.21	Marital status (p=0.006)		
			Married ^b	1.00	
			Co-habiting	1.15	0.82, 1.63
			Widowed	1.52	0.97, 2.37
			Divorced	1.32	0.94, 1.87
			Separated	1.96	1.35, 2.85

Single	1.06	0.80, 1.40
Current smoking status (p=0.001)		
Not current smoker ^b	1.00	
Light smoker (1-9 cigarettes per day)	1.45	1.07, 1.96
Moderate smoker (10-19 cigarettes per day)	1.03	0.82, 1.31
Heavy smoker (20 or more cigarettes per day)	1.49	1.18, 1.88

aC.I. = confidence interval. Weighted data was used in the logistic regression analysis and the odds ratios can be assumed to be approximately unbiased. However as a consequence of using weighted data, the confidence intervals may be slightly too narrow.

bReference category

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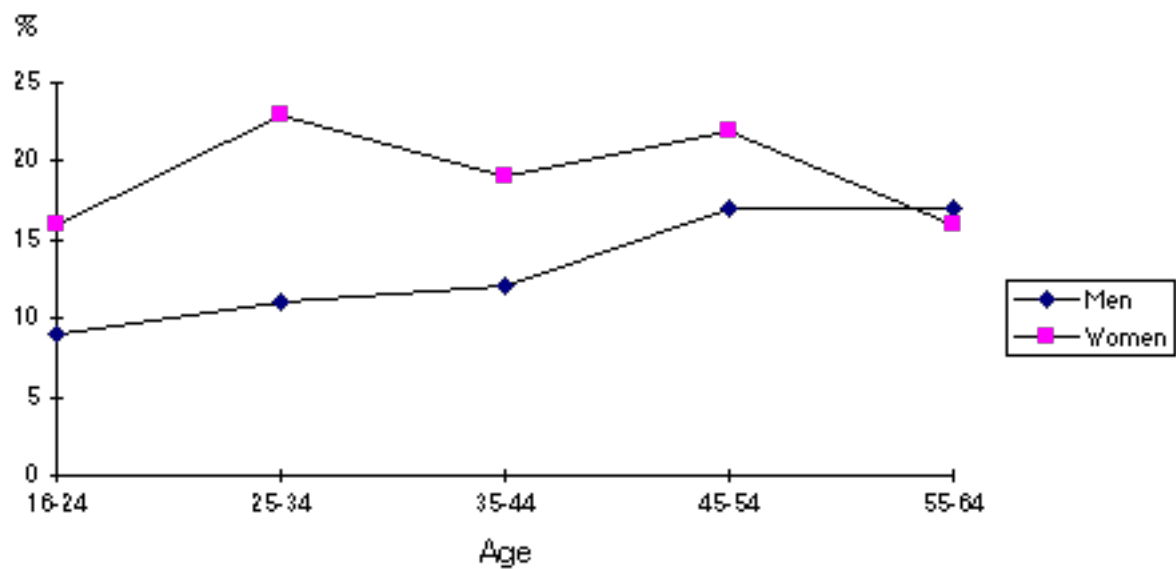
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Figure 12A: Percentage with a GHQ12 score of 4 or more, by age and sex.



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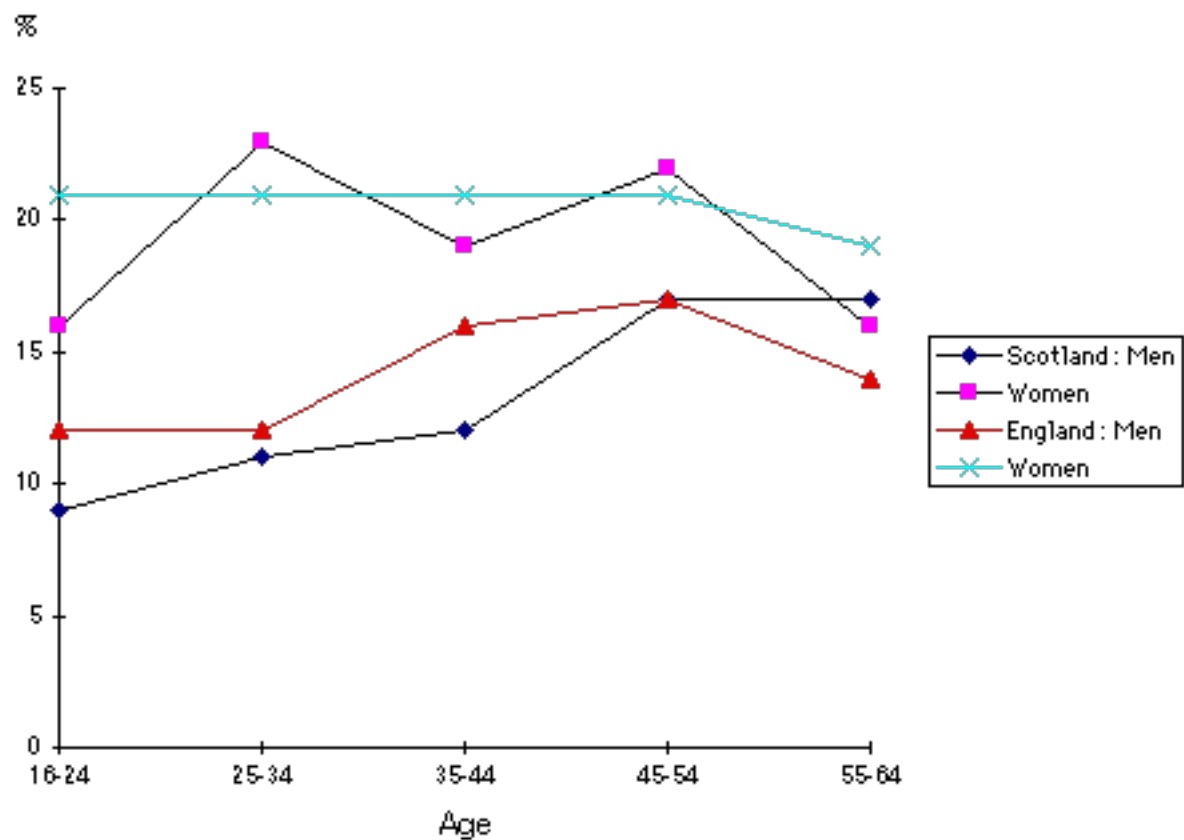
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Figure 12B: Percentage with a GHQ12 score of 4 or more, by age and sex: a comparison of Scotland and England.



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Table 13.1 Number of accidents in twelve months prior to interview, by age and sex

<i>All</i>						<i>1995</i>
Number of accidents	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
0	70	78	84	88	90	82
1	21	18	14	11	10	15
2	5	2	2	1	0	2
3+	4	2	0	1	0	1
Accident rate per 100 persons	45	28	20	14	10	24
Standard error of the accident rate	4.6	2.3	2.3	1.6	1.4	1.1
Women						
0	83	88	87	90	89	87
1	15	10	11	10	10	11
2	2	1	2	0	0	1
3+	1	0	0	0	1	0
Accident rate per 100 persons	20	14	15	11	13	15
Standard error of the accident rate	2.5	1.6	1.5	1.5	1.3	0.8
<i>Bases (weighted)</i>						
<i>Men</i>	724	980	851	749	601	3905
<i>Women</i>	696	991	871	778	665	4001
<i>Bases (unweighted)</i>						
<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408

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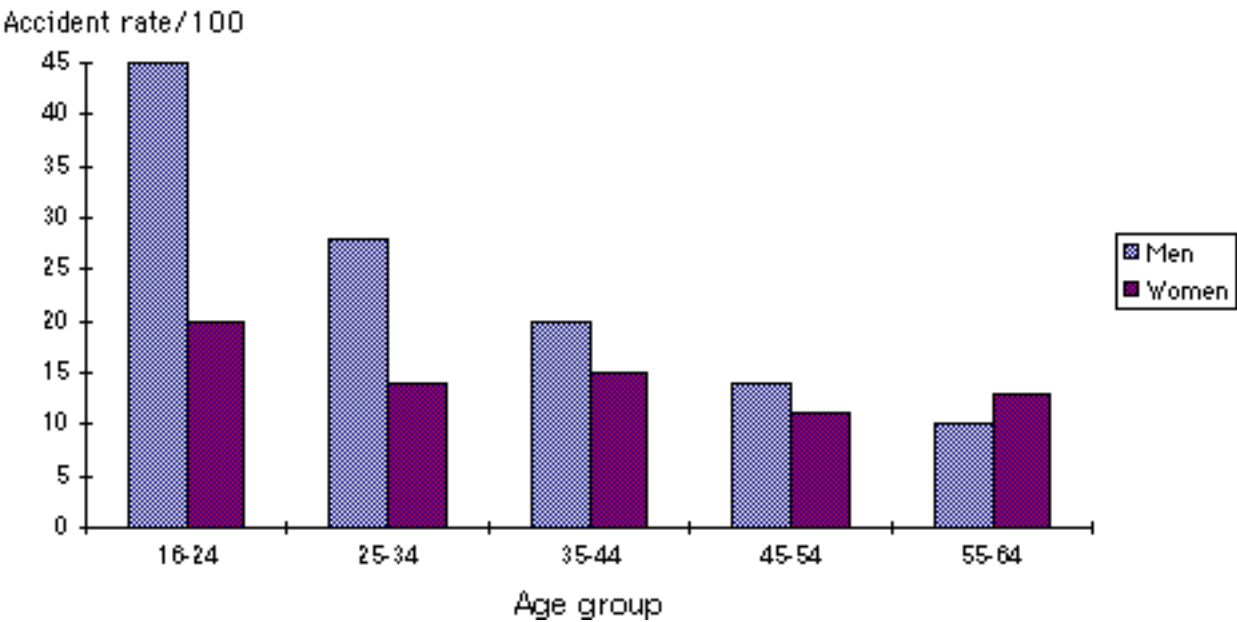
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Figure 13A: Annual accident rates, by age and sex.



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Table 13.2 Comparison of annual accident rates per 100 persons for Scotland and England, by age and sex

All						1995
Accident rate per 100 persons	Age					Total
	16-24	25-34	35-44	45-54	55-64	
Per 100 persons						
Men						
Scotland	45	28	20	14	10	24
England	42	34	18	17	11	24
Women						
Scotland	20	14	15	11	13	15
England	23	13	12	12	13	14
Bases Scotland (weighted)						
Men	724	980	851	749	601	3905
Women	696	991	871	778	665	4001
Bases Men (unweighted)						
Scotland	475	840	811	709	689	3524
England	931	1395	1386	1183	1000	5895
Bases Women (unweighted)						
Scotland	547	1160	992	825	884	4408
England	1084	1738	1502	1380	1120	6824

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Table 13.3 Causes of accident, by age and sex

Cause of accident						1995
	Age					Total
	16-24	25-34	35-44	45-54	55-64	%
	%	%	%	%	%	%
Men						
Hit by a falling object	6	4	6	4	3	5
Fall, slip or trip	23	22	25	32	38	25
Road traffic accident	2	7	5	3	3	4
Sports or recreational accident	28	23	13	7	-	20
Use of tool, implement or equipment	20	25	13	20	22	20
Burn or scald	4	-	6	5	-	3
Animal or insect bite or sting	2	1	4	3	7	3
Another person (including attacks)	12	9	6	4	2	9
Lifting	1	4	6	5	11	4
Other cause	6	8	17	19	16	11
Women						
Hit by a falling object	6	4	1	4	7	4
Fall, slip or trip	32	48	40	50	56	44
Road traffic accident	8	8	9	8	2	7
Sports or recreational accident	17	8	6	4	-	8
Use of tool, implement or equipment	10	9	11	8	14	10
Burn or scald	4	2	5	2	1	3
Animal or insect bite or sting	4	3	5	6	6	5
Another person (including attacks)	10	5	6	-	1	5
Lifting	5	4	3	4	3	4
Other cause	7	10	16	16	10	11
<i>Bases (weighted)</i>						
<i>Men</i>	<i>321</i>	<i>271</i>	<i>168</i>	<i>103</i>	<i>62</i>	<i>925</i>
<i>Women</i>	<i>141</i>	<i>140</i>	<i>132</i>	<i>82</i>	<i>86</i>	<i>582</i>
<i>Bases (unweighted)</i>						
<i>Men</i>	<i>141</i>	<i>189</i>	<i>140</i>	<i>90</i>	<i>71</i>	<i>631</i>
<i>Women</i>	<i>82</i>	<i>137</i>	<i>123</i>	<i>86</i>	<i>96</i>	<i>524</i>

Columns add to more than 100% because in a few cases more than one cause was recorded.

aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for

details.

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Table 13.4 Location of accident, by age and sex

Accidents ^a						1995
Location of accident	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Home or garden	11	26	30	34	42	24
Place for sports or recreation	32	27	19	13	4	24
Other outdoors	24	22	21	27	27	23
Workplace or public building	33	25	30	25	28	29
Women						
Home or garden	22	50	37	41	47	39
Place for sports or recreation	25	8	8	9	3	12
Other outdoors	27	26	30	39	28	29
Workplace or public building	27	16	24	10	22	21
<i>Bases (weighted)</i>						
<i>Men</i>	321	271	168	103	62	925
<i>Women</i>	141	140	132	82	86	582
<i>Bases (unweighted)</i>						
<i>Men</i>	141	189	140	90	71	631
<i>Women</i>	82	137	123	86	96	524

aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

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Table 13.5 Location of falls, slips and trips, by age

All accidents involving falls, slips or trips

Location of accidents	Age					1995
	16-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Home or garden	20	52	34	39	49	38
Place for sports or recreation	20	8	13	7	4	11
Other outdoors	31	18	34	43	33	30
Workplace or public building	29	22	19	12	14	20
<i>Bases (weighted)</i>	<i>120</i>	<i>126</i>	<i>94</i>	<i>73</i>	<i>72</i>	<i>486</i>
<i>Bases (unweighted)</i>	<i>59</i>	<i>108</i>	<i>95</i>	<i>74</i>	<i>89</i>	<i>425</i>

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Table 13.6 Type of injury, by age and sex

Accidents^a

1995

Type of injury	Men		Women		Total	
	16-44	45-64	16-44	45-64		
	%	%	%	%		%
Broken bones	16	13	12	17		15
Dislocated joints	4	3	4	2		4
Losing consciousness	2	8	5	4		4
Straining or twisting a part of the body	33	21	37	31		32
Cutting, piercing or grazing a part of the body	33	33	24	23		30
Bruising, pinching or crushing a part of the body	27	26	29	37		28
Swelling or tenderness in some part of the body	38	24	42	36		37
Something stuck in the eye, throat, ear or other part of the body	7	9	2	2		5
Burning or scalding	3	3	4	2		3
Poisoning	3	1	2	2		2
Other injury to internal parts of the body	2	2	3	-		2
Animal or insect bite or sting	2	3	3	4		2
Other injury	2	0	1	2		1
<i>Bases (weighted)</i>	<i>761</i>	<i>166</i>	<i>415</i>	<i>168</i>		<i>1510</i>
<i>Bases (unweighted)</i>	<i>471</i>	<i>162</i>	<i>344</i>	<i>182</i>		<i>1159</i>

Columns add to more than 100% because in some cases more than one type of injury was recorded.

^aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

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Table 13.7 Source of advice about accidents, by age and sex

<i>Accidents^a</i>						1995
Source of advice	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men						
Hospital/not GP	42	40	30	42	36	39
GP/not hospital ^b	27	26	45	34	43	32
Both hospital and GP ^b	25	26	19	19	10	22
Other medical professional	6	8	7	5	12	7
Women						
Hospital/not GP	36	34	43	28	36	36
GP/not hospital ^b	42	31	32	39	42	37
Both hospital and GP ^b	15	19	15	21	18	17
Other medical professional	7	16	9	13	5	10
All						
Hospital/not GP	40	38	35	36	36	38
GP/not hospital ^b	31	28	39	36	43	34
Both hospital and GP ^b	22	23	17	20	14	20
Other medical professional	7	11	8	9	7	8
<i>Bases (weighted)</i>						
<i>Men</i>	321	271	168	103	62	925
<i>Women</i>	141	140	132	82	86	582
<i>All</i>	462	411	300	185	148	1507
<i>Bases (unweighted)</i>						
<i>Men</i>	141	189	140	90	71	631
<i>Women</i>	82	137	123	86	96	524
<i>All</i>	223	326	263	176	167	1155

^aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

^bVisits to a GP include those to a nurse at a GP's surgery.

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Table 13.8 Source of advice about accidents, by residential area type

Source of advice	Residential area type					1995
	Urban/city centre	Small country town	Suburban	Rural residential /village	Rural agricultural	Total
	%	%	%	%	%	%
Hospital/not GP	49	31	40	29	21	38
GP/not hospital ^b	24	38	31	46	46	34
Both hospital and GP ^b	22	23	20	16	30	20
Other medical professional	6	7	9	9	3	8
<i>Bases (weighted)</i>	<i>147</i>	<i>119</i>	<i>939</i>	<i>220</i>	<i>85</i>	<i>1510</i>
<i>Bases (unweighted)</i>	<i>127</i>	<i>101</i>	<i>684</i>	<i>166</i>	<i>81</i>	<i>1159</i>

aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

bVisits to a GP include those to a nurse at a GP's surgery.

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Table 13.9 Source of advice, by type of injury

Accidents^a

1995

Source of advice

*Bases
(weighted,
unweighted in
brackets)*

		Hospital/not GP	GP/not hospital ^b	Both hospital and GP ^b	Other medical professional	
Broken bones	%	53	11	35	1	222 (182)
Dislocated joints	%	[30]	[31]	[30]	[9]	53 (41)
Losing consciousness	%	[63]	[9]	[20]	[9]	59 (48)
Straining or twisting a part of the body	%	24	49	19	8	490 (388)
Cutting, piercing or grazing a part of the body	%	45	24	25	7	446 (325)
Bruising, pinching or crushing a part of the body	%	37	24	30	9	430 (349)
Swelling or tenderness in some part of the body	%	37	26	28	9	563 (409)
Something stuck in the eye, throat, ear or other part of the body	%	43	21	34	3	78 (50)

^aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

^bVisits to a GP include those to a nurse at a GP's surgery

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Table 13.10 Whether accident could have been prevented, by location of accident

<i>Accidents^a</i>					1995
Who accident could be prevented by	Location				Total
	Home or garden	Place for sports or recreation	Other outdoors	Workplace or public building	
	%	%	%	%	%
Accident could have been prevented:					
- by informant	57	31	33	37	41
- by others	8	10	29	35	21
Accident could not have been prevented	36	60	41	32	41
<i>Bases (weighted)</i>	442	295	386	387	1510
<i>Bases (unweighted)</i>	371	191	331	266	1159

Columns add to more than 100% because in some cases informants claimed an accident could have been prevented both by themselves and others.

^aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

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Table 13.11 Percentage of persons in paid work, by age and sex

<i>All</i>						<i>1995</i>
Sex	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	%	%	%	%	%	%
Men	49	84	86	76	49	71
Women	44	65	71	67	32	58
<i>Bases (weighted)</i>						
Men	723	980	851	749	600	3903
Women	695	990	870	777	665	3997
<i>Bases (unweighted)</i>						
Men	475	840	811	709	689	3524
Women	547	1160	992	825	884	4408

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Table 13.12 Percentage of accidents occurring at work, by age and sex

Accidents of those in paid work at the time of accident^a

Sex	Age					1995
	16-24	25-34	35-44	45-54	55-64	Total
	%	%	%	%	%	%
Men	44	43	48	54	[58]	46
Women	37	21	27	20	[49]	29

Bases (weighted)

<i>Men</i>	234	228	142	74	38	716
<i>Women</i>	81	91	99	54	32	357

Bases (unweighted)

<i>Men</i>	98	159	117	66	40	480
<i>Women</i>	50	96	88	55	29	318

aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

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Table 13.13 Work-based annual accident rates per 100 persons, by age and sex

Those in work at time of interview

Those in work at time of interview						1995	
Accident rate	Age					Total	
		16-24	25-34	35-44	45-54	55-64	
		Per 100 persons in work					
Men							
Accident rate per 100 persons		29	12	9	7	8	12
Standard error of the accident rate		5.7	1.7	1.8	1.5	1.5	1.1
Women							
Accident rate per 100 persons		10	3	4	2	7	4
Standard error of the accident rate		2.6	0.9	1.1	0.6	1.9	0.7
Bases (weighted)							
Men		358	826	732	572	292	2779
Women		307	641	617	517	216	2299
Bases (unweighted)							
Men		248	700	672	516	310	2446
Women		238	726	684	529	273	2450

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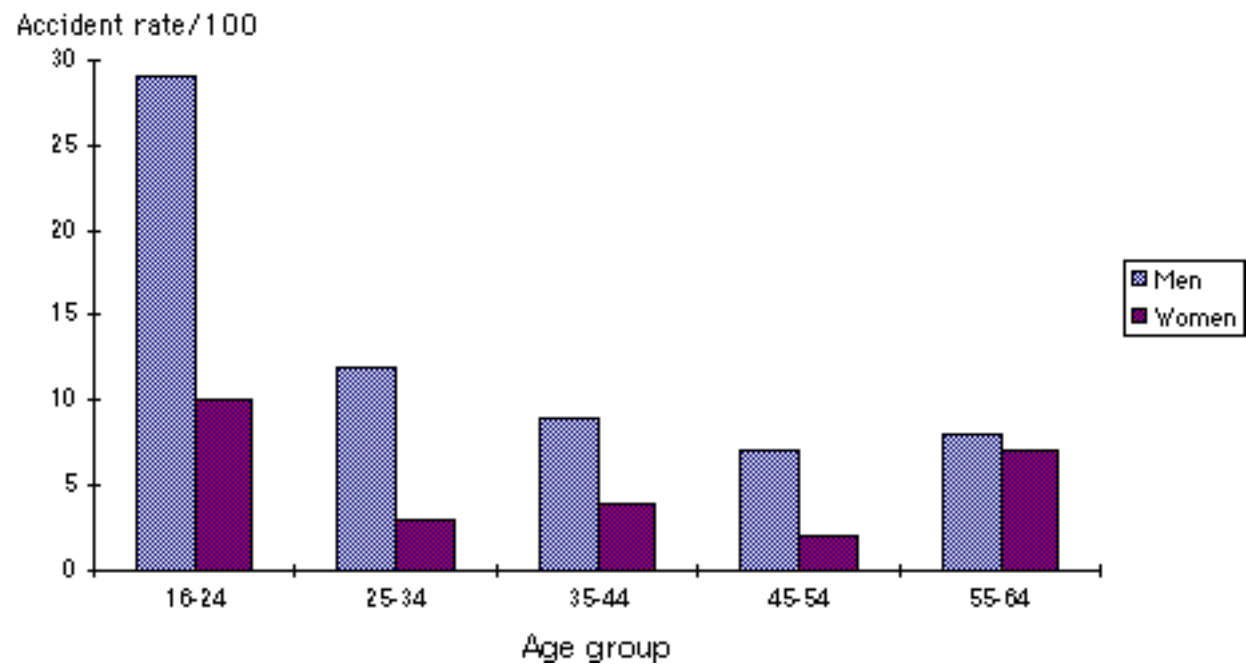
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Figure 13B: Annual work-based accident rates, by age and sex.



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Table 13.14 Causes of work-based accidents, by sex

Cause of accident	Sex		1995
	Men	Women	Total
	%	%	%
Hit by a falling object	8	7	8
Fall, slip or trip	22	21	21
Road traffic accident	3	1	3
Sports or recreational accident	1	-	1
Use of tool, implement or equipment	36	34	35
Burn or scald	3	2	3
Animal or insect bite or sting	5	4	5
Another person (including attacks)	3	7	4
Lifting	8	17	11
Other cause	14	8	13
<i>Bases (weighted)</i>	<i>330</i>	<i>100</i>	<i>431</i>
<i>Bases (unweighted)</i>	<i>226</i>	<i>85</i>	<i>311</i>

Columns add to more than 100% because in a few cases more than one cause was recorded.

aAccidents are weighted because details are collected on just one accident per informant. See Section 13.1.3 of text for details.

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Table 13.15 Work-based accident rates per 100 persons, by SIC group

Those in work at time of interview

SIC Group	Work-based accident rate per 100 persons	1995	
		<i>Base (weighted)</i>	<i>Base (unweighted)</i>
Agriculture, hunting, and forestry	14	117	131
Fishing	[21]	6	6
Mining and quarrying	7	86	79
Manufacturing	12	946	881
Electricity, gas and water supply	5	57	54
Construction	14	370	326
Wholesale and retail trade; repair	9	704	657
Hotels and restaurants	6	207	217
Transport, storage and communication	7	277	254
Financial intermediation	1	169	158
Real estate, renting and business activities	2	379	365
Public admin. and defence	8	367	341
Education	4	377	383
Health and social work	7	678	701
Other services	11	224	229
ALL*	9	5078	4814

*Includes informants without an SIC code.

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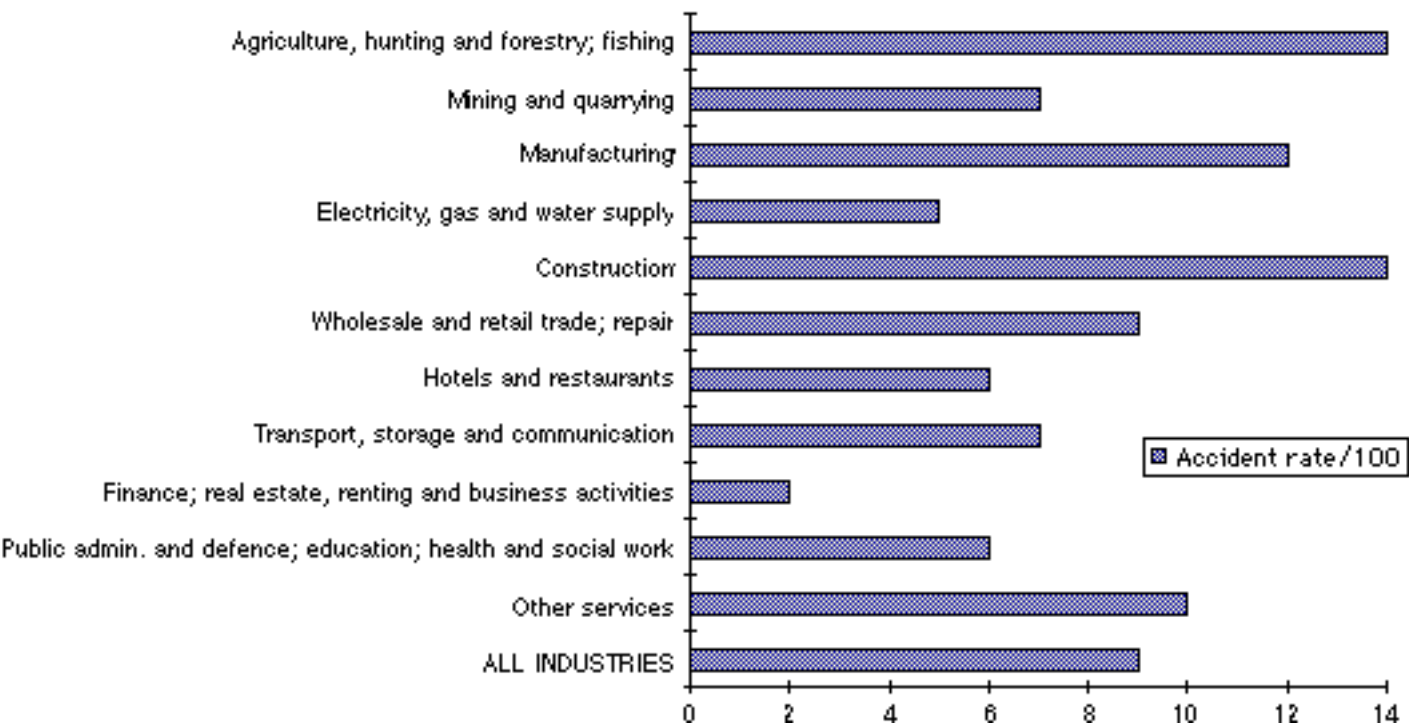
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Figure 13C: Annual work-based accident rates, by SIC group.



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Table 13.16 Location of work-based accidents, by broad SIC grouping

Work-based accidents

Combined SIC group	Percentage of accidents occurring indoors	1995	
		<i>Base (weighted)</i>	<i>Base (unweighted)</i>
Agriculture, hunting, and forestry; fishing	[17]	18	15
Mining and quarrying	[51]	6	7
Manufacturing	69	110	70
Electricity, gas and water supply	[20]	3	4
Construction	[51]	53	45
Wholesale and retail trade; repair	[79]	66	44
Hotels and restaurants	[100]	12	6
Transport, storage and communication	[42]	19	13
Finance; real estate, renting and business activities	[76]	11	9
Public admin. and defence; education; health and social work	82	89	73
Other services	[11]	26	15

* Includes informants without an SIC code

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Table 13.17 Accident rates per 100 persons for non-work accidents, by age and sex

<i>All</i>						<i>1995</i>
Accident rate	Age					Total
	16-24	25-34	35-44	45-54	55-64	
	Per 100 persons					
Men						
Accident rate per 100 persons	30	18	12	8	7	15
Standard error of the accident rate	3.7	2.0	1.7	1.2	1.0	0.9
Women						
Accident rate per 100 persons	16	12	12	9	11	12
Standard error of the accident rate	2.3	1.4	1.2	1.4	1.1	0.7
<i>Bases (weighted)</i>						
<i>Men</i>	724	980	851	749	601	3905
<i>Women</i>	696	991	871	778	665	4001
<i>Bases (unweighted)</i>						
<i>Men</i>	475	840	811	709	689	3524
<i>Women</i>	547	1160	992	825	884	4408

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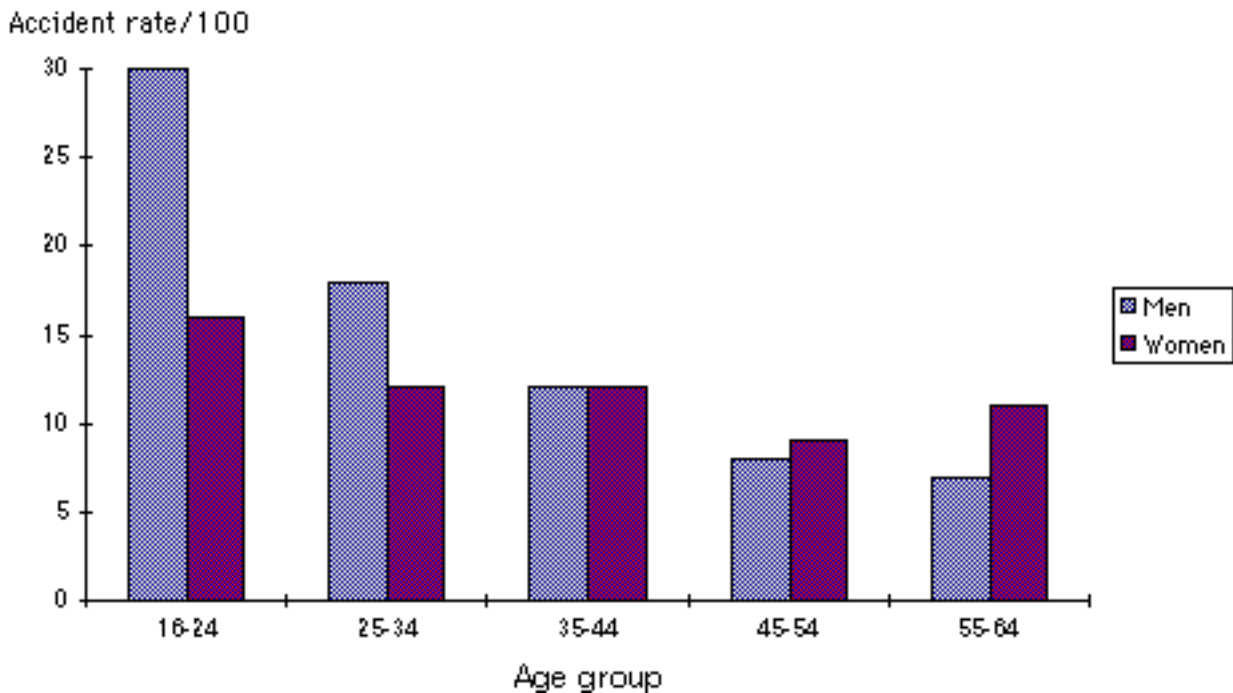
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Figure 13D: Annual non-work accident rates, by age and sex.

Figure 13D: Annual non-work accident rates, by age and sex



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Table 13.18 Non-work accident rates per 100 persons, by frequency of sporting activity, age and sex

All 1995

Frequency of sporting activity ^a	Men		Women		Total
	16-44	45-64	16-44	45-64	
	Per 100 persons				
0	14	7	11	10	10
1	15	9	12	10	13
2	22	11	15	6	17
3 or more	33	[1]	23	[23]	28
Total	19	8	13	10	14

Bases (weighted)

0	952	964	1149	946	4012
1	705	270	767	356	2098
2	401	75	413	105	994
3 or more	494	40	226	36	797
Total	2553	1349	2555	1443	7900

Bases (unweighted)

0	837	1004	1235	1134	4210
1	571	282	809	405	2067
2	329	70	420	129	948
3 or more	389	42	235	41	707
Total	2126	1398	2699	1709	7932

^aNumber of moderate or vigorous sports undertaken in an average week.

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Table 13.19 Accident rates per 100 persons, by age, sex and social class of informant

<i>All</i>					<i>1995</i>
Accident rate per 100 persons	Social class of informant				Total ^b
	I and II	IIINM	IIIM	IV and V	
	Per 100 persons				
Men 16-44					
Work-based accident rate ^a	4	5	23	16	14
Non-work accident rate	16	23	16	20	19
All accident rate	20	28	36	32	30
Men 45-64					
Work-based accident rate ^a	4	-	13	6	7
Non-work accident rate	7	7	6	10	8
All accident rate	11	7	13	13	12
Women 16-44					
Work-based accident rate ^a	3	2	10	8	5
Non-work accident rate	13	12	11	12	13
All accident rate	16	14	18	17	16
Women 45-64					
Work-based accident rate ^a	2	1	5	7	4
Non-work accident rate	10	9	11	10	10
All accident rate	12	9	13	13	12
<i>Bases (weighted)</i>					
<i>Men 16-44</i>	<i>607</i>	<i>268</i>	<i>768</i>	<i>485</i>	<i>2553</i>
<i>Men 45-64</i>	<i>447</i>	<i>103</i>	<i>509</i>	<i>249</i>	<i>1349</i>
<i>Men 16-44 in paid work</i>	<i>572</i>	<i>247</i>	<i>663</i>	<i>364</i>	<i>1915</i>
<i>Men 45-64 in paid work</i>	<i>352</i>	<i>79</i>	<i>282</i>	<i>134</i>	<i>864</i>
<i>Women 16-44</i>	<i>507</i>	<i>852</i>	<i>163</i>	<i>565</i>	<i>2555</i>
<i>Women 45-64</i>	<i>355</i>	<i>421</i>	<i>133</i>	<i>436</i>	<i>1443</i>
<i>Women 16-44 in paid work</i>	<i>424</i>	<i>628</i>	<i>113</i>	<i>340</i>	<i>1566</i>
<i>Women 45-64 in paid work</i>	<i>225</i>	<i>217</i>	<i>65</i>	<i>214</i>	<i>733</i>
<i>Bases (unweighted)</i>					
<i>Men 16-44</i>	<i>552</i>	<i>221</i>	<i>646</i>	<i>423</i>	<i>2126</i>
<i>Men 45-64</i>	<i>426</i>	<i>105</i>	<i>525</i>	<i>294</i>	<i>1396</i>
<i>Men 16-44 in paid work</i>	<i>522</i>	<i>198</i>	<i>541</i>	<i>306</i>	<i>1620</i>

<i>Men 45-64 in paid work</i>	<i>312</i>	<i>72</i>	<i>281</i>	<i>143</i>	<i>826</i>
<i>Women 16-44</i>	<i>576</i>	<i>892</i>	<i>194</i>	<i>638</i>	<i>2699</i>
<i>Women 45-64</i>	<i>434</i>	<i>485</i>	<i>173</i>	<i>505</i>	<i>1709</i>
<i>Women 16-44 in paid work</i>	<i>480</i>	<i>629</i>	<i>124</i>	<i>360</i>	<i>1648</i>
<i>Women 45-64 in paid work</i>	<i>260</i>	<i>228</i>	<i>71</i>	<i>226</i>	<i>802</i>

aCalculated per 100 persons in work

bThe total column includes those for whom a social class could not be attributed.

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Table 13.20 Accident rates per 100 persons, by region, age and sex

All

1995

Accident rate per 100 persons	Region							Total
	Highland & Islands	Grampian & Tayside	Lothian & Fife	Borders, Dumfries & Galloway	Greater Glasgow	Lanarkshire, Ayrshire & Arran	Forth Valley, Argyll & Clyde	
	Per 100 persons							
Men 16-44								
Work-based accident rate ^a	21	17	10	20	8	14	16	14
Non-work accident rate	20	16	19	19	20	18	25	19
All accident rate	36	30	27	35	25	29	37	30
Men 45-64								
Work-based accident rate ^a	8	9	4	16	8	6	6	7
Non-work accident rate	8	7	5	8	8	7	13	8
All accident rate	14	14	8	20	12	10	17	12
Women 16-44								
Work-based accident rate ^a	4	4	4	8	3	5	7	5
Non-work accident rate	16	12	13	7	13	15	14	13
All accident rate	19	15	15	13	14	18	19	16
Women 45-64								
Work-based accident rate ^a	1	3	5	3	2	1	10	4
Non-work accident rate	8	13	9	9	10	8	11	10

All accident rate	9	15	12	10	11	8	16	12
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Bases (weighted)

<i>Men 16-44</i>	<i>140</i>	<i>511</i>	<i>618</i>	<i>110</i>	<i>390</i>	<i>436</i>	<i>348</i>	<i>2553</i>
<i>Men 45-64</i>	<i>73</i>	<i>242</i>	<i>278</i>	<i>69</i>	<i>239</i>	<i>268</i>	<i>180</i>	<i>1349</i>
<i>Men 16-44 in paid work</i>	<i>110</i>	<i>392</i>	<i>466</i>	<i>88</i>	<i>258</i>	<i>341</i>	<i>262</i>	<i>1915</i>
<i>Men 45-64 in paid work</i>	<i>51</i>	<i>190</i>	<i>196</i>	<i>48</i>	<i>118</i>	<i>145</i>	<i>116</i>	<i>864</i>
<i>Women 16-44</i>	<i>132</i>	<i>424</i>	<i>590</i>	<i>118</i>	<i>480</i>	<i>451</i>	<i>362</i>	<i>2555</i>
<i>Women 45-64</i>	<i>78</i>	<i>258</i>	<i>273</i>	<i>76</i>	<i>284</i>	<i>280</i>	<i>193</i>	<i>1443</i>
<i>Women 16-44 in paid work</i>	<i>81</i>	<i>268</i>	<i>358</i>	<i>74</i>	<i>266</i>	<i>269</i>	<i>249</i>	<i>1566</i>
<i>Women 45-64 in paid work</i>	<i>43</i>	<i>143</i>	<i>156</i>	<i>48</i>	<i>124</i>	<i>120</i>	<i>100</i>	<i>733</i>

Bases (unweighted)

<i>Men 16-44</i>	<i>206</i>	<i>374</i>	<i>456</i>	<i>168</i>	<i>296</i>	<i>350</i>	<i>276</i>	<i>2126</i>
<i>Men 45-64</i>	<i>150</i>	<i>216</i>	<i>253</i>	<i>128</i>	<i>212</i>	<i>257</i>	<i>182</i>	<i>1398</i>
<i>Men 16-44 in paid work</i>	<i>162</i>	<i>297</i>	<i>350</i>	<i>135</i>	<i>191</i>	<i>276</i>	<i>209</i>	<i>1620</i>
<i>Men 45-64 in paid work</i>	<i>94</i>	<i>157</i>	<i>163</i>	<i>80</i>	<i>93</i>	<i>129</i>	<i>110</i>	<i>826</i>
<i>Women 16-44</i>	<i>249</i>	<i>386</i>	<i>541</i>	<i>228</i>	<i>450</i>	<i>481</i>	<i>364</i>	<i>2699</i>
<i>Women 45-64</i>	<i>176</i>	<i>265</i>	<i>284</i>	<i>165</i>	<i>287</i>	<i>323</i>	<i>209</i>	<i>1709</i>
<i>Women 16-44 in paid work</i>	<i>153</i>	<i>249</i>	<i>329</i>	<i>145</i>	<i>246</i>	<i>282</i>	<i>244</i>	<i>1648</i>
<i>Women 45-64 in paid work</i>	<i>90</i>	<i>135</i>	<i>149</i>	<i>99</i>	<i>104</i>	<i>128</i>	<i>97</i>	<i>802</i>

aCalculated per 100 persons in work

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