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Outline for today

- Background and history
- DALYs and Population Attributable Fractions
- Overview of methods
- Overview of results for GBD and Australian Burden of Disease study
- > How to use Burden of Disease information
- (Consideration of some of the major challenges)
- (Behind the scenes of the GBD)
- Thanks to Michael Dibley and Yasir Bin Nisar for some of the slides!



A Fundamental Question in International Health

What are the most important health problems in the world?



GBD study: Background and history



What is the burden of disease?

An estimate of the total amount of ill health in a community

May focus on or compare particular population sub-groups

Includes injuries!

Looks at outcomes (burden) and the causes of those outcomes (risk factors)



Why measure burden of disease?

- Establish health care priorities
 - To make best investments in health
 - To ensure greatest impact from health care
- Monitor health care system performance
- Assuming.....
 - Something can be done to change the disease burden
 - There are cost effective interventions



Other relevance of global estimates

Demonstrate contribution to global burden of disease

Attract attention of policy makers

Provide guidance to policy makers

Encourage steps to reduce risks

Limited resources means funding should be determined by evidence-based priorities!



Why can't the cases just be counted?

Incomplete reporting systems

Rudimentary reporting systems

Absent reporting systems

Some injury and disease difficult because of lack of coverage and under-reporting of known cases

Some disease extremely difficult to link to exposures due to long latency



Why bother using standard methods?

GLOBAL, COMPARABLE, EVIDENCE-BASED information on injuries and diseases and associated risk factors

"A response to the need for comprehensive, consistent and comparable information on diseases and injuries at global, regional and national levels" (WHO)



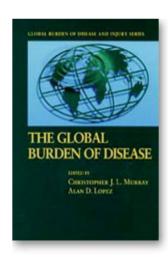
The history of the GBD



GBD 1990

- Commissioned in 1991 by World Bank
- > Run by Chris Murray and Alan Lopez
- > Focussed on 1990
- > Released in 1996
- Involved collaborators from many countries
- Primarily looked at outcomes (overall burden)
- "107 diseases and injuries and ten risk factors"
- Several minor modifications followed

HARVARD UNIVERSITY PRESS



GLOBAL BURDEN OF DISEASE

A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020 EDITOR CHRISTOPHER J. L. MURRAY EDITOR ALAN D. LOPEZ

The Global Burden of Disease and Injury Series details and analyzes global patterns of death and disability, providing a bold, comprehensive examination of the state of the world's health.



The Comparative Risk Assessment project

- Looked at risk factors
- > Ran from 2000 to 2004
- Looked at burden in 2000
- Involved working groups for specific areas
- Involved collaborators from many countries



Establishing the GBD 2010

- Originally GBD 2005 rather than GBD 2010
- Funded by Bill and Melinda Gates Foundation
- Call for collaborators in July 2007 (Lancet)
- Expert Group leaders appointed mid 2007



GBD 2010: meetings and deadlines

- Study meetings in Seattle in September 2007 and May 2010
- Group meetings at the Gold Coast (August 2008) and Sydney (mid-2010)
- Original due date for information was mid-2009
- Revised due date was mid 2011
- Actual due date was early 2012
- Data first released in December 2012

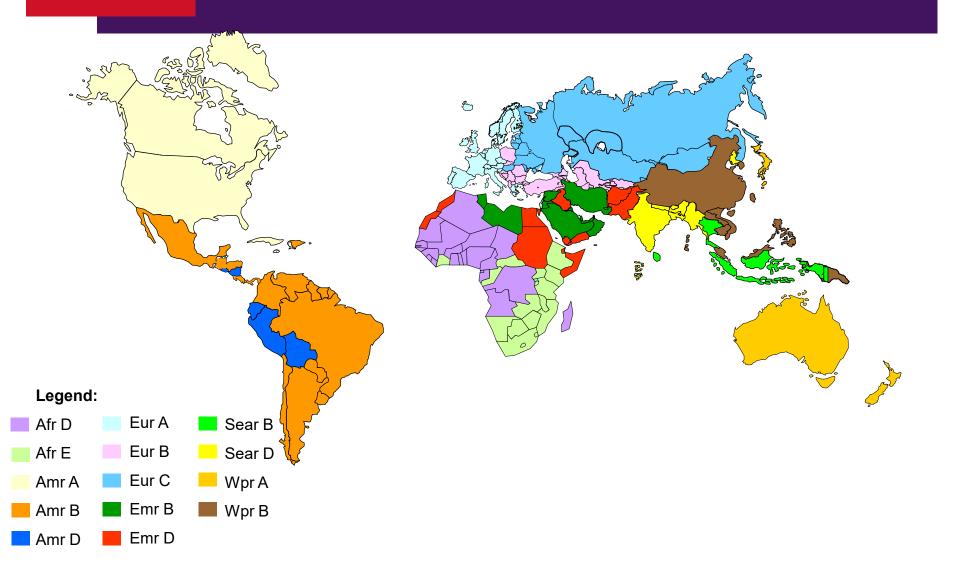


GBD data and publications

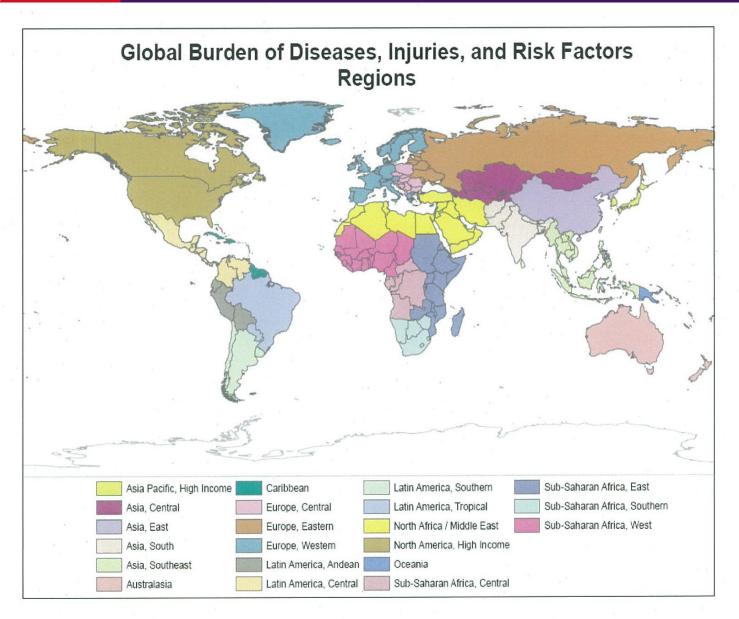
- Regular updates undertaken (GBD 2013, GBD 2015, GBD 2016, GBD 2017, GBD 2019) and planned
- > Lots of publications on specific aspects
- > Each update incorporates new information and methods



GBD1990 – 14 regions



GBD2010 – 21 regions

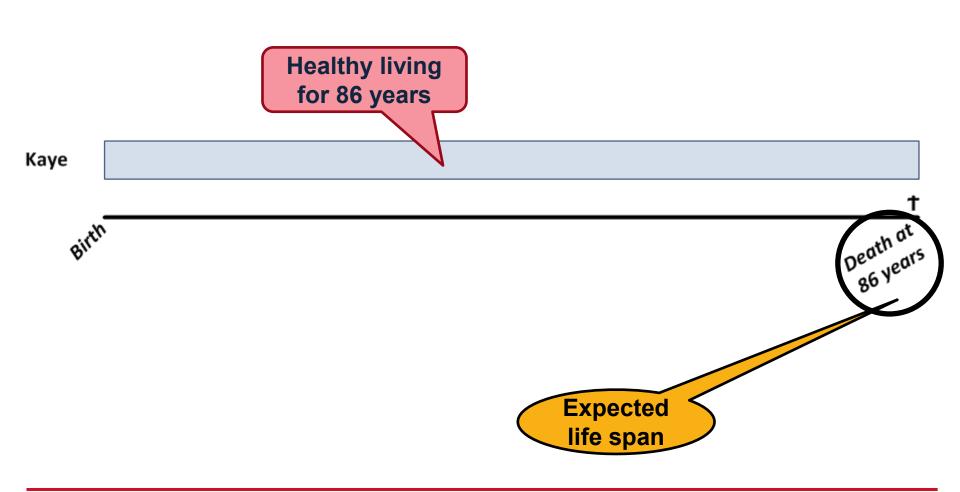




should the burden of disease be measured?

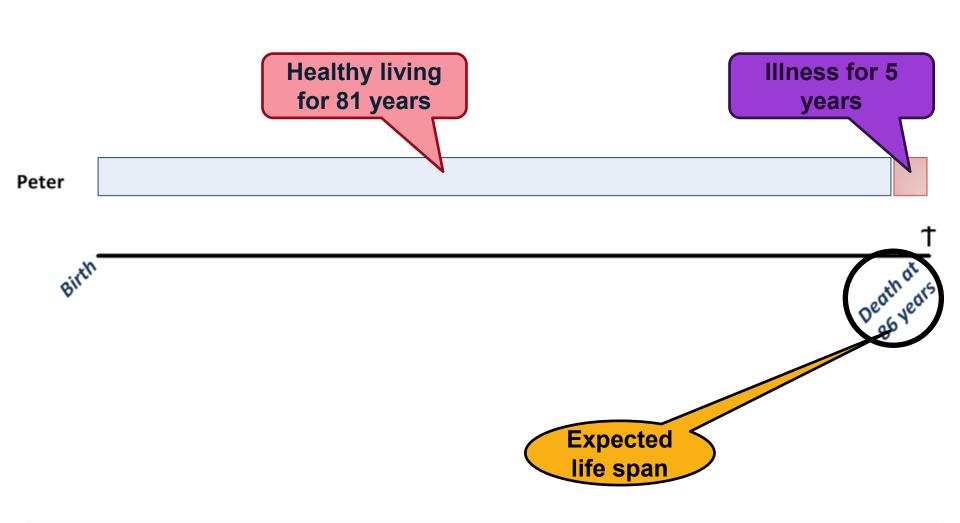


Individual Life Histories: a long healthy life

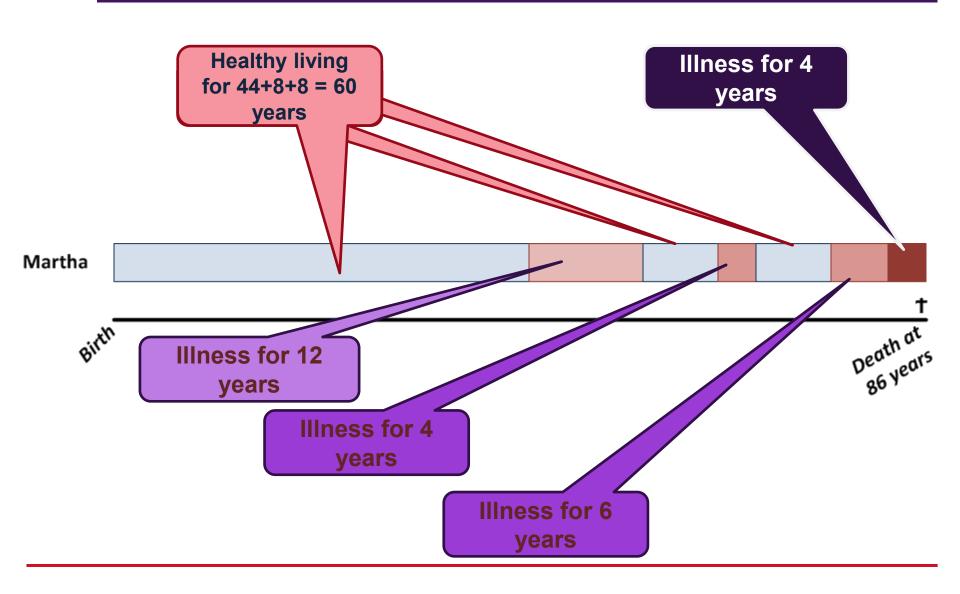




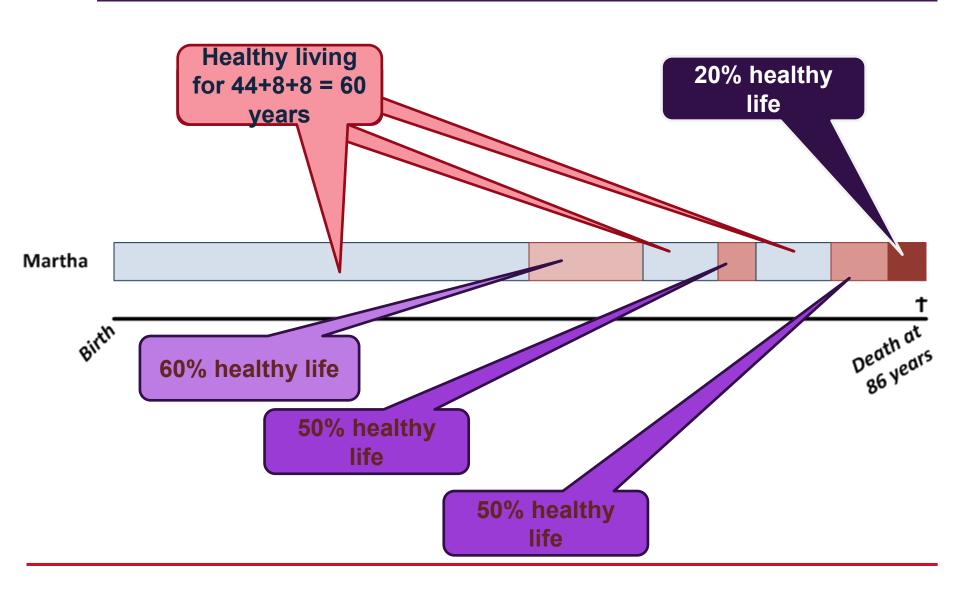
Individual Life Histories: illness at the end



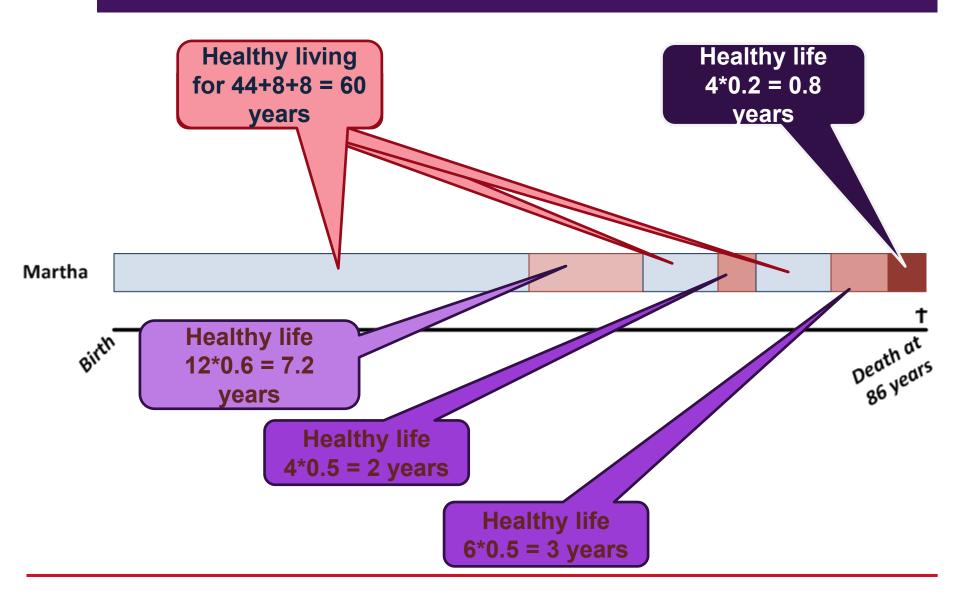




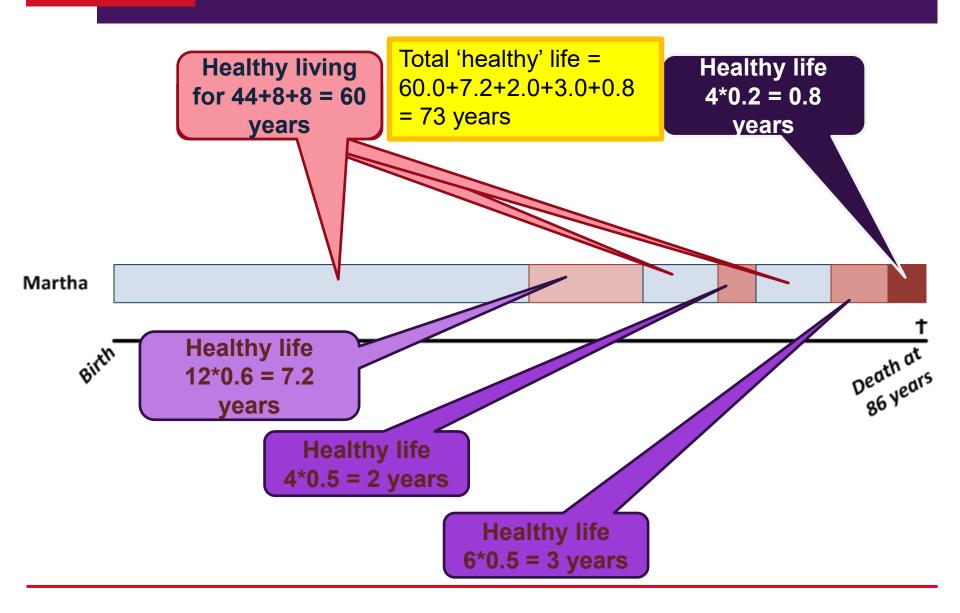






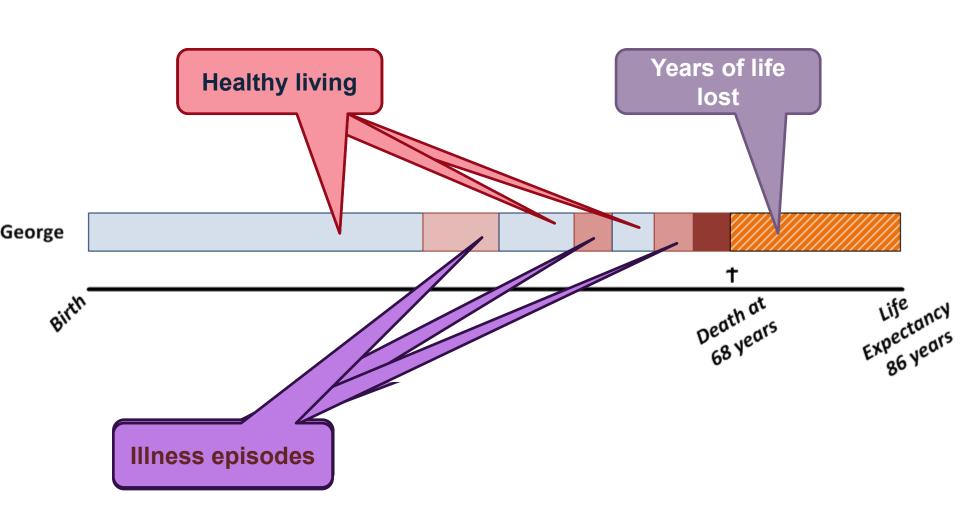






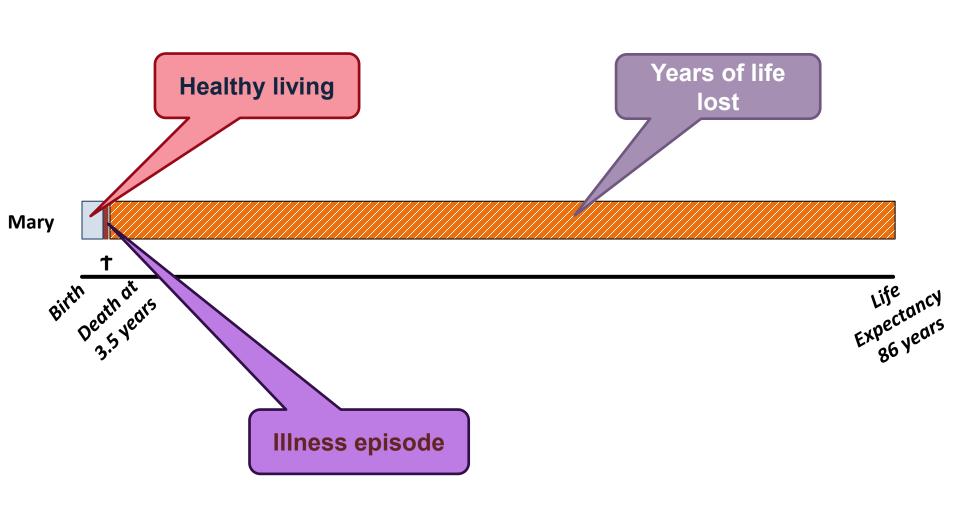


Individual Life Histories: a chronic illness & premature death





Individual Life Histories: early premature death





Exercise

Marjorie

- Well until age 50
- Diagnosed with chronic obstructive airways disease (COPD)
 - Aged 50 to just before 65th birthday: loss of 20% of usual function
 - Aged 65 to just before 75th birthday: loss of 40% usual function
 - Aged 75: died
 - (Would have expected to live until age 87).

How many equivalent years of healthy life did Marjorie lose?

DALYs

DALY (Disability Adjusted Life Year)

Incorporate mortality and disability

$$DALY = \Sigma (YLL + YLD)$$

- YLL = years of life lost due to premature mortality
- YLD = the (weighted) years lived with a disability

Does it matter at what age death occurs?





Years of life lost (YLL)

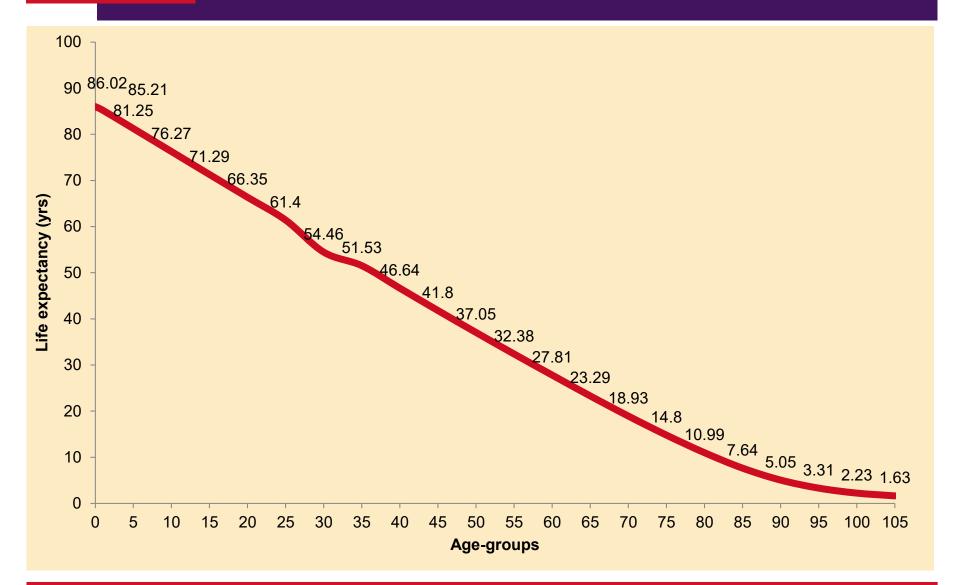
How long should we expect people to live?

- WHO GBD 2004 study used life expectancy from Japan 82.5 years females / 80.0 years males
- GBD study 2010 developed a new reference standard life.
 - Set life expectancy at birth of 86.0 years for males and females.





Life expectancy values at each age-group





Years of life lost (YLL)

YLL is the sum of the years of life lost due to premature mortality in the population

$$YLL = N \times L$$

Where

YLL: Years of life lost

N = number of deaths

L = standard life_expectancy at age of death in years

Example:

3 deaths at age 50 yrs

$$YLL = 3 \times (87-50) = 3 \times 37 = 111$$

37 years at age 50

DALYs

DALY (Disability Adjusted Life Year)

Incorporate mortality and disability

$$DALY = \Sigma (YLL + YLD)$$

- YLL = years of life lost due to premature mortality
- YLD = the (weighted) years lived with a disability

Does disability matter?





Healthy life lost due to disability (YLD)

- How to estimate?
 - Estimate prevalence of condition
 - Multiply average duration for each case by severity weight
 - Severity weight quantifies equivalent loss of healthy life lost due to condition
- Severity weights represent social preferences about the severity of different types of disability



Years Lived with Disability (YLD)

$$YLD = P \times DW \times d$$

Where

YLD = Years of life lived with disability

P = Prevalence of cases in the population

DW = Disability weight

D = Duration of disability [years]

0.36

Example:

4 cases of mild mental retardation due to birth trauma (death at age 80 years):

$$YLD = 4 \times 0.36 \times 80 \text{ years}$$

= 115 YLD





Disability Weights (DW)

- Quantify preferences for health states in terms of a single number on an interval level scale
 - 0 = full health
 - 1 = health state equivalent to death
- DW quantify preferences for health states
 - (bigger weight -> more lost health)
- DW say nothing about
 - the value of the person
 - their quality of life
 - their utility in society



DW valuation in GBD study

- GBD 2010 Study
 - General public view considered
 - 220 unique health states across the 1,160 disease and injury sequelae
 - General population surveys in 5 countries (Bangladesh, Indonesia, Peru, Tanzania, United States) and through an internet survey
 - Respondents aged 18 years and above
 - DW elicited using pair-wise comparisons

Expanded and updated survey information for GBD 2015 and thereafter



Disability weights estimation



Disability weights estimation

- Spinal cord lesion at neck level (treated)
- Gout, acute
- Hearing loss, complete
- Major depressive disorder, moderate episode
- Asthma, uncontrolled
- > Heart failure, severe
- > HIV/AIDS cases, receiving ARV treatment
- > AIDS cases, not receiving ARV treatment
- Back pain, chronic, without leg pain
- Diarrhea, mild
- Fracture of pelvis (short term)



Options to respond:

- 1. Vote using this direct link: https://www.menti.com/alzhjesxtyhx
- 2. Go to www.menti.com and enter code 47 53 00 3
- 3. Scan the QR code on this screen



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DALYs

DALY (Disability Adjusted Life Year)

Incorporate mortality and disability

$$DALY = \Sigma (YLL + YLD)$$

- YLL = years of life lost due to premature mortality
- YLD = the (weighted) years lived with a disability



GBD burden estimates made easy

Estimate how many people died of a particular disorder (DEATHS)

Estimate what proportion of people die due to a particular risk factor (PAF)

Multiply the DEATHS by the PAF

This gives the number of deaths due to exposure to the risk factor!

Essentially do the same with DALYs

Assessment of risk factors





Population attributable fraction



Population attributable fraction

The proportion of cases that would not occur if the risk factor was eliminated.

Population attributable fraction

The population attributable fraction (PAF) is based on:

- exposure prevalence
- relative risk

$$PAF = \underline{\Sigma Pi^*RRi} - 1$$
$$\underline{\Sigma Pi^*RRi}$$



GBD 2019

- 369 disease and injury causes
 - 286 causes of death
- > 87 risk factors and clusters of risk factors
 - 560 risk-outcome pairs
- > 204 countries and territories (in 21 regions and seven "GBD super-regions")
 - Separate information for sub-national areas in 21 countries
- > 23 age groups
- Males, females and both sexes combined
- > 1990 and 2019

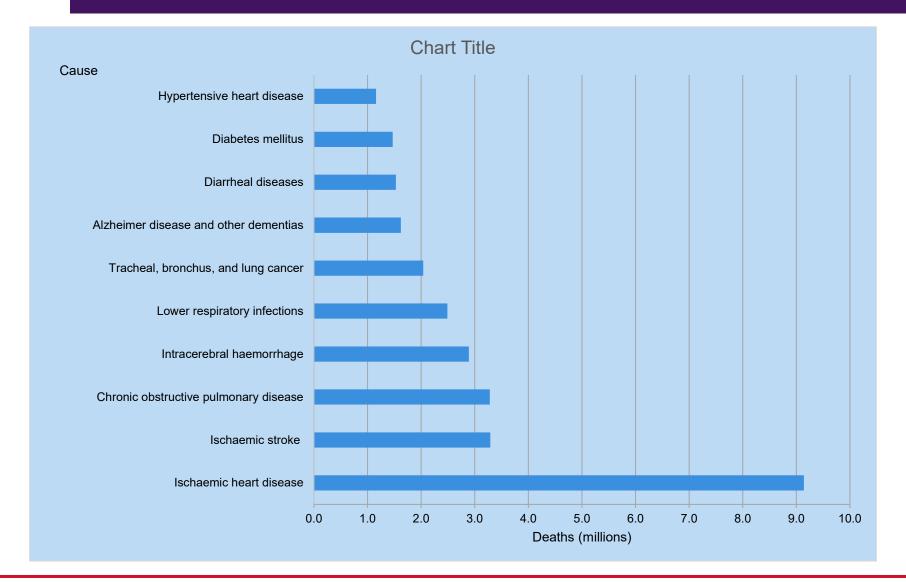


Results





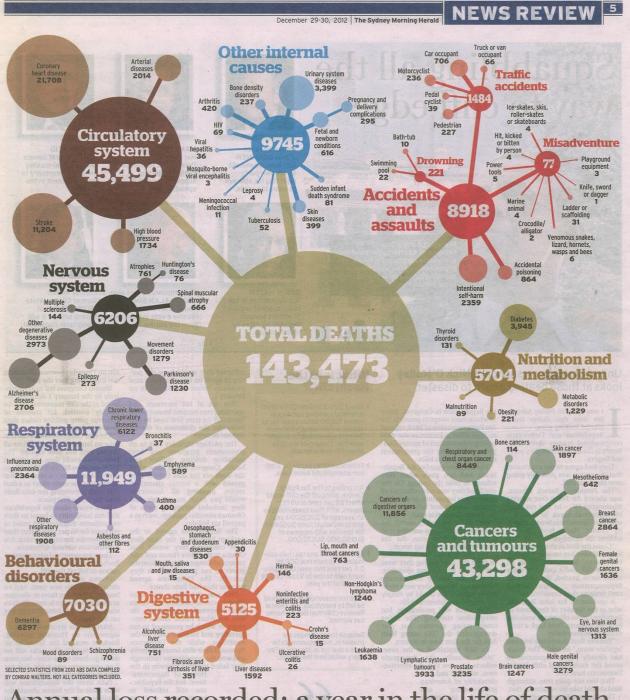
Global causes of mortality, World, 2019





Global Causes of Mortality, World, 2019

Rank	Cause	Number (millions)
1	Ischaemic heart disease	9.14
2	Ischaemic stroke	3.29
3	Chronic obstructive pulmonary disease	3.28
4	Intracerebral haemorrhage	2.89
5	Lower respiratory infections	2.49
6	Tracheal, bronchus, and lung cancer	2.04
7	Alzheimer disease and other dementias	1.62
8	Diarrheal diseases	1.53
9	Diabetes mellitus	1.47
10	Hypertensive heart disease	1.16



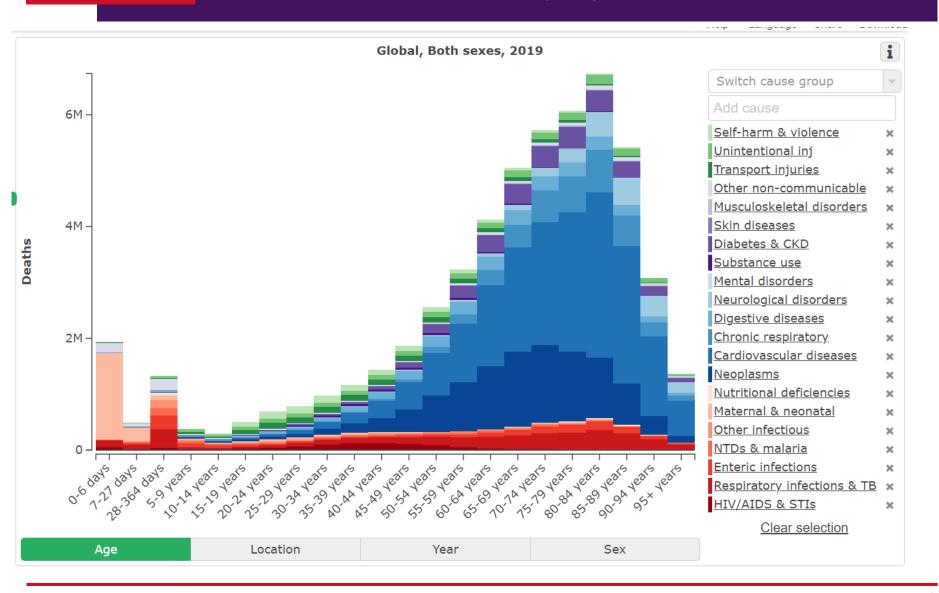
oss recorded: a year in the life of death

SMH 29 Dec 2012





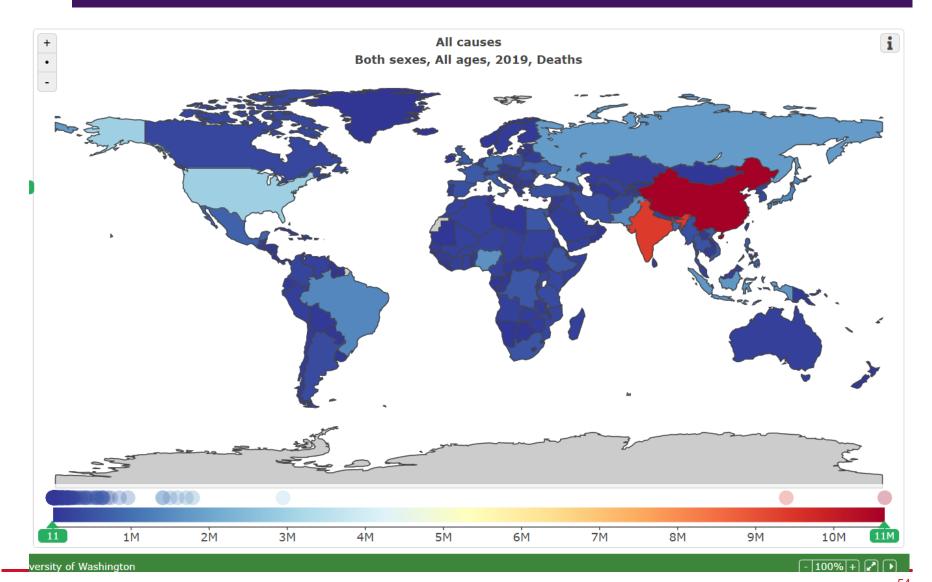
Global deaths by age, World, 2019





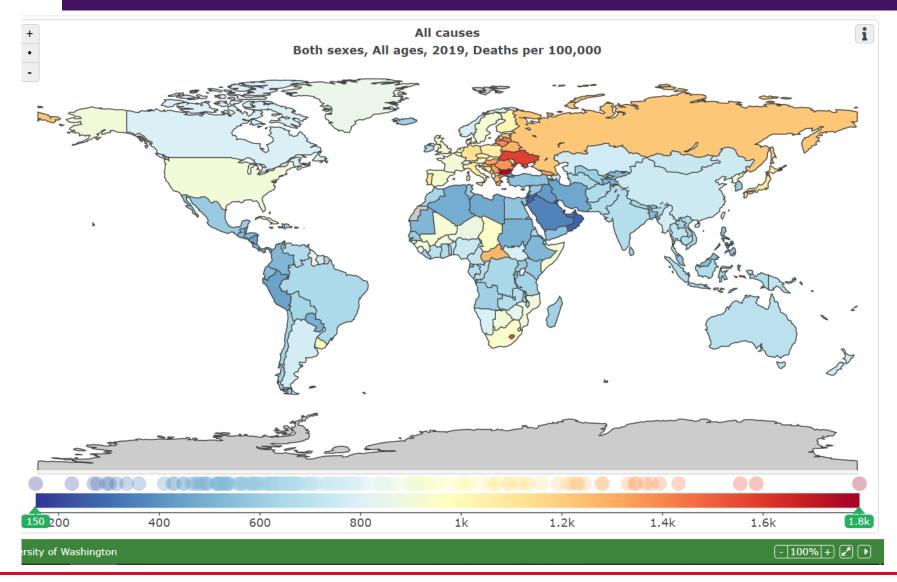


Global deaths by region in 2019 - number





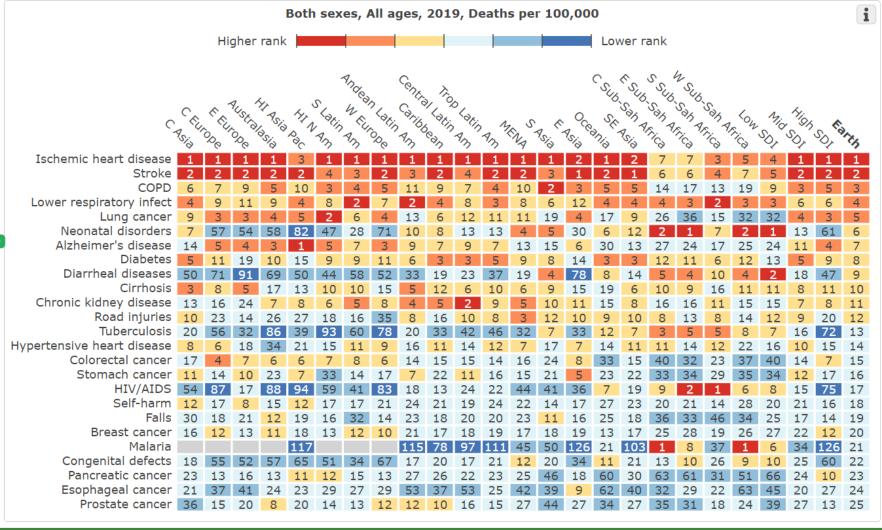
Global deaths by region in 2019 – per 100,000





versity of Washington

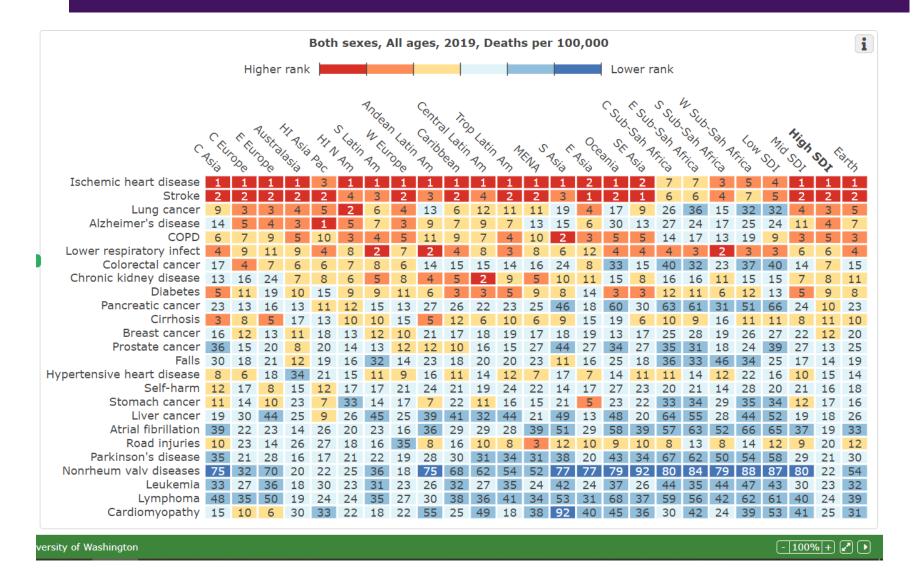
Cause of death * region – 2019 – Global rank



Source: GBD Compare Available from http://vizhub.healthdata.org/gbd-compare. (Accessed 27/2/2023)

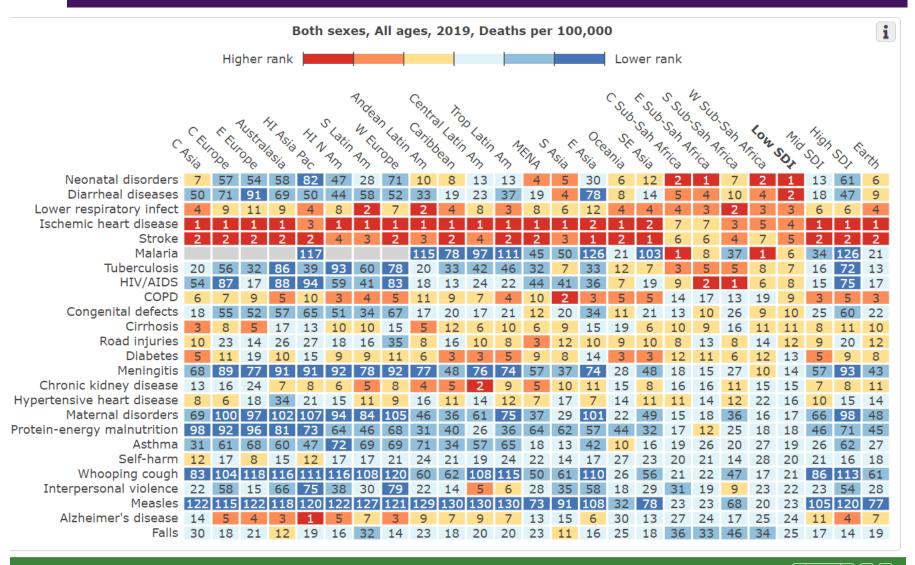


Cause of death * region – 2019 – High SDI rank





Cause of death * region – 2019 – Low SDI rank





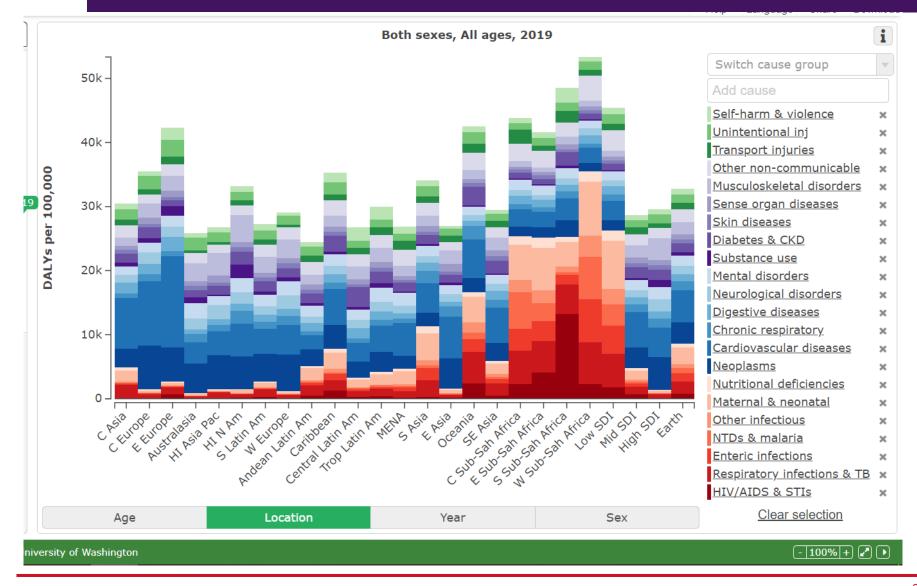
Leading Global Causes of Mortality and Disability, World, 2019

Rank	Cause (deaths)
1	Ischaemic heart disease
2	Ischaemic stroke
3	Chronic obstructive pulmonary disease
4	Intracerebral haemorrhage
5	Lower respiratory infections
6	Tracheal, bronchus, and lung cancer
7	Alzheimer disease and other dementias
8	Diarrheal diseases
9	Diabetes mellitus
10	Hypertensive heart disease

Rank	Cause (DALYs)
1	Ischemic heart disease
2	Lower respiratory infections
3	Diarrheal diseases
4	Chronic obstructive pulmonary disease
5	Pre-term birth complications
6	Intracerebral haemorrhage
7	Diabetes (Type 2)
8	Low back pain
9	Ischaemic stroke
10	Neonatal encephalopathy

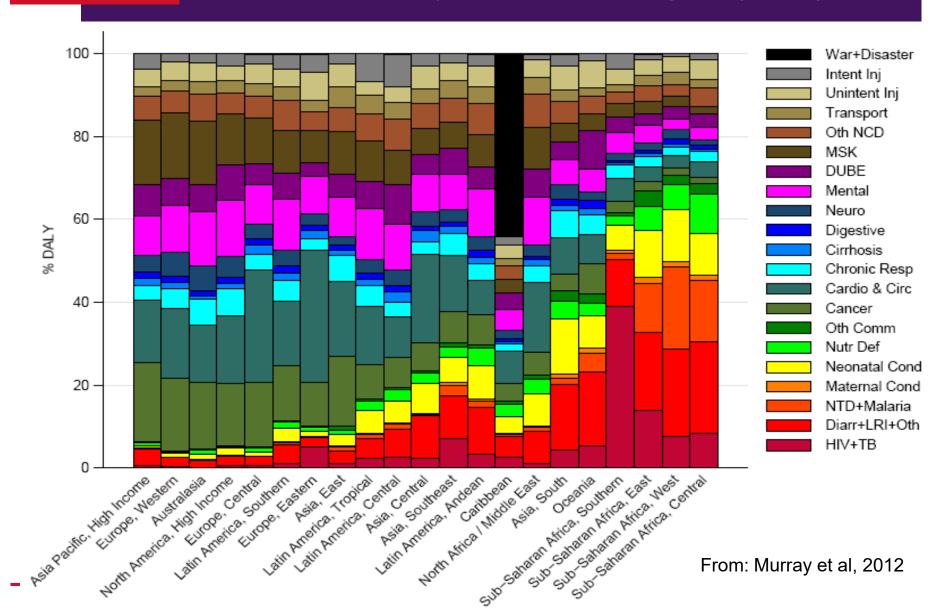


DALY rates by Cause and Region (2019)





% DALYs by Cause and Region (2010)

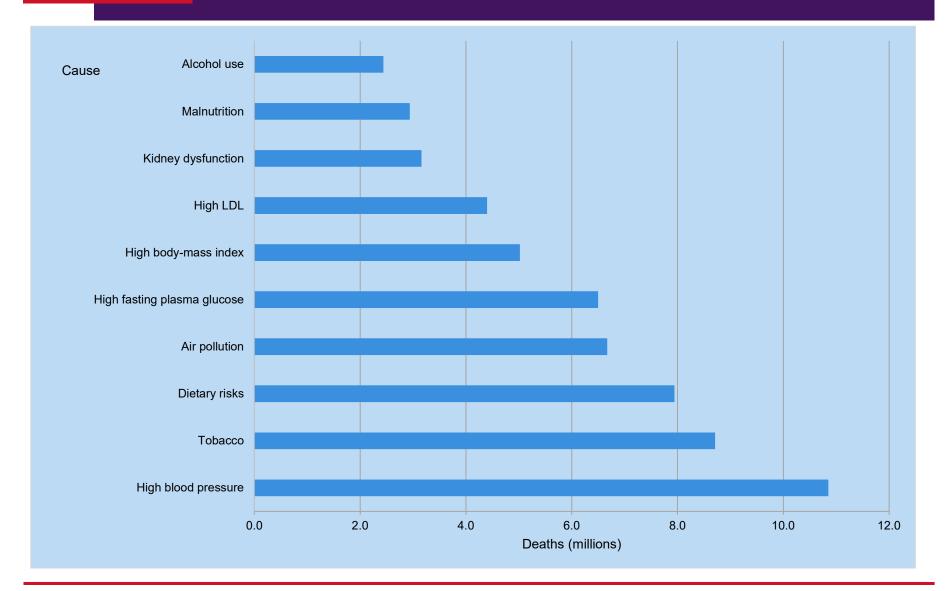




Leading global risks of mortality, 2019



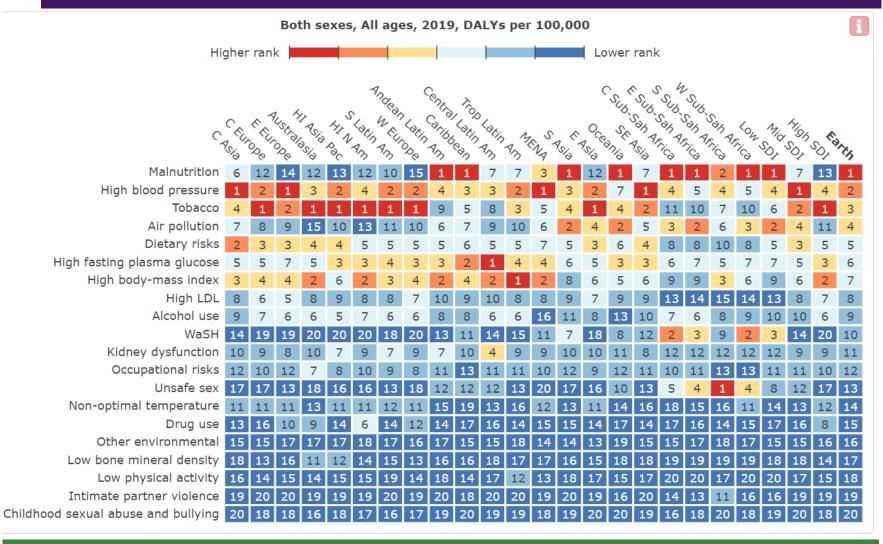
Leading global risks of mortality, 2019





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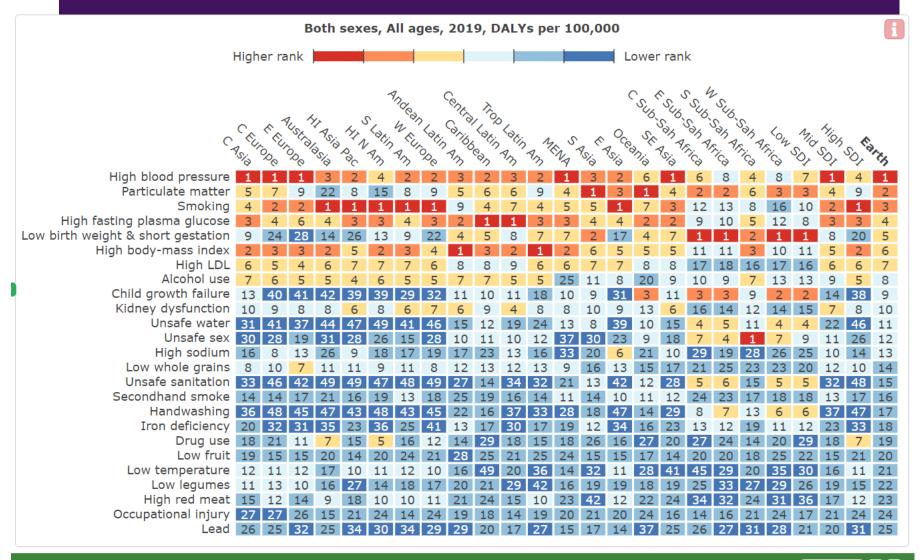
Risk factors - DALYs * region – 2019 – Global rank



Source: GBD Compare - Available from http://vizhub.healthdata.org/gbd-compare. (Accessed 27/2/2023)



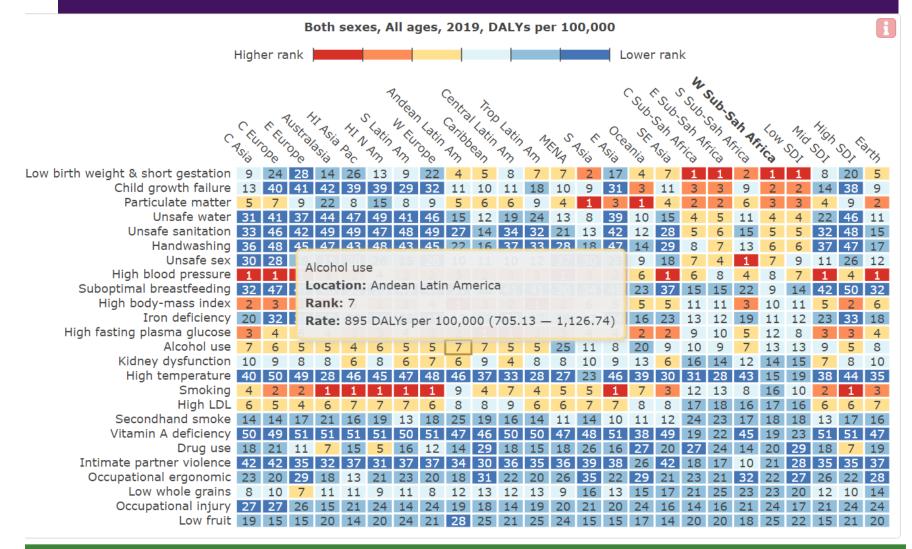
Risk factors - DALYs * region – 2019 – Global rank (Detailed)



versity of Washington



Risk factors - DALYs * region – 2019 – Western SSA)



- 100% + **-**



Leading Global Risk factors of Mortality and Disability, World, 2019

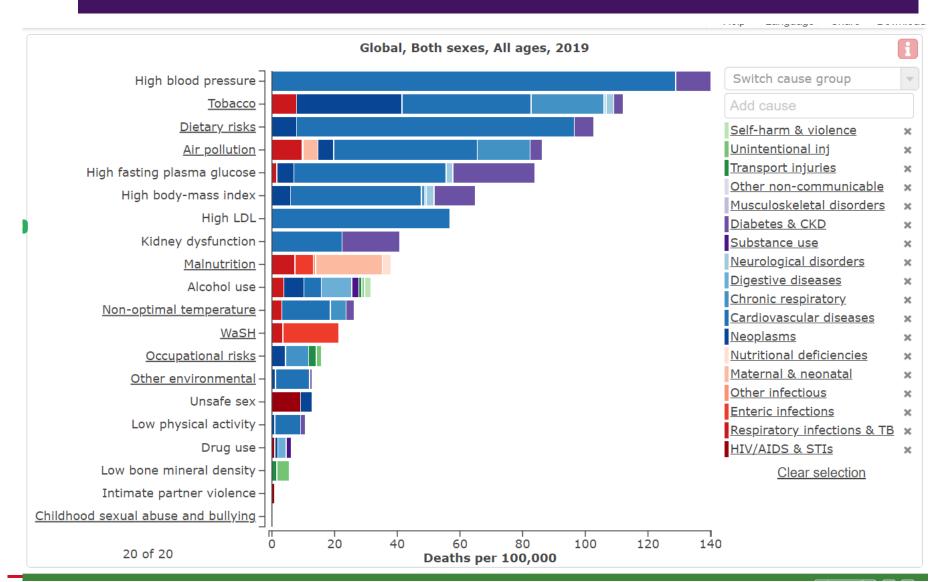
Rank	Cause (deaths)
1	High systolic blood pressure
2	Tobacco smoke
3	Dietary risks
4	Air pollution
5	High fasting plasma glucose
6	High body-mass index
7	High LDL
8	Kidney dysfunction
9	Malnutrition
10	Alcohol use

Rank	Cause (DALYs)
1	Malnutrition
2	High systolic blood pressure
3	Tobacco smoke
4	Air pollution
5	Dietary risks
6	High fasting plasma glucose
7	High body-mass index
8	High LDL
9	Alcohol and drug use
10	Unsafe water, sanitation and hand washing





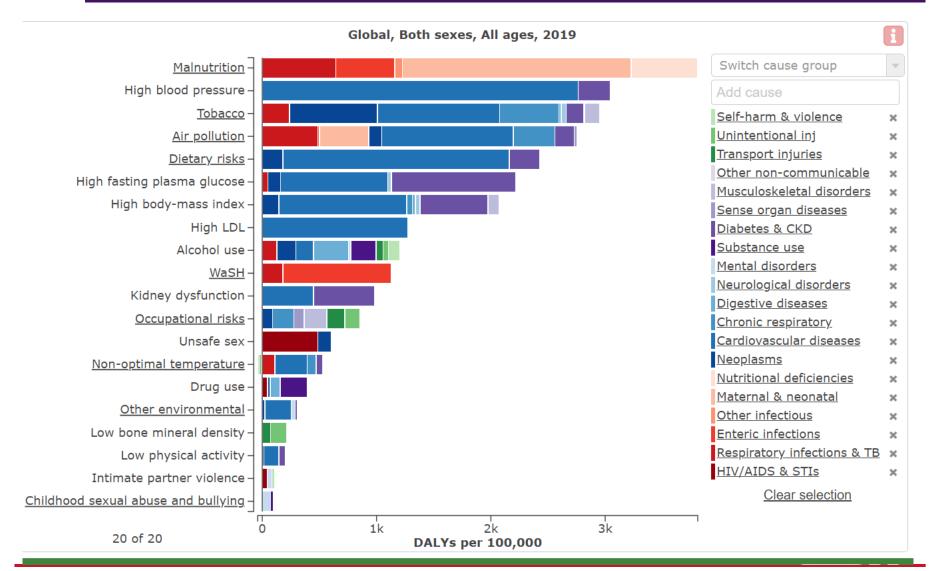
Burden of disease (deaths) attributable to leading risk factors in 2019







Burden of disease (DALYs) attributable to leading risk factors in 2019





Conclusions



Conclusions

Burden of disease approaches provide useful information for public health

Various measures can be used (e.g. deaths, DALYs)

Can focus on outcomes or exposures

Focus on exposure is potentially more useful for planning and evaluation

The burden of disease is not shared equitably.

Use the available GBD data and resources (e.g. GBD Compare)