Health Statistics for the Nordic Countries 2012

NOMESCO Nordic Medico-Statistical Committee 100:2013

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Symbols used in the tables:

Figures not available or too unreliable for use	..
Information not applicable	.
Less than half of the unit used	0.0/0
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Five year averages are always written as 20xx-xy

Two year averages are always written as 20xx/xy

Data are always calculated in relation to the respective age groups

Preface

The 2012 version of NOMESCO's Health Statistics in the Nordic Countries is now available.

Since 1966, NOMESCO has worked to promote and publish comparable Nordic health statistics. As a permanent part of the work, this annual publication is published with the latest data in the health area.

Health Statistics in the Nordic Countries presents data concerning population trends, illness, hospital treatment and causes of death. Furthermore, a description of the health sector in the Nordic countries, its structure and resources is provided. Health Statistics in the Nordic Countries consequently provides an annual cross section of the health care areas in the Nordic countries.

This version comprises the latest available data as per the summer of 2012. The latest data year may consequently be 2011 or 2010. Previous versions are available at www.nom-nos.dk, where also our database and more specialized publications from projects carried out by NOMESCO can be found.

As from 2011, the publication will no longer be designated by the latest data year, but instead by the year of production. Therefore the title is Health Statistics in the Nordic Countries 2012.

Nordic Medico-Statistical Committee (NOMESCO), October 2012.

Chapter 1

Organization of Health Services

Introduction

In the Nordic countries, the health care sector is a public matter.

All the countries have well-established systems of primary health care. In addition to general medical practitioner services, preventive services have been established for mothers and infants, as well as school health care and dental care for children and young people. Preventive occupational health services and general measures for the protection of the environment have also been established in all the countries.

The countries generally have well-developed hospital sectors with highly advanced specialist treatment.

Specialist medical treatment is also offered outside hospitals.

The health services are provided in accordance with legislation, and they are largely financed by public spending or through statutory health insurance schemes. Some patient charges are, however, payable for pharmaceutical products and to some extent also for treatment.

Salary or cash allowances are payable to employees during illness. Self-employed people have the possibility of insuring themselves against illness.

1.1 Current and future changes in the health care sector

DENMARK: In Denmark, the following has been adopted: The act on in vitro fertilization has been amended. Patient charges payable for treatment in connection with in vitro fertilization have been abolished. In addition, the increased patient charges payable for pharmaceuticals used in fertility treatment as well as patient charges for sterilization and re-fertilization were abolished. DKK 150mn have been earmarked for the extension of the immunization programme against cervical cancer (HPV virus), so that the programme also covers girls of the ages 19 to 26 years.

Moreover, a subsidy for dental treatment of patients with rare dental diseases was introduced.

An amendment of the Health Act was adopted to the effect that citizens who have lived in Denmark for more than seven years no longer have to pay a fee for use of an interpreter when being treated by a general practitioner or in hospital.

The Act on drugs was amended to create a clear legal basis for the establishment and running of drug consumption premises where highly addicted drug abusers can take their drugs in a hygienic environment and under supervision by qualified staff.

A new and stricter law on smoking has entered into force. The legislation is especially focused on ensuring that children and young people are not exposed to smoking. Be-sides, the smoking ban at work places is tightened.

FAROE ISLANDS: Because of the large increase in the expenditure on medicinal products, this expenditure has been removed from the hospitals' budgets from 1 January 2011 and placed in a special account in the public budget. This account administered by a special committee for medication that will prepare proposals for the Government concerning the use of particularly expensive medicinal products and on which indications.

From 1 January 2011, the maternity ward at Klaksvig Hospital was moved to the National Hospital, so that there are now only two maternity wards in the Faroe Islands, one at Suderø Hospital and the other at the National Hospital.

In January 2011, the new electronic patient record system (EJP) was implemented, so that all three hospitals and all doctors (general practitioners) now use the same system.

On 1 January 2012, a new law on the access to complain about the health care system and to be recompensed entered into force.

In May 2012, the work on a new Faroese health plan was commenced. The purpose of the plan is to reorganize the health system and make the health services more efficient. The work aims at prioritizing preventive measures, increasing activities concerning self-care in connection with chronic illness, a holistic view on the health system as well as taking account of hospitals being staff demanding and therefore of great importance to the local economy. Furthermore, emphasis will be put on the inclusion of all citizens in the treatment. The health plan comprises five phases: the Preparation Phase, the Analysis Phase, the Decision Phase and the Implementation phase. The implementation is expected to be completed in December 2017.

GREENLAND: The Greenlandic health service continues its work on the implementation of the rationalization of the health service. The aim of the health reform is to ensure that the health service provides modern services with a focus on community health, and uses economic, technological and staff resources as effectively as possible. It is quite a challenge to provide high quality health services to a small population spread over a large area within realistic financial frames.

At present, amendments are made to the Act on management and organization of the health service, health care personnel and psychologists with a view to creating a legal basis for the Disciplinary Board, which forms part of the Danish Patients Ombudsman, in future taking over the handling of Greenlandic health complaints from patients, which was previously handled by the Health Service's Agency for Patients' Rights and Complaints in Denmark, which has now been closed down.

A cancer plan and a new law on psychiatry are also being prepared.

FINLAND: According to the Act on health services that entered into force on 1 May 2011, clients in one municipality may also use health care centre services in other municipalities in case they due to for example work, leisure time, a close relative or other similar reasons regularly or for some time stay outside their home municipality.

According to the Act on health services that entered into force on 1 May 2011, clients in one municipality may also use health care centre services in other municipalities in case they due to for example work, leisure time, a close relative or other similar reasons regularly or for some time stay outside their home municipality. Clients must inform the health care centre in the municipality of residence about the need for service at least three weeks prior to the first visit. Moreover, clients need a treatment plan which has been prepared by their own health care centre: Clients will be treated in the other health care centre according to the treatment plan. A treatment plan is needed for non-urgent services. In case of urgencies, clients are still entitled to use the health care centres in any municipality.

Clients may also change health care centre in their own municipality or in a municipality cooperating with that municipality, but no more than once a year. If a client wishes to change health care centre, he or she must inform both the new and the old health care centre about the change no later than three weeks prior to the first visit. The Act also makes it possible to choose centres for specialized care within the so-called special receiving area that is made up of two nabouring health care districts. The centre for specialized health care must always be chosen in consultation with the referring physician.

As from 2014, clients are free to choose health care centre and centre for specialized care from among all public health care centres and hospitals in Finland.

Tobacco products and their trademarks must no longer be visible in connection with retail sale of tobacco products as from the beginning of 2012. A retailer is, however, allowed to show the buyer a product catalogue as well as hand out a catalogue of product prices. The amendment to the law is due to the implementation of the tobacco advertising ban. Compliance is monitored by National Supervisory Authority for Welfare and Health (VALVIRA) and the municipal health inspectors.

ÅLAND: The new Act on health services entered into force on 1 January 1012. The work on regulations based on the Act shall be commenced in the course of the year.

ISLAND: On 1 January 2011, the Icelandic Ministry of Health and the Icelandic Ministry of Social Services and Social Security were amalgamated to form the Icelandic Ministry of Welfare Services. The Directorate of Health (Landlæknisembættið) and the Institute of Public Health (Lýðheilsustöð) were amalgamated on 1 May 2011.

NORGE: In 2011, the Norwegian Government will put forward a proposal to the Storting (the Norwegian Parliament) for revised legislation on municipal health and welfare services. It is not expected that the new legislation will lead to the introduction of principal changes in the municipal responsibility for these services.

SVERIGE: The Swedish Government has directed the National Board of Health and Welfare to study the possibilities of starting a collection of data from the primary health services. This was done in cooperation with the Swedish municipal and county councils and was reported to the Ministry of Social Affairs on 31 March 2012.

A new Act on patient safety applies as from 1 January 2011 requiring health service providers to be responsible for working systematically with patient safety. This means that adverse events in their businesses that resulted in or could have resulted in an

injury must be investigated; to provide patients and close relatives with information about the adverse event, and to report authorized health care personnel who are considered to be a danger with regard to patient safety to the National Board of Health and Welfare. In addition, stricter regulations relating to trial period and withdrawal of authorization have been introduced.

On the 1 January 2001, the Swedish Agency for Health and Care Services Analysis, MYVA, was established. From the perspective of citizens and patients, the agency will analyse and evaluate implemented measures within health care, dental care and other care services. The Agency will monitor and evaluate information about treatment and care for individual patients and clients. The Agency shall have a Patient Council. The Swedish Government has also directed the Agency to evaluate the effect of reforms and action plans. More information on www.vardanalys.se

Today, certain groups lack the entitlement to subsidized health care in Sweden. The Swedish Government has appointed a committee that shall put forward proposals for how to ensure the right to health care for asylum seekers and illegal immigrants. The committee presented its report on 31 May 2011.

The Swedish Government appointed a committee to investigate how the state, through its authorities, shall ensure that the health and welfare system is effective and sound in the long term, with a focus on health promotion and prevention. The investigation was completed on 15 April 2012

A committee shall assess Statistic Sweden's system for official statistics and analyse the advantages and disadvantages of a centralized, respectively decentralized, system for statistics. In particular, the committee shall investigate the quality and availability of the statistics, including cost and documentation. The investigation shall be completed by December 2012.

An investigation is currently being carried out to make proposals for how to improve the role of patients and patient participation in the health service. The point of departure for the work of the committee is to reduce inequalities in health care. The committee shall also make proposals for a new Act on patients' rights, in which regulations relating to the role of patients are collected. A proposal for a new patient's rights law shall be completed by 1 January 2013.

1.2 Organization and responsibility for the health sector

DENMARK: The responsibility for the health services is relatively decentralized. The main principles are as follows: The State is responsible for legislation, supervision and guidelines. The regions are responsible for hospital services, health insurance and special nursing homes. The municipalities are responsible for primary health care, home nursing, prevention, rehabilitation after hospitalization and child and school health services. The regional authorities have operational responsibility for the health services.

- In principle, primary contact shall always be with a general medical practitioner
- Dental services are provided by private dental practitioners. The services are only a public matter in some dental care services for children

- Health care during pregnancy is the responsibility of the regions
- Child health care is provided according to the Act Relating to Health Visitors and is administered by the municipalities, while health examinations of children are carried out by general medical practitioners
- Home nursing care is provided by the municipalities and is free of charge after referral by a physician
- School and occupational health services are regulated by legislation. Municipalities are responsible for school health services, which are provided by health visitors and physicians
- Occupational health services are organized by companies and are led by committees with representatives for both employees and employers
- Contact with the health services: As a main rule, patients may contact general medical practitioners, dentists, chiropractors, physiotherapists, chiropodists, psychologists, dental hygienists, emergency wards and emergency and ambulance services without referral
- Public hospitals: Public hospitals are owned by the regions
- Private hospitals: The regions have a contract with some private hospitals to provide treatment under the extended free choice of hospital arrangement. A few private hospitals operate totally independently of the public hospital services. Some specialized hospitals are organized under the hospitals, while others are owned by organizations
- Free choice of hospital: As a rule, patients are free to choose the hospital where they wish to receive treatment
- Practicing specialists: Most practicing specialist physicians work under a contract with the health insurance scheme, and most of their patients are referred from general medical practitioners
- Nursing homes: Ordinary nursing homes are run by the municipalities, but there are many private (independent) nursing homes, which receive residents according to a contract with the municipality in which they are located. Certain specialized nursing homes are run by the regions, for example psychiatric nursing homes
- Pharmacies are organized as private companies, but are subject to government regulation. The state regulates the number and the geographical location of pharmacies, their tasks and the profit margin on pharmaceutical products

FAROE ISLANDS: The Home Government of the Faroe Islands lays down the rules concerning the tasks, benefits and administration of the health service. The organization of the hospital services, specialist fields and primary health services largely follows the Danish system. The same applies to nursing homes, home nursing services and home help as well as dental treatment.

Hospital services are run by the Home Government of the Faroe Islands, which defrays all expenditure on the operation and maintenance.

All practising physicians are public employees, but they are mainly remunerated by the public health insurance scheme. They are administered by both the municipal authorities and the state authorities.

The midwifery service is organized under the hospital services.

Physiotherapy services are provided by the public hospital sector and by privately practising physiotherapists.

Pharmacies are run by the public authorities.

GRØNLAND: Health services are organized according to a relatively simple system.

The main principles are as follows:

- The Ministry of Health is responsible for legislation and overall management.
- The Chief Medical Officer is responsible for supervision of health services and for developing health care guidelines
- The health authorities are responsible for running the health services. This includes the primary health services, specialized health services, distribution of pharmaceutical products, nursing, home nursing services in some districts, home mental health care, preventive services, rehabilitation and child and school health services
- The municipalities are responsible for home nursing services in some health districts, preventive services and nursing homes
- In principle, primary contact shall always be with the district hospital, or with the medical practitioner clinic in Nuuk
- Dental services are provided in public dental clinics. There are some private dentists with no reimbursement arrangement
- Antenatal care is the responsibility of the health authority
- Child health services and health check-ups for children are provided by the health authority
- Home nursing services are provided by the health authority in most municipalities and by the municipal health authority in some municipalities
- School health services are provided by the health services

There are no occupational health services in Greenland.

Contact with the health service: As a general rule, patients may contact district hospitals, the medical practitioner clinic in Nuuk, dental clinics and the ambulance service without a referral.

Public hospitals: Greenland's Home Government owns the public hospitals.

Private hospitals: There are no private hospitals in Greenland.

Specialized hospitals: There are no specialized hospitals in Greenland.

Free choice of hospital: There is no free choice of hospital in Greenland. Patients are referred by the district hospitals to treatment at Dronning Ingrids Hospital (the National Hospital). The Referral Committee refers patients to treatment in hospitals outside Greenland.

- All obstetric services are organised under a joint obstetric management that has overall responsibility. With the help of patient records that are sent in, and with consultations locally, they decide which births shall be referred to special wards.

Practising specialists: There are no practising specialists in Greenland.

Nursing homes: Nursing homes are run by the municipalities. There are no private nursing homes or specialized nursing homes in Greenland.

A National Pharmacy has been established in Nuuk, with a National Pharmacist, with countrywide functions related to import, distribution and sale of pharmaceutical products. The National Pharmacy prepare statistics about pharmaceutical products, prices of non-prescription drugs, revision of the range of non-prescription drugs, licences to retail businesses, guidelines for people responsible for pharmaceutical services as well as inspection of pharmaceutical stores at coastal hospitals.

The National Pharmacy is the secretariat for the Pharmaceutical Committee, which has authorization to approve new pharmaceutical products. It gives advice about use of pharmaceutical products and recommends pharmaceutical products for use in Greenland.

Medicines are free of charge and are dispensed by the health services. There is a small selection of non-prescription medicines.

FINLAND: Municipalities are responsible for health services. The Health Care Act (1326/2011) is applied to the provisions of the health care and nursing services for which the municipalities are responsible according to the Public Health Act (66/1972) and the Specialist Treatment of Diseases Act (1062/1989. Health care includes health and welfare promoting measures, primary care and specialized nursing, and the municipalities are responsible for:

- Guidance and preventive health care, including children's health, health education, counselling concerning contraceptive measures and health surveys and screening
- Medical treatment, including examination and care, medical rehabilitation and first aid. General medical treatment is provided in health care centres, in inpatient wards or as home nursing

With the exception of emergency cases, patients shall be examined and treated within a given time. Patients shall be able to obtain immediate contact with a health care centre on weekdays within normal working hours and shall also have the option of visiting the health care centre. If an appointment at a health care centre is deemed necessary, patients shall be given an appointment within three working days from the time of contact with the health care centre. Normally, treatment is provided at the health care centre immediately at the first visit. Treatment that is not provided at the visit shall be started within three months. In cases where health care centres provide specialized treatment, the same time-limits shall apply as those applying for specialized health services, i.e. six months.

The need for treatment shall be assessed within three weeks after referral to a hospital. If a physician has examined a patient and has established that treatment is needed, such treatment shall be started within six months.

Children and young people shall receive psychiatric treatment within three months if it is assessed to be necessary.

Dental treatment that is assessed to be necessary shall be started within a reasonable time and at the latest within six months.

If a patient's own health care centre or hospital cannot provide treatment within the given time, the patient shall be offered treatment either in another municipality or at a private institution, without extra cost to the patient.

The municipalities must provide services for people with mental illness that can reasonably be offered in health care centres.

Dental care includes information and prevention, dental examination and treatment. Dental care and treatment paid by the health insurance scheme is provided for the entire population. Dental care is also provided for adults in health care centres, particularly in rural municipalities. Most dental treatment for adults is provided by dentists in private practices. Young people under the age of 18 are entitled to dental care free of charge.

Municipalities are also required to provide ambulance services and to ensure that occupational health services are established. Employers can either organize their occupational health service themselves or they can enter into an agreement with a health care centre or with others who provide occupational health services.

In many municipalities, social welfare and health services have been integrated in recent years.

Physicians working in health care centres are usually general practitioners. In the public health service system, patients need a referral to specialist treatment, except in emergency cases. In private clinics, the physicians are mostly specialists. Patients need no referral to visit these private specialists. Physicians working in private clinics can refer their patients either to public or private hospitals.

Specialised central and regional hospitals are run by municipal boards. Within mental health care, more and more emphasis is placed on outpatient treatment, and the use of institutions is decreasing.

Municipalities are responsible for providing health and social services for elderly people. These services include measures to make it possible for elderly people to continue living in their own homes, for example home help and home nursing, day care services and sheltered housing (mainly social services). In the health care sector, support for people to live in their own homes is provided through home nursing services, short-term and periodic stays and treatment in nursing homes and day care in hospitals. Health services for elderly people also include primary medical care, prevention and rehabilitation. Long-term treatment and residential care for the elderly is provided in old people's homes and nursing homes.

Pharmacies are private, but under state supervision. Prescription drugs and over-the-counter drugs can only be sold by pharmacies.

ÅLAND: Due to its home rule, Åland has its own legislation for the health sector, except for administrative interventions in personal freedom, contagious diseases, sterilization, induced abortion, assisted reproduction, forensic medicine as well as private health care.

The tasks, structure and organization of the public health sector are regulated according to the Health Sector Act (2011). Issues that do not fall under the Åland legislation follow Finnish legislation.

The whole public health service falls under an overall organization called Åland's Health Care Organization (ÅHS). The organization is governed by a politically elected board.

The Åland Government has the overall responsibility for ensuring that the population receives necessary medical care. Primary health services and specialized health services are part of the same organization, ÅHS. In principle, the first contact shall be with the primary health service.

Services that cannot be provided locally are bought from Finland or Sweden, either from private practitioners, private institutions or university hospitals.

The Åland hospitals are specialized institutions that provide both outpatient and inpatient treatment.

Specialists working outside the hospitals can act as consultants for the public primary health care and for private general practitioners.

The structure of the primary health care corresponds functionally and ideologically to the Finnish public health care system. Counselling concerning contraception and for mothers and infants as well as school and student health services function as in Finland. Immunization programmes are voluntary and the recommendations are as in Finland. Physiotherapy under the ÅHS is a shared function both for the primary health service and the hospitals. In addition, a number of private physiotherapists are used by the public sector.

Occupational health services are organized in the same way as in Finland.

The public dental care system is providing for children and young people as well for patient groups that have priority on medical and social grounds. The private sector is well established with a high capacity and provides an important supplement.

Regulations for pharmacies are the same as in Finland.

ICELAND: Responsibility for health services is based on a mainly decentralized organization.

The main principles are as follow:

The State is responsible for legislation, supervision, and guidelines. The State also has overall responsibility for ensuring that everyone in Iceland has access to optimal health services (primary, secondary and tertiary).

The health care centres primarily provide health services, including prevention and general treatment. Preventive services include services for young children, mothers, school health services, vaccination, family planning, etc.

Home nursing is also a responsibility of the health care centres, whereas home help services are part of the municipal social service system.

In principle, primary contact with health services shall always be with the health care centres.

Specialist treatment is provided mainly by private medical specialists, who work under an agreement with the Icelandic Health Insurance. The latest agreement expired on 1 May 2011. So far, negotiations have not lead to any result, and conse-

quently the private medical specialists now work without any agreement. Specialists are mainly to be found in the most densely populated areas, but they also work from the health care centres in small towns. Specialists often receive their patients without any referral.

Outpatient specialist services are also provided by the hospitals.

There are three types of hospitals: 1) specialized hospitals, 2) regional hospitals with a certain degree of specialization and 3) local hospitals. The local hospitals also often function as old people's homes and nursing homes.

Rehabilitation hospitals and clinics for treatment of alcohol abusers are independent institutions, but partly financed by the State.

In general, no referral is required for specialists, dentists, accident and emergency clinics as well as ambulance services.

Dental treatment is provided by private dental practitioners.

Physiotherapy is partly provided in health care centres, but mostly by privately practising physiotherapists in the urban areas. Physiotherapists in private practice work under a contract with the Icelandic Health Insurance.

Most nursing homes and old people's homes are run as independent institutions. They are run by municipalities, voluntary organizations, etc. They are partly financed by user charges, but the major part of financing is provided by the government, either through the national pension scheme, as is the case for old people's homes, or through the national health insurance scheme, as is the case for nursing homes. Occupational health services are by law the responsibility of the employers. For large workplaces, these services are provided by individual doctors, occupational health consultant firms or health care centres.

Pharmacies are run as private companies, but are subject to a thorough regulation. The municipalities regulate the location of pharmacies, but the State regulates their tasks and the cost of pharmaceutical products, both in respect of wholesalers and pharmacies.

NORGE: The system of health care provision in Norway is based on a decentralized model.

The State is responsible for:

- Health care policies, capacity and quality of health care through budgeting, legislation and professional guidelines (e.g. for prioritization)
- Hospital services through State ownership of regional health authorities. Within the regional health authorities, somatic and psychiatric hospitals and some hospital pharmacies are organized as health trusts

The municipalities are responsible for:

- General practitioner services, including a regular general practitioner scheme
- Acute medical care
- Physiotherapy services
- Nursing services, including the health visitor service and the home nursing service

- Maternity services
- Nursing homes and other types of residential care
- Medical emergency call service
- Transport services for health care personnel (Municipal Health Services Act)

The county authorities are responsible for:

- Dental care services for children and adolescents, mentally disabled adults as well as the elderly, the long-term ill and the disabled who live in institutions or who receive home nursing.

Private health services:

- Dental services for adults are mainly provided by private dentists and paid for by the patients
- Occupational health services: Some large companies have their own private services. Some companies have a joint arrangement with an occupational health services company, which sells occupational health services
- Pharmacies are mainly privately owned, but are subject to strict public control
- Some private hospitals have an agreement with the region, and other private hospitals are run completely independently of the public health services
- Private nursing homes provide care for residents according to an agreement with the municipalities
- Some privately partitioning specialists have a con-tract with the municipality and receive most of their patients by referral from a general practitioner. Others work completely independently

Contact with health services: Patients can see general practitioners, dentists and emergency services without a referral.

Free choice of hospital: Patients who are referred to hospital have the right to choose which hospital they wish to go to.

SWEDEN: In the Swedish health care system, responsibility for health services is divided among the State, the county authorities and the municipal authorities. The State has overall responsibility for health policy.

The Health and Medical Service Act (Hälso- och sjukvårdslagen, HSL) lays down the division of responsibility for health services between the county authorities and the municipal authorities. The Act gives the county authorities and the municipal authorities a great deal of freedom as to how to organize health services.

Sweden is divided into 290 municipalities and 20 county councils. Skåne, Halland and Västra Götaland are formally counties but with an extended responsibility for regional development and with a right to call themselves regions. Gotland, an island in the Baltic Sea, is a municipality with the responsibilities and tasks normally associated with a county as well as regional development responsibility and is also entitled to be called a region.

The activities of the county councils are mainly financed by county taxes and also through state grants. Patient charges and other patient contributions make up a small part of the income of the county councils.

The county authorities have responsibility for organizing health services to ensure that all inhabitants have equal access to sound and adequate services.

The county authorities also have a duty to provide dental care for children and young people up to the age of 20.

The municipalities have responsibility for health services for elderly people in institutions and for school health services.

In 2005, a treatment guarantee was introduced. This means that patients have the right to:

- Obtain contact with the primary health service on the same day
- Get an appointment with a GP within seven days
- Get an appointment with the specialized health service within 90 days, either with a referral or on their own initiative, and
- Get treatment within 90 days after a decision has been made about treatment

The treatment guarantee for mental health services for children and young people is enhanced. A youth seeking help from the mental health service shall be contacted by telephone or personally on the same day and be given an appointment with a doctor within seven days. The youth shall also be given an appointment with a specialist in child psychiatry within 30 days, and treatment must be started within the next 30 days.

The Medical Products Agency has responsibility for approving and controlling medicinal products, herbal medicines and medical equipment.

The Dental and Pharmaceutical Benefits Agency (TLV) is a state authority whose remit is to determine which medicinal products and dental treatment shall be subsidized by the State.

Since 1 July 2009, it is possible for companies other than Apoteket AB to run a pharmacy. Retail sales outlets for medicinal products must apply for a licence from the Medical Products Agency. Retail sales outlets can buy and sell imported medicinal products at lower prices. Health service providers are responsible for ensuring that use of medicinal products is organized effectively and that hospitals are supplied with safe and effective medicinal products. For example, hospitals shall have a hospital pharmacy.

Decisions about which vaccinations shall be included in the national immunization programme are taken by the National Board of Health and Welfare in consultation with the Swedish Institute for Infectious Disease Control and the Medical Products Agency.

The Swedish Institute for Infectious Disease Control is a national authority with responsibility for control of infectious diseases and with a public health perspective.

The Swedish Council on Health Technology (SBU) is a state authority that examines the methods used by health services. It aims to identify interventions that offer the greatest benefits for patients while utilizing resources in the most efficient way. The

aim is to pro-vide a better knowledge base for everyone who makes decisions about how health care shall be organized.

1.3 Supervision of health services and health care personnel

In Denmark, supervision of health services is carried out by the National Board of Health with the assistance of the Chief Medical Officers from each region. These institutions are part of the National Board of Health and are thus independent, politically and administratively, of the regional and municipal health authorities. In this way, the Chief Medical Officers work as independent advisers and supervisors at all levels. Supervision of health care personnel and their professional activities is carried out by the National Board of Health in close cooperation with the local Chief Medical Officers. Decisions concerning individuals can be appealed to the responsible minister and, if necessary, to the courts.

In the Faroe Islands, the Chief Medical Officer, who is employed by the Danish Ministry of Health, shares the responsibility with the Danish Board of Health for supervision of health services. The Chief Medical Officer is the consultant to Faroese and Danish authorities regarding health matters. The Chief Medical Officer is an independent institution under the Government of Greenland and is responsible for supervision of health services in Greenland. The Chief Medical Officer advises and assists the Government of Greenland and other authorities in questions of health

Supervision of health services in Finland is organized in a less formal way than in the other Nordic countries. Supervisory tasks are spread out in the whole health services system. A nationwide body for the protection of patients' rights has been established. The body may assess whether the services provided by a municipality are up to the required standards. If the body finds that the services are inadequate, and that the municipality is responsible for this, it may recommend how the deficiencies may be dealt with and give a time limit for when improvements shall be made.

Supervision of health care personnel in Åland is carried out according to Finnish law.

In Iceland, the Medical Director of Health carries out the overall supervision of health institutions, health care personnel, prescription of pharmaceutical products, measures for combating substance abuse and control of all public health services. The Icelandic Medicines Agency supervises pharmacies and pharmaceutical products.

In Norway, the Norwegian Board of Health Supervision (centrally) and the supervisory authorities in each county are responsible for supervision of health services and health care personnel. These bodies are professional and independent supervisory authorities, with authority through explicit legislation and competence in the fields of health services and health legislation.

In Sweden, the National Board of Health and Welfare is the national supervisory authority for both health services and social services. For health service, the Board is supervisory authority for both health institutions and authorized health care personnel. For social services and institutions that are encompassed by the Act on social

security benefits and services for certain groups of people with disabilities, supervision of institutions is carried out, but not of personnel.

1.4 Complaints about health services and health care personnel

DENMARK: The Patients' Complaints Board for the health sector deals with complaints concerning authorized health care personnel. Following preliminary treatment of the cases (hearings of the parties, professional assessment, etc.) by the Chief Medical Officer, a final decision is reached by the Patients' Complaints Board.

FAROE ISLANDS: The Chief Medical Officer and the Danish National Agency for Patients' Rights and Complaints jointly handle complaints concerning the work of authorized health care personnel. The National Agency for Patients' Rights and Complaints makes the final decisions.

GREENLAND: Complaints concerning health issues must be addressed in writing to the National Board of Health, which prepares the case and make recommendations to a decision on the complaint. Complaints were previously sent to the Danish Patients' Complaints Board of the Board of Health in Copenhagen for a decision. Due to structural changes in Denmark (establishment of the Danish Patients' Complaints Board), the legislation is currently being amended to form the legal framework for the Disciplinary Board, which form part of the Danish Patients' Complaints Board, in future to take over the handling of Greenlandic patient complaints concerning health care issues, instead of the Danish Patients' Complaints Board of the Board of Health, which has now been closed down. Complaints concerning services are submitted to the Health Management, and questions concerning compensation are dealt with by the Directorate of Health.

FINLAND: Patients have several options when wanting to complain about the treatment or services they have received. The simplest way is to express dissatisfaction to the physician who provided the treatment, or to contact the physician in charge of the hospital department or health care centre. If further assistance is needed in order to solve the problem, there are two possibilities. The patient can contact either the Regional State Administrative Agency or the National Supervisory Authority for Welfare and Health (VALVIRA). Both these bodies can give a written expert opinion, or give sanctions if necessary.

ÅLAND: Complaints concerning treatment must, as in Finland, be addressed to the institution providing the treatment, or to the national authorities, or to the Åland Government. The Patient Ombudsman is employed by the Åland Government and is thus independent of the respective treatment institutions. The Patient Ombudsman may take up questions of principal significance with the "Patients Board of Trust" where the questions may be discussed and form the basis for decisions, although the Board cannot make a decision in individual cases.

ISLAND: Complaints concerning health services are sent to the Medical Director of Health, who evaluates the complaints and makes a decision. Decisions made by the Medical Directorate of Health may be appealed to the Ministry of Welfare.

NORWAY: The Norwegian Board of Health Supervision in the counties deals with complaints against individual health care personnel. These offices may find that the conditions laid down in laws and regulations have not been met and can give advice on how to make improvements. If there are grounds for more serious sanctions against health care personnel, the complaint may be forwarded to the Norwegian Board of Health Supervision (centrally). Patients can also send their complaints to the person in charge of an institution (e.g. the municipal board in the case of municipal health services), or to the Norwegian System for Compensation for Injuries to Patients, in the case of claims for compensation related to treatment in the public health service.

SWEDEN: Since the new Act on patient safety came into force, the National Board of Health and Welfare has taken over responsibility from the Medical Responsibility Board (HSAN) for dealing with patient complaints.

Service providers now have clearer responsibilities according to the new Act for systematically improving patient safety. This includes the responsibility for investigating adverse events, to have health care personnel with the necessary qualifications, and to identify deficiencies in the service in order to prevent adverse events.

The National Board of Health and Welfare has the possibility of investigating the whole event, not only the actions of individuals. Previously, HSAN only investigated the person who was reported. The focus of the investigation carried out by the National Board of Health and Welfare is to identify the reasons why the adverse event occurred, and what must be done to prevent a recurrence.

Chapter 2

Population and fertility

Introduction

This chapter begins with a general description of the population in the Nordic countries followed by a more detailed description of fertility, births, infant mortality and contraceptive methods.

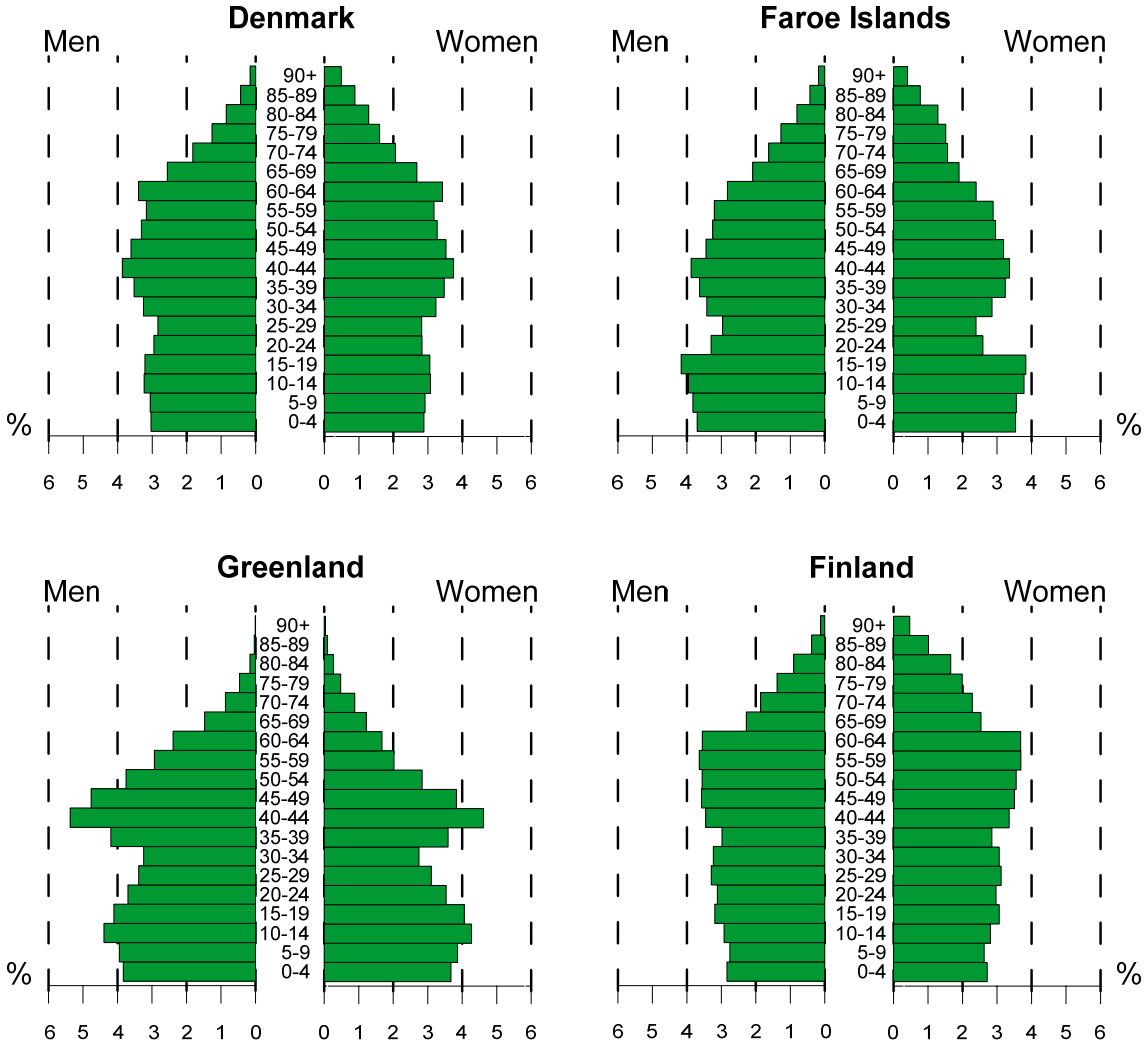
2.1 Population and Population Trends

The population structure varies somewhat among the Nordic countries, Sweden having the oldest and Greenland the youngest population.

The development in population growth varies somewhat among the Nordic countries. The natural increase has been largest in Iceland, the Faroe Islands and Greenland throughout the past decade. Denmark, Åland and Sweden have had the lowest natural increase. In 2009, net migration contributed to population growth in all the Nordic countries with the exception of Greenland, the Faroe Islands and Iceland. In 2009, after the economic crisis, the population increase turned negative in Iceland. In addition, there is a large deficit of women of fertile age in the Faroe Islands.

Life expectancy in the Nordic countries has increased significantly, and even though women generally live longer, the difference between the life expectancy of men and of women has been reduced.

Figure 2.1.1 Mean population by sex and age as a percentage of the total population 2010[1)]



1 Faroe Islands, Greenland and Åland: 2007-11

The Figure continues

Figure 2.1.1 Mean population by sex and age as a percentage of the total population 2011, continued

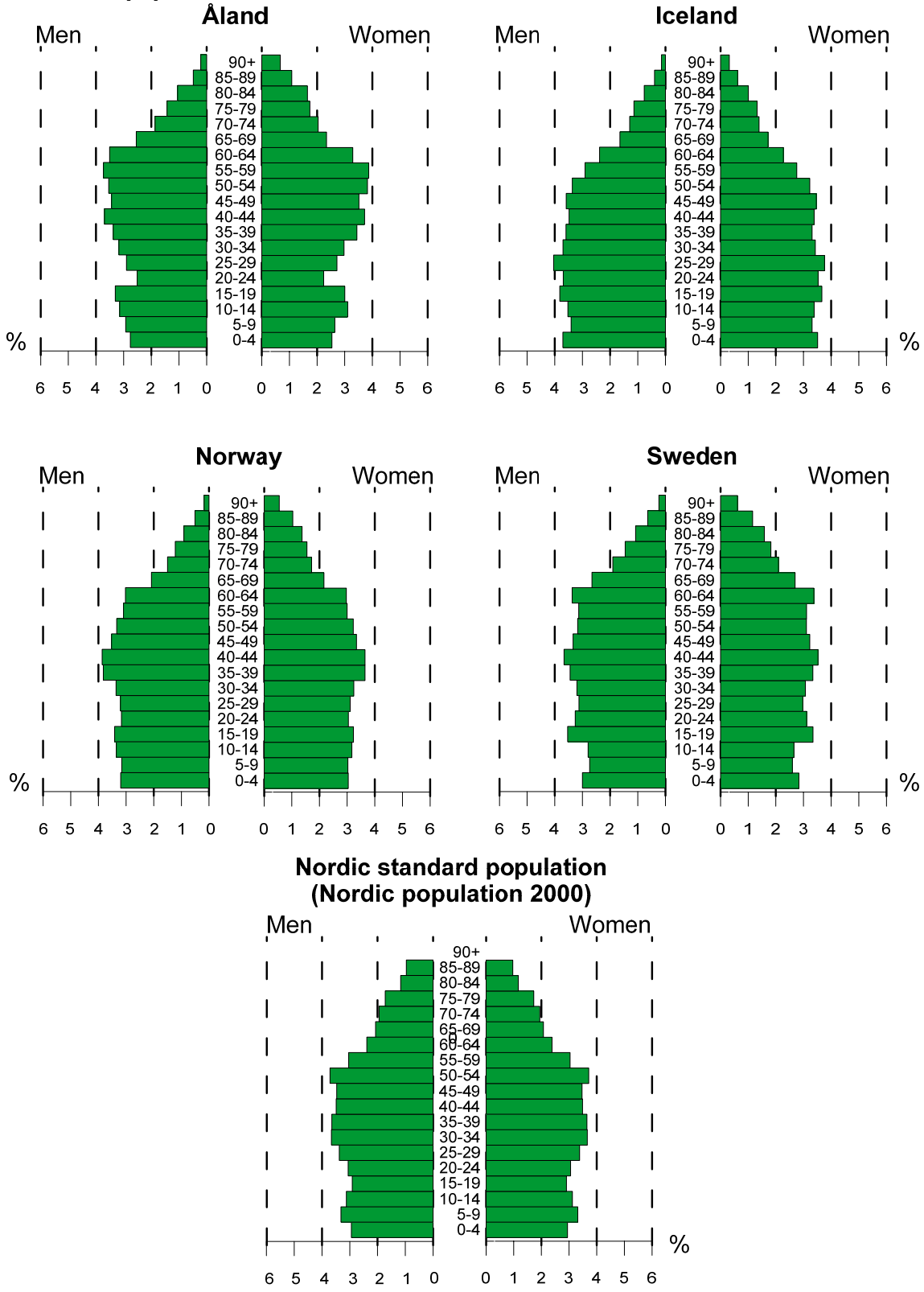


Figure 2.1.2 Mean population by age groups, 2000-2010, per cent

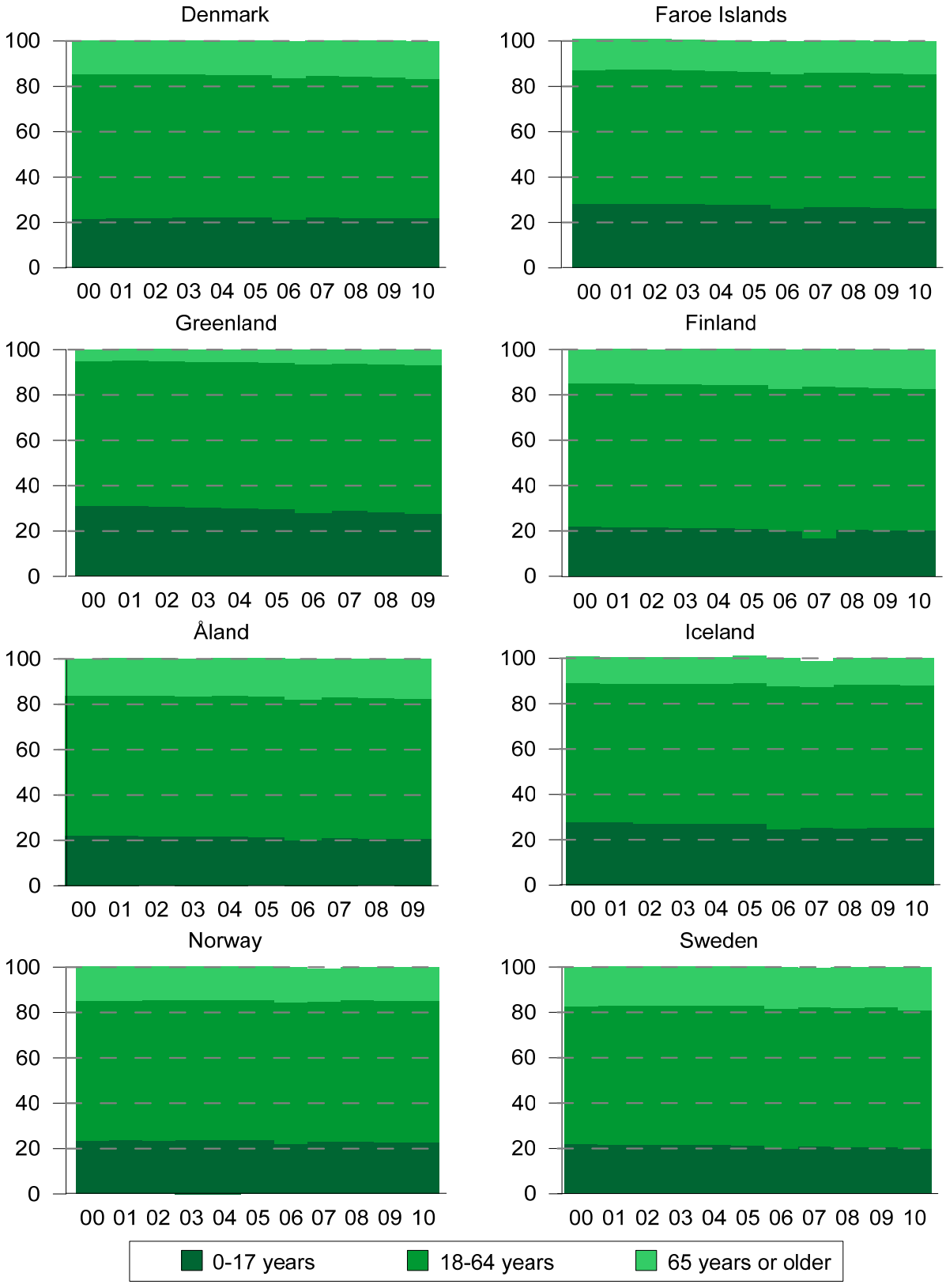


Table 2.1.1 Mean population 2000-2011

	Denmark	Faroe Islands	Greenland	Finland	of which Åland	Iceland	Norway	Sweden
(1 000)								
Men								
2000	2 639	24	30	2 526	13	141	2 224	4 386
2005	2 680	25	30	2 567	13	148	2 293	4 487
2010	2 748	25	30	2 632	14	160	2 444	4 670
2011	2 760	25	30	2 653	14	160	2 480	4 708
Women								
2000	2 700	22	26	2 650	13	140	2 267	4 486
2005	2 736	23	27	2 679	13	147	2 330	4 561
2010	2 796	23	27	2 732	14	158	2 445	4 708
2011	2 807	23	27	2 749	14	159	2 473	4 741
Men and Women								
2000	5 340	46	56	5 176	26	281	4 491	8 872
2005	5 416	48	57	5 246	27	296	4 623	9 048
2010	5 544	49	56	5 363	28	318	4 889	9 378
2011	5 567	48	57	5 401	28	319	4 953	9 449

Sources: The central statistical bureaus: D: Statistics Denmark; FI: Statistics Faroe Islands; G: Statistics Greenland; F & Å: Statistics Finland; I: Statistics Iceland; N: Statistics Norway; S: Statistics Sweden

Table 2.1.2 Vital statistics per 1 000 inhabitants, 2000-2011

	Live births	Deaths	Natural increase	Net migration	Population increase
Denmark					
2000	12.6	10.9	1.7	1.8	3.5
2005	11.9	10.2	1.7	1.2	2.9
2010	11.5	9.8	1.6	4.0	5.7
2011	10.6	9.4	1.2	4.1	5.2
Faroe Islands					
2002-06	..	..	..	..	..
2007-11	..	..	..	..	..
Greenland					
2002-06	16.1	8.1	8.0	- 5.0	3.1
2007-11	15.2	7.9	7.4	-8.4	-1.0
Finland					
2000	11.0	9.5	1.4	0.5	1.9
2005	11.0	9.1	1.9	1.7	3.6
2010	11.4	9.5	1.9	2.6	4.4
2011	11.1	9.4	1.7	3.1	4.9
Åland					
2002-06	10.4	9.5	0.9	4.9	6.5
2007-11	10.4	9.3	1.1	5.2	6.8
Iceland					
2000	15.3	6.5	8.8	6.1	15.3
2005	14.5	6.2	8.3	13.0	21.3
2010	15.4	6.4	9.1	-6.7	2.6
2011	14.1	6.2	7.9	-4.4	3.5
Norway					
2000	13.2	9.8	3.4	2.2	5.6
2005	12.3	8.9	3.4	4.0	7.3
2010	12.6	8.5	4.1	8.7	12.7
2011	12.2	8.4	3.8	9.5	13.2
Sweden					
2000	10.2	10.5	-0.3	2.8	2.4
2005	11.2	10.2	1.1	3.0	4.0
2010	12.3	9.6	2.7	5.3	8.0
2011	11.8	9.5	2.3	4.8	7.1

Sources: The central statistical bureaus

Table 2.1.3 Average life expectancy, 2000-2011

	Men					Women				
Age	0	15	45	65	80	0	15	45	65	80
Denmark										
2000-04	74.7	60.3	31.7	15.3	6.8	79.4	64.9	35.6	18.3	8.5
2009	76.5	61.9	33.2	16.6	7.2	80.8	66.2	36.9	19.3	8.8
2010	77.1	62.4	33.5	16.9	7.4	81.2	66.6	37.2	19.6	9.0
2011	77.3	62.7	33.8	17.1	7.6	81.6	67.0	37.5	19.8	9.1
Faroe Islands										
2002-06	76.5	62.3	33.6	16.7	7.5	81.3	66.7	37.5	19.4	8.8
2007-11	..	..	..	..	..	..	..	..	..	..
Greenland										
2002-06	66.3	52.9	27.8	11.8	5.1	71.3	57.7	29.9	14.0	6.8
2007-11	..	..	..	..	..	..	..	..	..	..
Finland										
2000-04	74.8	60.2	32.1	15.9	6.9	81.6	67.0	37.8	19.8	8.5
2009	76.5	61.8	33.5	17.2	7.6	83.1	68.5	39.2	21.2	9.4
2010	76.7	62.0	33.7	17.3	7.6	83.2	68.5	39.2	21.2	9.4
2011	77.2	62.5	34.1	17.6	7.8	83.5	68.8	39.5	21.4	9.6
Åland										
2002-06	78.0	63.8	34.9	17.3	7.4	83.5	69.1	39.4	21.1	9.4
2007-11	80.2	65.2	35.9	18.1	7.8	83.8	69.4	40.1	21.7	10.1
Iceland										
2000-04	78.5	63.9	35.1	17.6	7.7	82.3	67.6	38.3	20.3	9.0
2009	79.7	65.0	36.1	18.3	8.1	83.3	68.5	39.0	20.6	9.3
2010	79.5	64.8	36.0	18.2	7.7	83.5	68.8	39.3	20.8	9.4
2011	79.9	65.2	36.3	18.3	7.8	83.6	68.9	39.4	21.0	9.5
Norway										
2000-04	76.6	62.1	33.7	16.5	7.0	81.7	67.2	37.9	20.0	8.8
2009	78.6	64.0	35.3	17.8	7.7	83.1	68.4	39.0	20.9	9.4
2010	78.9	64.2	35.4	17.9	7.8	83.2	68.5	39.1	21.0	9.6
2011	79.0	64.3	35.6	18.0	7.9	83.5	68.7	39.4	21.2	9.6
Sweden										
2000-04	77.8	63.2	34.3	17.0	7.3	82.3	67.6	38.3	20.2	9.0
2009	79.4	64.7	35.8	18.2	7.8	83.4	68.7	39.2	21.0	9.6
2010	79.5	64.8	35.8	18.2	7.9	83.5	68.8	39.3	21.1	9.6
2011	79.8	65.1	36.1	18.4	8.0	83.7	69.0	39.5	21.2	9.6

Sources: The central statistical bureaus

Figure 2.1.3 Live births and natural increase per 1 000 inhabitants, 2000-2011

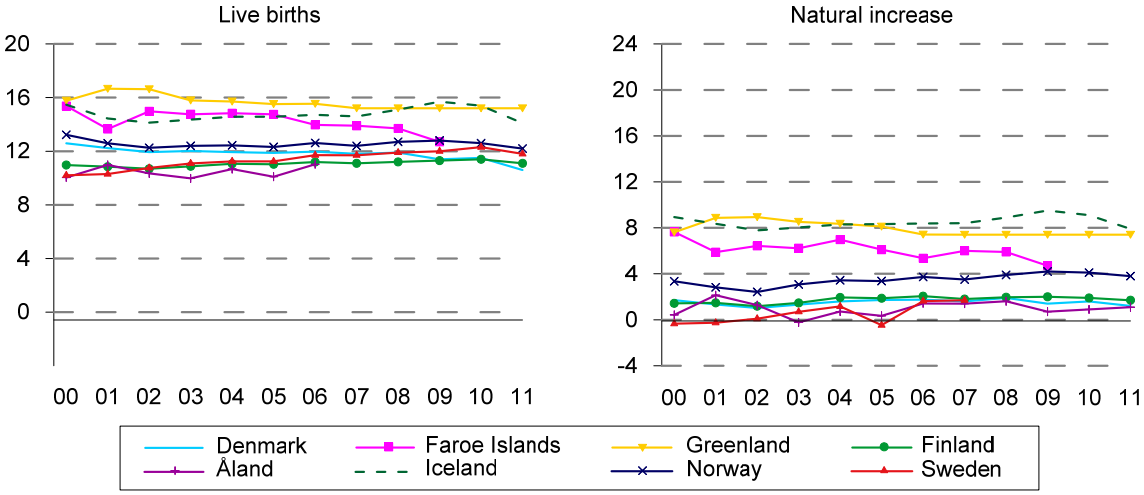
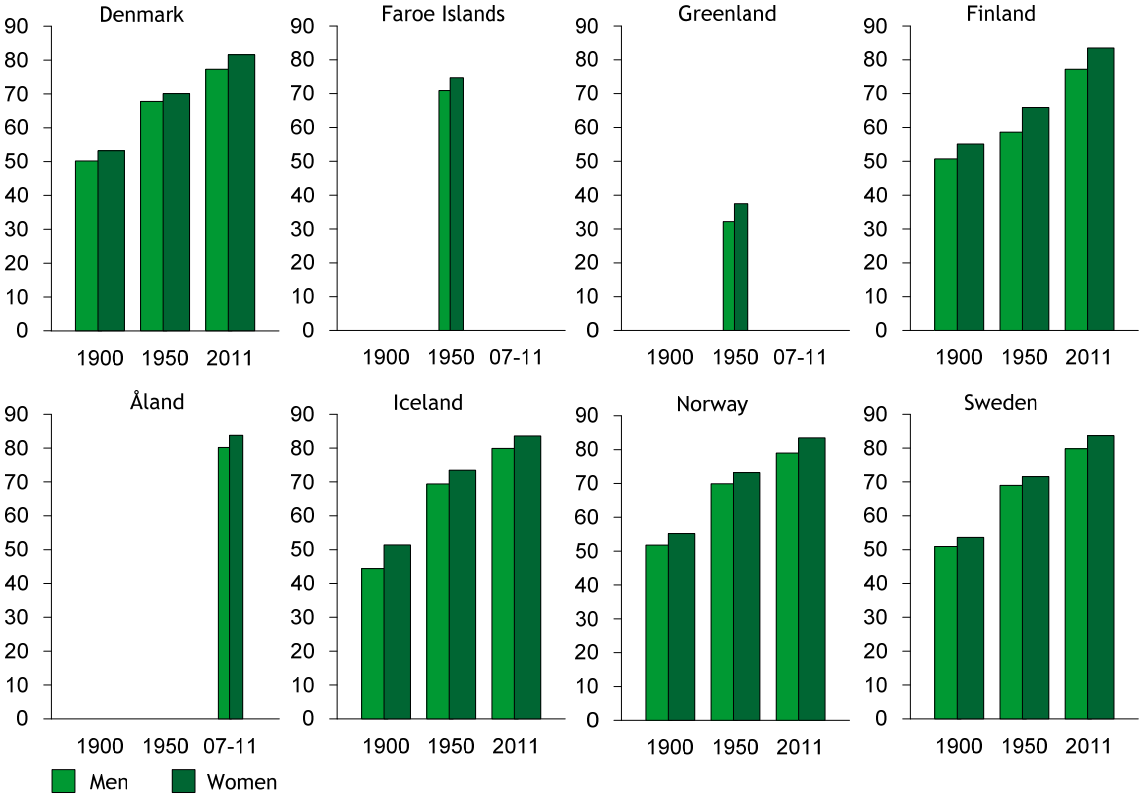


Figure 2.1.4 Life expectancy at birth, 1900, 1950 and 2011



2.2 Fertility, Births, Infant Mortality and Contraception

In recent years, the overall development in fertility has resulted in Denmark, Finland and Åland now having the lowest fertility rates in the Nordic countries, while the rates remain high in the Faroe Islands, Greenland and Iceland, particularly for the youngest age groups.

In all the Nordic countries, it is possible to obtain treatment for infertility, paid for by the public health services (in Iceland and Norway there is, however, a higher user charge for in vitro fertilization (IVF) treatment than for other types of treatment). As shown in Table 2.2.2, more and more people receive such treatment, and a significant proportion of live births is the result of IVF. A large number of births resulting from IVF are still multiple births.

Internationally, the Nordic countries are characterized by having very low perinatal mortality. Greenland has the highest perinatal mortality rate among the Nordic countries. The other countries lie relatively close to each other. Changes in perinatal mortality during this period are the result of changes in the definition of gestational ages. The time limit for spontaneous abortion and stillbirth is 22 weeks in all Nordic countries excluding the Faroe Islands and Greenland, where the limit is 28 weeks.

Greenland also has the highest mortality rate for the first year of life. Iceland had the lowest mortality rate for the first year of life in 2009.

The sale of hormonal contraceptives varies substantially among the Nordic countries, but these differences have become smaller over time.

The use of sterilization as a means of birth control also varies considerably among the Nordic countries. In most of the countries, no permission for sterilization is required if the person is aged 25 or more.

There are no comparable Nordic statistics on the use of coils and condoms.

Use of emergency contraception is relatively widespread in the Nordic countries. Use is highest in Norway and lowest in the Faroe Islands, Denmark and Greenland.

Since the middle of the 1970s, induced abortion has been available in most of the Nordic countries. In Sweden, it is a requirement that the abortion takes place before the end of the 18th week of gestation, while it in the other Nordic countries must be performed before the end of the 12th week of gestation. However, induced abortion may also be carried out after the 12th or 18th week of gestation, but only following special assessment and permission.

In Denmark, Greenland, Norway and Sweden, it is solely up to the pregnant woman herself to decide whether an abortion is to be performed, while permission is required in the Faroe Islands, in Finland, Åland and Iceland. Such permission is given on the basis of social and/or medical criteria.

Abortion rates vary greatly in the Nordic countries.

Table 2.2.1 Live births and fertility rates, 2000-2011

		Live births per 1 000 women by age							
	Number of live births	15-19[1)]	20-24	25-29	30-34	35-39	40-44	45-49[2)]	Total fertility rate
Denmark									
2000-04	65 194	6.7	48.8	126.1	117.9	45.5	7.2	0.3	1 756
2005	64 282	5.7	43.2	123.9	127.4	48.5	8.4	0.3	1 802
2010	63 411	5.0	43.0	123.0	134.0	59.0	10.0	1.0	1 875
2011	58 998	4.6	38.6	113.7	126.7	55.6	9.8	0.5	1 756
Faroe Islands									
2002-06	700	14.7	97.4	175.0	142.8	67.0	12.8	0.5	2 550
2007-11	..	..	..	..	..	..	..	..	..
Greenland									
2002-06	..	..	..	..	..	..	..	..	..
2007-11	..	..	..	..	..	..	..	..	..
Finland									
2000-04	56 575	10.5	58.5	114.8	105.2	48.4	10.1	0.5	1 747
2005	57 745	10.3	57.4	116.3	112.9	51.5	10.7	0.6	1 803
2010	60 980	8.4	57.1	116.8	120.3	58.6	11.6	0.6	1 870
2011	59 961	7.7	54.8	113.1	118.4	59.0	12.1	0.7	1 827
Åland									
2002-06	275	5.0	49.9	104.0	117.6	55.7	11.6	0.6	1 726
2007-11	284	4.8	49.4	109.9	124.7	59.6	12.3	0.2	1 808
Iceland									
2000-04	4 166	17.8	79.0	127.9	110.6	52.9	10.7	0.4	1 996
2005	4 280	15.1	81.5	129.9	114.0	58.4	10.6	0.8	2 052
2010	4 907	12.9	72.9	137.7	127.5	73.7	14.6	0.2	2 197
2011	..	..	..	..	..	..	..	..	..
Norway									
2000-04	56 955	10.0	61.6	124.3	111.6	46.4	7.5	0.3	1 803
2005	56 756	8.0	58.6	124.4	118.6	48.6	8.6	0.4	1 836
2010	61 442	8.4	59.0	124.0	128.0	57.7	10.8	0.6	1 946
2011	60 220	7.1	54.3	120.7	123.9	57.8	10.9	0.6	1 880
Sweden									
2000-04	95 561	6.4	47.2	108.7	110.4	47.8	9.0	0.3	1 648
2005	101 346	6.2	46.6	109.5	124.9	55.9	10.3	0.5	1 769
2010	115 541	5.7	51.3	118.2	138.0	69.4	13.6	0.8	1 985
2011	111 770	5.5	48.5	112.2	131.7	67.8	13.8	0.7	1 901

1 Births by women under 15 years are included
2 Births by women over 49 years are included
Sources: The central statistical bureaus

Table 2.2.2 In vitro fertilization 2000-2010[1)]

	Denmark	Finland	Iceland	Norway[3)]	Sweden
Treatments, IVF+ICSI					
2000-2004	7 487	4 448	301	4 309	7 447
2005	7 222	4 731	462	5 067	8 062
2009	11 145	4 591	638	6 453	9.614
2010	11 721	4 861	618	6 557	..
Frozen embryo transfers, FET					
2000-2004	918	2 766	76	507	1 847
2005	1 500	2 960	161	1 698	3 458
2009	2 574	3 245	288	2 014	4.327
2010	2 275	3 280	257	2 046	..
Number of live births, IVF + ICSI + FET					
2000-2004	1 814	1 465	123	1 258	2 584
2005	1 786	1 534	167	1 521	2 874
2009		1 854	149	1 807	3.730
2010	2 123		192	1 885	..
Treatments in 2010[2)] per 1 000 women aged 15-49 years					
IVF + ICSI	9.3	4.2	8.0	5.8	4.6
FET	1.8	2.8	3.3	1.8	2.1
Total	11.1	7.0	11.3	7.6	6.7
Multiple births, per cent of all births after IVF	15.5	9.7	8.3	11.0	5.2
Children born in multiple births, per cent of all children born after IVF	13.4	17.7	19.8	..	..
IVF, ICSI and FET, per cent of all live births	3.3	3.0	3.9	3.1	12.2

IVF = In vitro fertilization
ICSI = Intracytoplasmic sperm injection
FET = Frozen embryo transfer

1 Based on the year of treatment, not on the year of birth
2 Sweden 2009
3 Figures include the number of live births for all births
Sources: D: Statens Serum Institut; F: THL; I: Art Medica; N: Ministry of Health; S: National Board of Health and Welfare

Table 2.2.3 Stillbirths and infant mortality[1)], 2000-2010

	Number		Per 1 000 births		Deaths per 1 000 live births			
	Stillbirths	Infant deaths	Stillbirths	Perinatal deaths	First 24 hours	1-6 days	7-27 days	Total under 1 year
Denmark								
2000-04	280	305	4.3	7.1	1.6	1.3	0.6	4.7
2009	275	191	4.3	6.2	1.2	0.6	0.5	3.0
2010	255	216	4.0	6.2	..	..	..	3.4
Faroe Islands								
2001-05	1.6	2.2	2.3	4.0	0.9	0.9	0.6	3.2
2006-10	..	..	..	..	..	..	..	..
Greenland								
2001-05	..	..	..	..	..	..	..	..
2006-10	..	..	..	..	..	..	..	..
Finland								
2000-04	191	187	3.4	5.2	1.0	0.7	0.5	3.3
2009	205	158	3.4	4.9	0.8	0.7	0.4	2.6
2010	181	140	3.0	4.1	0.6	0.5	0.4	2.3
Åland								
2001-05	1	1	3.7	6.6	1.5	1.5	-	3.7
2006-10	-	2	0.0	0.0	0.7	-	-	1.4
Island								
2000-04	10	11	2.4	4.0	0.9	0.6	0.3	2.6
2009	12	9	2.4	3.2	0.6	0.2	0.2	1.8
2010	9	11	1.8	2.9	0.8	0.2	0.2	2.2
Norway								
2000-04	217	205	3.8	5.7	1.0	1.0	0.6	3.6
2009	215	196	3.5	5.2	0.7	1.0	0.6	3.2
2010	190	157	3.1	4.3	0.6	0.6	0.5	2.6
Sweden								
2000-04	350	316	3.7	5.4	0.7	1.0	0.6	3.3
2009	451	278	4.0	5.2	0.6	0.6	0.4	2.5
2010	426	294	3.7	4.8	0.5	0.6	0.4	2.5

1 Calculated according to year of death

Source: D: Statens Serum Institute; FI: Chief Medical Officer in the Faroe Islands; G: Chief Medical Officer; F & Å: Statistics Finland; I: Statistics Iceland; N: Statistics Norway; S: Statistics Sweden

Figure 2.2.1 Total fertility rate, 2000-2011

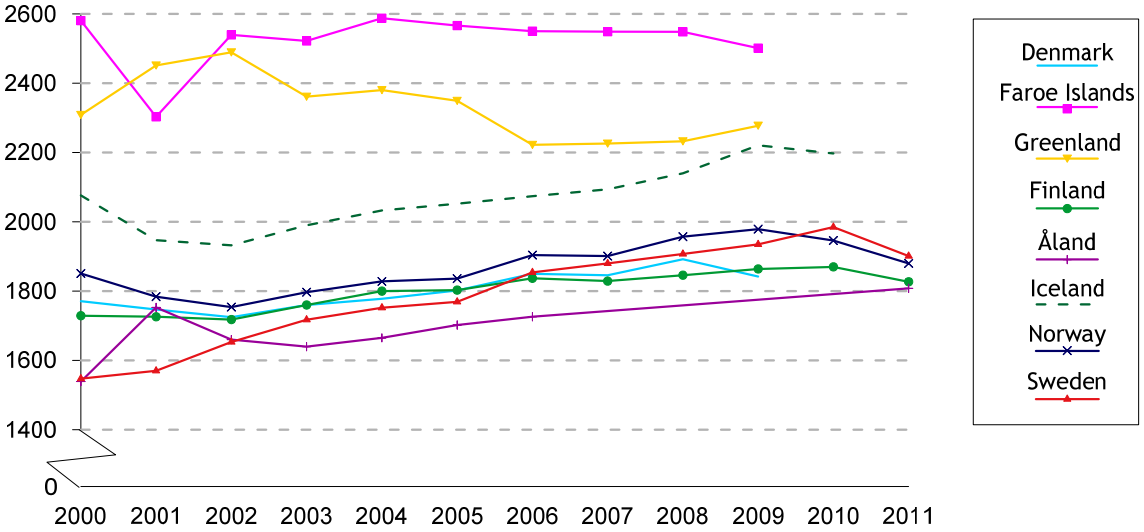


Figure 2.2.2 IVF, ICSI and FET, percentages of all live births

Per cent

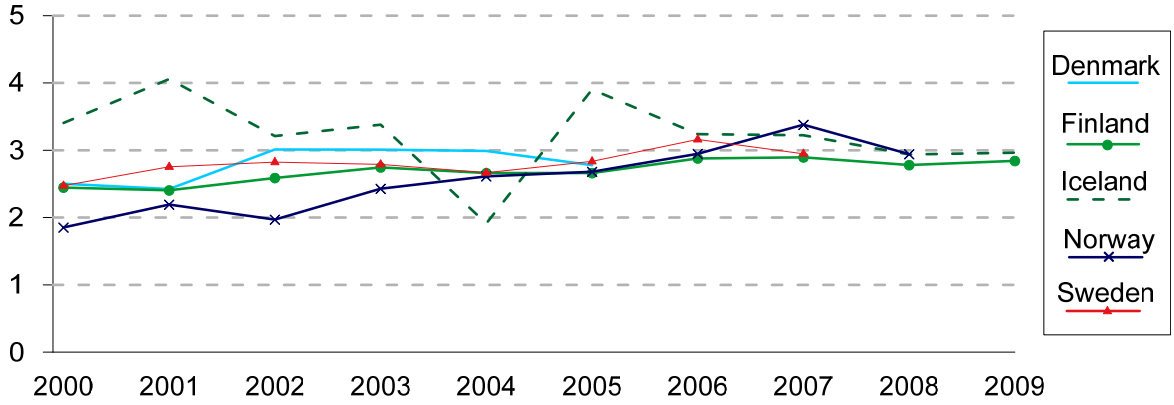


Figure 2.2.3 Perinatal deaths and infant mortality, 2000-2010

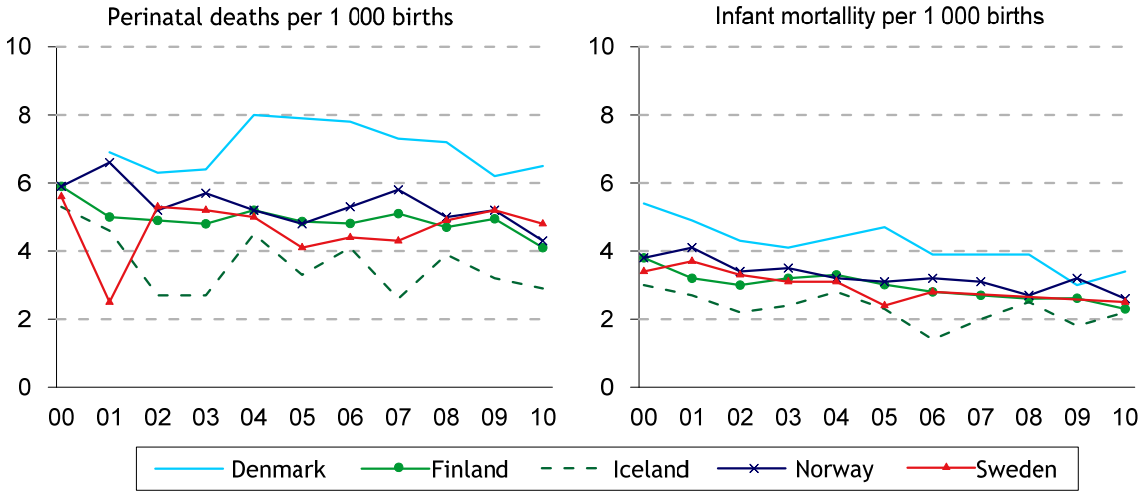


Table 2.2.4 Stillbirths and deaths during the first year of life per 1 000 births, with a birth weight of 1 000 grams or more, total and per 1 000 births, 2000-2010[1)]

	Number	Per 1 000 births		Deaths per 1 000 live births				
	Number	Infant deaths	Stillbirths	First 24 hours	1-6 days	7-27 days	28 days to 1 year	Total under 1 year
Denmark								
2000	183	238	2.9	0.6	1.3	0.5	1.2	3.6
2005	123	174	1.9	0.8	0.7	0.5	0.8	2.7
2009	109	79	1.7	0.2	0.2	0.3	0.5	1.3
2010	..	..	..	..	..	..	..	..
Finland								
2000	149	150	2.6	0.5	0.5	0.5	1.1	2.7
2005	115	120	2.0	0.5	0.5	0.3	0.8	2.1
2009	125	102	2.1	0.3	0.4	0.3	0.6	1.7
2010	114	89	1.9	0.3	0.3	0.3	0.6	1.5
Iceland								
2000	13	5	3.0	0.0	0.2	0.2	0.7	1.2
2005	6	4	1.4	-	0.5	-	0.5	0.9
2009	9	4	1.8	0.2	0.2	0.2	0.2	0.8
2010	7	9	1.4	0.2	0.2	0.2	1.2	1.9
Norway								
2000	195	149	3.3	0.6	0.5	0.3	1.1	2.5
2005	142	104	2.5	0.5	0.4	0.3	0.6	1.8
2009	122	138	1.9	0.8	0.3	0.3	0.8	2.2
2010	122	129	2.0	0.7	0.2	0.4	0.8	2.1
Sweden								
2000	318	215	3.6	0.5	0.7	0.4	0.9	2.4
2005	263	182	2.6	0.4	0.4	0.2	0.9	1.8
2009	..	..	..	..	..	..	..	..
2010	..	..	..	..	..	..	..	..

1 Calculated according to year of birth
Sources: D: Statens Serum Institut; F: Statistics Finland & THL; I: Medical Birth Registry of Iceland & Statistics Iceland; N: Medical

Table 2.2.5 Consumption of hormonal contraceptives per 1 000 women aged 15-49 years, 2000-2011. DDD per 1 000 women aged 15-49 years/day[1)]

	Denmark[2)]	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2000	267	258	186	224	281	265	225	255
2005	288	241	314	189	182	192	201	260
2008	285	236	200	204	171	161	212	250
2009	283	237	166	210	188	160	212	247
2010	285	238	302	204	179	204	217	248
2011	286	232	312	210	217	207	223	247

ATC-code: G03A, incl. patches from G03AA13 and intravaginal contraceptives (G02BB)

1 Excl. injections and implants
2 Only data from prescriptions
Sources: D: Statens Serum Institut; FL: Chief Pharmaceutical Officer; G: National Pharmacy; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 2.2.6 Emergency contraceptives: number of 1 000 sold packages, 2000-2011

ATC code G03AD	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2000	30.9	0.1	-	42.7	0.2	2.0	27.7	10.9
2005	77.6	0.5	0.5	91.4	0.5	6.4	128.1	167.2
2008	103.2	0.9	0.7	101.3	0.5	8.5	159.5	206.1
2009	103.4	0.9	0.6	112.0	0.5	7.8	166.4	207.1
2010	102.2	0.8	0.7	101.4	0.5	7.0	158.6	211.8
2011	98.3	0.7	0.7	106.2	0.5	6.6	157.1	222.6
Per 1 000 women aged 15-49								
2000	28.5	12.2	-	41.9	36.0	31.6	30.2	6.4
2005	62.6	51.8	40.9	77.7	79.4	87.4	118.6	83.0
2008	82.9	89.1	58.5	86.5	93.2	109.3	144.5	99.7
2009	82.7	83.0	43.7	95.7	83.7	99.7	148.2	99.1
2010	81.3	81.2	53.2	83.3	84.2	90.5	140.5	100.3
2011	78.0	72.4	56.2	87.2	83.5	85.8	137.4	104.7

Sources: D: Statens Serum Institut; FL: Chief Pharmaceutical Officer; G: National Pharmacy; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

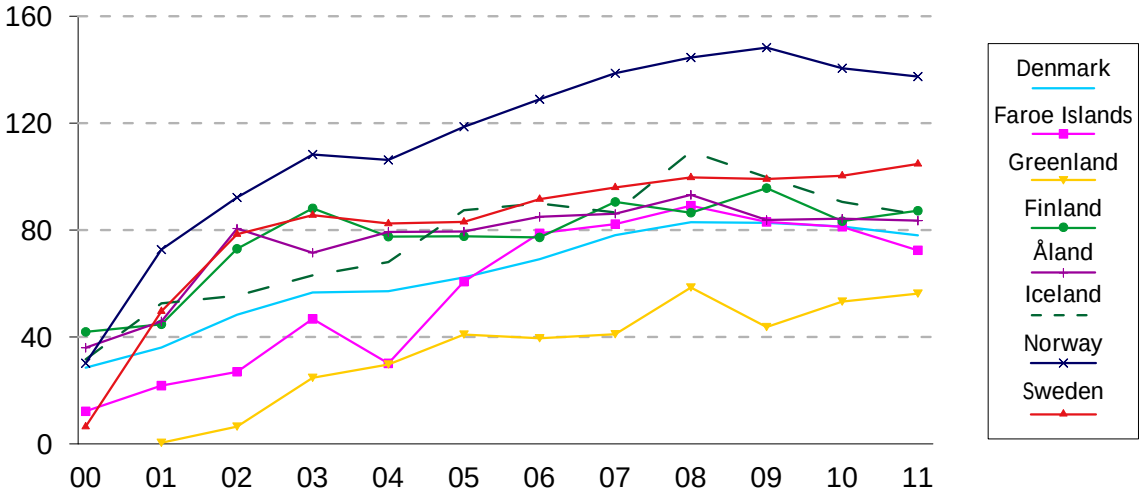
Table 2.2.7 Number of induced abortions, 2000-2010

	Number of abortions	Abortions per 1 000 women aged							Total abortion rate	Abortions per 1 000 live births
		15-19[1)]	20-24	25-29	30-34	35-39	40-44	45-49[2)]		
Denmark										
2000-04	15 365	14.5	20.4	17.7	17.0	13.0	4.8	0.4	439	237
2009	16 205	16.4	24.8	18.7	16.9	12.9	5.0	0.5	477	258
2010	16 362	15.0	25.6	19.5	17.1	13.0	5.3	0.5	480	258
Faroe Islands										
2001-05	39	4.3	5.0	6.1	4.4	5.1	1.8	0.3	143	57
2006-10	..	..	..	..	..	..	..	..	..	..
Greenland										
2001-05	861	113.9	143.2	92.6	58.9	28.9	10.3	0.9	2 248	947
2006-10	861	100.8	135.9	96.7	55.4	28.2	7.7	0.7	2 137	1 009
Finland										
2000-04	10 869	15.3	16.4	12.6	10.7	7.7	3.1	0.2	330	192
2009	10 501	12.9	17.9	12.7	10.6	7.3	3.0	0.3	324	173
2010	10 233	12.1	17.0	13.1	9.8	7.7	3.0	0.2	315	167
Åland										
2001-05	..	..	..	..	..	..	..	..	..	..
2006-10	66	14.3	29.5	20.0	13.7	7.0	4.0	0.2	443	183
Iceland										
2000-04	940	21.4	23.4	17.3	13.6	9.2	4.6	0.3	449	225
2009	981	12.0	23.5	20.5	14.2	10.2	5.3	0.9	433	195
2010	977	15.9	23.0	19.2	13.4	11.4	3.5	0.5	435	199
Norway										
2000-04	14 008	17.3	27.1	19.4	15.1	10.6	3.8	0.3	470	246
2009	15 774	15.9	30.4	21.9	16.8	11.4	4.8	0.4	508	255
2010	15 735	14.1	29.2	23.2	16.9	11.7	4.4	0.4	500	256
Sweden										
2000-04	33 009	22.6	29.4	23.3	19.8	15.2	6.3	0.6	586	345
2009	37 524	22.0	33.4	26.3	21.1	16.1	6.9	0.7	633	335
2010	37 696	20.3	33.3	26.7	21.5	16.3	7.0	0.8	..	326

1 Births by women under 15 years are included
2 Births by women over 49 years are included

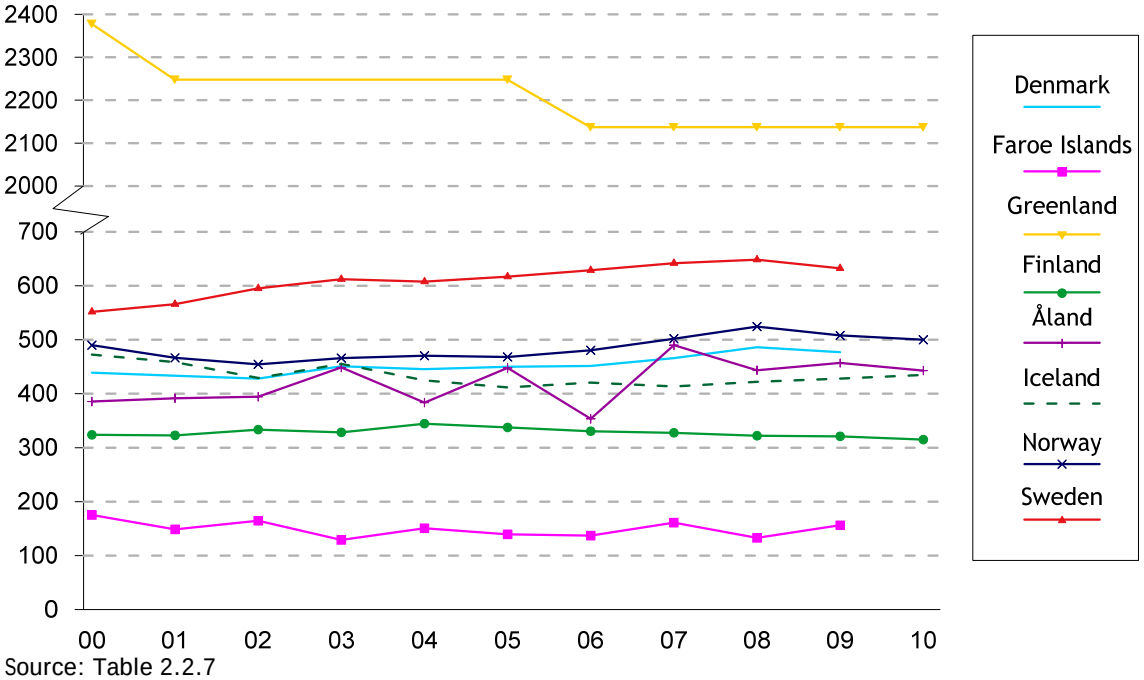
Definition: The total abortion rate is the number of abortions per 1 000 women expected to live to be 50 years, calculated from the age specific abortion rates for the current period
Sources: The national abortion registers

Figure 2.2.4 Sales of emergency prevention per 1 000 women aged 15-49 years, 2000-2011[1)]



1 2000-03: 15-44 years
Source: Table 2.2.6

Figure 2.2.5 Total abortion rate, 2000-2010



Source: Table 2.2.7

Chapter 3

Morbidity, Medical Treatment, Accidents and Medicinal Products

Extra material

Reference group for Patient Statistics
Discharge data
ISHMT list of diagnoses
Surgery data
HDP2 list of procedures
The Nordic Cancer Union

Introduction

This chapter begins with a description of a number of diseases that can be related to the population's lifestyle and social behaviour, followed by data on new incidences of cancer. This is followed by a presentation of the treatment provided outside hospitals and in hospitals by diagnostic group and in connection with major surgical procedures. Following this, data on accident occurrences and discharges from hospitals due to accidents are presented. Finally data on consumption of medicinal products are presented.

3.1 Diseases related to Lifestyle

This section deals with a number of diseases that can be related to the lifestyle and social behaviour of people in the population and be treated either outside hospitals or in hospitals.

Although the number of smokers in the Nordic countries has been decreasing during recent years, there continues to be large differences in the number of smokers, both for men and for women and some differences among countries. Among other things, this pattern of behaviour is reflected in the incidence of lung cancer, as shown in Figure 3.1.1, in which the rates reflect behaviour several years previously, however.

The share of people who are overweight is an increasing problem in the Nordic countries. The share is highest in Iceland and lowest in Norway.

Table 3.1.3: Nicotine in various pharmacological formulations (N07BA01) is used to alleviate withdrawal symptoms and to help in smoking cessation. In all Nordic coun-

tries, nicotine is among the ten best-selling substances calculated in terms of pharmacy retail prices. In Iceland, the consumption is at least three times higher than in the other countries.

Bupropion (N06AX12), originally an antidepressant but introduced in 2000 to help smoking cessation, has a very small use in all countries.

With regard to alcohol consumption, the statistics are inadequate, as the available data are based on sales Figures. These Figures indicate that the largest consumption/sales are to be found in Denmark and Greenland, followed by Finland, whereas consumption/sales in the other countries is at about the same level. Accordingly, the number of treatment periods/discharges from hospital for alcoholic liver diseases is highest in Denmark and Finland.

This publication previously included data on the occurrence of hepatitis B and C, but as the information from the different countries is not comparable, this table has been left out.

The number of diagnosed cases of tuberculosis is relatively stable in the Nordic Countries.

The incidence of HIV infection is relatively stable, with the highest incidence in Norway and the lowest in Finland. The trend is related to the new methods of treatment that result in infected people having e a longer period with HIV infection, and therefore a longer period of time before AIDS is established. This gives a greater number of potential carriers with the risk of infecting other people. In comparison, Figure 4.1.5 shows that mortality as a result of HIV/AIDS has been at a stable low level in all countries since the end of the 1990s.

Without doubt, chlamydia infection is the most common sexually transmitted disease in the Nordic countries. It is also the most common cause of infertility among women. There are some differences among the countries, but Greenland is radically different. The disease is often without symptoms, and is therefore probably underreported.

A marked fall in the incidence of the traditional sexually transmitted diseases, gonorrhoea and syphilis, has been seen in all countries over the past 20 years. However, there are certain notable exceptions, with Greenland being radically different from the other countries.

Table 3.1.1 Overview of self-reported BMI (body mass index), obesity rate, population aged 15+

	Denmark 2006	Faroe Islands 2009	Green-land 2005	Finland 2010	Iceland[1)] 2010-11	Norway[2)] 2008	Sweden[2)]
Share of people with BMI > 30, men	12	22	19	16	23	11	13
Share of people with BMI > 30, women	11	16	27	16	19	8	13

Sources: National Boards of Health; I: A national dietary telephone survey 2010-2011. A random sample of the Icelandic population 18-80 years. Size of sample 2000, response rate 68.6 p.c. Height and weight self-assessed. FI: THL; S: Statistics Sweden

Table 3.1.2 Percentage of daily smokers by gender

	Denmark	Faroe Islands[1)]	Finland	Iceland	Norway	Sweden
Age	15+	15+	15-64	15-79	16-74	16-84
Smoking men as a percentage of men in the age group	25	31	23	15	19	13
Smoking women as a percentage of women in the age group	24	26	16	14	19	15

1 Data from 2009

Sources:D: D: National Board of Health; FI: The National Council for Prevention; F: THL; I: Public Health Institute of Iceland; N: National Directorate for Health and Social Welfare; S: Statistics Sweden

Figure 3.1.1 Rates for new cases of lung cancer per 1 000 000 inhabitants

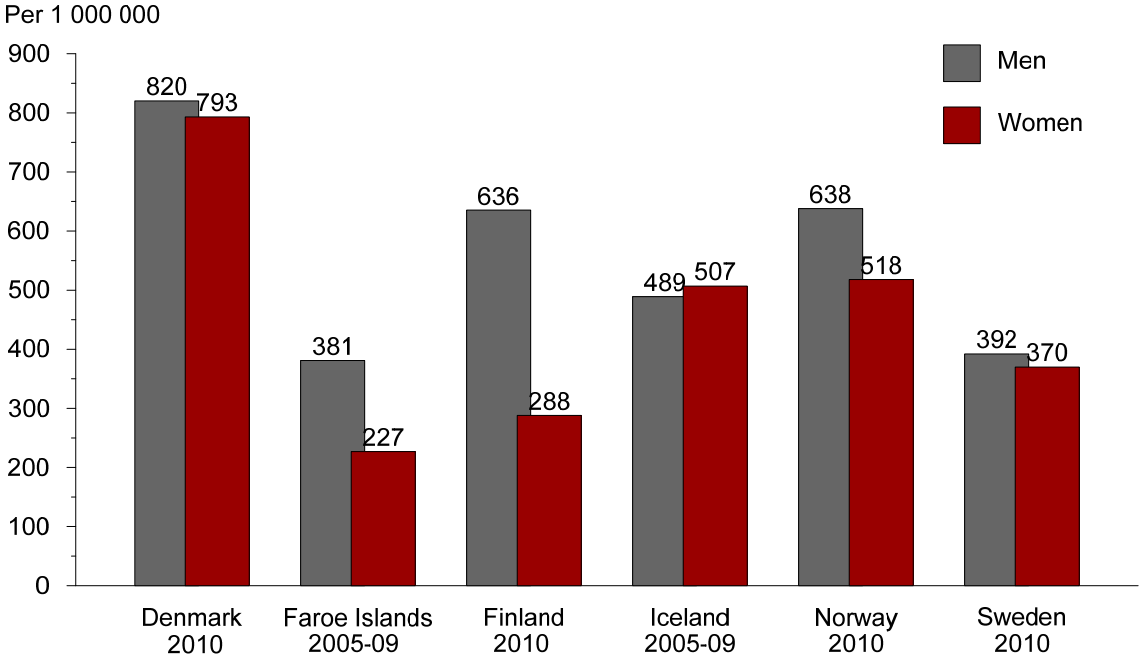


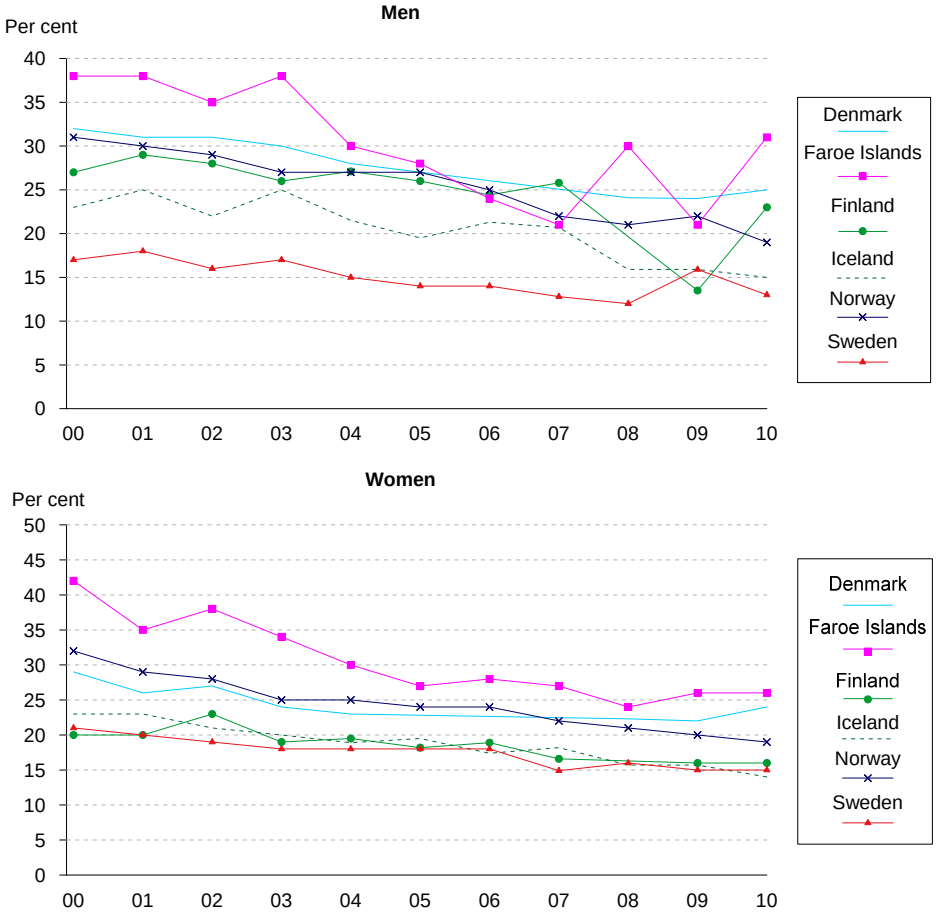
Table 3.1.3 Sales of drugs used for nicotine dependence (ATC-group N07BA), DDD/1 000 inhabitants/day, 2000-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N07BA01 Nicotine								
2000	4.0	2.3	1.6	2.6	3.8	14.2	2.7	5.3
2005	7.4	3.7	1.7	5.3	5.6	19.4	3.7	6.7
2010	8.1	3.9	3.3	8.4	9.1	18.6	5.0	6.8
2011	8.0	4.0	4.9	8.9	10.1	19.4	5.3	7.0
N07BA03 Varenicline[1)]								
2000	..	..	..	..	..	..	..	..
2005	-	-	-	-	-	-	-	-
2010	0.5	0.8	0.1	0.4	0.1	1.0	0.9	0.5
2011	0.5	0.8	0.2	0.4	0.1	1.0	0.9	0.5

1 Varenicline was introduced on the market in December 2006, and consequently data are only available from 2007 onwards

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.1.2 Percentage of daily smokers by gender, 2000-2010



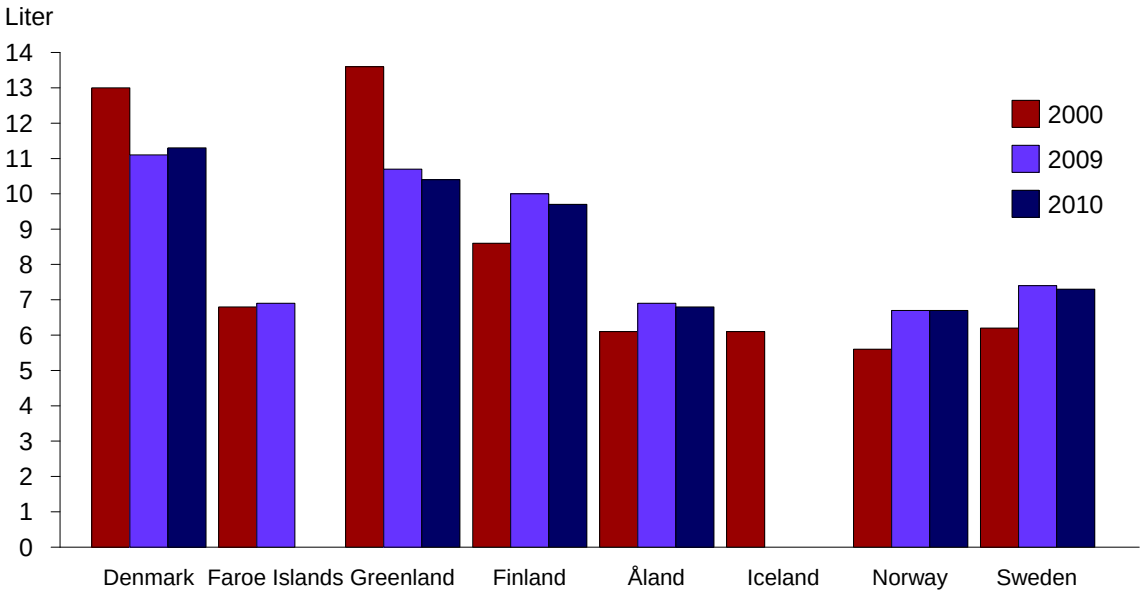
Sources: OECD, for 2001, 2002 and 2003. Other years Table 3.1.1. Faroe Islands: Statistics Faroe Islands

Table 3.1.4 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per inhabitant aged 15 years and over, 2000-2010

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2000	13.0	6.8	13.6	8.6	6.1	6.1	5.6	6.2
2005	12.8	6.6	12.1	10.0	6.6	7.1	6.4	6.6
2009	11.1	6.9	10.7	10.0	6.9	..	6.7	7.4
2010	11.3	..	10.4	9.7	6.8	..	6.6	7.3

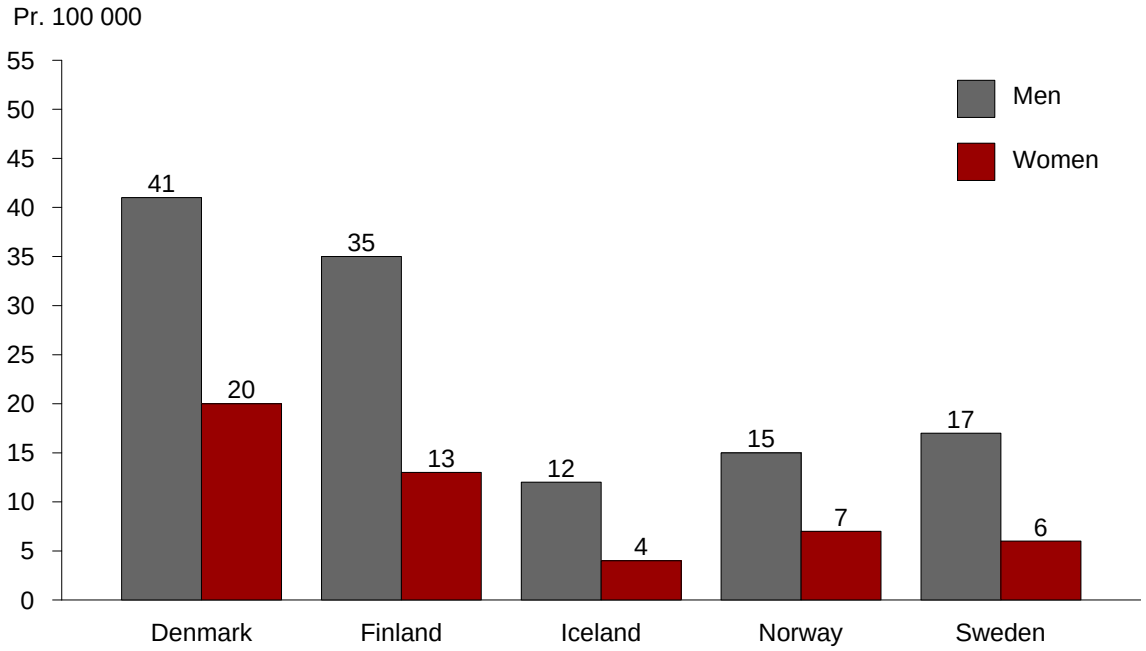
Sources: D, FI, G, I, N: The central statistical bureaus; F & Å: THL; S: National Institute of Public Health

Figure 3.1.3 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per inhabitant aged 15 years and over, 2000, 2009 and 2010



Sources:D, FI, G, I, N: The central statistical bureaus; F & Å: THL; S: National Institute of Public Health

Figure 3.1.4 Patients treated in somatic hospitals for alcoholic liver disease per 100 000 inhabitants 2010[1)]



1 2009 for Iceland

Sources: D: National Board of Health; FI: Ministry of Health; F: THL; I: Directorate of Health; N: Norwegian Patient Register; S: National Board of Health and Welfare

Table 3.1.5 Diagnosed cases of tuberculosis per 100 000 inhabitants, 2000-2010

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Men					M+K			
2000	12.1	21.7	50.0	12.4	3.9	2.8	5.8	5.2
2005	9.5	-	178.1	8.0	3.8	5.4	6.2	6.8
2009	7.1	4.0	137.5	9.4	-	3.1	8.8	7.3
2010	..	..	220.5	7.4	3.6	5.0	7.5	8.0
Women								
2000	8.5	4.5	111.0	8.5	.	6.4	6.2	5.2
2005	6.2	-	165.1	5.8	.	2.0	6.1	6.0
2009	4.9	-	83.4	6.1	-	1.9	6.1	6.5
2010	..	..	192.3	4.7	.	8.9	6.3	6.6

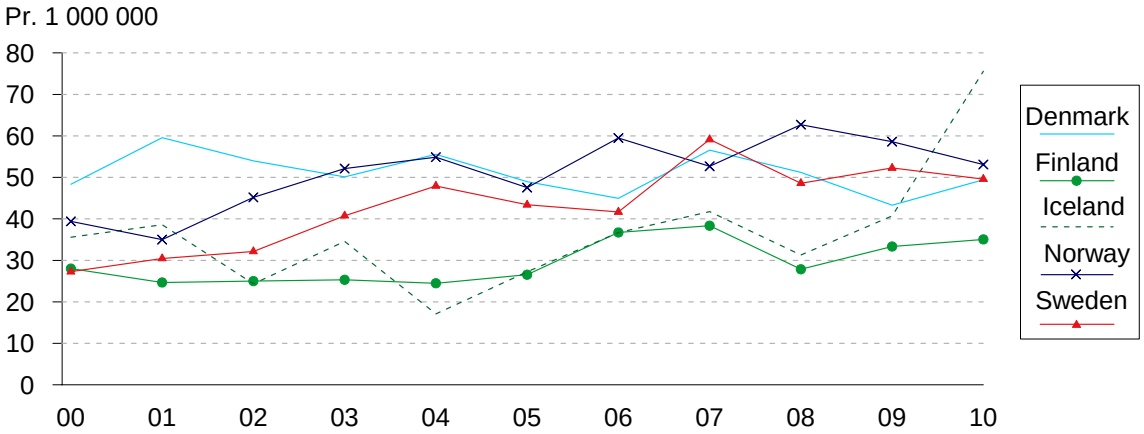
Sources: D: Statens Serum Institut; FI: Chief Medical Officer; G: Chief Medical Officer; F & Å: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: Swedish Institute for Infectious Disease Control

Table 3.1.6 Confirmed new cases of HIV/AIDS, 2000-2010

	Denmark	Faroe Islands	Greenland	Finland	Of which Åland	Iceland	Norway	Sweden
Men					M+K			
2000-04	..	0.4	5	95	.	6	124	198
2005	193	-	4	96	.	5	122	228
2010	201	..	2	132	-	17	173	285
Women								
2000-04	..	0.4	2	37	.	2	82	122
2005	71	-	2	35	.	3	97	163
2010	73	..	1	56	-	7	85	180
Total								
2000-04	287	0.8	7	131	0.6	9	206	320
2005	264	-	6	131	1	8	219	391
2010	274	..	3	188	-	24	258	465

Sources: See Table 3.1.5

Figure 3.1.5 Confirmed new cases of HIV/AIDS per 1 000 000 inhabitants. 2000-2010



Sources: See Table 3.1.6

Table 3.1.7 Notified cases of gonorrhoea and syphilis per 100 000 inhabitants aged 15 years and over, 2010

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Gonorrhoea								
Men	13	..	2 307	7	7	7	19	13
Women	4	..	3 456	2	-	3	2	5
Total	9	..	2 840	5	4	6	10	18
Syphilis								
Men	1	..	..	5	-	2	6	3
Women	12	..	..	3	-	1	0	1
Total	7	..	..	4	-	2	3	4

Sources: See Table 3.1.5

Table 3.1.8 Diagnosed cases of Chlamydia per 100 000 inhabitants, 2000-2010

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland[1)]	Norway	Sweden[2)3)]
Men								
2000	165	.	2 789	180	.	479	.	187
2005	324	.	3 852	197	.	412	330	317
2009	414	333	3 955	210	.	553	356	353
2010	384	..	5 277	202	224	531	351	340
Women								
2000	384	.	4 802	272	.	781	.	246
2005	554	.	5 797	287	.	643	524	411
2009	665	583	6 310	289	.	865	583	459
2010	623	..	8 762	276	.	822	567	445
Men and Women								
2000	276	79	3 727	226	152	647	326	217
2005	440	231	4 762	242	362	548	434	366
2009	541	455	5 061	249	226	707	471	405
2010	505	..	6 893	239	224	675	461	393

1 Notified cases. Since 1997, cases verified by laboratories. The total includes those with missing data about gender

2 A mutant chlamydia gene, which is not detected in Abbot's test system, has been identified in the county of Halland and has presumably spread over a wide area. Cases in 2006 (and probably in 2005) are underreported in most of the counties because of problems associated with diagnosis of chlamydia. Source: Swedish Institute for Infectious Disease Control

3 For 2010, gender is not known for 3 people

Sources: See Table 3.1.5

3.2 Cancer

The Nordic countries have population-based cancer registers with centralized coding and classification. However, the coding is not centralized in Sweden.

Both external and internal factors that produce changes in the DNA material can cause cancer. Stimulants, foodstuffs, exposure to some occupational hazards and factors in the environment have been shown to be cancer inducing.

The incidence of cancer increases with age. Cancer is rare before the age of 30, where the incidence is 300 cases per 1 000 000 inhabitants. At the age of 70, the incidence is approximately 10 000 cases per 1 000 000 inhabitants. The annual number of cases of cancer is increasing in all the Nordic countries, and this trend remains after adjusting for differences in the size and age structure of the population.

The development of cancer diseases in the Nordic countries remains analogous for most forms of cancer, but there are interesting differences. In general, the number of cases has increased with time, with a few exceptions of decreasing incidence such as cancer of the stomach. The decrease in the incidence of cancer of the cervix in the Nordic countries is related to the public screening programmes to detect pre-cancerous lesions and early lesions, and the ensuing treatment.

The incidence of breast cancer, cancer of the prostate and colorectal cancer is increasing in almost all countries. Dietary factors are probably significant for this development, but for cancer of the breast and prostate, hormonal factors also play an important role. The incidence of cancer of the testis is again increasing in most of the countries. The incidence of tobacco-related cancers, such as lung cancer, is high in all the countries. How-ever, the incidence of lung cancer among men is decreasing.

Table 3.2.1.a New cases of cancer per 1 000 000 inhabitants, Men

		C62	C61	C16	C18-21	C25	C33-34	C43
	Total	Testis	Prostate	Prostate	Colon and rectum	Pancreas	*Lungs*	Melanoma of the skin
Denmark								
2000-04	4 978	103	880	121	713	141	794	186
2008	5 639	105	1 362	138	818	164	809	239
2010	5 923	117	1 425	144	848	171	820	310
Faroe Islands[1)]								
2001-05	3 191	105	462	194	454	121	381	32
2006-10	..	..	..	..	..	..	..	..
Greenland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	3 060	33	205	218	364	132	694	33
Finland								
2000-04	4 659	38	1 614	161	436	157	620	141
2005	5 282	53	2 076	152	495	165	628	160
2010	5 391	49	1 753	149	530	192	636	240
Åland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	6 440	59	2 667	192	589	295	530	265
Iceland[1)]								
2001-05	4 372	54	1 308	153	465	91	438	150
2006-10	4 401	70	1 406	116	476	82	489	123
Norway								
2000-04	5 072	108	1 423	156	738	131	606	212
2005	5 574	109	1 592	127	750	124	586	249
2010	6 183	111	1 723	125	836	129	638	304
Sweden								
2000-04	5 118	58	1 916	137	615	101	396	198
2005	6 016	63	2 207	129	635	100	405	242
2010	5 560	64	2 077	110	690	111	392	314

Numbers refer to ICD-10.
* The total covers Chapter C, except C44 and C46.0. Includes D09.0; D32; D33; D41.4; D42 and D43
1 Based on a 5-year average
Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.1.b New cases of cancer, age-standardized rates per 1 000 000 men (Nordic population, 2000)

	Total	C62 Testis	C61 Prostate	C16 Stomach	C18-21 Colon and rectum	C25 Pancreas	C33-34 Lungs	C43 Melanoma of the skin
Denmark								
2000-04	5 765	100	1 083	141	844	163	914	198
2008	5 789	106	1 380	144	861	165	833	239
2010	6 099	92	1 445	139	887	177	831	303
Faroe Islands[1)]								
2001-05	3 918	109	590	248	557	150	462	38
2006-10	..	..	..	..	..	..	..	..
Greenland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	5 472	55	340	365	581	213	1 652	43
Finland								
2000-04	5 860	37	2 024	209	545	189	733	157
2005	5 842	53	2 282	178	552	186	706	170
2010	5 095	47	1 668	136	519	184	586	212
Åland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	5 824	64	2 378	151	539	260	464	251
Iceland[1)]								
2001-05	5 624	52	1.830	222	661	124	585	181
2006-10	5 566	67	1 826	148	602	104	640	146
Norway								
2000-04	6 059	105	1 741	193	897	159	724	240
2005	6 336	109	1 824	151	861	139	662	276
2010	6 764	111	1 859	139	927	144	704	321
Sweden								
2000-04	5 263	59	1 969	144	641	103	403	201
2005	5 362	64	2 101	126	618	97	391	236
2010	5 155	65	1 874	102	656	101	361	298

Numbers refer to ICD-10

* The total covers Chapter C, except C44 and C46.0. Includes D09.0; D32; D33; D41.4; D42 and D43

1 Based on a 5-year average

Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.2.a New cases of cancer per 1 000 000 inhabitants, women

		C50	C53	C16	C18-21	C25	C33-34	C43
	Total	Breast	Cervix uteri	Stomach	Colon and rectum	Pancreas	Lungs	Melanoma of the skin
Denmark								
2000-04	5 162	1 426	145	68	660	149	613	228
2008	5 785	1 720	130	67	753	164	709	300
2010	6 137	1 842	130	65	765	164	793	345
Faroe Islands[1)]								
2001-05	3 652	909	114	105	550	201	227	70
2006-10	..	..	..	..	..	..	..	..
Greenland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	3 159	421	278	75	263	128	609	53
Finland								
2000-04	4 297	1 352	61	128	440	172	217	133
2005	4 449	1 505	47	101	452	176	225	140
2010	5 270	1 779	53	100	503	195	288	243
Åland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	5 393	1 518	15	147	604	236	398	324
Iceland[1)]								
2001-05	4 234	1 185	115	94	396	62	419	229
2006-10	3 949	1 224	92	77	393	96	507	167
Norway								
2000-04	4 666	1 163	128	99	738	146	368	237
2005	4 978	1 198	126	97	736	124	386	243
2010	5 382	1 161	132	72	748	137	518	317
Sweden								
2000-04	4 530	1 365	100	91	570	104	301	200
2005	5 213	1 529	94	74	647	97	330	228
2010	5 877	1 682	91	69	637	103	370	287

Numbers refer to ICD-10

* The total covers Chapter C, except C44 and C46.0. Includes D09.0; D32; D33; D41.4; D42 and D43

1 Based on a 5-year average

Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.2.b New cases of cancer, age-standardized rates per 1 000 000 Women (Nordic population 2000)

		C50	C53	C16	C18-21	C25	C33-34	C43
	Total	Breast	Cervix uteri	Stomach	Colon and rectum	Pancreas	Lungs	Melanoma of the skin
Denmark								
2000-04	4 886	1 359	142	63	613	138	583	221
2008	5 183	1 550	125	59	657	142	630	283
2010	5 357	1 619	126	56	647	139	679	324
Faroe Islands[1)]								
2001-05	3 536	947	121	101	565	205	241	76
2006-10	..	..	..	..	..	..	..	..
Greenland[1)]								
2001-05	..	..	..	..	..	..	..	..
2006-10	4 957	515	312	127	506	226	1 022	44
Finland								
2000-04	4 072	1 302	58	116	403	146	185	124
2005	3 864	1 347	45	86	379	146	185	127
2010	4 037	1 430	49	69	358	134	208	196
Åland[1)]								
2000-04	4 138	1 288	103	84	470	93	252	160
2006-10	4 179	1 247	13	122	390	166	307	272
Iceland[1)]								
2001-05	4.650	1.391	120	110	465	74	503	241
2006-10	4 450	1 388	98	85	442	107	587	178
Norway								
2000-04	4 521	1 170	129	90	686	132	368	235
2005	4 661	1 173	125	85	658	108	373	235
2010	4 996	1 116	132	62	668	120	486	302
Sweden								
2000-04	4 014	1 250	97	75	473	90	268	185
2005	4 957	1 358	90	58	518	81	281	205
2010	5 182	1 480	88	56	509	86	304	256

Numbers refer to ICD-10

* The total covers Chapter C, except C44 and C46.0. Includes D09.0; D32; D33; D41.4; D42 and D431
Based on a 5-year average

Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.3 New cases of leukaemia per 1 000 000 inhabitants, 0-14 year-olds

	Denmark[1)]	Finland[2)]	Iceland[3)]	Norway	Sweden
Boys					
2000-04	59	55	30	52	51
2005	40	47	24	37	62
2010	55	48	53	37	75
Girls					
2000-04	46	48	37	48	47
2005	41	56	31	32	44
2010	58	20	37	36	63
Total					
2000-04	53	52	34	50	49
2005	40	51	27	34	53
2010	56	17	45	36	69

The table covers numbers C91-C95 in ICD-10
1 2005=2003
2 2005=2004 and 2009 = average of 2005-2011
3 Only five-year averages are presented, 2005 = average of 2001-2005, 2009 = average of 2005-2009
Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.4 New cases of cancer of the colon and rectum per 1 000 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2010	2003-07	2006-10	2010	2006-10	2010	2010
Men							
Age							
0-24	3	-	-	4	7	5	4
25-44	82	-	100	32	77	79	72
45-64	825	830	662	551	602	865	620
65-84	4 011	2 738	3 505	2 393	2 776	4 323	2 993
85+	6 010	3 683	-	4 259	4 230	5 815	3 958
Women							
Age							
0-24	5	-	18	6	-	3	5
25-44	51	34	117	91	69	80	68
45-64	762	522	607	578	603	676	546
65-84	2 724	2 339	1 386	2 087	1 785	3 054	2 323
85+	4 098	2 284	5 618	2 806	2 534	4 352	2 656

The table covers the numbers C18-21 in ICD-10
Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.5 New cases of lung cancer per 1 000 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2010	2003-07	2006-10	2010	2006-10	2010	2010
Men							
Age							
0-24	2	-	-	-	4	-	2
25-44	34	-	-	7	17	26	18
45-64	851	598	1 462	601	528	699	362
65-84	3 952	1 628	6 605	2 861	3 429	3 421	1 847
85+	3 771	737	22 059	4 809	3 110	3 460	1 231
Women							
Age							
0-24	1	-	-	1	-	3	1
25-44	33	-	70	21	37	36	15
45-64	981	447	1 327	440	765	686	463
65-84	2 998	802	5 420	1 051	2 725	2 147	1 366
85+	1 626	-	-	960	1 689	1 321	611

The table covers the numbers C33-34 in ICD-10

Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.6 New cases of cancer of the cervix uteri per 1 000 000 women

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2010	2003-07	2006-10	2010	2006-10	2010	2010
Age							
0-24	9	-	-	3	4	5	8
25-44	220	34	611	67	207	222	133
45-64	144	186	341	58	95	176	106
65-84	171	134	252	76	106	152	138
85+	130	-	-	170	70	155	138

The table covers the number C53 in ICD-10

Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Table 3.2.7 New cases of cancer of the testis per 1 000 000 men

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2010	2003-07	2006-10	2010	2006-10	2010	2010
Age							
0-24	36	22	-	30	32	44	40
25-44	195	263	40	111	150	243	143
45-64	82	199	55	17	42	91	44
65-84	21	148	135	14	40	31	10
85+	29	-	-	34	-	29	-

The table covers the number C62 in ICD-10

Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

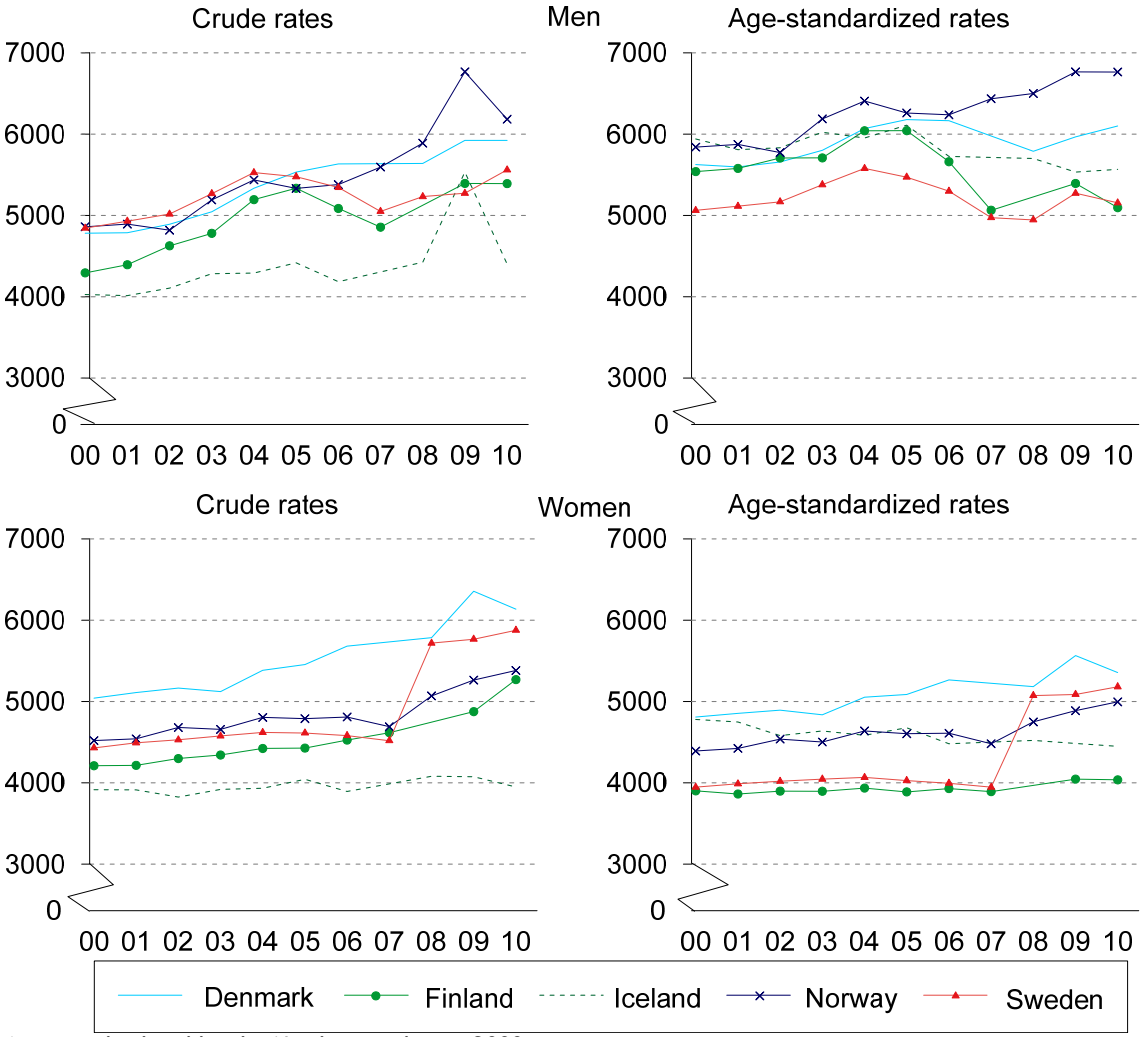
Table 3.2.8 New cases of melanoma of the skin per 1 000 000 inhabitants

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2010	2003-07	2006-10	2010	2006-10	2010	2010
Men							
Age							
0-24	22	-	0	14	11	3	10
25-44	179	-	20	69	51	123	120
45-64	423	66	83	304	195	462	395
65-84	894	222	135	773	534	1 137	1 022
85+	1 149	-	0	824	622	1 105	1 472
Women							
Age							
0-24	45	-	18	13	29	11	20
25-44	380	68	70	153	239	213	223
45-64	422	-	76	281	240	448	376
65-84	604	200	0	522	258	824	609
85+	794	-	2 809	863	493	984	785

The table covers the number C43 in ICD-10

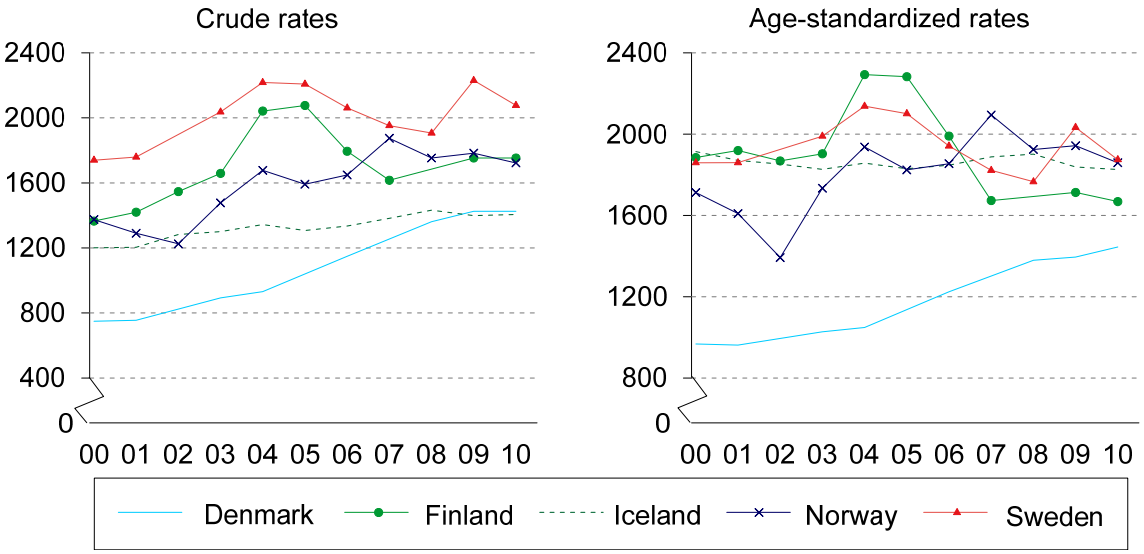
Sources: The cancer registers in the Nordic countries; G: Danish Cancer Society

Figure 3.2.1 New cases of cancer, crude rates and age-standardized rates per 1 000 000 inhabitants 2000-2010



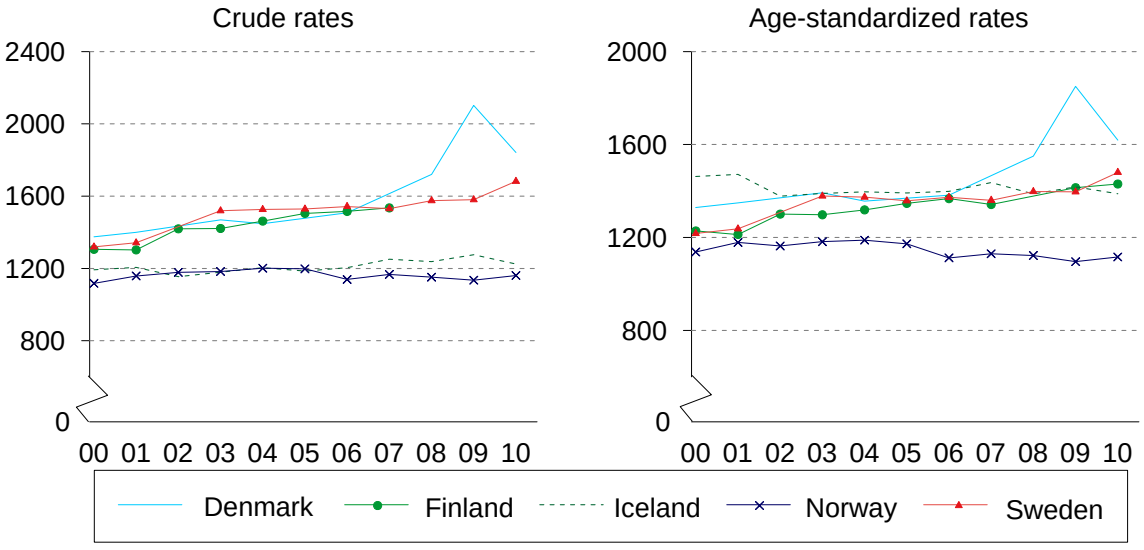
Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: The Nordic Cancer Union

Figure 3.2.2 New cases of prostate cancer, crude rates and age-standardized rates per 1 000 000 inhabitants 2000-2010



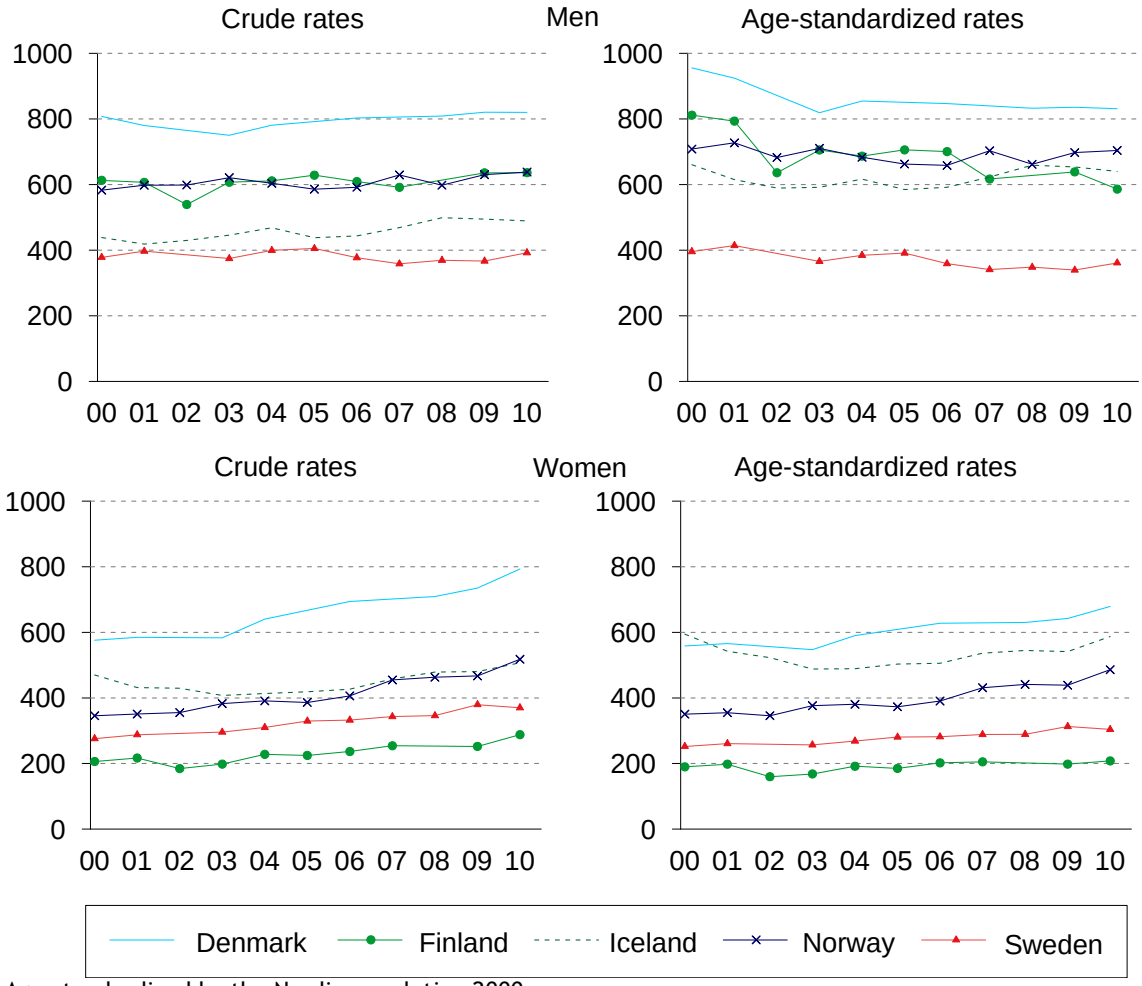
Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: See Table 3.2.1.b

Figure 3.2.3 New cases of breast cancer, crude rates and age-standardized rates per 1 000 000 inhabitants 2000-2010



Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: See Table 3.2.2.b

Figure 3.2.4 New cases of lung cancer, crude rates and age-standardized rates per 1 000 000 inhabitants, 2000-2010



Age-standardized by the Nordic population 2000
The figures for Iceland are 5-year averages
Source: See Table 3.2.1.b and Table 3.2.1.b

3.3 Medical Consultations and Immunization Schedules

In the Nordic countries, primary health services are organized and financed by the public sector.

However, the degree of decentralization varies, also regarding the relationship between private general practitioners and those publicly employed in the primary health care sector.

There are also differences in the level of integration of medical treatment, nursing, physiotherapy, etc. Similar differences are also found for home nursing and home help.

The registration practice for medical consultations differs substantially from one country to another.

Normally, patients visit the physician in his/her practice, but in all countries consultations can also be telephone consultations, home visits by a physician, and treatment in emergency wards.

All contacts in Denmark are registered as medical contacts because of the payment system, whereas some of the contacts in the other countries are registered or non-registered contacts with other health care personnel. In particular, there are differences among the countries with regard to check-ups for mothers and infants. Along with other factors, this means that the statistics on medical consultations are not directly comparable among the Nordic countries.

Table 3.3.2 shows the number of consultations with general practitioners by age. Small children and elderly people are the largest groups. Reliable data for consultations with specialists are currently not available.

All Nordic countries have recommended immunization programmes with some differences in vaccination against tuberculosis and whooping cough, and the choice of vaccines against measles and rubella.

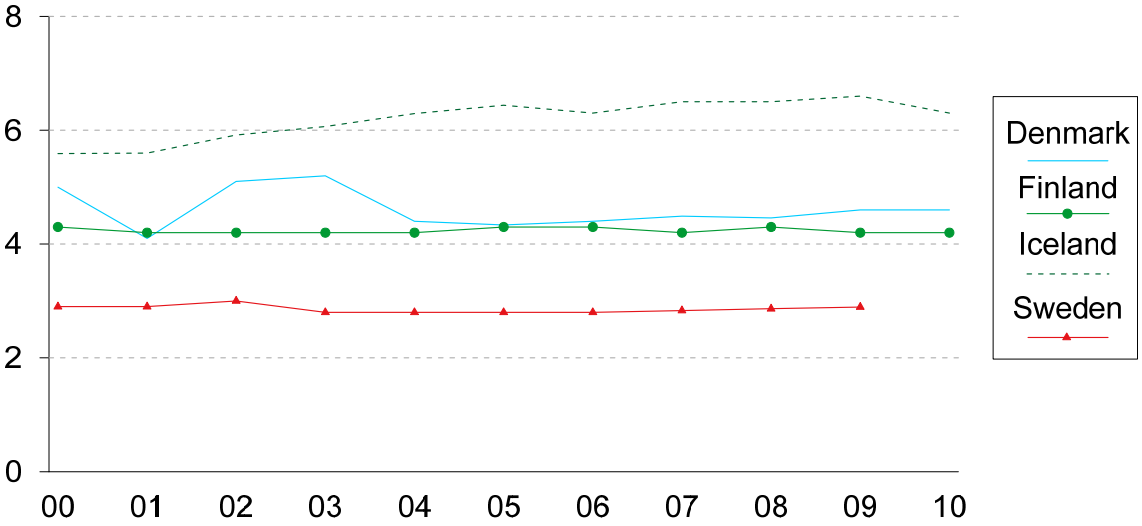
Collection of data on immunization varies a lot from country to country, and none of the countries, except Norway, have immunization registers covering the country as a whole.

Table 3.3.1 Number of physicians in general practice, 2010

	Denmark	Faroe Islands	Green-land[1)]	Finland[2)]	Åland[3)]	Iceland	Norway	Sweden [3)]
Number of physi-cians in general practice	5 194	28	49	5 453	18	190	5 684	5 897
Number of inhabitants per physician in gen-eral practice	1 067	1 739	1 152	981	1 548	1 676	866	1 563

1 The number is indicated for District Medical Officers
2 2009. Municipalities only
3 2008. Municipalities only
Sources:D: D: National Board of Health; F: THL; I: Directorate of Health; S: National Board of Health and Welfare Å: Ålands landskapsregering

Figure 3.3.1 Consultations per capita, 2000-2010



Sources: See Table 3.3.1

Table 3.3.2 Number of consultations with physicians in general practice, esti-mated national level, per 1 000 inhabitants in the age group, 2009

	Denmark	Finland	Iceland[1)]
<1 year	292 316	2 976	7 435
1-4 year	890 298	2 261	3 726
5-14 year	1 214 980	1 427	1 569
15-24 year	1 931 832	1 246	2 126
25-44 year	4 681 864	1 246	2 144
45-64 year	5 889 434	1 349	2 474
65-74 year	3 137 962	2 082	3 409
75-84 year	2 069 564	2 746	4 160
85+	699 699	2 827	3 303
Total, per 1 000 inhabitants	3 753	1 562	2 503
Total number of consultations	20 807 949	8 395 823	795 845

1 Total numbers, all registered contacts with health care centres
Sources: Denmark: Statens Serum Institut; Finland: THL; Iceland: Directorate of Health

Table 3.3.3 Recommended immunization schedules per 1 January, 2011

	Denmark	Greenland	Finland	Iceland	Norway	Sweden
Pneumococcus	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months + risk group children under 5 years	60+ years. Vaccination at 3, 5 and 12 months starts in April 2011	3, 5 and 12 months,	
BCG	65+	..				
Pertussis	-	At birth	Only for risk group children under 7 years since 9/2006	-	Risk groups	Risk groups
Tetanus	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 4, 12 months, 4 years and 14 years	3, 5 and 12 months,	
Diphtheria	7-8 years	3, 5 and 12 months, 5-6 years, 14-16 years				
Polio	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 4, 12 months, 4 and 14 years	3, 5 and 12 months,	
Measles, Mumps, Rubella	7-8 years					
Rubella, only	15-16 years	3, 5 and 12 months, 5-6 years, 14-16 years				
Haemophilic influenza b	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 4, 12 months, 4 and 14 years	3, 5 and 12 months,	
Rotavirus	7-8 years					
HPV	15-16 years	3, 5 and 12 months, 5-6 years, 14-16 years				
Meningococcal disease gr. C	IPV: 3, 5, 12 months and 5 years	IPV: 3, 5, 12 months and 5 years	IPV: 3, 5 and 12 months, and 4 years	IPV: 3, 5, 12 months and 14 years	IPV: 3, 5 and 12 months,	
Influenza 65+	65+ and risk groups	65+ and risk groups	65+ and risk groups	60 + year	65+ and risk groups	65+ and risk groups

IPV = Inactivated polio vaccine

The Faroe Islands and Åland have the same immunization schedules as Denmark and Finland respectively. In Åland TBE is included for children over 4 years. HPV for girls 13-15 years (autumn 2011)

Sources: WHO/EPID: Statens Serum Institut; GR: The Chief Medical Officer; F: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: The National Board of Health and Welfare

Table 3.3.4 Children under the age of two immunized according to recommended immunization schedules and elderly people vaccinated against influenza (per cent), 2010

	Denmark	Greenland[1)]	Finland[2)]	Iceland[3)]	Norway[4)]	Sweden[5)]
BCG	..	..	ND	-	..	21
Pertussis	93	..	99	95	93	98
Tetanus	93	..	99	95	93	99
Diphtheria	93	..	99	95	93	98
Polio	93	..	99	95	92	98
Rubella	83	..	97	90	93	97
Measles	83	..	97	90	93	97
Influenza 65+	..	..	43	..	..	64

1 It has not been possible to calculate data from 2010 as the report system has been changed
2 Based on a randomly chosen population of children in 2005. For elderly, the figure is based on data from patient journal systems
3 Data based on birth cohort 2008
4 Data underestimated due to a low degree of reporting in some municipalities
5 January 2009. Influenza data 65+ concern 2008

Sources: WHO/EPID: Statens Serum Institut; GR: The Chief Medical Officer; F: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: The National Board of Health and Welfare

3.4 Discharges, Bed Days, Average Length of Stay and Patients Treated

Outline of this section

In this section, diagnosis-related data on hospital use are presented according to the main diagnosis that has been registered for each hospital stay in the national patient registers of the Nordic countries. The presentation of diagnoses is more detailed than in NOMESCO publications from before 2010. It is now based on the new list of diagnoses developed by the EU Hospital Data Project. This list has been adopted by WHO as the International Shortlist for Hospital Morbidity Tabulation (ISHMT). It is used also by Eurostat, OECD and the WHO Regional Office for Europe.

The ISHMT list (see link ISHMT list of diagnoses) comprises 149 groups. Thus, it is relatively long for a traditional table presentation. Therefore, in this section we apply, as a trial, an abbreviated list with selected groups from the full ISHMT list, among them the ICD-10 chapter-level groups that until now have been the principal grouping of diagnoses in the summary tables. Now 36 selected groups that are subgroups of the ICD-10 chapters have been added. Several principles have guided the choice of these groups. They are selected mainly because they are relatively common and/or of special interest for internordic comparison, e.g. because of new treatment possibilities. Some possible groups were not selected because hospital activities in those groups are better reflected in the statistics on procedures (cf. Section 3.5).

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While discharge rates illustrate how common certain groups of diagnoses are as reason for admission to hospital, bed-day rates better illustrate the load that these diagnoses imply on hospitals. The average length of stay for inpatients by diagnosis is shown in a third set of tables (Table 3.4.3). This is followed by figures that show the development over time of hospital use for three ICD chapters.

The section is concluded with ten detailed tables showing not only age distribution but also the relationship between number of discharges and number of patients treated in respect of certain diagnosis groups. Since the patient registers make it possible to link successive hospital spells with the same main diagnosis, it is possible to calculate, on a national level, the total number of people that have been treated in a year.

Quality and limitations of data

The quality of the data in the patient registers, such as representatively, completeness and reliability, is important for these statistics.

In 2000, NOMESCO performed a validity study of the diagnoses related to the patient statistics. The results were presented as a theme section in the 2000 version of this publication. The general picture was that Nordic hospital data have a high degree of coverage. Only a few private hospitals are not included in some of the countries. There are, however, organizational differences in the hospital systems that influence the statistics.

In order to make the statistics as comparable as possible, the data presented in this section are from somatic hospital departments (wards) in general hospitals and specialized somatic wards. Still, it is not possible to get completely comparable sets of hospital data. In Norway, discharges are not related to hospital departments (wards) but only to the hospital as a whole, which means that discharge rates are slightly underestimated compared to the other countries.

This does not influence the bed-day rates, however. Furthermore, data from the Faroe Islands are influenced by the fact that some types of treatment are provided in Denmark, and for Åland in Sweden.

The diagnosis-related statistics presented in this report are based on the main diagnosis for each hospital stay. The main diagnosis refers to the main condition treated or examined during each hospital stay. According to the ICD, it is defined as the condition, diagnosed at the end of the treatment period and primarily responsible for the patient's need for treatment or examination. This means that hospital statistics do not give a complete picture of the diseases treated in hospital, since the secondary diagnoses that has been attended to during a hospital stay does not show in the statistics. Hospital discharges, even when recalculated as patients treated, do not correspond to true incidence figures for the population because not all cases are treated in hospitals. For certain diagnoses, incidence figures are available from other sources. This is the case for malignant neoplasms reported to the national cancer registers (cf. Section 3.2). Hospital data for cancer diagnoses are complementary to these in the sense that they illustrate how cancer morbidity is reflected in the activity and workload of hospitals.

Comparisons among countries are also hampered by the fact that there are some differences in the way the WHO definition of main condition is interpreted in the Nordic countries. The introduction of Diagnosis Related Groups (DRG) has influenced the choice of main diagnosis in all the countries, but slightly differently.

There are also national differences in diagnostic tradition (as will be shown below) as well as differences in registration and coding of diagnoses that influence comparability.

Healthy new-born babies are counted differently in the Nordic countries. In the ICD, there is a category (Z38) and in the ISHMT list, there is a group for healthy newborns. In some of the countries, these babies are not registered as patients in their own right and thus not included in the patient registers. Therefore, healthy new-born babies are excluded from the tables in this section.

Comments to the tables

The overall discharge rates (cf. Table 3.4.1.a) vary somewhat among the Nordic countries. Highest rates are found for Denmark, the Faroe Islands and Finland and the lowest for Iceland with Norway and Sweden in between. There are marked differences, however, in hospital use among the countries for certain groups of diseases and specific diagnoses, both measured as rate of discharges and as rate of bed-days.

In all countries, there are high discharge rates for diseases of the circulatory system (ICD, Chapter IX), injuries (Chapter XIX) and neoplasms (Chapter II). In Iceland, however, pregnancy and childbirth (Chapter XV) accounts for the highest discharge rate, and in Denmark discharges for factors influencing health status and contact with health services (Chapter XXI) is the one most common of all ICD chapters.

In all the countries, the number of bed-days per 100 000 population (cf. Table 4.3.2.a) is high for diseases of the circulatory system, neoplasms and injuries. Exceptions are found for Denmark, where Chapter XXI has a very high rate and Finland where mental disorders (Chapter V) account for more of the bed-days than any of the other ICD chapters.

The average length of stay (cf. Table 3.4.3.a) varies among countries from 4.6 days in Denmark and Norway to 9.4 days in Finland.

For many diagnosis groups and for specific diagnoses, there is also great similarity in aver-age length of stay. There are, however, some greater differences among the countries, such as for mental and behavioural disorders with long stays for the Faroe Islands, Finland and Åland. This reflects the fact that the somatic hospital data in these countries include some psychiatric patients. Long stays are also found for cerebrovascular diseases in the same countries, indicating the occurrence of some long-term care cases in short-term hospitals in these countries.

While some of the differences in hospital use may be due to slightly different disease pat-terns in the Nordic countries, it is obvious that many of the statistical differences are attributable to organizational differences in the hospital systems and to differences in the registration and coding of diagnoses in hospital.

A clear example of this is the very high Danish discharge rate for Chapter XXI and especially for medical observation and evaluation for suspected diseases and conditions (code Z03). As can be seen from Table 3.4.1, there are large differences among the countries in this area. Apparently, cases with a suspected but not quite confirmed diagnosis are coded differently. While such a case may be coded as a symptom or as a definite disease in other countries, in Denmark they are often coded as an observation case (Z03). Other examples of differences in coding practice refer to the use in Denmark and Norway of a Chapter XXI code for rehabilitation cases (code Z50, not specified in the tables). In other countries, rehabilitation cases seem to a greater extent to be coded to the underlying disorder.

The trends illustrated in Figures 3.4.1 – 3 do not show big changes in discharge rates over the years (except for the Faroe Islands and Åland, due to small populations). The other countries retain their relative position among themselves over the period studied.

In Tables 3.4.4 – 13, the possibilities of linking successive hospital stays for the same main diagnosis and the same person are being used, thus calculating the number of actual persons being treated, in the following called ‘patients treated’. The Nordic countries are among the few countries in the world that can do this on a national level. As an example, from Table 3.4.4 on lung cancer it can be seen that for all countries and for both men and women the numbers of patients treated are about half the numbers of discharges.

It is also worth noting that the age-specific rates for patients treated for lung cancer are at the same level for both genders under the age of 65; men have higher rates only in the age group 65 and over.

The difference in the number of discharges and the number of patients treated varies by diagnosis. The difference is largest for chronic conditions such as chronic obstructive pulmonary disease (Table 3.4.8) and alcoholic liver disease (Table 3.4.10).

In all countries, the figure for patients treated amounts to about 60 per cent of the dis-charges for these two diseases. For most of the other diagnoses presented in the detailed tables, the reduced figures for patients treated correspond to 70-80 per cent of the number of discharges.

Table 3.4.1.a Discharges from hospitals per 100 000 population by main diagnosis, both genders

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases *(A00-B99)*	732	476	515	575	185	518	555
II: Neoplasms *(C00-D48)*	1 876	1 827	1 905	1 174	1 176	1 601	1 401
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism *(D50-D89)*	314	463	140	131	140	156	166
IV: Endocrine, nutritional and metabolic diseases *(E00-E90)*	798	458	280	288	283	313	440
V: Mental and behavioural disorders *(F00-F99)*	1 140	944	771	250	213	253	1 144
VI: Diseases of the nervous system *(G00-G99)*	602	642	761	634	318	696	524
VII: Diseases of the eye and adnexa *(H00-H59)*	96	626	1 107	117	82	105	99
VIII: Diseases of the ear and mastoid process *(H60-H95)*	126	312	296	233	50	85	93
IX: Diseases of the circulatory system *(I00-I99)*	2 634	2 296	2 430	2 232	1 439	2 404	2 569
X: Diseases of the respiratory system *(J00-J99)*	1 977	1 444	1 343	1 341	741	1 359	1 063
XI: Diseases of the digestive system *(K00-K93)*	1 856	2 813	1 601	1 644	1 146	1 227	1 264
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	330	250	190	164	228	165	128
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	1 363	1 408	1 840	1 617	896	1 110	993
XIV: Diseases of the genitourinary system *(N00-N99)*	1 236	978	1 033	1 441	700	924	765
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	1 541	1 799	1 431	1 324	1 836	720	1 488
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	194	257	182	96	521	191	169
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	195	193	193	88	117	151	117
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	1 944	1 323	1 034	1 398	592	1 327	1 577
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	2 148	1 839	1 953	1 623	1 002	1 868	1 621
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	2 949	3 507	291	519	690	1 681	387
All causes (except. XX) *(A00-Z99 excluding V, W, X and Y)*	24 063	23 374	19 296	16 892	12 239	16 855	17 574

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.1.b Discharges from hospitals per 100 000 population by main diagnosis, men

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases *(A00-B99)*	775	497	531	591	178	542	580
II: Neoplasms *(C00-D48)*	1 785	1 775	1 763	1 031	1 129	1 581	1 310
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism *(D50-D89)*	302	474	128	97	106	137	146
IV: Endocrine, nutritional and metabolic diseases *(E00-E90)*	665	426	255	266	174	257	387
V: Mental and behavioural disorders *(F00-F99)*	1 183	1 012	818	281	187	271	1 226
VI: Diseases of the nervous system *(G00-G99)*	623	623	728	562	305	752	533
VII: Diseases of the eye and adnexa *(H00-H59)*	97	586	867	61	79	107	104
VIII: Diseases of the ear and mastoid process *(H60-H95)*	130	323	343	266	50	82	85
IX: Diseases of the circulatory system *(I00-I99)*	3 103	2 648	2 720	2 223	1 740	2 879	2 905
X: Diseases of the respiratory system *(J00-J99)*	2 060	1 494	1 527	1 465	695	1 429	1 096
XI: Diseases of the digestive system *(K00-K93)*	1 877	2 828	1 799	1 721	1 012	1 211	1 241
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	371	294	218	169	220	174	130
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	1 239	1 361	1 617	1 371	764	967	853
XIV: Diseases of the genitourinary system *(N00-N99)*	1 005	761	772	832	459	825	683
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	.	.	.	.	.	.	.
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	222	265	209	104	579	207	191
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	230	193	212	122	137	173	129
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	1 844	1 331	1 019	1 232	504	1 256	1 484
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	2 127	2 106	2 201	1 663	1 007	1 879	1 545
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	2 728	2 757	233	482	525	794	382
All causes (except. XX) *(A00-Z99 excluding V, W, X and Y)*	22 377	21 254	17 959	14 537	9 713	15 525	16 056

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.1.c Discharges from hospitals per 100 000 population by main diagnosis, women

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases *(A00-B99)*	690	453	498	551	193	495	529
II: Neoplasms *(C00-D48)*	1 965	1 884	2 037	1 298	1 224	1 620	1 491
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism *(D50-D89)*	326	452	151	163	176	176	187
IV: Endocrine, nutritional and metabolic diseases *(E00-E90)*	928	493	302	306	395	368	493
V: Mental and behavioural disorders *(F00-F99)*	1 097	870	723	216	240	236	1 063
VI: Diseases of the nervous system *(G00-G99)*	582	662	790	695	330	639	514
VII: Diseases of the eye and adnexa *(H00-H59)*	95	670	1 335	171	85	103	95
VIII: Diseases of the ear and mastoid process *(H60-H95)*	123	300	249	197	50	87	101
IX: Diseases of the circulatory system *(I00-I99)*	2 173	1 915	2 143	2 206	1 130	1 930	2 235
X: Diseases of the respiratory system *(J00-J99)*	1 896	1 391	1 162	1 198	788	1 289	1 030
XI: Diseases of the digestive system *(K00-K93)*	1 836	2 797	1 406	1 542	1 284	1 242	1 286
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	291	202	163	156	236	156	125
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	1 484	1 459	2 050	1 835	1 032	1 252	1 132
XIV: Diseases of the genitourinary system *(N00-N99)*	1 462	1 212	1 281	2 019	947	1 022	846
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	3 056	3 743	2 806	2 610	3 716	1 439	2 964
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	166	249	156	87	462	174	148
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	161	194	174	54	98	129	105
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	2 042	1 314	1 046	1 541	682	1 399	1 670
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	2 170	1 550	1 709	1 558	997	1 857	1 697
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	3 166	4 318	347	547	860	2 567	393
All causes (except. XX) *(A00-Z99 excluding V, W, X and Y)*	25 720	25 664	20 527	18 948	14 827	18 182	19 079

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.2.a Bed-days in hospitals per 100 000 population by main diagnosis, both genders

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases *(A00-B99)*	3 308	2 514	3 817	3 535	1 063	3 118	3 184
II: Neoplasms *(C00-D48)*	8 294	8 639	10 772	8 899	8 955	10 366	9 476
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism *(D50-D89)*	940	1 700	657	732	792	547	750
IV: Endocrine, nutritional and metabolic diseases *(E00-E90)*	2 825	3 285	1 627	1 960	1 927	1 195	2 255
V: Mental and behavioural disorders *(F00-F99)*	18 483	28 703	23 081	1 254	3 173	785	15 823
VI: Diseases of the nervous system *(G00-G99)*	2 978	2 790	5 418	4 069	3 137	2 410	2 648
VII: Diseases of the eye and adnexa *(H00-H59)*	201	659	1 411	266	225	333	239
VIII: Diseases of the ear and mastoid process *(H60-H95)*	228	225	515	556	133	190	207
IX: Diseases of the circulatory system *(I00-I99)*	10 263	21 690	18 563	14 964	10 979	11 075	14 279
X: Diseases of the respiratory system *(J00-J99)*	7 978	7 626	7 898	6 666	5 207	7 835	5 491
XI: Diseases of the digestive system *(K00-K93)*	6 878	7 046	6 898	7 926	5 210	5 256	5 691
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	1 210	1 183	1 175	792	1 416	949	807
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	4 623	6 961	7 071	7 617	5 482	5 134	4 990
XIV: Diseases of the genitourinary system *(N00-N99)*	3 676	2 806	4 054	5 237	2 852	3 354	3 056
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	4 001	7 948	5 886	5 937	4 113	2 483	3 678
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	1 693	1 215	1 565	687	2 341	1 827	1 857
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	616	814	783	1 765	444	704	551
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	4 514	4 262	3 811	5 284	2 474	2 385	4 014
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	7 424	8 340	11 552	8 966	6 550	8 217	8 538
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	13 711	8 832	1 363	1 772	4 668	8 319	1 346
All causes (except. XX) *(A00-Z99 excluding V, W, X and Y)*	103 844	126 494	117 917	88 883	70 698	76 483	97 249

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.2.b Bed-days in hospitals per 100 000 population by main diagnosis, men

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases (A00-B99)	3 553	2 556	3 970	3 782	1 159	3 395	3 335
II: Neoplasms (C00-D48)	8 443	8 727	10 738	7 460	9 175	10 639	9 298
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	907	2 182	592	630	630	496	680
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	2 531	3 405	1 550	1 721	1 284	1 012	2 138
V: Mental and behavioural disorders (F00-F99)	18 212	23 757	21 007	1 096	2 527	734	16 576
VI: Diseases of the nervous system (G00-G99)	3 077	3 377	5 094	3 785	3 212	2 437	2 707
VII: Diseases of the eye and adnexa (H00-H59)	207	547	1 158	155	254	341	240
VIII: Diseases of the ear and mastoid process (H60-H95)	221	212	623	580	118	178	184
IX: Diseases of the circulatory system (I00-I99)	11 879	24 305	19 174	15 358	12 500	12 847	15 322
X: Diseases of the respiratory system (J00-J99)	8 195	6 531	8 564	7 180	4 940	8 143	5 508
XI: Diseases of the digestive system *(K00-K93)*	6 809	6 818	7 449	7 670	4 412	5 083	5 462
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	1 404	1 307	1 275	748	1 405	975	796
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3 988	5 292	5 748	5 512	4 137	4 345	3 936
XIV: Diseases of the genitourinary system *(N00-N99)*	3 305	2 745	3 306	3 485	2 480	3 240	2 984
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	1 871	1 264	1 705	839	2 656	1 989	2 006
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	707	830	885	2 640	469	775	625
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	4 278	4 171	3 700	4 729	2 082	2 214	3 696
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	6 828	7 113	12 604	8 787	6 278	7 626	7 285
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	13 426	6 541	1 239	1 854	3 756	5 834	1 394
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	99 841	110 772	110 380	78 010	63 006	72 303	92 973

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.2.c Bed-days in hospitals per 100 000 population by main diagnosis, women

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases (A00-B99)	3 068	2 468	3 657	3 235	965	2 842	3 035
II: Neoplasms (C00-D48)	8 147	8 545	10 773	10 179	8 729	10 094	9 653
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	973	1 180	718	821	958	598	819
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3 114	3 155	1 696	2 165	2 586	1 378	2 372
V: Mental and behavioural disorders (F00-F99)	18 749	34 049	25 011	1 391	3 835	835	15 077
VI: Diseases of the nervous system (G00-G99)	2 881	2 155	5 715	4 285	3 061	2 382	2 590
VII: Diseases of the eye and adnexa (H00-H59)	195	779	1 650	371	194	326	239
VIII: Diseases of the ear and mastoid process (H60-H95)	236	239	409	523	149	202	230
IX: Diseases of the circulatory system (I00-I99)	8 675	18 864	17 919	14 339	9 421	9 307	13 244
X: Diseases of the respiratory system (J00-J99)	7 764	8 811	7 232	6 054	5 481	7 527	5 474
XI: Diseases of the digestive system *(K00-K93)*	6 946	7 292	6 346	8 054	6 027	5 429	5 919
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	1 019	1 049	1 075	822	1 427	923	817
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	5 248	8 766	8 325	9 575	6 861	5 922	6 034
XIV: Diseases of the genitourinary system *(N00-N99)*	4 042	2 872	4 762	6 882	3 233	3 468	3 128
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	7 933	16 540	11 538	11 699	8 326	4 960	7 326
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	1 517	1 163	1 426	525	2 019	1 666	1 709
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	527	796	682	874	420	634	479
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	4 746	9 667	3 907	5 748	2 874	2 555	4 330
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	8 010	4 360	10 504	9 002	6 830	8 807	9 781
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	13 991	11 309	1 478	1 663	5 602	10 799	1 299
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	107 780	143 488	124 823	98 208	78 578	80 654	101 489

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.3.a Average length of stay per discharge (in days) per 100 000 population by main diagnosis, both genders

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases (A00-B99)	4.5	5.3	7.4	6.1	5.7	6.0	5.7
II: Neoplasms (C00-D48)	4.4	4.7	5.7	7.6	7.6	6.5	6.8
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	3.0	3.7	4.7	5.6	5.6	3.5	4.5
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3.5	7.2	5.8	6.8	6.8	3.8	5.1
V: Mental and behavioural disorders (F00-F99)	16.2	30.4	29.9	5.0	14.9	3.1	13.8
VI: Diseases of the nervous system (G00-G99)	4.9	4.3	7.1	6.4	9.9	3.5	5.1
VII: Diseases of the eye and adnexa (H00-H59)	2.1	1.1	1.3	2.3	2.7	3.2	2.4
VIII: Diseases of the ear and mastoid process (H60-H95)	1.8	0.7	1.7	2.4	2.7	2.2	2.2
IX: Diseases of the circulatory system (I00-I99)	3.9	9.4	7.6	6.7	7.6	4.6	5.6
X: Diseases of the respiratory system (J00-J99)	4.0	5.3	5.9	5.0	7.0	5.8	5.2
XI: Diseases of the digestive system *(K00-K93)*	3.7	2.5	4.3	4.8	4.5	4.3	4.5
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	3.7	4.7	6.2	4.8	6.2	5.7	6.3
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3.4	4.9	3.8	4.7	6.1	4.6	5.0
XIV: Diseases of the genitourinary system *(N00-N99)*	3.0	2.9	3.9	3.6	4.1	3.6	4.0
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	2.6	4.4	4.1	4.5	2.2	3.4	2.5
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	8.7	4.7	8.6	7.1	4.5	9.6	11.0
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	3.2	4.2	4.1	20.0	3.8	4.7	4.7
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	2.3	3.2	3.7	3.8	4.2	1.8	2.5
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	3.5	4.5	5.9	5.5	6.5	4.4	5.3
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	4.7	2.5	4.7	3.4	6.8	4.9	3.5
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	4.3	5.4	6.1	5.3	5.8	4.5	5.5

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

Table 3.4.3.b Average length of stay per discharge (in days) per 100 000 population by main diagnosis, men

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases (A00-B99)	4.6	5.1	7.5	6.4	6.5	6.3	5.7
II: Neoplasms (C00-D48)	4.7	4.9	6.1	7.2	8.1	6.7	7.1
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	3.0	4.6	4.6	6.5	6.0	3.6	4.7
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3.8	8.0	6.1	6.5	7.4	3.9	5.5
V: Mental and behavioural disorders (F00-F99)	15.4	23.5	25.7	3.9	13.5	2.7	13.5
VI: Diseases of the nervous system (G00-G99)	4.9	5.4	7.0	6.7	10.5	3.2	5.1
VII: Diseases of the eye and adnexa (H00-H59)	2.1	0.9	1.3	2.5	3.2	3.2	2.3
VIII: Diseases of the ear and mastoid process (H60-H95)	1.7	0.7	1.8	2.2	2.4	2.2	2.2
IX: Diseases of the circulatory system (I00-I99)	3.8	9.2	7.0	6.9	7.2	4.5	5.3
X: Diseases of the respiratory system (J00-J99)	4.0	4.4	5.6	4.9	7.1	5.7	5.0
XI: Diseases of the digestive system *(K00-K93)*	3.6	2.4	4.1	4.5	4.4	4.2	4.4
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	3.8	4.4	5.8	4.4	6.4	5.6	6.1
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3.2	3.9	3.6	4.0	5.4	4.5	4.6
XIV: Diseases of the genitourinary system *(N00-N99)*	3.3	3.6	4.3	4.2	5.4	3.9	4.4
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	.	.	.	.	.	.	.
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	8.4	4.8	8.2	8.1	4.6	9.6	10.5
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	3.1	4.3	4.2	21.7	3.4	4.5	4,8
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	2.3	3.1	3.6	3.8	4.1	1.8	2.5
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	3.2	3.4	5.7	5.3	6.2	4.1	4.7
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	4.9	2.4	5.3	3.8	7.2	7.3	3.7
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	4.5	5.2	6.1	5.4	6.5	4.7	5.8

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

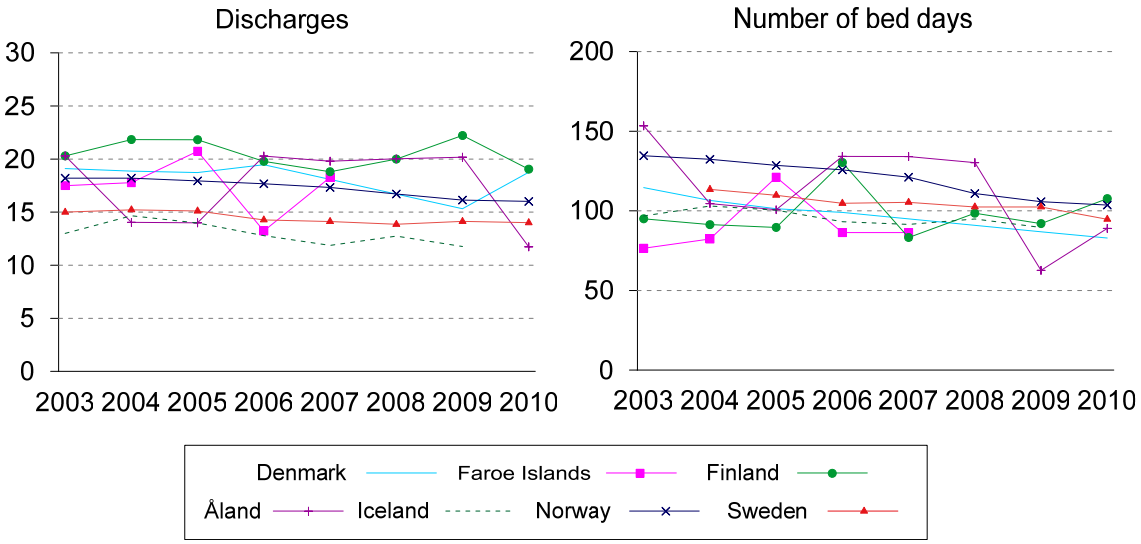
Table 3.4.3.c Average length of stay per discharge (in days) per 100 000 population by main diagnosis, women

ICD-10 code Main diagnosis	Denmark	Faroe Islands	Finland	Åland	Iceland[1)]	Norway	Sweden
	2010	2003-07	2010	2006-10	2009	2010	2010
I: Certain infectious and parasitic diseases (A00-B99)	4.4	5.5	7.3	5.9	5.0	5.7	5.7
II: Neoplasms (C00-D48)	4.1	4.5	5.3	7.8	7.1	6.2	6.5
III: Diseases of the blood and blood forming organs and certain disorders involving the immune mechanism (D50-D89)	3.0	2.6	4.8	5.0	5.5	3.4	4.4
IV: Endocrine, nutritional and metabolic diseases (E00-E90)	3.4	6.4	5.6	7.1	6.5	3.7	4.8
V: Mental and behavioural disorders (F00-F99)	17.1	39.1	34.6	6.5	16.0	3.5	14.2
VI: Diseases of the nervous system (G00-G99)	5.0	3.3	7.2	6.2	9.3	3.7	5.0
VII: Diseases of the eye and adnexa (H00-H59)	2.0	1.2	1.2	2.2	2.3	3.2	2.5
VIII: Diseases of the ear and mastoid process (H60-H95)	1.9	0.8	1.6	2.7	3.0	2.3	2.3
IX: Diseases of the circulatory system (I00-I99)	4.0	9.8	8.4	6.5	8.3	4.8	5.9
X: Diseases of the respiratory system (J00-J99)	4.1	6.3	6.2	5.1	7.0	5.8	5.3
XI: Diseases of the digestive system *(K00-K93)*	3.8	2.6	4.5	5.2	4.7	4.4	4.6
XII: Diseases of the skin and subcutaneous tissue *(L00-L99)*	3.5	5.2	6.6	5.3	6.0	5.9	6.5
XIII: Diseases of the musculoskeletal system and connective tissue *(M00-M99)*	3.5	6.0	4.1	5.2	6.6	4.7	5.3
XIV: Diseases of the genitourinary system *(N00-N99)*	2.8	2.4	3.7	3.4	3.4	3.4	3.7
XV: Pregnancy, childbirth and the puerperium *(O00-O99)*	2.6	4.4	4.1	4.5	2.2	3.4	2.5
XVI: Certain conditions originating in the perinatal period *(P00-P96)*	9.1	4.7	9.1	6.0	4.4	9.6	11.5
XVII: Congenital malformations, deformations and chromosomal abnormalities *(Q00-Q99)*	3.3	4.1	3.9	16.1	4.3	4.9	4.6
XVIII: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified *(R00-R99)*	2.3	3.3	3.7	3.7	4.2	1.8	2.6
XIX: Injury, poisoning and certain other consequences of external causes *(S00-T98)*	3.7	6.2	6.1	5.8	6.9	4.7	5.8
XXI: Factors influencing health status and contact with health services *(Z00-Z99)*	4.4	2.6	4.3	3.0	6.5	4.2	3.3
All causes (except. XX) (A00-Z99 excluding V, W, X and Y)	4.2	5.6	6.1	5.2	5.3	4.4	5.3

1 Only discharges with a length of stay less than 90 days

Sources: The national in-patient registers

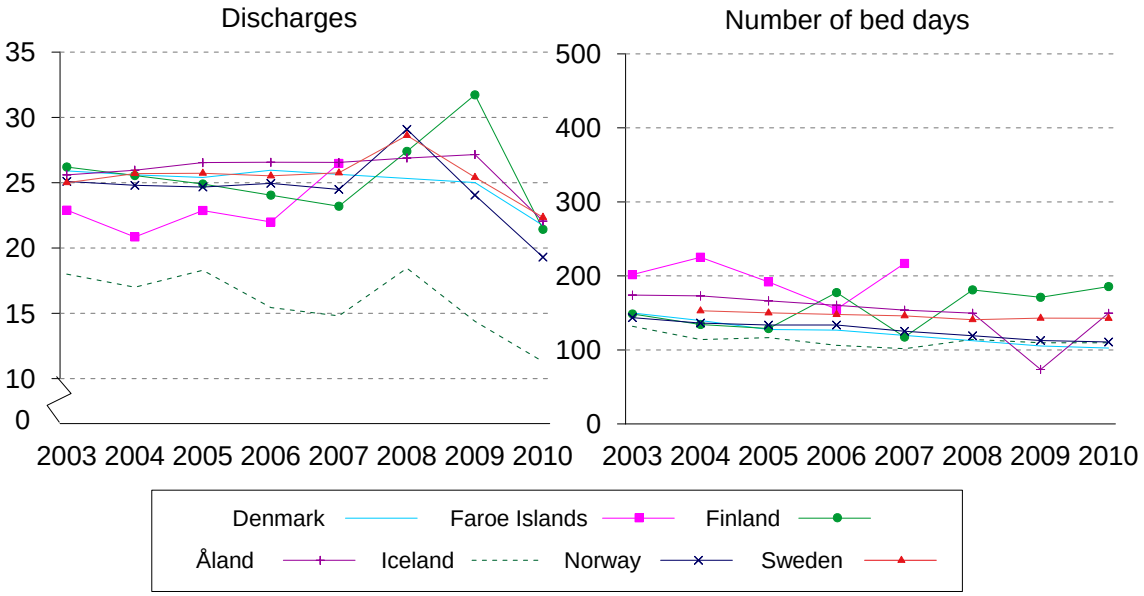
Figure 3.4.1 Discharges and number of bed days for neoplasms, per 1 000 inhabitants 2003-10[1)]



1 Iceland: Only discharges with a length of stay less than 90 days
Sources:See Tables 3.4.1.a and 3.4.2.a

ICD-10 codes included: C00-D48

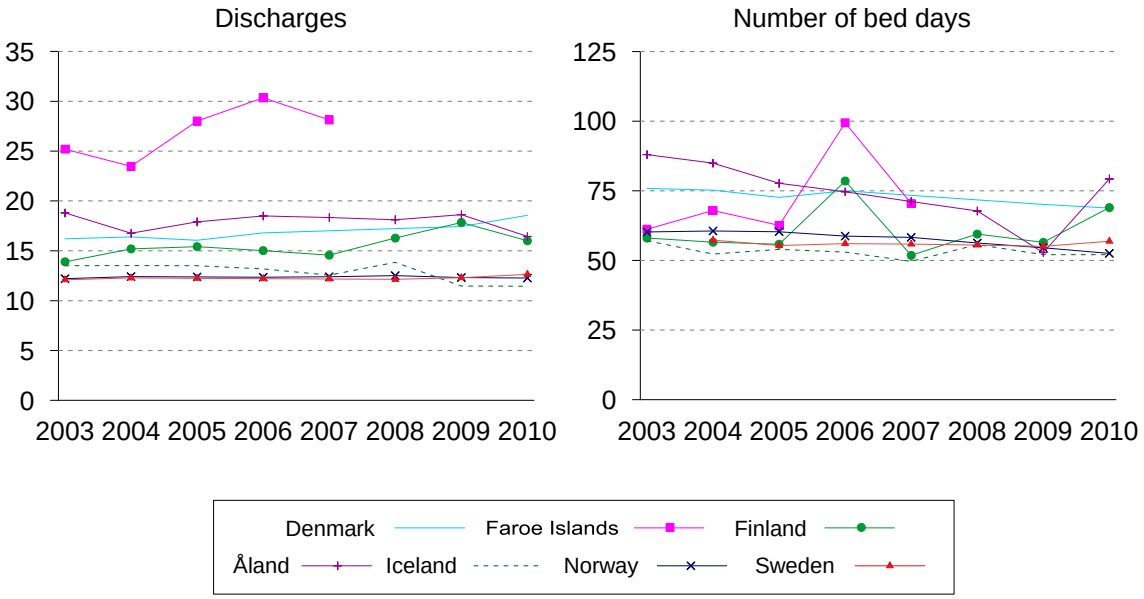
Figure 3.4.2 Discharges and number of bed days during the year for diseases of the circulatory system, per 1 000 inhabitants [1)]



1 Iceland: Only discharges with a length of stay less than 90 days
Sources: See Tables 3.4.1.a and 3.4.2.a

ICD-10 codes included: I00-I99

Figure 3.4.3 Discharges and bed days for diseases of the digestive system, per 1 000 inhabitants, 2004-2010[1)]



1 Iceland: Only discharges with a length of stay less than 90 days
Sources: See Tables 3.4.1.a and 3.4.2.a

ICD-10 codes included: K00-K93

Table 3.4.4 Discharges, patients treated and average length of stay in hospital for malignant neoplasm of trachea, bronchus and lungs, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3,4)]	Norway	Sweden
Discharges							
Men, Total	3 778	63	3 771	13	202	3 240	4 580
Women, Total	3 762	38	1 747	10	226	2 675	4 486
Patients treated							
Men, Total	2 068	13	1 781	8	110	1 736	2 496
Women, Total	2 047	7	835	6	117	1 425	2 417
Patients treated per 100 000 men in the age group							
25-44	3	-	1	6	4	4	2
45-64	88	76	80	71	87	82	44
65+	346	276	307	208	431	379	251
Total rate	75	51	67	55	68	72	53
Patients treated per 100 000 women in the age group							
25-44	5	-	1	0	7	3	2
45-64	103	63	41	79	104	80	57
65+	251	108	97	118	368	224	181
Total rate	73	31	30	46	74	59	51
Average length of stay per discharge	5.8	34	8.0	9.8	8.8	8.1	9.7

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: C33-C34
Sources: see Table 3.4.1.a

Table 3.4.5 Discharges, patients treated and average length of stay in hospital for malignant neoplasm of breast, women 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Total	9 710	82	10 269	30	376	4 284	9 387
Patients treated							
Total	6 116	29	7 067	26	282	3 183	7 722
Patients treated per 100 000 women in the age group							
25-44	65	38	79	51	72	46	49
45-64	427	250	517	317	356	258	273
65+	497	375	481	414	574	319	408
Total rate	219	124	258	184	179	131	164
Average length of stay per discharge	2.8	5.6	4.4	6.2	5.3	3.9	4.3

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 dat0061
The table includes ICD-10: C50
Sources: see Table 3.4.1.a

Table 3.4.6 Discharges, patients treated and average length of stay in hospital for acute myocardial infarction 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Men, Total	10 613	68	7 089	40	345	13 897	20 406
Women, Total	5 693	32	4 603	28	184	7 000	12 136
Patients treated							
Men, Total	6 191	58	5 438	29	305	8 119	13 813
Women, Total	3 505	26	3 583	23	159	4 560	8 531
Patients treated per 100 000 men in the age group							
0-44	21	20	12	10	13	25	10
45-64	317	352	255	213	307	483	327
65+	856	1 116	859	911	996	1 496	1 250
Total rate	225	230	206	213	189	335	296
Patients treated per 100 000 women in the age group							
0-44	8	-	2	0	7	6	3
45-64	101	82	61	69	96	122	98
65+	518	620	567	731	569	916	769
Total rate	125	113	131	161	101	188	181
Average length of stay per discharge	3.4	10.8	6.6	5.8	6.8	4.0	4.5

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: I21-I22
Sources: see Table 3.4.1.a

Table 3.4.7 Discharges, patients treated and average length of stay in hospital for cerebrovascular diseases, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Men, Total	10 528	98	11 445	51	346	8 055	21 686
Women, Total	9 576	61	9 961	47	222	7 060	20 404
Patients treated							
Men, Total	7 662	78	7 862	34	251	6 680	15 539
Women, Total	6 975	51	7 195	37	183	5 958	14 950
Patients treated per 100 000 men in the age group							
0-44	25	30	27	18	18	21	17
45-64	309	316	344	274	156	265	254
65-79	999	1 465	1 065	755	845	1 072	1 123
80+	1 348	2 163	1 427	1 076	1 468	1 545	1 658
Total rate	279	313	298	249	155	275	333
Patients treated per 100 000 women in the age group							
0-44	26	6	26	17	13	15	17
45-64	200	142	209	188	104	162	167
65-79	669	890	662	648	409	653	714
80+	1 004	1 445	976	1 068	1 176	1 047	1 177
Total rate	249	219	263	266	116	245	318
Average length of stay per discharge	6.2	30.9	15.9	11.4	13.9	9.0	10.4

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data

The table includes ICD-10: I60-I69

Sources: see Table 3.4.1.a

Table 3.4.8 Discharges, patients treated and average length of stay in hospital for chronic obstructive pulmonary disease and bronchiectasis, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Total	18 499	97	5 612	64	490	10 044	18 966
Patients treated							
Total	11 099	64	3 517	41	331	6 474	11 155
Per 100 000 in the age group							
0-4	46	341	2	0	4	10	3
5-14	4	8	1	0	-	3	1
15-24	3	3	0	0	-	2	1
25-64	91	57	31	67	42	66	37
65-74	622	478	238	508	471	520	352
75+	1 309	673	345	846	922	786	765
Total rate	200	132	65	148	104	133	119
Average length of stay	4.1	8.1	7.5	6.6	10.2	7.2	5.9

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: J40-J44, J47
Sources: see Table 3.4.1.a

Table 3.4.9 Discharges, patients treated and average length of stay in hospital for asthma, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Total	7 371	106	4 072	18	115	4 076	5 806
Patients treated							
Total	5 837	82	3 297	17	82	3 469	4 831
Per 100 000 in the age group							
0-4	777	1 224	247	447	69	412	417
5-14	145	279	47	82	18	87	46
15-24	66	55	20	39	6	31	16
25-64	51	38	36	12	15	38	19
65-74	42	48	78	79	36	66	32
75+	46	121	169	103	121	72	78
Total rate	105	171	61	60	26	71	52
Average length of stay	1.8	3.0	6.3	3.5	3.5	5.5	2.4

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: J45-J46
Sources: see Table 3.4.1.a

Table 3.4.10 Discharges, patients treated and average length of stay in hospital for alcoholic liver disease, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Men, Total	1 897	3	1 644	3	31	612	1 307
Women, Total	909	2	608	2	9	259	501
Patients treated							
Men, Total	1 125	2	929	3	19	368	784
Women, Total	553	2	369	2	7	169	305
Patients treated per 100 000 men in the age group							
0-44	6	-	8	0	3	2	1
45-64	106	20	85	61	20	40	37
65+	65	34	43	18	47	27	39
Total rate	41	9	35	20	12	15	17
Patients treated per 100 000 women in the age group							
0-44	3	1	3	0	1	1	1
45-64	52	7	35	40	13	17	15
65+	27	28	12	7	5	14	12
Total rate	20	7	13	13	4	7	6
Average length of stay per discharge	7.1	5.5	7.9	12.6	9.0	7.3	8.0

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: K70
Sources: see Table 3.4.1.a

Table 3.4.11 Discharges, patients treated and average length of stay in hospital for other diseases of liver, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Men, Total	1 772	10	1 048	3	37	652	1 359
Women, Total	1 587	10	1 212	3	31	744	1 325
Patients treated							
Men, Total	1 084	6	689	2	30	488	901
Women, Total	1 118	8	800	3	28	563	967
Patients treated per 100 000 men in the age group							
0-44	12	14	9	10	7	8	6
45-64	74	27	40	10	41	31	31
65+	88	67	64	27	41	58	50
Total rate	39	23	26	13	19	20	19
Patients treated per 100 000 women in the age group							
0-44	14	10	12	11	6	8	8
45-64	69	71	44	20	32	37	27
65+	79	74	55	37	49	53	48
Total rate	40	34	29	19	18	23	21
Average length of stay per discharge	5.8	7.4	5.9	11.2	9.0	7.2	7.3

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: K71-K77
Sources: see Table 3.4.1.a

Table 3.4.12 Discharges, patients treated and average length of stay in hospital for intervertebral disc disorders, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3,4)]	Norway	Sweden
Discharges							
Men, Total	4 265	18	3 341	6,8	272	3 063	2 678
Women, Total	4 123	16	2 897	8,4	187	2 467	2 285
Patients treated							
Men, Total	3 527	15	2 751	5,8	253	2 619	2 172
Women, Total	3 379	11	2 364	6	171	2 090	1 850
Patients treated per 100 000 men in the age group							
0-24	12	4	16	0	17	10	5
25-44	182	111	169	83	241	152	71
45-64	222	80	159	46	269	188	75
65+	111	74	63	45	140	97	39
Total rate	128	60	104	42	157	108	47
Patients treated per 100 000 women in the age group							
0-24	10	2	11	5	11	10	4
25-44	175	62	142	34	189	125	66
45-64	204	101	133	74	174	143	61
65+	104	63	60	59	78	78	29
Total rate	121	49	86	43	108	86	39
Average length of stay per discharge							
Men	3,7	7,0	4,0	8,1	1,7	3,5	4,0
Women	4.0	8.6	4.2	6.5	2.2	3.9	4.5

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: M51-M51
Sources: see Table 3.4.1.a

Table 3.4.13 Discharges, patients treated and average length of stay in hospital for fracture of femur, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)4)]	Norway	Sweden
Discharges							
Men, Total	3 904	43	3 736	19	172	3 590	8 261
Women, Total	7 948	70	7 213	33	336	7 619	16 901
Patients treated							
Men, Total	3 326	33	2 820	16	136	3 295	6 373
Women, Total	6 837	53	5 447	30	259	7 103	13 107
Patients treated per 100 000 men in the age group							
0-44	21	44	31	42	28	24	19
45-64	84	103	76	46	46	74	54
65-74	253	326	194	171	170	255	214
75-79	581	474	481	639	193	650	562
80+	1 623	1 682	1 215	1 114	1 564	2 106	1 908
Total rate	121	131	107	113	84	136	136
Patients treated per 100 000 women in the age group							
0-44	8	11	10	11	2	10	8
45-64	90	67	57	69	59	82	56
65-74	390	455	263	304	362	445	329
75-79	98	1 139	713	710	969	1 154	899
80+	2 802	2 782	1 976	1 983	2 545	3 335	2 942
Total rate	245	228	199	214	164	292	278
Average length of stay per discharge	7.1	12.8	11.0	12.6	10.8	8.6	9.7

1 Average 2003-07
2 Average 2006-10
3 Only discharges with a length of stay less than 90 days
4 2009 data
The table includes ICD-10: S72
Sources: see Table 3.4.1.a

3.5 Surgical Procedures

A new list of procedures

In this section, data on selected surgical procedures performed at short-term somatic hospitals are presented. The presentation differs somewhat from those in NOMESCO publications from before 2010. The selected list of procedures used here was developed for international comparison by the EU Hospital Data Project (HDP2) and published in its final report 2008 after being tested in a pilot study with data from some 15 countries. It has then been proposed for use by Eurostat, OECD and the WHO Regional Office for Europe. Recognizing the value of standardization in international reporting, NOMESCO has decided to use the HDP2 list for its annual statistical report. The list may be modified in the future due to experience from its use and changing treatment methods and surgical techniques.

The HDP2 list consists of 30 selected procedures or procedure groups (with six subgroups) within a broad range of medical specialities. Several criteria were combined for the selection of procedures, such as how common a procedure is, it's potential for day surgery, changing technique over time, cost, public health importance and continuity with existing statistics. The complete list with definitions of the procedures, the main reasons for selection of the different procedures and some caveats for the interpretation of the statistics is presented in one document (See link HDP2 list of procedures at the start of the chapter). All the procedures are also defined with codes from the NOMESCO Classification of Surgical Procedures (NCSP-E), which is the common English language version of the NCSP.

Many of the procedures that NOMESCO has reported on earlier are included in the new list. Some are defined slightly differently, however, but continuity of the NOMESCO statistics has most often been kept.

Outline of this section

The presentation starts with two summary tables (Table 3.5.1a+b) showing the number per 100 000 population for each procedure on the selected list, performed on male and female inpatients. Laparoscopic techniques are increasingly being used for five procedures on the list. Table 3.5.3 shows the shares of these that are performed laparoscopically and also the relative frequency of secondary hip replacements. Eight of the procedures on the list that are often performed as day surgery are presented in Table 3.5.2, showing the proportions of day surgery of the total number of these procedures. Two figures (Figures 3.5.1 and 3.5.2) show the development over time for three common procedures.

Finally, in a series of tables (3.5.4 – 3.5.17) data on some of the procedures are presented in greater detail, showing number of operations and population rates with age distributions for males and females, similar to what NOMESCO has presented in earlier Health Statistics re-ports. These tables show the total number of procedures that are reported, both inpatient surgery and day surgery taken together.

Quality and limitations of the data

In its annual report in 2002, NOMESCO presented a theme section dealing with validity and comparability of Nordic hospital statistics on surgical procedures, and in 2003, a corresponding report on day surgery statistics. Based on the recommendations of these studies, some changes were made in the reporting procedure, aiming at better comparability. In its report, the EU Hospital Data Project (HDP2) also presented a thorough analysis of the methodological difficulties involved in achieving valid and comparable data on hospital procedures.

How procedures should be counted is one of the problems. In the Nordic countries, there is no common concept such as a principal procedure, if more than one procedure is performed during the same hospital stay (corresponding to a main diagnosis as the basis for diagnosis-related statistics). Procedure statistics are therefore based on any procedure registered during a hospital stay and reported to the national patient register. This could result in a hospital stay being counted twice, if more than one procedure on the list is performed during the same stay, e.g. a colonoscopy that is followed by a colectomy. Since both are on the selected list, both will be counted.

The fact that the Nordic countries use the same procedure classification makes comparisons easier. The relevant NCSP-E codes for each procedure are listed in all tables.

In order to describe surgical activities at hospitals, it is necessary to include both inpatient surgery and day surgery, which constitutes an increasing part. The HDP2 list includes both procedures mainly performed on inpatients and procedures often performed as day surgery. Formal definitions of day treatment and day surgery differ somewhat among countries. Day treatment involves patients who are formally admitted to the hospital for examination or treatment and discharged the same day. Without exact definitions of day treatment, it may be necessary to approximate and count as day treatment all stays with date of admission and date of discharge being the same. Some of these stays may, however, refer to patients who were discharged to another hospital or who died, and thus not day patients in a real sense. There is also a blurred border between day treatment and outpatient treatment provided at the hospital. Furthermore, some of the procedures on the list are also performed outside of hospitals at specialist centres and private clinics and these may not be reported to the national patient registers.

These difficulties are reflected in the Nordic statistics. While Iceland has not been able to report on day surgery at all for 2009, Denmark and Finland have had some difficulties in separating day treatment and outpatient treatment. Known underreporting in the national patient registers is also caused by some private hospitals not reporting centrally.

Thus organizational differences may influence the reporting. There are also different rules for reporting to national registers, e.g. in Finland where reporting of minor procedures, such as diagnostic colonoscopy, is not necessary. Some of these problems are reflected in the caveats in the HDP2 list.

Comments on the tables

Table 3.5.1a+b shows rates per 100 000 population for males and females for all the procedures on the new list. It covers only inpatients, however, and thus does not give a complete picture of the procedures often performed as day surgery, such as cataract operations, colonoscopy and hernia repair. Several of the common inpatient procedures tend to have about the same rates in all the countries (except Åland due to its small population), such as transluminal coronary angioplasty and hysterectomy. Differences between genders are already known in all countries with higher rates for males for heart operations and hernia repair and higher female rates for thyroidectomy, cholecystectomy and hip replacement. The low rates for discectomy in Sweden are explained to some extent by under-reporting from three specialized private hospitals. Some strikingly high rates are found for hernia repair on men in Finland and cholecystectomy on women in Iceland.

The use of laparoscopic methods is illustrated in Table 3.5.3. Laparoscopic cholecystectomy is very common in all countries, and almost all cholecystectomies in Iceland are laparoscopic. Finland has the highest proportion of laparoscopic colectomy and hysterectomy but the lowest proportion of laparoscopic appendectomy, for which Sweden also shows low percentages. Such differences call for further study and considerations about why this relatively new surgical approach has been adopted so differently by the Nordic countries. Of course, it is of special interest to follow the development over time. Table 3.5.3 also shows that the proportion of secondary hip replacements is similar in all countries. It should be noted that the secondary replacements reported here are not secondary to primary replacements carried out in 2009 but, mostly, to those performed many years earlier.

Of the procedures reported in Table 3.5.2, cataract operations show the highest percentage of day surgery in all the countries (96-98 per cent). The variation in the overall population rate of cataract surgery is mainly due to the fact that under-reporting is a fact in all the countries. There are definition problems regarding day surgery and difficulties with reporting from private hospitals and clinics. This can be illustrated by Sweden where the number of cataract operations in the national patient register in 2008 constitutes only 82 per cent of the actual number according to figures from the specialized national cataract register.

Tonsillectomies are performed as day surgery to a varying extent and also with different overall population rates, which is of interest with regard to clinical controversies about the indications for this operation and the need for post-surgical supervision. The very low population rates in Finland for bronchoscopy and colonoscopy are due to the fact that these procedures do not have to be reported nationally. The proportion of day surgery for laparoscopic cholecystectomy varies somewhat among countries with higher figures in Denmark and with lower figures in Finland for hernia repair. For excision of mammary gland, Norway and Sweden show higher proportions of day surgery.

The trends illustrated in Figure 3.5.1 show increasing rates for transluminal coronary angioplasty (PTCA) and slightly decreasing rates for coronary anastomosis surgery for the period 2003-2009. The countries largely retain their relative position

over time. The HDP2 list de-fines coronary anastomosis surgery slightly narrower than NOMESCO's earlier statistics, but this does not explain the lower 2008 and 2009 figures.

The detailed Tables 3.5.4 – 3.5.17 include both inpatient surgery and day surgery which ex-plains the higher rates reported here in relation to the population rates presented in Table 3.5.1a+b, which only includes procedures on inpatients.

From the age distributions shown in these tables, some diversity can be noted. Table 3.5.7 shows that the highest rates for transluminal coronary angioplasty are found for both men and women in the age group 75-84 years in all countries, while coronary artery bypass graft (Table 3.5.8) show approximately the same rates for men at the age of 65-74 years and 75-84 years, with slightly higher rates for women aged 75-84 years. The somewhat higher overall rates in Iceland for appendectomy seem to be explained mainly by the higher operation rates in the youngest age group (Table 3.5.9). The highest rate for cholecystectomy among men is found in the age group 65 years and over, while it among women is highest in the age group 45-64 years and in Denmark already at the age of 25-44 years (Table 3.5.10).

In almost all countries, kidney transplantation is performed more often on men than on women (Table 3.5.11). This seems to be true for almost all age groups. If this reflects morbidity differences between men and women or a possible effect of gender discrimination in the health services ought to be discussed.

Table 3.5.12 shows that open prostatectomy is most common in the age group 65-74 years, while the transurethral procedure shows higher rates in the two oldest age groups (Table 3.5.13).

In Table 3.5.15, Caesarean section is related to the number of deliveries. Denmark shows the highest overall proportion of deliveries by Caesarean section (22 per cent) and also has the highest figure in every age group. Iceland, with the highest population rate for Caesarean section (cf. Table 3.5.1b), has the lowest proportion of Caesarean sections (13 per cent). This is caused by the high fertility rate in Iceland.

Norway has not only the highest overall rate for hip replacement for women (Table 3.5.16b) but also the highest rate in every age group over 45 years, while Finland has the highest overall rate for total knee replacement (Table 3.5.17) and the highest rate for this operation in every age group over 45 years.

Table 3.5.1a Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures, men[1)]

Surgical procedures (NCSP-E codes in brackets)	Denmark	Faroe Islands	Finland	Åland	Iceland	Norway	Sweden
	2010	2006-10	2010	2006-10	2009	2010	2010
1: Extirpation, excision and destruction of intra-cranial lesion (AAB00-AAB20, AAB99)	19.2	..	20.9	7.2	17.3	17.2	15.1
2: Evacuation of subdural haematoma and intra-cranial haemorrhage (AAB30, AAD05-AAD15)	19.5	..	35.6	21.7	12.4	19.4	22.1
3: Discectomy (ABC)	183.7	..	131.4	99.9	193.8	131.5	74.5
4: Thyroidectomy (BAA20-BAA60)	16.5	..	13.9	11.6	9.3	10.9	10.6
5: Cataract surgery (CJC, CJD, CJE, CJF)	14.2	..	20.7	37.6	11.8	14.2	17.7
6: Cochlear implantation (DFE00)	3.5	..	1.5	1.4	0.6	1.7	2.6
7: Tonsillectomy (EMB10-EMB20)	102.9	..	62.1	172.2	47.0	86.5	46.7
8: Pulmectomy (GDB20-21, GDC, GDD)	16.5	..	10.3	4.3	14.2	10.0	7.8
9: Diagnostic bronchoscopy with or without biopsy (UGC)	107.1	..	58.4	36.2	61.9	108.1	51.3
10: Transluminal coronary angioplasty (FNG02, FNG05)	235.5	..	211.4	8.7	290.9	300.9	264.8
11: Coronary artery bypass graft (FNC, FND, FNE)	58.8	..	51.2	1.4	96.6	87.9	64.7
12: Carotid endarterectomy (PAF20-PAF22)	10.8	..	16.2	4.3	9.9	13.1	15.6
13: Infrarenal aortic aneurysm repair (PDG10-PDG24, PDQ10)	24.0	..	18.6	8.7	12.4	22.6	15.2
14: Femoropopliteal bypass (PEH)	10.3	..	15.6	13.0	2.5	9.4	5.7
15: Stem cell transplantation (not included[2)])	5.3	..	4.8	0.0	-	0.0	0.0
16: Colonoscopy with or without biopsy (JFA15, UJF32, UJF35, UJF42, UJF45)	296.9	..	52.6	49.2	180.8	186.2	124.3
17: Colectomy (JFB20-JFB64, JFH)	136.7	..	60.7	57.9	48.9	74.5	123.7
Of which:							
17A: Laparoscopic colectomy (JFB21, JFB31, JFB34, JFB41, JFB44, JFB47, JFB51, JFB61, JFB64, JFH01, JFH11)	21.9	..	15.3	1.4	11.8	19.2	2.9

The table continues

Table 3.5.1a Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures, men[1)] continued

Surgical procedures (NCSP-E codes in brackets)	Denmark	Faroe Islands	Finland	Åland	Iceland	Norway	Sweden
	2010	2006-10	2010	2006-10	2009	2010	2010
18: Appendectomy (JEA)	102.9	..	130.4	144.7	154.8	117.2	122.8
Of which:							
18A: Laparoscopic appendectomy (JEA01)	78.5	..	13.9	0.0	65.0	76.7	31.9
19: Cholecystectomy (JKA20. JKA21)	51.7	..	82.9	99.9	93.5	42.6	80.3
Of which:							
19A: Laparoscopic cholecystectomy (JKA21)	38.6	..	59.6	75.3	87.3	36.6	54.9
20: Repair of inguinal hernia (JAB)	90.9	..	150.9	176.6	50.1	80.1	78.4
Of which:							
20: Laparoscopic repair of inguinal hernia (JAB11. JAB97)	33.0	..	22.4	13.0	5.0	13.0	7.8
21: Transplantation of kidney (KAS00-KAS20)	4.6	..	4.2	1.4	1.9	7.8	5.0
22: Open prostatectomy (KEC. KED00. KED96)	34.9	..	40.0	70.9	37.8	57.8	61.4
23: Transurethral prostatectomy (KED22. KED52-KED72. KED98)	108.6	..	135.3	230.1	103.4	159.3	122.7
24: Hysterectomy (LCC. LCD)	0.0	..	0.3	0.0	.	0.5	0.0
Of which:							
24A: Laparocopic hysterectomy (LCC01. LCC11. LCC97. LCD01. LCD04. LCD11. LCD31. LCD40. LCD97)	0.0	..	0.3	0.0	.	0.4	0.0
25: Caesarean section (MCA)	.	.	.	.	.	.	0.0
26: Arthroscopic excision of meniscus of knee (NGD01. NGD11)	15.1	..	37.5	36.2	0.6	26.0	5.5
27: Hip replacement (NFB. NFC)	182.6	..	185.0	186.7	133.7	161.1	166.5
Of which:							
27A: Secundary hip replacement (NFC)	19.6	..	22.9	20.3	15.5	18.8	19.8
28: Total knee re-placement (NGB20-NGB40)	113.1	..	120.2	73.8	69.9	60.9	90.6
29: Partial excision of mammary gland (HAB00. HAB30. HAB40. HAB99)	0.3	..	1.2	0.0	1.2	0.1	0.4
30: Total mastectomy (HAC10-HAC25. HAC99)	6.7	..	1.8	2.9	3.1	1.8	1.9

1 The NCSP codes refer to the NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

2 Not included in NCSP-E but can be defined through other non-surgical national classifications

Source: The national in-patients registers

Table 3.5.1b Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures Women[1)]

Surgical procedures (NCSP-E codes in brackets)	Denmark	Faroe Islands	Finland	Åland	Iceland	Norway	Sweden
	2010	2006-10	2010	2006-10	2009	2010	2010
1: Extirpation, excision and destruction of intra-cranial lesion (AAB00-AAB20, AAB99)	20.3	..	23.1	7.1	14.6	18.1	16.9
2: Evacuation of subdural haematoma and intra-cranial haemorrhage (AAB30, AAD05-AAD15)	9.5	..	15.0	12.9	3.2	8.6	9.2
3: Discectomy (ABC)	174.8	..	119.3	81.4	165.5	116.2	72.7
4: Thyroidectomy (BAA20-BAA60)	59.3	..	60.1	55.7	60.2	44.6	45.4
5: Cataract surgery (CJC, CJD, CJE, CJF)	15.6	..	26.1	117.1	6.3	15.3	18.4
6: Cochlear implantation (DFE00)	4.8	..	1.7	0.0	0.0	1.6	2.9
7: Tonsillectomy (EMB10-EMB20)	118.6	..	58.7	154.2	53.3	82.6	50.3
8: Pulmectomy (GDB20-21, GDC, GDD)	16.7	..	6.6	4.3	15.9	8.3	8.6
9: Diagnostic bronchoscopy with or without biopsy (UGC)	74.2	..	33.1	12.9	64.0	73.4	36.8
10: Transluminal coronary angioplasty (FNG02, FNG05)	80.8	..	83.1	2.9	102.7	97.4	95.2
11: Coronary artery bypass graft (FNC, FND, FNE)	14.3	..	14.6	1.4	16.5	21.8	15.9
12: Carotid endarterectomy (PAF20-PAF22)	6.0	..	6.7	4.3	3.2	6.0	7.3
13: Infrarenal aortic aneurysm repair (PDG10-PDG24, PDQ10)	5.4	..	2.6	1.4	2.5	6.3	4.2
14: Femoropopliteal bypass (PEH)	7.5	..	10.4	17.1	1.9	4.9	4.3
15: Stem cell transplantation (not included[2)])	3.1	..	2.7	0.0	-	0.0	0.0
16: Colonoscopy with or without biopsy (JFA15, UJF32, UJF35, UJF42, UJF45)	306.4	..	55.0	67.1	249.2	205.5	140.3
17: Colectomy (JFB20-JFB64, JFH)	139.4	..	66.1	81.4	57.1	82.8	143.6
Of which:							
17A: Laparoscopic colectomy (JFB21, JFB31, JFB34, JFB41, JFB44, JFB47, JFB51, JFB61, JFB64, JFH01, JFH11)	23.3	..	19.8	0.0	12.0	21.7	3.7

The table continues

Table 3.5.1b Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures, women[1)]. Continued

Surgical procedures (NCSP-E codes in brackets)	Denmark	Faroe Islands	Finland	Åland	Iceland	Norway	Sweden
	2010	2006-10	2010	2006-10	2010	2010	2010
18: Appendectomy (JEA)	106.6	..	130.5	114.2	137.6	116.2	113.4
Of which:							
18A: Laparoscopic appendectomy (JEA01)	75.8	..	43.5	18.6	82.4	79.9	42.8
19: Cholecystectomy (JKA20. JKA21)	103.5	..	146.1	165.6	253.6	89.1	147.9
Of which:							
19A: Laparoscopic cholecystectomy (JKA21)	91.9	..	124.6	145.6	244.8	82.7	120.1
20: Repair of inguinal hernia (JAB)	13.1	..	19.3	14.3	3.2	11.8	10.2
Of which:							
20: Laparoscopic repair of inguinal hernia (JAB11. JAB97)	6.3	..	2.8	0.0	0.6	1.6	1.6
21: Transplantation of kidney (KAS00-KAS20)	3.4	..	1.8	2.9	2.5	3.1	3.0
22: Open prostatectomy (KEC. KED00. KED96)	.	.	.	.	.	.	0.0
23: Transurethral prostatectmy (KED22. KED52-KED72. KED98)	.	.	.	.	.	.	0.0
24: Hysterectomy (LCC. LCD)	208.1	..	216.8	339.8	276.5	183.9	177.9
Of which:							
24A: Laparocopic hysterectomy (LCC01. LCC11. LCC97. LCD01. LCD04. LCD11. LCD31. LCD40. LCD97)	28.2	..	87.4	18.6	43.1	42.5	13.6
25: Caesarean section (MCA)	477.1	..	354.7	449.8	502.2	403.3	408.2
26: Arthroscopic excision of meniscus of knee (NGD01. NGD11)	15.3	..	29.8	30.0	1.3	17.1	4.3
27: Hip replacement (NFB. NFC)	265.7	..	270.2	228.4	212.4	322.9	251.2
Of which:							
27A: Secundary hip replacement (NFC)	27.2	..	31.5	21.4	18.4	34.3	23.1
28: Total knee re-placement (NGB20-NGB40)	159.9	..	235.6	104.2	112.9	103.8	129.1
29: Partial excision of mammary gland (HAB00. HAB30. HAB40. HAB99)	129.1	..	95.7	44.3	95.1	58.6	79.8
30: Total mastectomy (HAC10-HAC25. HAC99)	77.5	..	101.4	118.5	76.7	69.3	54.6

1 The NCSP codes refer to the NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

2 Not included in NCSP-E but can be defined through other non-surgical national classifications

Source: The national in-patients registers

Table 3.5.2 Eight surgical procedures often carried out as day surgery; total rate and day surgery rate per 100 000 inhabitants and day surgery as per cent of all procedures by gender, 2010[1)]

		Denmark		Finland		Norway		Sweden	
		M	W	M	W	M	W	M	W
5	**Cataract surgery** (CJC. CJD. CJE. CJF)								
	Total rate per 100 000 population	628.9	914.5	613.9	1 019.7	341.5	518.4	497.8	755.9
	Of which day surgery	614.7	898.8	593.2	993.7	327.3	503.2	480.1	737.5
	Day surgery as per cent of total	97.7	98.3	96.6	97.4	95.8	97.1	96.4	97.6
7	**Tonsillectomy** (EMB10-20)								
	Total rate per 100 000 population	134.2	162.8	150.9	164.9	164.5	169.6	78.6	88.0
	Of which day surgery	31.3	44.1	88.8	106.2	77.9	87.0	31.9	37.7
	Day surgery as per cent of total	23.3	27.1	58.8	64.4	47.4	51.3	40.6	42.8
9	**Diagnostic bronchoscopy with or without biopsy** (UGC)								
	Total rate per 100 000 population	238.4	183.4	59.7	34.1	186.3	135.2	127.2	101.1
	Of which day surgery	131.3	109.3	1.2	1.1	78.2	61.8	75.9	64.3
	Day surgery as per cent of total	55.1	59.6	2.1	3.1	42.0	45.7	59.7	63.6
16	**Colonoscopy with or without biopsy** (JFA15. UJF32. UJF35. UJF42. UJF45)								
	Total rate per 100 000 population	1 608.9	1 714.9	56.5	63.1	1 067.1	1 215.9	804.4	913.8
	Of which day surgery	1 312.0	1 408.5	3.9	8.1	880.9	1 010.4	680.1	773.5
	Day surgery as per cent of total	81.5	82.1	7.0	12.8	82.6	83.1	84.5	84.6
19A	**Laparoscopic cholecystectomy** (JKA 21)								
	Total rate per 100 000 population	68.3	180.4	75.3	174.6	48.0	122.4	68.2	151.9
	Of which day surgery	29.6	88.5	15.7	50.0	11.5	39.7	13.3	31.8
	Day surgery as per cent of total	43.4	49.0	20.9	28.6	23.9	32.4	19.4	20.9
20	**Repair of inguinal hernia** (JAB)								
	Total rate per 100 000 population	352.1	37.5	368.3	42.8	245.9	29.2	300.0	30.6
	Of which day surgery	261.2	24.4	217.4	23.5	165.7	17.5	221.6	20.4
	Day surgery as per cent of total	74.2	65.0	59.0	54.9	67.4	59.8	73.9	66.6
26	**Arthroscopic excision of meniscus of knee** (NGD01. NGD11)								
	Total rate per 100 000 population	339.0	240.2	287.6	193.6	359.7	241.4	147.9	82.6
	Of which day surgery	324.0	224.9	250.1	163.8	333.7	224.4	142.4	78.3
	Day surgery as per cent of total	95.6	93.6	87.0	84.6	92.8	92.9	96.3	94.8
29	**Excision of mammary gland (women only)** (HAB)								
	Total per 100 000 Women	.	212.1	.	128.1	2.5	124.7	2.7	138.2
	Of which day surgery	.	83.0	.	32.4	2.4	66.1	2.3	58.4
	Day surgery as per cent of total	.	39.1	.	25.3	96.7	53.0	85.7	42.2

1 The NCSP codes refer to the NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

Sources: See Table 3.5.1a

Table 3.5.3 Share of laparoscopic procedures and secondary hip replacements on in-patients by gender, 2010

Procedure	Denmark		Finland		Åland		Iceland[1)]		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
Per cent laparoscopic												
17 Colectomy	16	17	25	30	3	0	24	21	26	26	2	3
18 Appendectomy	76	71	11	33	0	16	42	60	65	69	26	38
19 Cholecystectomy	75	89	72	85	75	88	93	97	86	93	68	81
20 Repair of inguinal hernia	36	48	15	15	7	0	10	20	16	14	10	16
24 Hysterectomy	.	14	.	40	.	5	.	16	.	23	.	8
Per cent secondary												
27 Hip replacement	11	10	12	12	11	9	12	9	12	11	12	9

1 2009 data

Sources: See Table 3.5.1a

Table 3.5.4 Discectomy by gender and age, 2010

Age	Denmark		Faroe Islands		Finland		Åland[1)]		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Total number of procedures														
<15	2	4	..	..	3	7	-	-	..	..	1	9	-	6
15-24	86	61	..	..	118	75	-	0	..	..	105	67	51	70
25-44	1 195	1 038	..	..	1 022	756	3	1	..	..	1 070	793	876	746
45-64	2 389	2 096	..	..	1 529	1 247	5	6	..	..	1 492	1 213	1 400	1 278
65+	1 542	1 792	..	..	895	1 276	6	4	..	..	800	937	1 258	1 428
Total	5 214	4 991	..	..	3 567	3 361	14	11	..	..	3 468	3 019	3 629	3 528
Per 100 000 in the age group														
<15	0	1	..	..	1	2	-	-	..	..	0	2	0	1
15-24	25	18	..	..	35	23	-	27	..	..	33	22	8	12
25-44	163	144	..	..	148	114	83	28	..	..	155	120	70	62
45-64	320	283	..	..	199	161	127	143	..	..	237	199	115	107
65+	377	351	..	..	232	234	262	155	..	..	254	230	164	151
Total	886	796	..	..	135	123	100	81	..	..	143	124	78	75

1 Average 2006-10

NCSP codes covered: ABC

Sources: See Table 3.5.1a

Table 3.5.5 Thyroidectomy by gender and age, 2010

	Denmark		Finland		Åland[1)]		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
Total number of procedures												
<15	4	3	-	8	-	-	..	..	2	2	0	23
15-24	13	35	6	55	-	-	..	..	4	39	15	148
25-44	112	545	70	429	-	2	..	..	72	398	115	692
45-54	107	489	65	333	1	2	..	..	62	233	88	438
55-64	116	334	126	412	0	3	..	..	63	209	115	416
65-74	75	192	67	289	0	0	..	..	42	152	107	286
75-84	24	84	41	132	0	0	..	..	21	67	39	169
85+	6	9	2	19	-	0	..	..	3	8	7	24
Total	457	1 691	377	1 677	2	8	..	..	269	1 108	504	2 196
Per 100 000 in the age group												
< 15	1	1	-	2	-	-	..	..	0	0	0	3
15-24	4	10	2	17	-	-	..	..	1	13	2	24
25-44	15	75	10	65	-	62	..	..	10	60	9	58
45-54	28	128	17	89	31	90	..	..	19	73	14	73
55-64	32	93	32	103	20	137	..	..	21	72	19	70
65-74	29	70	29	109	16	32	..	..	24	79	24	61
75-84	20	53	33	67	56	43	..	..	20	48	17	54
85+	18	12	7	23	-	38	..	..	9	10	8	14
Total	17	60	14	61	12	56	..	..	11	46	11	47

1 Average 2006-10

NCSP: BAA 20-60

Sources: See Table 3.5.1a

Table 3.5.6 Cataract surgery by gender and age, 2010

	Denmark		Faroe Islands		Finland		Åland[1)]		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Total number of procedures														
< 45	334	259	..	..	290	256	0	1	..	..	250	205	382	463
45-64	3 374	3 857	..	..	3 410	3 972	1	1	..	..	1 348	1 476	4 013	4 586
65-74	5 642	8 472	..	..	4 788	8 025	1	3	..	..	2 057	3 204	7 068	10 457
75-84	6 220	9 968	..	..	6 270	12 461	2	9	..	..	3 285	5 359	8 653	14 889
85+	1 713	3 009	..	..	1 449	3 228	3	4	..	..	1 348	2 361	2 994	5 196
Total	17 283	25 565	..	..	16 207	27 942	7	18	..	..	8 288	12 605	23 247	35 591
Per 100 000 in the age group														
< 45	21	17	..	..	20	18	3	8	..	..	17	14	14	18
45-64	452	520	..	..	444	513	30	30	..	..	214	242	331	383
65-74	2 208	3 091	..	..	2 078	3 020	62	224	..	..	1 154	1 673	1 579	2 239
75-84	5 214	6 248	..	..	4 989	6 360	309	983	..	..	3 206	3 840	3 665	4 751
85+	5 046	3 915	..	..	4 794	3 860	1 210	845	..	..	3 975	3 068	3 613	3 115
Total	629	914	..	..	614	1 020	51	130	..	..	342	518	498	756

1 Average 2006-10

NCSP: CJC. CJD. CJE. CJF

Sources: See Table 3.5.1a

Table 3.5.7.a Transluminal coronary angioplasty (PTCA, PCI) by age, Men 2010

Age	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
Total number of procedures						
<45	326	..	199	..	394	347
45-54	1 231	..	810	..	1 404	1 574
55-64	2 333	..	1 892	..	2 759	3 726
65-74	2 312	..	1 611	..	2 300	4 142
75-84	1 171	..	1 074	..	1 458	2 552
85+	194	..	140	..	234	408
Total	7 567	..	5 726	..	8 549	12 756
Per 100 000 in the age group						
<45	20	..	13	..	27	13
45-54	317	..	213	..	420	255
55-64	652	..	488	..	931	624
65-74	905	..	699	..	1 290	925
75-84	982	..	854	..	1 423	1 081
85+	571	..	463	..	690	492
Total	275	..	217	..	352	273

NCSP: FNG 02; FNG 05
Sources: See Table 3.5.1a

Table 3.5.7.b Transluminal coronary angioplasty (PTCA, PCI) by age, Women 2010

Age	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
Total number of procedures						
<45	82	..	25	..	77	77
45-54	293	..	181	..	272	363
55-64	577	..	394	..	595	940
65-74	834	..	759	..	866	1 434
75-84	725	..	779	..	778	1 438
85+	190	..	180	..	207	344
Total	2 701	..	2 318	..	2 795	4 596
Per 100 000 in the age group						
<45	5	..	2	..	5	3
45-54	77	..	48	..	85	61
55-64	160	..	99	..	205	158
65-74	304	..	286	..	452	307
75-84	454	..	398	..	558	459
85+	247	..	215	..	269	206
Total	97	..	85	..	115	98

NCSP: FNG 02; FNG 05
Sources: See Table 3.5.1a

Table 3.5.8.a Coronary artery bypass graft by age, men, 2010

Age	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
Total number of procedures						
<45	28	..	16	..	39	39
45-54	159	..	106	..	235	224
55-64	431	..	455	..	690	811
65-74	628	..	500	..	782	1 199
75-84	347	..	261	..	424	728
85+	26	..	14	..	17	30
Total	1 619	..	1 352	..	2 187	3 031
Per 100 000 in the age group						
<45	2	..	1	..	3	1
45-54	41	..	28	..	70	36
55-64	120	..	117	..	233	136
65-74	246	..	217	..	439	268
75-84	291	..	208	..	414	308
85+	77	..	46	..	50	36
Total	59	..	51	..	90	65

NCSP: FNC. FND. FNE

Sources: See Table 3.5.1a

Table 3.5.8.b Coronary artery bypass graft by age, women, 2010

Age	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
Total number of procedures						
<45	5	..	7	..	6	9
45-54	30	..	15	..	36	40
55-64	82	..	64	..	111	143
65-74	154	..	143	..	211	270
75-84	120	..	159	..	164	276
85+	9	..	11	..	13	14
Total	400	..	399	..	541	752
Per 100 000 in the age group						
<45	0	..	0	..	0	0
45-54	8	..	0	..	11	7
55-64	23	..	16	..	38	24
65-74	56	..	54	..	110	58
75-84	75	..	81	..	118	88
85+	12	..	13	..	17	8
Total	14	..	15	..	22	16

NCSP: FNC. FND. FNE

Sources:See Table 3.5.1a

Table 3.5.9.a Appendectomy by age, men 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<15	636	..	421	1	..	491	45
15-24	716	..	735	6	..	709	680
25-44	823	..	1 174	7	..	965	1 731
45-64	513	..	820	4	..	494	1 021
65+	268	..	303	2	..	268	575
Total	2 956	..	3 453	20	..	2 927	5 849
Per 100 000 in the age group							
<15	124	..	93	49	..	104	6
15-24	205	..	218	384	..	221	106
25-44	112	..	169	204	..	140	138
45-64	69	..	107	96	..	78	84
65+	66	..	78	72	..	85	75
Total	108	..	131	146	..	121	125

1 Average 2006-10

NCSP: JEA

Sources: See Table 3.5.1a

Table 3.5.9.b Appendectomy by age, women 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<15	515	..	343	3	..	347	689
15-24	689	..	780	3	..	785	1 219
25-44	740	..	1 120	6	..	832	1 550
45-64	691	..	956	3	..	626	1 293
65+	449	..	390	1	..	298	716
Total	3 084	..	3 589	16	..	2 888	5 467
Per 100 000 in the age group							
<15	106	..	79	150	..	78	91
15-24	206	..	241	233	..	256	201
25-44	102	..	169	158	..	126	129
45-64	93	..	123	64	..	103	108
65+	88	..	72	37	..	73	76
Total	110	..	131	114	..	119	116

1 Average 2006-10

NCSP: JEA

Sources: See 3.5.1a

Table 3.5.10.a Cholecystectomy by age, men 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	74	..	47	0	..	29	86
25-44	602	..	434	2	..	346	1 064
45-64	957	..	1 106	5	..	582	1 784
65+	624	..	1 021	6	..	362	1 376
Total	2 257	..	2 608	14	..	1 319	4 388
Per 100 000 in the age group							
<25	9	..	6	5	..	4	6
25-44	82	..	63	61	..	50	85
45-64	128	..	144	132	..	92	147
65+	153	..	264	280	..	115	179
Total	82	..	99	100	..	54	94

1 Average 2006-10

NCSP: JKA 20-21

Sources: See Table 3.5.1a

Table 3.5.10.b Cholecystectomy by age, women 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	390	..	234	1	..	192	626
25-44	2 111	..	1 528	10	..	1 243	3 042
45-64	1 963	..	2 321	9	..	1 110	3 154
65+	931	..	1 305	4	..	593	1 693
Total	5 395	..	5 388	23	..	3 138	8 515
Per 100 000 in the age group							
<25	48	..	31	21	..	25	46
25-44	292	..	231	272	..	188	254
45-64	265	..	300	223	..	182	264
65+	182	..	239	140	..	145	179
Total	193	..	197	166	..	129	181

1 Average 2006-10

NCSP: JKA 20-21

Sources: See Table 3.5.1a

Table 3.5.11 Transplantation of kidney by gender and age, 2010

	Denmark		Finland		Åland[1)]		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
Total number of procedures												
<15	4	3	1	1	-	-	..	..	2	2	41	5
15-24	9	7	3	1	-	-	..	..	11	7	12	10
25-44	33	30	20	13	-	-	..	..	40	21	70	46
45-54	40	23	26	14	-	-	..	..	34	15	54	29
55-64	27	27	36	15	0	0	..	..	53	17	58	37
65+	15	6	25	6	-	-	..	..	51	18	33	14
Total	128	96	111	50	0	0	..	..	191	80	274	141
Per 100 000 in the age group												
< 15	1	1	0	0	-	-	..	..	0	0	5	1
15-24	3	2	1	0	-	-	..	..	3	2	2	2
25-44	5	4	3	2	-	-	..	..	6	3	6	4
45-54	10	6	7	4	-	-	..	..	10	5	9	5
55-64	8	7	9	4	10	20	..	..	18	6	10	6
65+	4	1	6	1	-	-	..	..	16	4	4	1
Total	5	3	4	2	1	3	..	..	8	3	6	3

1 Average 2006-10

NCSP: KAS00-KAS20

Sources: See Table 3.5.1a

Table 3.5.12 Open prostatectomy by age, men 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<45	3	..	9	-	..	10	12
45-64	508	..	751	4	..	866	1 380
65-74	430	..	279	5	..	659	1 381
75-84	18	..	16	0	..	52	89
85+	3	..	1	-	..	11	5
Total	962	..	1 056	10	..	1 598	2 868
Per 100 000 in the age group							
<45	0	..	1	-	..	1	0
45-64	68	..	98	112	..	137	114
65-74	168	..	121	388	..	370	308
75-84	15	..	13	56	..	51	38
85+	9	..	3	-	..	32	6
Total	35	..	40	71	..	66	61

1 Average 2006-10

NCSP: KEC; KED 00; KED96

Sources: See Table 3.5.1a

Table 3.5.13 Transurethral prostatectomy by age, men 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<45	10	..	8	0	..	14	8
45-64	922	..	943	2	..	829	1 145
65-74	1 427	..	1 458	11	..	1 483	2 308
75-84	946	..	1 115	10	..	1 335	2 043
85+	198	..	223	9	..	367	491
Total	3 503	..	3 747	32	..	4 028	5 995
Per 100 000 in the age group							
<45	1	..	0,5	0,0	..	1	0
45-64	124	..	123	51	..	131	94
65-74	559	..	633	854	..	832	516
75-84	793	..	887	1 374	..	1 303	865
85+	583	..	738	4 190	..	1 082	592
Total	127	..	142	230	..	166	128

1 Average2006-10

NCSP: KED 22; KED52-KED 72; KED98

Sources: See Table 3.5.1a

Table 3.5.14 Hysterectomy by age, women 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	6	..	5	-	..	13	30
25-44	1 849	..	1 383	10	..	1 421	2 030
45-64	3 017	..	3 463	30	..	2 431	4 220
65+	1 192	..	1 106	8	..	914	2 215
Total	6 064	..	5 957	48	..	4 779	8 495
Per 100 000 in the age group							
<25	1	..	1	-	..	2	2
25-44	256	..	209	272	..	215	169
45-64	407	..	447	747	..	399	353
65+	234	..	203	295	..	224	234
Total	217	..	217	341	..	197	180

1 Average 2006-10

NCSP: LCC; LCD

Sources: See Table 3.5.1a

Table 3.5.15 Caesarean section by age, women 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<15	1	..	-	-	..	-	3
15-24	1 250	..	1 326	7	..	1 148	1 904
25-34	8 633	..	6 035	37	..	6 056	11 120
35-44	3 536	..	2 325	19	..	3 062	6 093
45+	41	..	34	0	..	59	109
Total	13 461	..	9 720	63	..	10 325	19 229
Per 1 000 deliveries							
<15	.	..	-	-	..	..	..
15-24	160	..	127	38	..	..	..
25-34	205	..	153	41	..	..	..
35-44	266	..	212	55	..	..	..
45+	423	..	286	200	..	..	..
Total	212	..	159	225	..	..	..

1 Average 2006-10

NCSP: MCA

Sources: See Table 3.5.1a

Table 3.5.16.a Hip replacement by age, men 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	15	..	14	-	..	6	11
25-44	168	..	141	0	..	110	180
45-64	1 623	..	1 699	5	..	1 034	2 055
65-74	1 678	..	1 549	9	..	1 117	2 508
75+	1 561	..	1 489	12	..	1 660	3 048
Total	5 045	..	4 892	26	..	3 927	7 808
Per 100 000 in the age group							
<25	2	..	2	-	..	1	0,8
25-44	23	..	20	6	..	16	14
45-64	217	..	221	132	..	164	169
65-74	657	..	672	683	..	626	560
75+	1 019	..	955	1 250	..	1 217	956
Total	184	..	185	187	..	162	167

1 Average 2006-10

NCSP: NFB; NFC

Sources: See Table 3.5.1a

Table 3.5.16.b Hip replacement by age, women, 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	14	..	13	-	..	11	21
25-44	121	..	108	1	..	146	192
45-64	1 571	..	1 728	6	..	1 552	2 315
65-74	2 363	..	1 982	11	..	2 194	3 432
75+	3 397	..	3 574	14	..	3 982	5 918
Total	7 466	..	7 405	33	..	7 885	11 878
Per 100 000 in the age group							
<25	2	..	2	-	..	1	2
25-44	17	..	16	28	..	22	16
45-64	212	..	223	153	..	255	194
65-74	862	..	746	896	..	1 146	735
75+	1 437	..	1 279	975	..	1 839	1 232
Total	267	..	270	233	..	324	252

1 Average 2006-10

NCSP: NFB; NFC

Sources: See Table 3.5.1a

Table 3.5.17.a Hip replacement by age, men 2010

Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	4	..	2	-	..	-	1
25-44	61	..	22	-	..	13	22
45-64	1 148	..	1 208	2	..	542	1 321
65-74	1 274	..	1 165	3	..	551	1 696
75+	669	..	781	5	..	391	1 194
Total	3 156	..	3 178	10	..	1 497	4 234
Per 100 000 in the age group							
<25	0,5	..	0	-	..	-	0
25-44	8	..	3	-	..	2	2
45-64	154	..	157	46	..	86	109
65-74	499	..	506	264	..	309	379
75+	437	..	501	539	..	287	374
Total	115	..	120	74	..	62	91

1 Average 2006-10

NCSP: NGB 20; NGB 30; NGB 40

Sources: See Table 3.5.1a

Table 3.5.17.b Hip replacement by age, women 2010

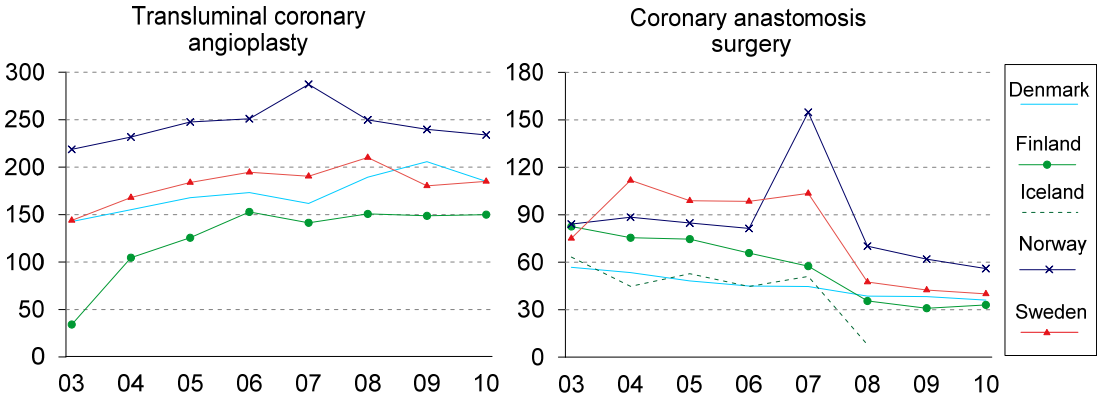
Age	Denmark	Faroe Islands	Finland	Åland[1)]	Iceland	Norway	Sweden
Total number of procedures							
<25	3	..	-	-	..	3	4
25-44	64	..	43	-	..	24	43
45-64	1 542	..	2 024	5	..	728	1 774
65-74	1 683	..	2 223	4	..	968	2 329
75+	1 251	..	2 172	5	..	820	1 944
Total	4 543	..	6 462	15	..	2 543	6 094
Per 100 000 in the age group							
<25	0	..	-	-	..	0	0
25-44	9	..	7	-	..	4	4
45-64	208	..	261	129	..	120	148
65-74	614	..	837	336	..	505	499
75+	529	..	777	357	..	379	405
Total	163	..	236	104	..	105	129

1 Average 2006-10

NCSP: NGB 20; NGB 30; NGB 40

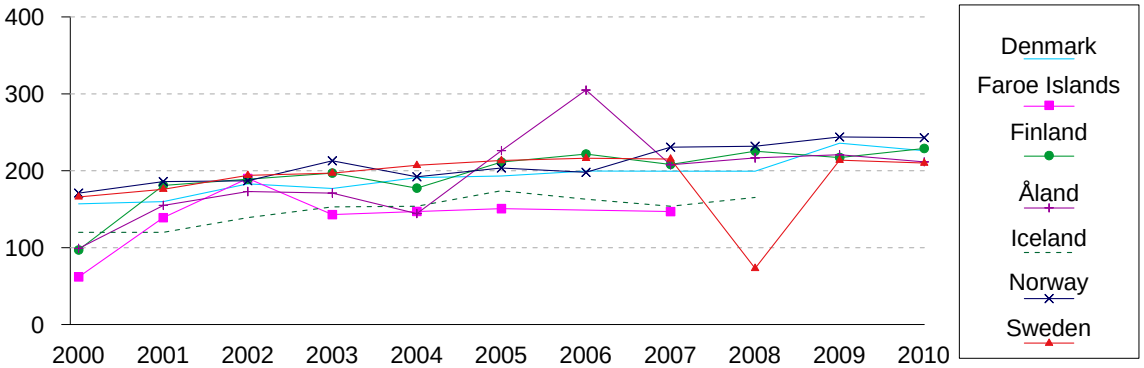
Sources: See Table 3.5.1a

Figure 3.5.1 Transluminal coronary angioplasty and coronary anastomosis surgery, total rates per 100 000 inhabitants, 2003-2010



Sources: See Table 3.5.1a

Figure 3.5.2 Hip replacement per 100 000 inhabitants, 2000-2010



Sources: See Table 3.5.1a

3.6 Accidents and self-inflicted injury

Patients admitted to hospital because of accidents occupy a substantial part of the capacity in hospitals.

While statistics on causes of death are highly developed in the Nordic countries, registration of survivors following accidents is still incomplete, and the available data are difficult to compare. As only Denmark and Iceland have comparable statistics on external causes of accidents, it is not possible to present Nordic statistics on this.

Therefore statistics are presented for hospital discharges for the most common serious accidents that usually require admission. The statistics show marked differences, both among countries and among men and women.

Table 3.6.1 Discharges from hospitals after treatment for injuries per 100 000 inhabitants and by gender, **2010**[1)]

(ICD10 codes)	Denmark		Faroe Islands[2)]		Greenland[3)]		Finland		Åland[4)]		Iceland[3)]		Norway		Sweden[5)]	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
Fracture of skull and intracranial injury *(S02; S06)*	211	130	323	142	125	69	191	119	208	118	111	56	251	159	224	139
Fracture at wrist and hand level *(S62)*	68	26	88	30	22	9	57	21	37	16	25	7	44	13	20	8
Injury of lower leg *(S80-S89)*	260	242	443	211	120	112	435	324	364	299	128	133	183	171	146	168
Injury of hip and thigh ICD10: *(S70-S79)*	176	328	175	129	55	75	150	260	161	279	124	230	173	340	214	414
Poisoning *(T36-T65)*	194	275	76	82	46	71	88	90	38	54	27	44	90	116	98	145
Burn and corrosion *(T20-T32)*	17	9	44	17	6	5	27	12	19	7	20	8	28	15	22	10

1 Including violence and self-inflicted injury
2 Average 2002-06
3 Refers to 2009
4 Average 200?-??
5 Data concerning 2007

Sources: The Inpatient Registers of the Nordic Countries

Table 3.6.2 **Discharges from hospitals after treatment for injuries per 100 000 inhabitants by gender and age, 2010**[1)]

Age	Denmark		Faroe Islands[2)]		Finland		Iceland[3)]		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14	91	80	705	502	919	619	456	350	1 020	698	1 075	764
15-24	144	130	1 343	1 074	1 911	948	892	553	1 766	1 109	1 433	1 086
25-64	456	356	1 217	391	1 918	1 185	914	639	1 406	1 034	1 374	1 122
65+	235	445	1 532	1 784	2 846	3 712	2 731	4 003	3 161	4 597	4 738	6 085
Total	925	1 010	1 165	772	1 878	1 567	1 008	1 001	1 606	1 579	1 883	2 059

1 Including violence and self-inflicted injury
2 Average 2002-06
3 Refers to 2009

Sources: The Inpatient Registers of the Nordic Countries

3.7 Development in consumption of medicinal products

Table 3.7.1 presents total sales of medicinal products in the Nordic countries by ATC main groups. Sales of medicinal products are highest in Sweden and Finland, while Norway, Iceland, Åland and Denmark have slightly lower sales. Sales in the Faroe Islands are slightly lower than in Iceland, while sales in Greenland are substantially lower than in the other countries.

In this report, only tables without comments are furthermore included. For a broader perspective on the consumption of medicinal products, see the NOMESCO publication Medicines Consumption in the Nordic Countries 2004-2008.

Data sources in this section: Denmark: Statens Serum Institut; Faroe Islands: Chief Pharmaceutical Officer; Greenland: The Central Pharmacy in Copenhagen County; Finland and Åland: FIMEA; Iceland: Icelandic Medicines Agency; Norway: Norwegian Institute of Public Health; Sweden: National Corporation of Swedish Pharmacies.

Table 3.7.1 Sales of medicinal products in total, DDD/1 000 inhabitants/day by ATC-group, 2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A Alimentary tract and metabolism	157	200	80	254	190	161	192	219
B Blood and blood-forming organs	120	120	55	137	134	112	126	334
C Cardiovascular system	521	521	248	530	414	372	407	455
G Genito-urinary system	103	83	100	136	119	132	101	100
H Systemic hormonal preparations excl. sex hormones and insulins	32	29	13	47	52	39	43	43
J Anti-infectives for systemic use	23	18	21	25	22	24	22	18
L Antineoplastic and immunomodulating agents	15	14	6	16	17	14	16	17
M Musculo-skeletal system	75	49	28	103	69	90	60	61
N Nervous system	277	202	109	267	201	336	228	268
P Antiparasitic products. insecticides and repellents	2	1	2	2	2	1	1	1
R Respiratory system	127	107	56	145	134	122	185	142
S Sensory organs	11	11	3	18	18	13	19	21
Total	1 463	1 357	719	1 681	1 373	1 418	1 401	1 678

Note: Sales of B05 and D are excluded from this table because no official DDDs are assigned in these groups. A11 is excluded because of differences in the definitions of medicinal and non-medicinal products. In group S, only S01E is included

Table 3.7.2 Sales of reimbursed medicines by gender and age, DDD/1 000 inhabitants/day, 2011

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	69	47	57	44	85	62	14	9	96	60	91	67
15-24	128	173	120	145	181	262	16	34	146	342	184	537
25-44	320	411	324	369	471	554	59	91	304	365	384	710
45-64	1 342	1 372	1 401	1 225	1 555	1 617	187	234	1 217	1 184	1 511	1 722
65-74	2 993	2 812	3 480	2 784	2 982	2 745	108	119	2 694	2 417	3 630	3 492
75+	3 982	3 983	4 366	3 968	3 979	3 981	100	129	3 276	2 894	5 774	5 708

Table 3.7.3 Sales of drugs for acid related disorders (ATC group A02), DDD/1 000 inhabitants/day 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A02 Drugs for acid related disorders								
2005	38.9	37.6	18.9	32.7	30.5	54.2	32.5	43.1
2010	58.8	58.3	41.9	55.0	48.9	85.6	46.5	61.1
2011	62.2	67.9	41.7	59.4	51.9	93.0	49.0	65.3
A02A Antacids								
2005	7.3	4.2	2.1	2.8	2.7	2.4	2.1	2.3
2010	7.1	3.2	1.4	2.3	2.3	5.3	1.4	1.7
2011	7.2	3.1	1.7	2.3	2.4	5.7	1.4	1.8
A02B Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)								
2005	31.6	33.4	16.8	29.9	27.8	51.9	30.4	40.8
2010	51.7	55.1	40.4	52.7	46.6	80.3	45.0	59.5
2011	55.1	64.8	40.0	57.1	49.5	87.2	47.6	63.5
A02BA H2-receptor antagonists								
2005	6.3	3.3	0.6	4.1	4.7	6.6	5.5	5.5
2010	2.2	1.1	0.1	2.9	5.8	4.6	5.8	3.2
2011	1.3	0.9	0.0	2.2	5.5	4.0	5.4	2.7
A02BC Proton pump inhibitors								
2005	24.8	29.0	15.9	24.3	21.4	45.2	24.5	34.2
2010	49.1	53.2	40.2	48.5	39.2	75.6	38.8	55.4
2011	53.4	63.1	39.9	53.7	42.3	83.2	41.8	59.9
A02BX Other drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)								
2005	0.5	1.1	0.3	1.4	1.6	0.0	0.4	1.1
2010	0.4	0.8	0.0	1.2	1.5	0.0	0.4	0.8
2011	0.4	0.7	0.0	1.2	1.6	0.0	0.4	0.9

Figure 3.7.1 Sales of drugs for treatment of peptic ulcer and gastro-oesophageal reflux disease, DDD/1 000 inhabitants/day, 2005-2011

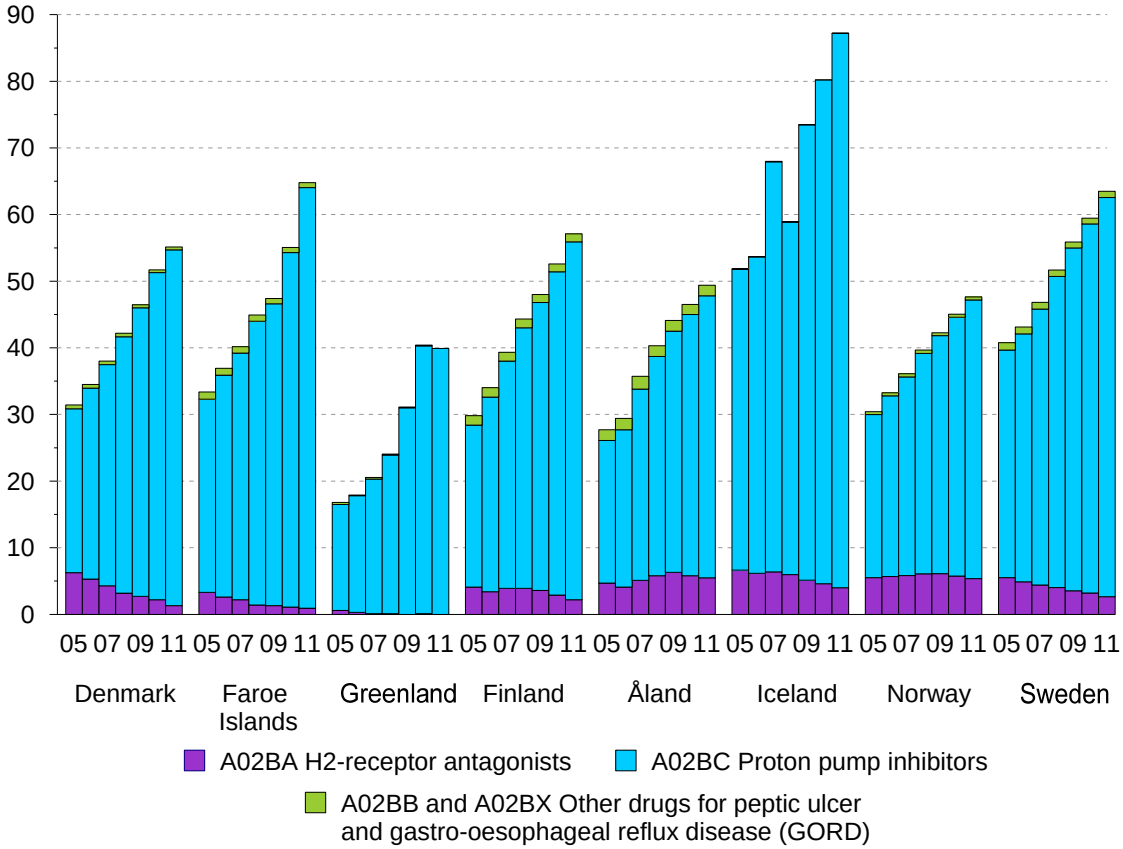


Table 3.7.4 Share of the population (one-year prevalence) who took at least one medicinal product for treatment of peptic ulcer and gastro-oesophageal reflux disease (ATC-groups A02BA and A02BC) by gender and age, 2011

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	4.9	6.2	4.2	4.5	4.7	4.9	0.9	0.8	7.7	7.0	6.3	7.2
15-24	21.4	41.8	19.8	28.1	16.4	28.9	0.8	1.4	16.5	27.3	15.7	36.3
25-44	52.6	66.6	52.2	61.1	62.5	82.2	3.3	3.6	47.8	50.5	37.3	59.6
45-64	109.5	134.3	117.4	139.8	124.4	166.6	6.2	7.9	99.6	112.8	93.2	130.8
65-74	178.7	204.2	225.6	234.6	179.7	227.9	2.7	3.6	156.2	180.5	171.6	215.3
75+	245.3	269.0	302.9	372.9	242.7	291.4	2.4	3.8	189.8	199.1	245.0	275.5

Note: Only prescribed medicines

Table 3.7.5 Sales of anti-obesity preparations (ATC-group A08), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	0.7	0.4	0.0	0.6	0.3	1.3	2.6	2.3
2010	1.0	1.2	0.0	0.7	0.3	0.0	1.2	1.3
2011	0.9	0.8	0.0	0.4	0.3	0.1	0.8	0.8

Table 3.7.6 Sales of medicines used for diabetes (ATC-group A10), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A10 Drugs used for diabetes								
2005	34.9	32.9	10.3	66.4	38.6	24.0	39.3	44.6
2010	47.6	49.6	13.2	83.4	49.3	31.7	48.3	51.9
2011	49.4	53.3	16.1	84.2	50.3	38.5	48.4	53.0
A10A Insulins and analogues								
2005	13.3	10.4	2.7	21.7	15.1	6.5	17.4	22.6
2010	17.2	14.2	3.8	30.0	19.8	9.8	19.2	26.4
2011	17.1	13.2	4.1	30.5	19.7	10.8	19.0	26.6
A10B Blood glucose lowering drugs. excl. Insulins								
2005	21.6	22.5	7.6	44.7	23.5	17.5	21.9	22.0
2010	30.4	35.5	9.5	53.4	29.5	22.0	29.1	25.5
2011	32.3	40.1	12.0	53.7	30.6	27.7	29.5	26.4
A10BA Biguanides								
2005	7.9	6.7	4.3	18.5	10.1	7.7	9.7	11.8
2010	15.5	12.5	6.3	32.0	17.8	11.4	14.7	17.5
2011	17.3	14.8	8.5	32.2	18.0	13.1	14.6	18.4

The table continues

Table 3.7.6 Sales of medicines used for diabetes (ATC-group A10), DDD/1 000 inhabitants/day, 2005-2009. Continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A10BB Sulphonamides, urea derivatives								
2005	12.0	15.7	3.3	24.1	13.1	7.2	11.1	7.7
2010	15.5	21.0	3.0	12.2	8.5	8.1	11.5	4.7
2011	17.3	20.3	3.4	9.1	8.3	12.0	10.7	4.6
A10BD Combinations of oral blood glucose lowering drugs								
2005	0.2	..	-	0.8	0.1	0.5	0.1	0.2
2010	1.1	0.0	0.1	3.0	0.3	0.3	1.1	0.4
2011	1.2	-	-	3.7	0.1	0.5	1.8	0.2
A10BF Alpha glycosidase inhibitors								
2005	0.1	0.0	-	..	..	0.1	0.2	0.1
2010	-	0.0	-	-	-	0.1	0.1	0.1
2011	-	0.0	-	-	-	-	0.1	0.1
A10BG Thiazolidinediones								
2005	0.1	0.1	-	1.1	0.1	1.7	0.8	1.0
2010	0.1	0.0	-	1.8	1.9	0.7	0.6	0.6
2011	-	0.0	-	1.4	1.6	0.5	0.3	0.4
A10BH Dipeptidyl peptidase 4 (DPP-4) inhibitors								
2005	-	..	-	..	..	-	-	..
2010	1.2	0.7	-	4.0	0.6	1.0	0.9	0.9
2011	1.5	1.8	-	6.6	2.2	1.2	1.5	1.2
A10BX Other oral blood glucose lowering drugs. excl. insulins								
2005	0.3	0.0	-	0.2	0.2	0.4	0.1	1.2
2010	1.3	1.3	-	0.5	0.5	0.3	0.2	1.3
2011	2.3	3.1	0.1	0.8	0.5	0.4	0.6	1.4

Figure 3.7.2 Sales of insulins and other blood glucose lowering drugs (ATC-groups A10A and A10B), DDD/1 000 inhabitants/day, 2005-2011

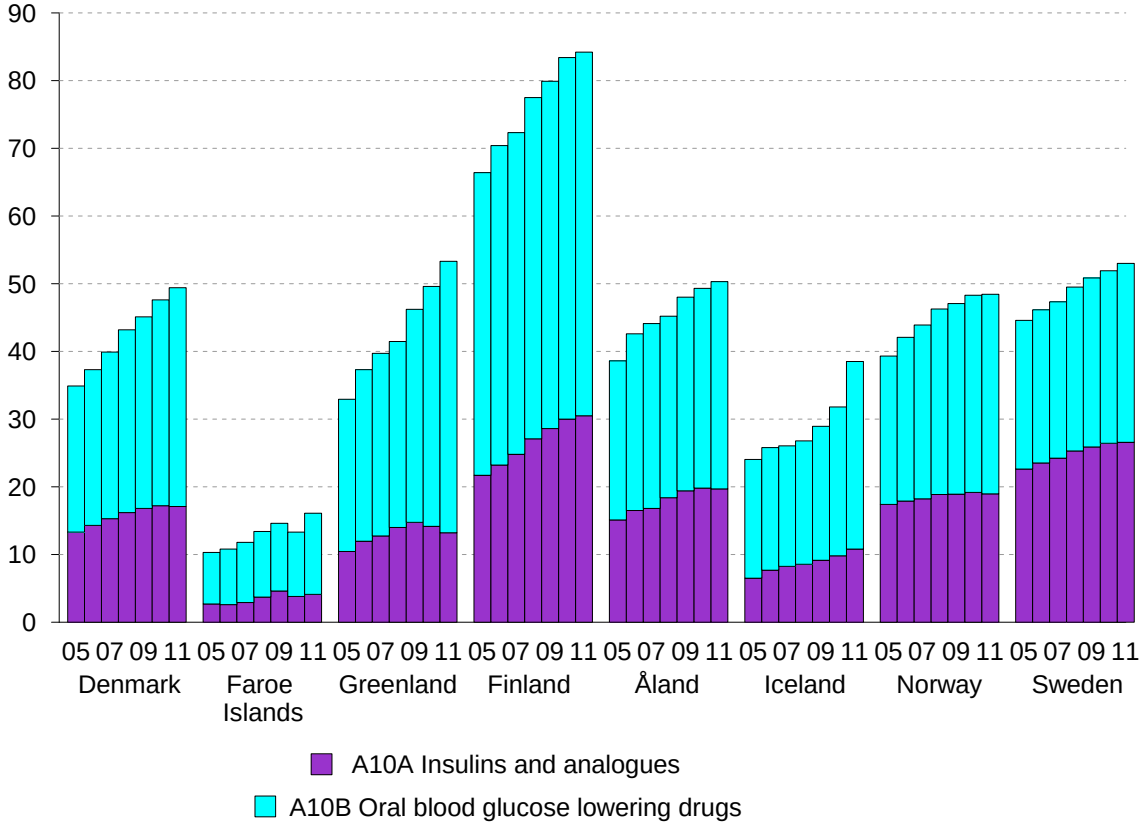


Table 3.7.7 Share of the population (one-year prevalence) taking at least one kind of insulins and analogues (ATC group A10A) by gender and age, 2011

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	1.7	1.9	1.3	2.4	4.7	4.0	0.1	0.1	2.1	2.0	2.7	2.5
15-24	4.7	3.9	4.7	4.5	9.3	7.8	0.4	0.3	5.9	4.8	7.1	6.1
25-44	8.3	6.3	8.4	5.7	12.0	9.3	0.3	0.8	8.4	6.8	9.1	7.7
45-64	21.6	13.9	17.7	7.2	31.0	17.4	1.9	1.2	17.6	11.7	28.5	17.5
65-74	37.2	23.8	45.3	25.1	59.3	34.6	0.9	0.5	31.5	20.9	63.0	38.3
75+	36.5	26.8	52.0	26.7	67.5	52.0	0.6	0.5	32.0	23.2	77.2	55.1

Table 3.7.8 Share of the population (one-year prevalence) taking at least one kind of blood glucose lowering drugs, excl. insulins (ATC-group A10B) by gender and age, 2011

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	0.0	0.1	-	-	-	0.1	0.2	0.7	0.0	0.0	0.0	0.1
15-24	0.4	2.9	-	3.5	0.6	1.1	1.0	6.2	0.4	1.6	0.4	0.8
25-44	7.6	11.7	5.6	6.2	8.7	8.7	6.7	17.0	6.2	8.2	5.1	4.6
45-64	56.7	36.8	56.7	30.0	81.0	52.7	52.0	33.5	45.4	29.8	50.1	30.2
65-74	116.5	77.1	136.9	85.0	172.2	120.0	127.0	75.9	95.9	64.4	118.4	75.8
75+	108.1	79.7	164.6	99.9	172.6	143.3	124.9	79.0	93.4	72.0	110.4	82.1

Figure 3.7.3 Sales of cardiovascular drugs (ATC-group C), DDD/1 000 inhabitants/day, 2005-2011

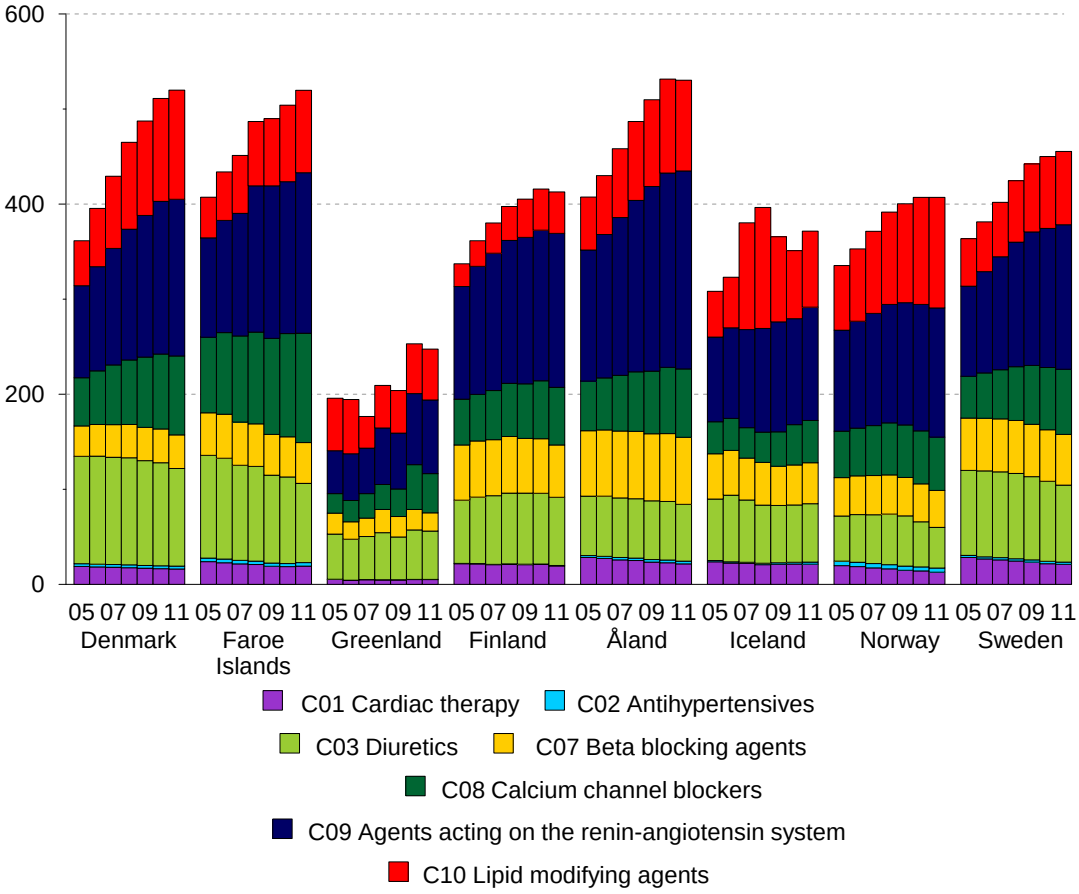


Table 3.7.9 Sales of platelet aggregation inhibitors excl. heparin (ATC-group B01AC), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	76.8	45.5	31.8	110.7	65.1	60.3	66.5	74.4
2010	88.8	66.5	38.1	99.3	65.2	70.7	79.3	78.8
2011	88.5	67.7	39.0	96.0	65.2	73.9	79.4	77.4

Table 3.7.10 Sales of drugs for cardiac therapy (ATC group C01), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C01 Cardiac therapy								
2005	18.8	23.9	5.3	28.3	21.6	23.7	19.6	28.3
2010	16.5	18.6	5.0	22.7	21.0	21.4	14.0	21.8
2011	16.1	19.2	5.0	21.5	19.3	21.2	12.7	20.9
C01A Cardiac glycosides								
2005	6	3.7	1.9	6.0	5.4	3.0	4.1	5.9
2010	4.7	2.8	1.5	4.2	4.9	2.6	2.4	3.5
2011	4.5	2.9	1.5	4.0	4.3	2.5	1.6	3.2
C01D Vasodilators used in cardiac diseases								
2005	10.5	18.6	2.8	19.5	13.1	17.2	14.0	20.9
2010	9.4	14.3	2.5	15.5	12.8	15.2	9.5	16.7
2011	9.2	14.7	2.6	14.6	12.2	14.7	8.9	16.0

Table 3.7.11 Sales of cardiovascular drugs (ATC-group C02; C03; C07; C08; C09), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C02 Antihypertensives								
2005	2.9	3.6	0.1	1.9	0.3	1.4	4.9	2.1
2010	3.0	3.3	0.1	2.9	0.4	1.8	4.3	2.5
2011	3.1	3.6	0.1	2.8	0.5	2.1	4.3	2.5
C03 Diuretics								
2005	112.9	108.0	47.5	62.5	66.5	64.5	47.4	83.0
2010	108.5	91.0	52.1	61.6	74.3	60.3	47.5	84.2
2011	102.6	83.3	50.9	59.8	71.7	61.5	42.9	81.0
C03A Low-ceiling diuretics. thiazides								
2005	49.1	53.6	29.5	5.6	4.4	8.8	9.0	13.0
2010	49.2	43.9	37.5	6.9	9.0	6.3	11.8	25.2
2011	44.5	36.9	38.0	6.8	8.3	6.9	8.8	24.8
C03C High-ceiling diuretics								
2005	53.5	39.6	15.9	33.5	25.9	21.2	30.1	50.7
2010	50.9	36.8	12.8	37.8	31.7	23.7	28.4	42.8
2011	50.1	36.9	10.7	37.3	32.1	24.0	27.3	41.1
C03E Diuretics and potassium-sparing agents in combination								
2005	5.5	1.0	0.1	20.7	33.3	32.6	6.7	13.5
2010	4.1	0.6	0.2	14.1	30.6	28.0	5.9	11.6
2011	3.8	0.6	-	12.7	28.5	28.0	5.2	10.7
C07 Beta blocking agents								
2005	32.1	44.9	22.0	68.9	58.1	47.8	40.4	55.1
2010	35.4	42.4	21.7	71.3	57.4	42.1	39.8	54.1
2011	35.4	42.9	19.3	70.6	55.1	43.2	38.9	53.3
C08 Calcium channel block-ers								
2005	50.7	79.3	20.5	52.2	48.1	33.6	48.9	44.0
2010	78.9	108.5	47.1	69.7	61.1	42.2	55.8	65.5
2011	83.0	115.1	41.1	71.8	60.6	44.4	56.0	68.5
C08C Selective calcium chan-nel blockers with mainly vascular effects								
2005	43.8	75.8	19.3	47.6	46.4	27.4	43.8	39.8
2010	74.0	106.3	46.5	66.9	59.5	37.0	52.2	62.8
2011	78.4	112.9	40.4	69.3	59.3	39.1	52.8	66.0

The table continues

Table 3.7.11 Sales of cardiovascular drugs (ATC-group C02; C03; C07; C08; C09), DDD/1 000 inhabitants/day, 2005-2011, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C08D Selective calcium channel blockers with direct cardiac effects								
2005	6.8	3.5	1.2	4.6	1.7	6.2	5.1	4.1
2010	5.0	2.2	0.7	2.8	1.6	5.4	3.6	2.7
2011	4.6	2.2	0.7	2.5	1.3	5.3	3.3	2.5
C09 Agents acting on the renin-angiotensin system								
2005	96.8	104.7	45.2	137.9	118.6	89.2	106.2	94.7
2010	160.5	159.8	74.8	204.5	158.4	111.5	132.9	146.4
2011	164.9	168.8	77.6	208.4	162.0	119.2	135.8	152.1
C09A ACE-inhibitors. plain								
2005	55.5	68.2	41.3	75.3	79.9	32.2	42.9	57.3
2010	90.9	104.2	64.3	104.5	86.2	38.4	45.2	83.1
2011	91.3	108.2	64.9	103.6	83.4	43.5	45.5	84.2
C09B ACE-inhibitors. Combinations								
2005	6.7	5.3	0.1	14.7	4.2	7.7	7.3	3.6
2010	19.2	11.9	0.1	16.4	5.1	11.0	6.6	8.2
2011	19.6	13.9	0.1	15.9	5.2	7.5	6.5	8.5
C09C Angiotensin II antagonists								
2005	22.1	20.7	3.8	31.0	27.8	23.8	30.6	24.6
2010	32.1	33.4	10.2	54.7	53.1	30.6	44.1	41.2
2011	34.7	37.0	12.4	59.0	57.3	33.0	45.9	45.0
C09D Angiotensin II antagonists, combinations								
2005	12.5	10.5	0.1	16.8	6.7	25.5	25.4	9.1
2010	17.3	9.8	0.1	28.9	14.0	31.1	36.9	14.0
2011	18.7	9.4	0.2	29.9	16.1	34.8	37.9	14.4
CO9X Other agents acting on the rennin-angiotensin system								
2005	-	-	-	-	-	-	-	-
2010	1.0	0.5	0.1	-	-	0.3	0.0	-
2011	0.6	0.4	0.1	-	-	0.4	0.0	-

Table 3.7.12 Sales of serum lipid modifying agents (ATC-group C10), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C10 Lipid modifying agents								
2005	47.2	42.8	55.1	55.7	23.9	48.1	67.9	44.3
2010	108.4	80.4	52.3	98.8	43.3	71.5	112.7	75.6
2011	114.8	86.8	53.4	95.4	43.6	79.9	116.4	77.1
C10AA HMG CoA reductase inhibitors (statins)								
2005	46.5	42.3	55.0	53.9	23.1	47.2	67.2	42.0
2010	105.9	78.7	52.2	95.5	41.8	70.2	109.9	72.5
2011	112.2	85.4	53.2	92.3	42.0	78.4	113.0	74.0

Table 3.7.13 Share of the population (one year prevalence) taking at least one type of hormonal contraceptives and intra-vaginal contraceptives (ATC-groups G03A and G02BB) by age, 2011

	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
15-19	567.0	463.9	..	..	442.3	387.7
20-24	630.3	571.2	..	..	594.3	515.7
25-29	487.8	402.5	..	..	418.4	383.7
30-34	345.7	295.6	..	..	276.6	277.9
35-39	248.4	238.0	..	..	178.1	225.2
40-44	158.9	158.5	..	..	108.0	180.4
45-49	91.5	101.2	..	..	56.2	131.5

Table 3.7.14 Sales of estrogens and estrogen-progesteron combinations (ATC groups G03C and G03F), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
G03C Oestrogens								
2005	11.5	9.8	3.8	29.7	26.7	23.8	14.6	19.1
2010	10.2	9.2	3.6	27.9	28.0	18.9	11.6	15.3
2011	10.0	9.3	2.1	26.9	28.0	18.4	10.9	13.3
G03F Progestogens and oestrogens in combination								
2005	7.0	8.7	2.0	15.0	7.1	10.5	10.2	7.5
2010	4.4	6.1	1.2	11.4	5.5	7.3	6.6	4.2
2011	4.1	5.4	1.3	11.0	5.2	7.4	6.4	4.0

Table 3.7.15 Sales of drugs used in erectile dysfunction (ATC-group G04BE), DDD/1 000 men/year, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	821	438	256	1 460	511	1 081	943	868
2010	1 124	484	492	2 242	786	939	1 284	1 044
2011	1 159	563	572	3 051	1 234	1 101	1 376	1 076

Table 3.7.16 Sales of antimicrobial agents for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01 Antibacterials for systemic use								
2005	16.6	18.0	20.4	19.6	16.5	23.0	15.6	14.6
2010	18.8	17.3	17.3	19.7	15.9	22.2	16.2	14.3
2011	19.3	16.8	17.4	20.9	17.4	22.3	17.0	14.4
J01A Tetracyclines								
2005	1.3	1.2	3.1	4.2	3.4	5.4	3.1	3.5
2010	1.7	1.5	1.1	4.3	3.6	5.1	3.1	3.3
2011	1.8	1.5	1.0	5.0	4.2	4.9	3.4	3.5
J01C Beta-lactam antibacterials. Penicillins								
2005	10.1	11.5	11.8	6.3	7.9	11.8	7.6	7.3
2010	11.5	10.7	11.4	7.2	7.2	12.0	8.5	7.9
2011	11.8	9.9	11.4	7.2	7.8	12.1	8.6	7.9
J01CA Penicillins with extended Spectrum								
2005	3.2	3.0	4.0	3.4	5.0	4.3	2.5	1.6
2010	3.8	2.9	3.9	4.1	4.5	4.2	3.2	1.7
2011	3.9	1.7	3.8	4.1	5.4	4.3	3.2	1.6
J01CE Beta-lactamase sensitive penicillins								
2005	5.7	7.2	6.9	1.7	2.2	3.0	4.5	4.1
2010	5.5	6.4	5.8	1.6	1.9	2.5	4.4	4.2
2011	5.5	6.4	6.0	1.5	1.6	2.5	4.5	4.2
J01CF Beta-lactamase resistant penicillins								
2005	1.2	1.2	0.9	0.1	0.4	1.4	0.5	1.4
2010	1.3	1.2	1.4	-	-	1.3	0.8	1.7
2011	1.4	1.5	1.4	-	-	1.3	0.9	1.7

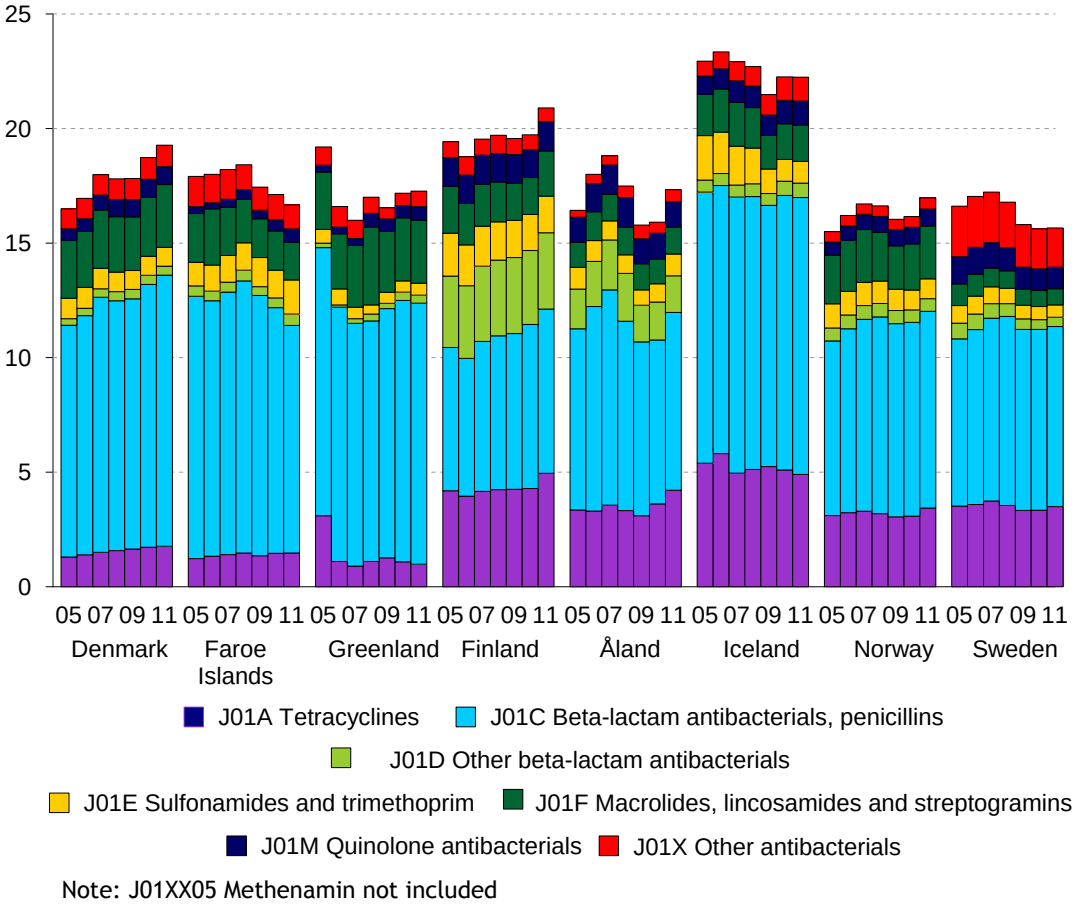
The table continues

Table 3.7.16 Sales of antimicrobial agents for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005-2011, continued

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01CR Combinations of penicilins, incl. beta-lactamase inhibitors								
2005	0.1	0.1	-	1.1	0.4	3.2	0.0	0.2
2010	0.8	0.2	0.3	1.5	0.8	4.0	0.0	0.3
2011	1.1	0.4	0.5	1.6	0.7	4.0	0.0	0.3
J01D Other betalactam Anti-bacterials and cephalosporins								
2005	0.3	0.5	0.2	3.1	1.7	0.5	0.6	0.7
2010	0.4	0.4	0.4	3.2	1.7	0.6	0.5	0.4
2011	0.4	0.5	0.3	3.3	1.6	0.6	0.6	0.4
J01E Sulphonamides and Trimethoprim								
2005	0.9	1.0	0.6	1.9	1.0	1.9	1.1	0.8
2010	0.8	1.2	0.5	1.6	0.8	0.9	0.9	0.6
2011	0.8	1.5	0.5	1.6	1.0	1.0	0.9	0.5
J01F Macrolides. lincosamides and streptogramins								
2005	2.5	2.1	3.6	2.1	1.1	1.8	2.1	0.8
2010	2.6	1.7	2.7	1.6	1.1	1.6	2.0	0.7
2011	2.7	1.6	2.7	2.0	1.2	1.6	2.3	0.7
J01M Quinolone anti-bacterials								
2005	0.5	0.3	0.2	1.3	1.1	0.8	0.6	1.2
2010	0.8	0.5	0.5	1.2	1.1	1.0	0.7	0.9
2011	0.8	0.6	0.6	1.3	1.1	1.1	0.7	0.9
J01X Other antibacterials								
2005	0.6	0.9	0.8	0.7	0.3	0.7	0.5	0.3
2010	0.7	1.0	0.5	0.7	0.5	1.0	0.5	0.4
2011	0.7	1.0	0.7	0.6	0.5	1.0	0.5	0.4

Note: J01XX05 methenamine is not included

Figure 3.7.4 Sales of antimicrobials agents for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005-2011



Note: J01XX05 Methenamin not included

Figure 3.7.5 Sales of penicillins (ATC-group J01C), DDD/1 000 inhabitants/day, 2005-2011

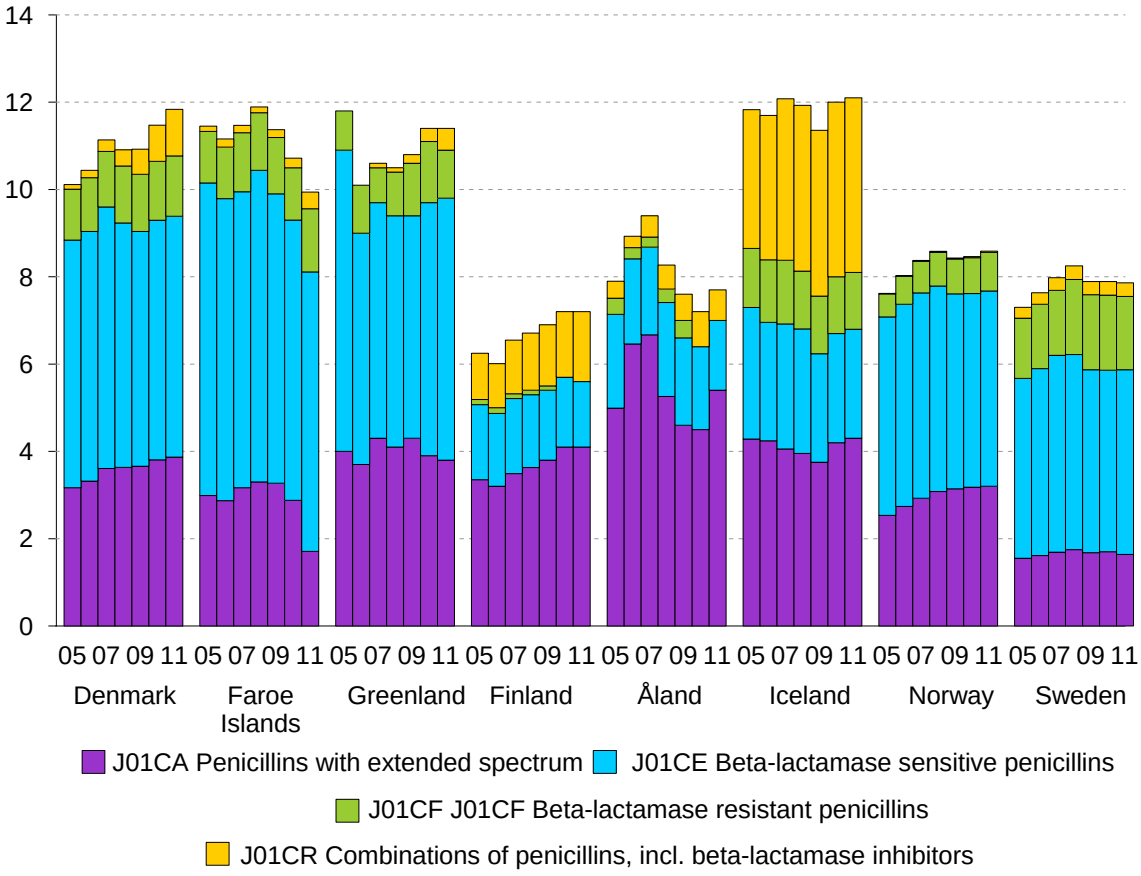


Table 3.7.17 Share of the population (one-year prevalence) taking at least one type of penicillin (ATC-group J01C) by gender and age, 2011

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	269.5	270.7	215.9	203.6	274.2	258.6	334.1	334.8	133.3	135.5	196.2	188.4
15-24	147.4	264.5	163.9	224.3	131.6	225.9	189.7	291.2	102.3	201.7	104.3	182.9
25-44	180.2	288.4	183.0	248.6	126.1	213.8	199.5	298.0	114.3	203.1	103.5	174.2
45-64	203.6	264.6	202.3	247.0	117.5	188.1	220.1	304.5	125.5	187.8	115.1	170.4
65-74	259.3	293.6	251.5	276.9	118.5	181.7	254.9	340.0	165.5	221.8	149.3	204.1
75+	343.2	365.9	270.7	257.8	130.5	224.8	249.0	286.2	214.3	249.5	178.5	231.7

Table 3.7.18a Sales of antimycotics and antivirals for systemic use (ATC groups J02 and J05), in euro/1 000 inhabitants/year at 2011 prices, 2005-2011

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
J02 Antimycotics								
2005	16.1	0.1	0.0	10.0	0.0	0.6	7.4	12.4
2010	23.9	0.1	0.0	12.1	0.0	0.7	8.4	20.4
2011	22.8	0.1	0.0	15.3	0.0	0.6	9.2	22.6
J05 Antivirals								
2005	40.4	0.0	0.5	19.4	0.1	1.3	30.3	44.8
2010	62.5	0.1	0.6	28.9	0.0	2.1	39.2	76.1
2011	65.0	0.1	0.7	30.2	0.0	2.1	42.7	78.7

Table 3.7.18b Sales of antimycotics and antivirals for systemic use (ATC groups J02 and J05). DDD/1 000 inhabitants/year, 2005-2011

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
J02 Antimycotics								
2005	189.8	166.1	118.5	161.8	138.2	116.2	58.9	88.6
2010	260.4	171.4	114.2	157.4	99.4	124.1	83.6	101.7
2011	269.4	154.9	93.1	182.5	124.7	142.4	84.5	104.2
J05 Antivirals								
2005	489.4	66.5	683.0	250.8	123.0	326.9	323.4	389.8
2010	614.6	140.1	559.1	310.5	112.3	295.7	399.4	510.1
2011	784.2	128.7	566.7	335.6	132.8	332.2	430.4	527.3

Table 3.7.19 Sales of antineoplastic and immunomodulating agents (ATC-group L) including tumour necrosis factor alpha (TNF-α) inhibitors, in euro/1 000 inhabitant/year at 2011 prices, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
L01 Antineoplastic agents								
2005	20 011	7 464	4 584	15 582	27 898	20 761	16 142	13 722
2010	39 035	12 335	12 438		-	29 397	23 931	25 731
2011	36 800	16 803	10 374	-	-	29 711	25 000	26 419
L02 Endocrine therapy								
2005	6 362	4 394	300	6 492	8 253	10 244	11 352	7 130
2010	7 194	5 177	602	-	-	7 221	6 547	6 040
2011	5 987	5 643	629	-	-	6 295	6 111	4 984
L03 Immunostimulants								
2005	10 025	2 798	98	8 643	7 752	10 531	10 726	8 397
2010	12 829	8 049	717	-	-	9 585	10 022	10 034
2011	12 948	7 611	515	-	-	8 707	9 496	9 764
L04 Immunosuppressants								
2005	14 649	16 056	5 913	11 345	30 460	16 449	34 249	15 029
2010	39 055	38 566	19 571	-	-	40 260	47 078	35 031
2011	41 384	44 169	23 433	-	-	40 500	49 141	39 622
L04AB Tumour necrosis factor alpha (TNF-α) inhibitors								
2005	10 073	9 413	4 976	7 382	27 446	12 381	26 535	10 743
2010	28 430	33 647	17 022	-	-	29 857	34 904	23 803
2011	29 533	38 438	20 256	-	-	28 592	36 348	26 603

Table 3.7.20 Sales of analgesics (ATC-groups M01A, N02A and N02B), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
M01A Anti-inflammatory and antirheumatic products. non-steroids								
2005	54.9	40.3	24.0	76.7	55.8	68.0	44.0	51.1
2010	53.4	36.9	24.4	83.3	56.1	75.7	45.5	49.7
2011	54.8	36.1	22.8	84.9	56.3	76.4	46.7	47.8
N02A Opioids								
2005	18.5	6.9	4.5	15.1	9.1	17.4	19.5	20.9
2010	20.2	7.8	6.5	16.5	9.1	19.0	19.8	20.0
2011	20.1	7.3	6.3	16.5	10.6	19.7	19.6	19.4
N02B Other analgesics and Antipyretics								
2005	71.2	54.7	44.3	20.6	36.3	30.9	29.8	49.6
2010	74.0	58.3	43.6	29.5	44.3	33.9	34.5	46.8
2011	74.8	58.7	42.8	30.6	43.9	35.6	36.1	45.4
N02BA Salicylic acid and derivatives								
2005	12.9	14.3	0.8	5.5	9.9	3.5	0.5	9.8
2010	8.9	11.1	0.2	3.6	7.7	2.9	0.3	6.1
2011	8.8	10.6	0.1	3.3	7.7	3.1	0.3	5.5
N02BB Pyrazolones								
2005	0.6	0.0	-	-	-	-	3.2	0.1
2010	0.3	0.0	-	-	-	-	2.3	0.1
2011	0.3	0.0	-	-	-	-	2.0	0.1
N02BE Anilides								
2005	57.7	40.3	24.6	15.1	26.4	27.4	26.0	39.7
2010	64.8	47.2	43.4	25.9	36.6	31.0	31.9	40.6
2011	65.7	48.0	42.7	27.2	36.3	32.4	33.8	39.9

Note: Sales of OTC medicines in the group N02BE for 2005 and 2006 in Greenland are not available

Figure 3.7.6 Sales of non-opioid analgesics (ATC-groups M01A and N02B), DDD/1 000 inhabitants/day, 2005-2011

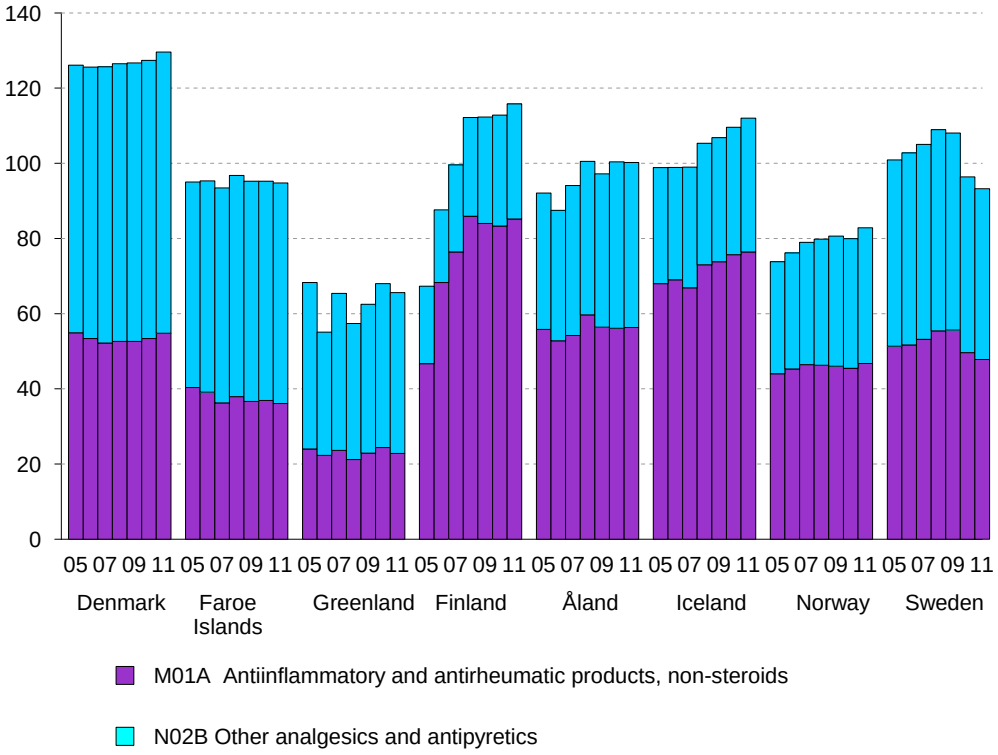


Figure 3.7.7 Sales of opioid analgesics (ATC-group N02A), DDD/1 000 inhabitants/day, 2005-2011

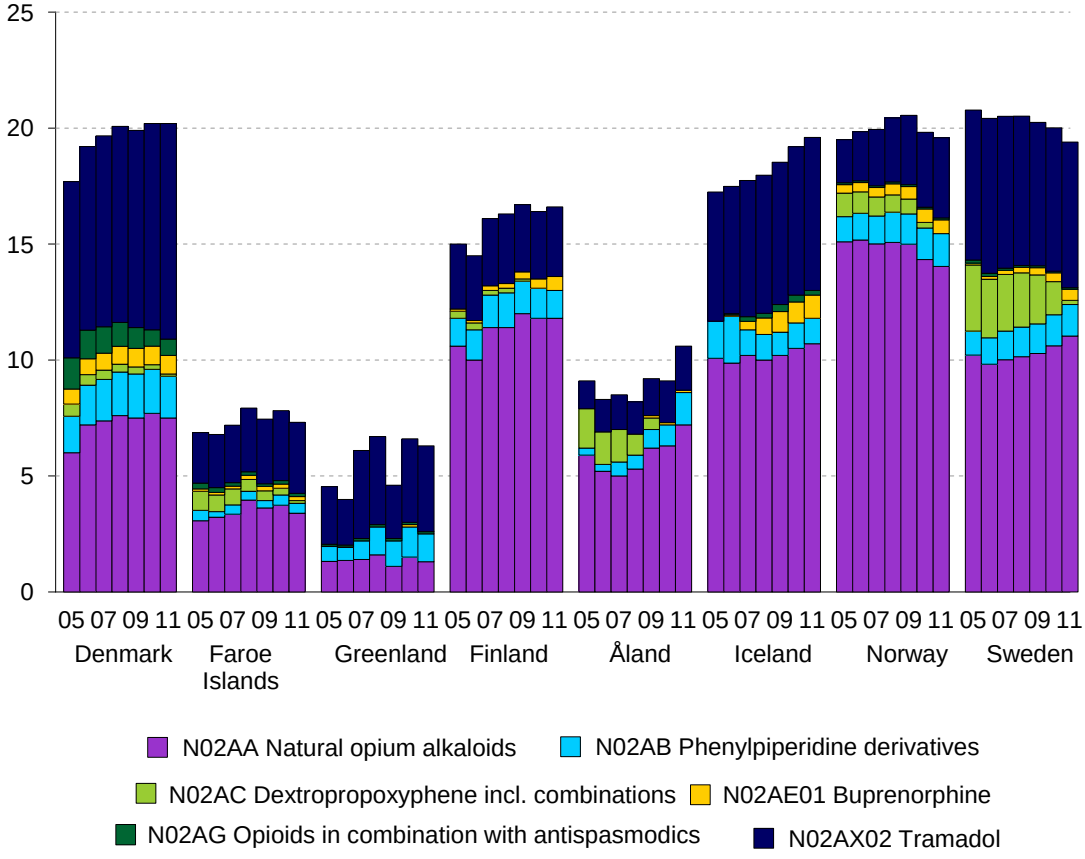


Table 3.7.21 Sales of antipsychotics (ATC-group N05A), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
2005	13.0	10.4	14.6	17.4	9.3	11.5	10.6	9.1
2010	13.9	12.7	16.0	20.7	9.6	11.2	10.8	9.8
2011	14.3	12.8	14.8	21.2	9.5	11.8	11.0	10.0

Table 3.7.22 Sales of anxiolytics (ATC-group N05B), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N05B Anxiolytics								
2005	19.9	17.1	5.3	31.2	9.9	25.8	21.3	16.4
2010	11.8	11.5	2.9	28.0	10.7	24.7	19.5	16.2
2011	10.8	11.0	2.9	26.7	11.1	24.6	18.1	16.2
N05BA Benzodiazepine derivates								
2005	19.6	17.0	5.3	29.5	8.0	24.6	20.1	13.6
2010	11.5	11.2	2.1	26.2	8.5	23.3	18.0	12.8
2011	10.5	10.7	2.1	25.0	8.5	23.1	16.5	12.7

Table 3.7.23 Sales of hypnotics and sedatives (ATC-group N05C), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N05C Hypnotics and sedatives								
2005	31.4	31.0	8.8	54.4	34.2	66.7	41.4	51.1
2010	20.3	23.3	7.1	46.8	34.3	72.8	42.5	52.2
2011	19.1	22.4	5.5	44.7	34.9	72.3	41.6	52.8
N05CD Benzodiazepine derivates								
2005	10.5	7.1	0.5	20.9	4.3	12.1	8.5	6.7
2010	4.8	4.2	0.4	15.6	3.5	6.4	6.3	4.1
2011	4.3	3.8	0.4	14.4	3.2	5.5	5.8	3.8
N05CF Benzodiazepine-related drugs								
2005	20.9	23.4	8.3	33.1	29.3	54.5	32.8	30.4
2010	15.3	18.1	6.7	30.7	30.3	66.2	36.1	34.1
2011	14.8	17.1	5.1	29.8	31.3	66.7	35.6	34.9

Note: Sales excluding melatonin (N05CH01)

Figure 3.7.8 Sales of hypnotics and sedatives (ATC-group N05C), DDD/1 000 inhabitants/day, 2005-2011

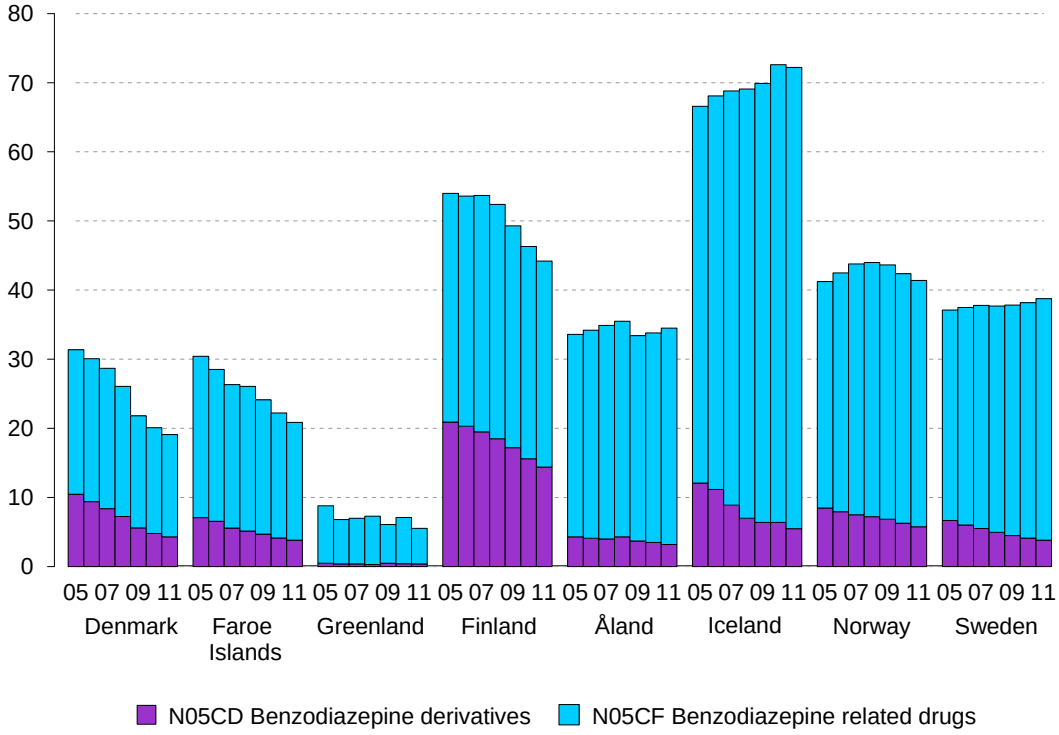


Table 3.7.24 Sales of antidepressants (ATC-group N06A), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N06A Antidepressants								
2005	60.1	36.5	20.4	52.1	40.7	94.8	51.8	66.1
2010	84.0	57.2	24.1	69.2	50.9	101.3	56.4	75.8
2011	85.2	58.7	25.7	70.2	52.7	105.8	57.7	79.4
N06AA Non-selective monoamine reuptake inhibitors								
2005	4.3	2.1	1.1	4.2	3.2	8.1	3.8	3.8
2010	4.6	1.9	0.8	4.3	2.9	5.5	3.6	3.5
2011	4.7	1.8	0.9	4.3	3.1	5.8	3.6	3.5
N06AB Selective serotonin reuptake inhibitors								
2005	41.7	26.4	16.0	35.3	30.4	64.8	34.8	48.4
2010	56.6	40.5	16.6	44.2	36.1	72.3	37.8	53.2
2011	56.0	41.6	18.1	44.1	36.1	75.4	38.8	55.3
N06AG Monoamine oxidase type A inhibitors								
2005	0.1	-	-	0.7	0.2	0.8	0.3	0.2
2010	-	-	-	0.6	0.3	0.5	0.2	0.1
2011	-	-	-	0.5	0.2	0.5	0.2	0.1
N06AX Other antidepressants								
2005	13.9	8.0	3.3	12.0	6.8	21.2	13.0	13.6
2010	22.7	14.8	6.6	20.2	11.5	22.8	14.8	19.0
2011	24.3	15.3	6.1	21.4	13.4	24.1	15.1	20.5

Figure 3.7.9 Sales of antidepressants (ATC-group N06A), DDD/1 000 inhabitants/day, 2005-2011

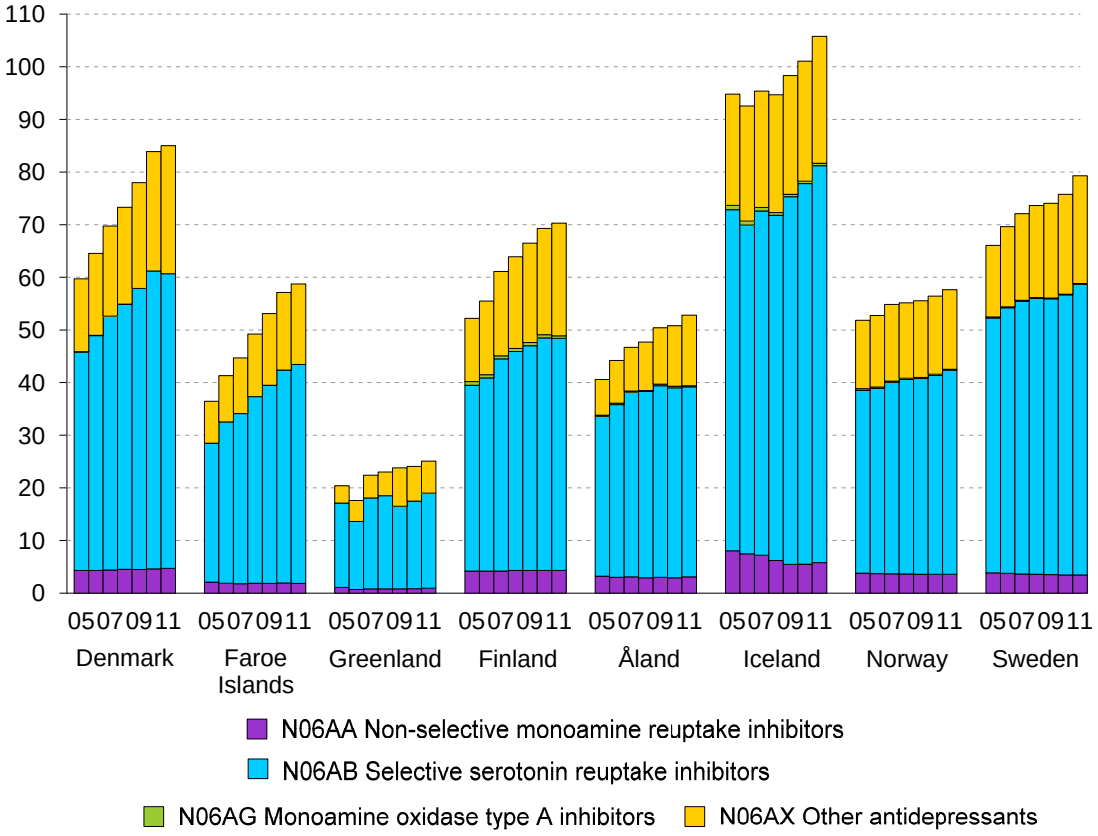


Table 3.7.25 Share of the population (one year prevalence) taking at least one type of antidepressants (ATC-group N06A) by gender and age, 2011

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	1.6	1.6	0.6	2.6	1.6	1.7	22.7	15.6	0.8	0.6	1.7	1.4
15-24	28.6	63.0	26.1	52.0	32.2	63.6	62.7	100.1	18.0	35.0	26.9	51.1
25-44	63.0	108.9	44.9	79.5	71.3	110.6	90.7	167.0	44.9	75.7	56.6	103.9
45-64	82.3	136.0	55.9	104.1	84.1	136.8	123.6	238.1	63.5	120.6	76.4	144.7
65-74	93.1	147.5	76.5	133.1	75.7	118.3	159.9	283.7	65.4	131.9	82.4	150.3
75+	155.6	239.0	150.0	238.1	110.8	170.5	190.7	291.4	88.5	154.0	147.5	239.1

Table 3.7.26 Sales of anti-dementia drugs (ATC-group N06D), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	2.0	1.1	0.1	6.5	2.5	2.7	3.1	3.0
2010	2.9	2.3	0.2	12.1	4.5	2.3	3.0	3.6
2011	3.0	2.8	0.1	13	4.3	2.2	3.3	3.8

Table 3.7.27 Sales of anti-asthmatics (ATC-group R03), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
R03 Drugs for obstructive airway diseases								
2005	60.5	38.1	37.4	51.8	50.6	45.0	61.0	50.4
2010	60.5	35.9	32.2	60.4	53.3	41.3	63.4	50.1
2011	60.2	36.1	34.8	61.1	51.8	43.2	64.0	50.4
R03A Adrenergics. inhalants								
2005	36.8	21.4	17.6	28.4	28.7	31.2	36.5	27.4
2010	36.8	20.2	15.8	33.4	33.2	25.7	37.3	28.3
2011	36.8	20.7	16.6	33.8	32.4	27.6	37.8	28.6
R03AC Selective beta-2-adrenoceptor agonists								
2005	22.3	18.3	17.1	11.3	9.4	13.2	18.0	16.5
2010	19.0	13.0	14.9	11.9	8.7	14.4	17.1	13.9
2011	19.1	12.7	15.4	12.1	8.4	14.8	17.3	13.9
R03AK Adrenergics and other drugs for obstructive airway diseases								
2005	14.5	3.1	0.5	17.1	19.3	18.0	18.6	10.9
2010	17.8	7.2	0.8	21.5	24.6	11.3	20.2	14.4
2011	17.7	8.0	1.2	21.7	24.1	12.8	20.5	14.6
R03B Other drugs for obstructive airway diseases. inhalants								
2005	20.1	15.5	18.0	17.3	16.4	11.3	18.5	19.6
2010	19.9	14.7	15.3	19.3	15.4	14.0	20.0	18.7
2011	19.7	14.4	17.1	19.6	14.7	14.1	20.2	18.6
R03D Other systemic drugs for obstructive airway diseases								
2005	3.1	0.5	1.0	5.9	5.2	2.4	5.4	2.7
2010	3.2	0.7	0.8	7.5	4.5	1.5	5.8	2.7
2011	3.2	0.7	0.8	7.4	4.5	1.5	5.8	2.9

Figure 3.7.10 Sales of anti-asthmatics (ATC-Group R03), DDD/1 000 inhalants/day, 2005-2011

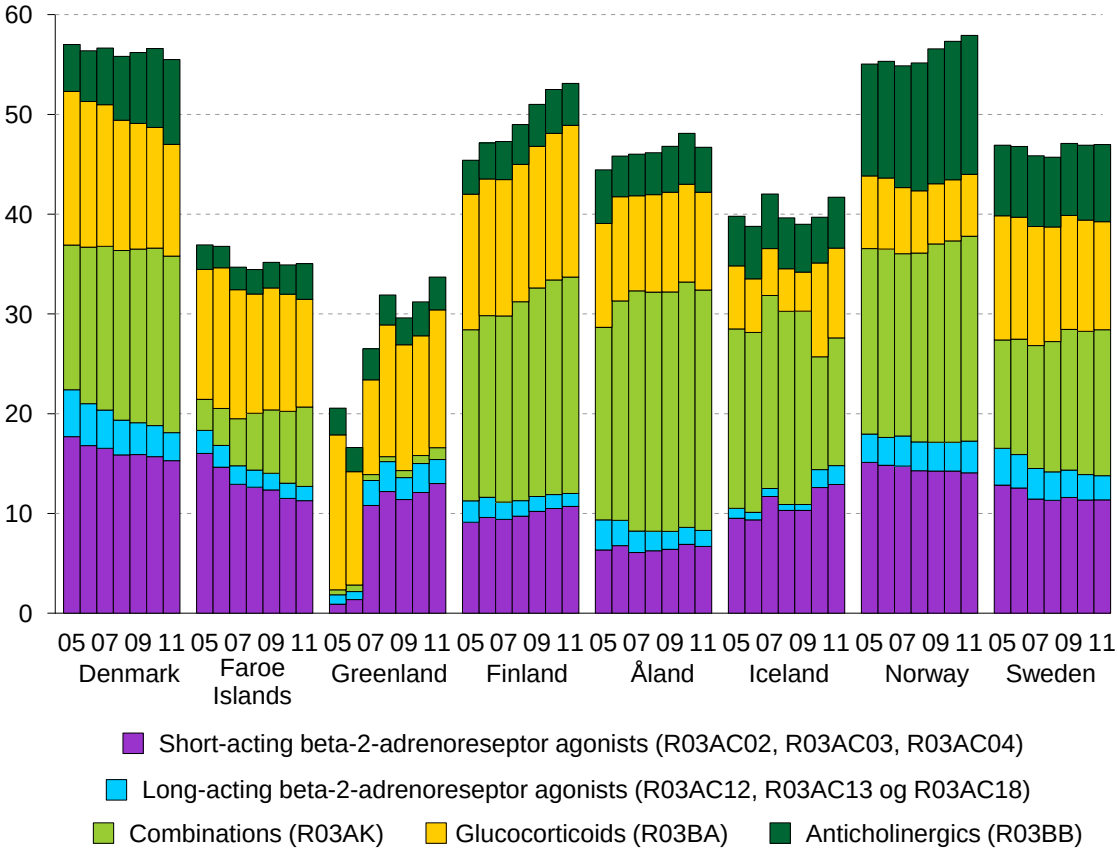


Table 3.7.28 Share of the population (one-year prevalence) taking at least one type of anti-asthmatic inhalants (ATC-groups R03A and R03B) by gender and age, 2011

	Denmark		Faroe Islands		Finland		Iceland[1)]		Norway		Sweden	
Age	M	W	M	W	M	W	M	W	M	W	M	W
0-14	90.0	64.4	106.9	72.7	93.2	61.7	176.5	134.8	92.6	64.4	82.5	56.2
15-24	41.2	51.3	49.2	55.8	52.7	66.2	60.6	85.0	46.0	56.2	43.7	56.8
25-44	47.0	58.1	36.5	54.7	54.1	87.9	52.6	85.7	44.4	61.2	42.8	62.3
45-64	66.0	93.0	47.9	74.9	76.5	118.4	82.6	150.3	69.1	100.4	60.2	94.7
65-74	108.3	134.5	80.9	106.9	112.8	137.1	161.8	245.7	115.4	144.5	94.6	137.7
75+	158.5	139.7	86.3	101.9	146.8	132.4	180.9	187.4	138.2	117.0	127.1	130.0

1 Data from 2009

Table 3.7.29 Sales of antihistamines (ATC-group R06A), DDD/1 000 inhabitants/day, 2005-2011

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	20.4	20.7	7.5	31.2	24.8	30.0	54.8	30.8
2010	27.0	25.2	10.6	42.6	31.4	38.6	58.8	36.8
2011	29.1	27.6	13.1	42.9	36.9	40.5	60.0	38.4

Chapter 4

Mortality and Causes of Death

Extra material

European short list for causes of death
Data from the European short list for causes of death

The International Classification of Diseases (ICD)

The main use of the International Classification of Diseases (ICD), developed by the World Health Organization (WHO), is as an instrument for statistical descriptions of morbidity and mortality. The ICD is a system that groups diseases and causes of death in a meaningful way in order to provide statistical overviews and analyses, such as comparisons among countries over a period of time. The history of the ICD goes back more than a hundred years, and the classification has been revised approximately every ten years in order to reflect developments within medicine. The most recent revision, the tenth (ICD-10), was adopted by WHO in 1990 but was only implemented in most countries several years later. The Nordic countries began to use ICD-10 for registration of mortality in the following years: Denmark in 1994, Finland, Iceland and Norway in 1996 and Sweden in 1997. ICD-10 is continually revised, through WHO's revision procedures, and a revised version of ICD-10 was published in 2004.

Revisions of the classification make statistical comparisons of countries over time difficult, when different versions of ICD are used at the same time. It is therefore important to have an understanding of the possible sources of error that a change in classification introduces in the morbidity and mortality statistics, and of how to handle these problems. The most recent revision has above all meant an increase in the level of detail in ICD. Many new diagnoses have been added as a result of developments in medicine. Also, certain diseases or groups of diseases have been transferred to other chapters in order to reflect new medical knowledge.

Sources of error

Statistical analyses are carried out on aggregated data, for example at chapter level. There are 21 chapters in ICD-10. The basic structure of ICD has generally remained the same through the revisions, and most chapters have kept their former names. However, it is important to realize that even if the name of a chapter is the same in ICD-10 as in ICD-9, differences in content may exist due to the transfer of diagnostic codes from one chapter to another. For example, HIV and AIDS were originally placed

among diseases of the immune system in ICD-9 but were moved to the chapter for infectious diseases in ICD-10. Another example is the transfer of transitory ischemic attacks from the chapter on circulatory diseases in ICD-9 to the chapter on nervous system diseases in ICD-10. Certain symptoms have also been moved from the chapter on symptoms to the so-called organ chapters.

Another potential source of error is that certain rules and guidelines for the use of ICD have been changed in connection with the new revision. As to mortality statistics, certain rules for the selection of underlying cause of death have been altered, which may, for example, affect the frequency of pneumonia as a cause of death. Beside changes in the international rules, national rules for applying the classification may also be modified in connection with a classification change, which will affect both comparisons over time within a country and comparisons among countries.

It is commonly believed that a direct translation of codes in different versions of ICD can solve the problem of changes in classification. However, it is not that simple. A direct, unambiguous translation is possible only for about one third of the codes in ICD-9 and ICD-10. Instead, an attempt must be made to make the aggregated groups of codes used for statistical presentations as comparable as possible, so as to eliminate some of the effects of the changes in classification. The so-called short lists used in this publication for mortality statistics have been defined according to both ICD-9 and ICD-10 with comparability in mind.

Change in classification

However, one must always be aware of the fact that an observed difference over time or among countries may be the result of a change in classification or other methodological issues. One way of quantifying the effect of a classification change is the so-called bridge coding. In such studies, the same material, such as death certificates or hospital records, is coded twice independently: first according to the previous classification and then according to the new classification. The differences observed when comparing the two sets of statistics indicate how much a certain group of diseases (e.g. the ICD chapter on circulatory diseases) has increased or decreased as a direct result of the classification change. This type of study demands a great deal of resources and only a few, limited bridge-coding studies have been carried out on the change from ICD-9 to ICD-10.

Coding practice

Differences in the national coding practises are another factor of importance to the comparability among countries of causes of death. What is shown in the statistics is the underlying cause of death. WHO has drawn up guidelines for the choice of the underlying cause of death, i.e. the disease or injury that initiated the chain of morbid events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury. The problem in connection with comparability is that, in some cases where two or more causes of death have been recorded on the death certificate, the choice of the underlying cause of death will differ from country to country, since the rules can be interpreted differently.

Apart from the fact that the ICD rules governing mortality coding give room for interpretation, different national traditions for the choice of underlying cause of death may also develop. An example of this is the use of the diagnostic group "insufficiently defined conditions" (codes I469, I959, I99; J960, J969, P285.0, R000-R948 and R96-99). The use of these codes as underlying causes of death is more widespread in Denmark than in the other Nordic countries in situations where more specific causes of death are also recorded on the death certificate (See Table 4.1.11).

However, several other factors also influence comparability, such as the type of in-formation the statistics producer has access to as well as the quality of that material (death certificates, etc.).

In order to support the choice of the underlying cause of death, the American programme ACME (Automated Classification of Medical Entities) has been developed. This system is used in most of the Nordic countries. Denmark has used ACME as from the data year 2002, Iceland has used ACME for a few years to check manual coding, and Norway and Finland have used ACME as from the data year 2005. Otherwise, computer-aided coding has been used. Automatic coding does not necessarily result in a more correct picture of the pattern of causes of death than does manual coding, but it does give more consistency in the coding and thus contributes to better comparability among more countries.

Figure 4.1.1 National coding compared to ACME 2001-2009
Per cent

Since 2001, the Nordic Classification Centre has carried out annual comparisons of how the countries classify a sample of causes of death. The sample is relatively small (200-250 death certificates per year), but the results still give an indication of how comparable the statistics are. When making comparisons, the ACME classification system is used as the standard.

This comparison, and Nordic coding practice in general, is discussed at annual meetings. As seen in Figure 4.1.1., the coding in the different countries is not only

getting closer to ACME's coding, but the differences in coding among the countries are also getting smaller. This indicates that the use of automatic coding and cooperation between the Nordic countries leads to a higher degree of comparability of mortality statistics.

Cultural differences in the reporting of certain conditions may also influence comparability. For example, if doctors in one country are far more reluctant to register suicide on the death certificate than are doctors in other countries, this can make comparisons difficult. However, in several of the Nordic countries, there are routines for contacting the doctor or the hospital in cases where the external cause of an injury is unclear. Such quality-control practices help to compensate for lack of information on the death certificate.

Autopsy rates

Another factor influencing the quality of the statistics on causes of death is the decreasing autopsy rates (in 2009, the Danish rate was the lowest at 5 per cent, and the Finnish rate was the highest at 31 per cent). The autopsy rates have been more than halved in the Nordic countries over the last few decades. Studies have shown that in about 30 per cent of cases, the result of the autopsy has caused the underlying cause of death to be altered.

The reliability of the statistics

Considering the reservations in relation to the comparability of causes of death overtime and among countries, the data presented here should be interpreted with caution. This is especially the case for the small diagnostic groups in the European short list that is used in the present publication. The picture is more stable for the large groups, such as cardiovascular diseases and cancer. This also applies to alcohol and drug-related deaths, for which it is well known that the pattern is heterogeneous. The dramatic fall in the number of deaths from AIDS is related to new, life-prolonging medication. However, there has been a slight increase in the number of new cases in all the Nordic countries. The high incidence of cancer as an underlying cause of death in Denmark is also partly the result of coding practice.

Falls are coded much more often in Denmark than in Sweden. This makes comparison of death statistics for accidents unreliable. The incidence of accidents in total is highest in Finland.

For insufficiently defined conditions, Finland and Iceland are atypical compared with the other Nordic countries, because there are only a few cases of insufficiently defined conditions.

Table 4.1.1 Deaths by gender and age per 100 000 inhabitants, 2000-2010

Age	Total		Under 1 year[1)]		1-14 years		15-24 years		25-64 years		65+ years	
Gender	M	W	M	W	M	W	M	W	M	W	M	W
Denmark												
2000	1 069	1 099	607	456	17	12	79	30	444	294	6 368	5 455
2005	1 001	1 030	509	359	14	9	58	19	425	275	5 761	5 131
2009	985	807	163	143	9	12	6	8	431	265	5 152	3 693
2010	965	984	363	320	9	7	41	21	408	254	4 936	4 622
Faroe Islands												
2001-05	817	806	..	..	15	8	93	27	338	194	5 313	4 623
2007-10	802	710	..	..	14	25	21	25	310	163	5 358	4 082
Greenland												
2001-05	860	724	..	..	89	64	520	179	690	490	7 383	6 632
2006-10	857	715	..	..	67	51	366	214	608	458	8 524	6 634
Finland												
2000	952	954	424	324	14	14	96	34	504	222	5 545	4 606
2005	934	888	333	286	18	13	69	29	517	229	4 838	4 045
2009	961	910	253	277	10	10	79	29	489	222	4 764	4 024
2010	971	929	259	192	12	11	80	27	484	217	4 719	4 047
Åland												
2001-05	945	963	567	152	35	37	53	-	315	163	5 294	4 614
2006-10	900	930	-	298	-	29	25	28	274	166	4 752	4 357
Iceland												
2000	644	653	456	141	13	10	120	43	272	187	4 591	4 317
2005	636	606	275	191	6	10	77	19	241	150	4 659	4 051
2009	639	614	195	162	13	-	33	26	257	133	4 623	4 170
2010	666	604	198	252	13	13	54	31	228	133	4 805	3 965
Norway												
2000	974	985	427	329	18	15	93	33	339	201	6 052	4 965
2005	877	906	329	283	18	11	73	31	307	198	5 533	4 846
2009	824	888	374	262	12	11	62	26	301	187	5 022	4 677
2010	817	878	277	229	12	9	58	30	293	187	4 922	4 581
Sweden												
2000	1 041	1 065	399	281	15	12	59	24	305	200	5 829	4 854
2005	996	1 026	215	206	17	13	48	21	298	195	5 420	4 725
2009	946	994	259	242	16	10	50	21	290	190	4 863	4 480
2010	941	990	273	242	10	10	50	22	283	180	4 747	4 429

1 Pr. 100 000 live births
Sources: The national central statistical bureaus

Table 4.1.2 Death rates from malignant neoplasms per 100 000 by age, 2000-2010

		Denmark	Faroe Islands [1,2]	Green-land [1,3]	Finland	Åland[1,3]	Iceland	Norway	Sweden
Men									
Age									
0-14	2000	3	.	.	2	.	3	3	3
	2005	3	7	3	3	-	-	3	4
	2010	1	0	5	3	0	..	3	2
15-34	2000	9	.	.	6	.	7	7	8
	2005	6	3	12	6	19	-	5	5
	2010	5	7	7	6	6	..	5	5
35-44	2000	33	.	.	22	.	38	32	20
	2005	29	17	39	23	-	9	20	20
	2010	23	27	40	19	10	..	16	19
45-54	2000	148	39	39	107	170	100	120	97
	2005	145	106	166	105	196	102	127	91
	2010	110	78	151	84	42	..	77	63
55-64	2000	462	.	.	320	.	227	348	294
	2005	424	349	793	323	347	346	324	281
	2010	385	314	631	316	342	..	300	260
65-74	2000	1 189	.	.	902	.	900	953	826
	2005	1 071	888	1 844	752	910	844	861	811
	2010	970	928	2 194	747	940	..	850	678
75+	2000	2 440	.	.	1 947	.	1 888	2 142	1 935
	2005	2 454	1 787	3 446	1 808	2 443	2 083	2 239	1 973
	2010	2 298	2 077	3 801	1 780	1 890	..	2 231	1 920
Women									
Age									
0-14	2000	2	.	.	2	.	3	4	3
	2005	1	0	6	4	9	6	1	2
	2010	1	5	3	3	18	..	1	2
15-34	2000	9	.	.	7	.	2	6	9
	2005	7	11	13	6	-	5	4	5
	2010	7	4	19	4	0	..	7	5
35-44	2000	41	.	.	36	.	19	39	21
	2005	39	44	66	27	21	19	35	30
	2010	36	0	43	30	21	..	27	24
45-54	2000	164	39	39	106	.	113	126	94
	2005	149	83	293	99	147	108	120	105
	2010	130	68	243	89	61	..	97	85
55-64	2000	425	.	.	237	.	396	319	296
	2005	372	337	626	236	171	247	300	291
	2010	342	314	694	223	249	..	286	258
65-74	2000	905	.	.	505	.	775	600	719
	2005	828	807	1 672	457	405	648	569	586
	2010	714	447	1 656	477	605	..	583	547
75+	2000	1 460	.	.	1 077	.	1 285	1 184	1 210
	2005	1 492	1 210	2 151	1 004	1 065	1 045	1 214	1 112
	2010	1 485	1 180	1 763	1 023	1 259	..	1 252	1 148

1 2005 = 2001-05
2 2010 = 2007-10
3 2010 = 2006-10

ICD-9: 140-208 and ICD-10: C00-C97
Sources: The national registers for causes of death

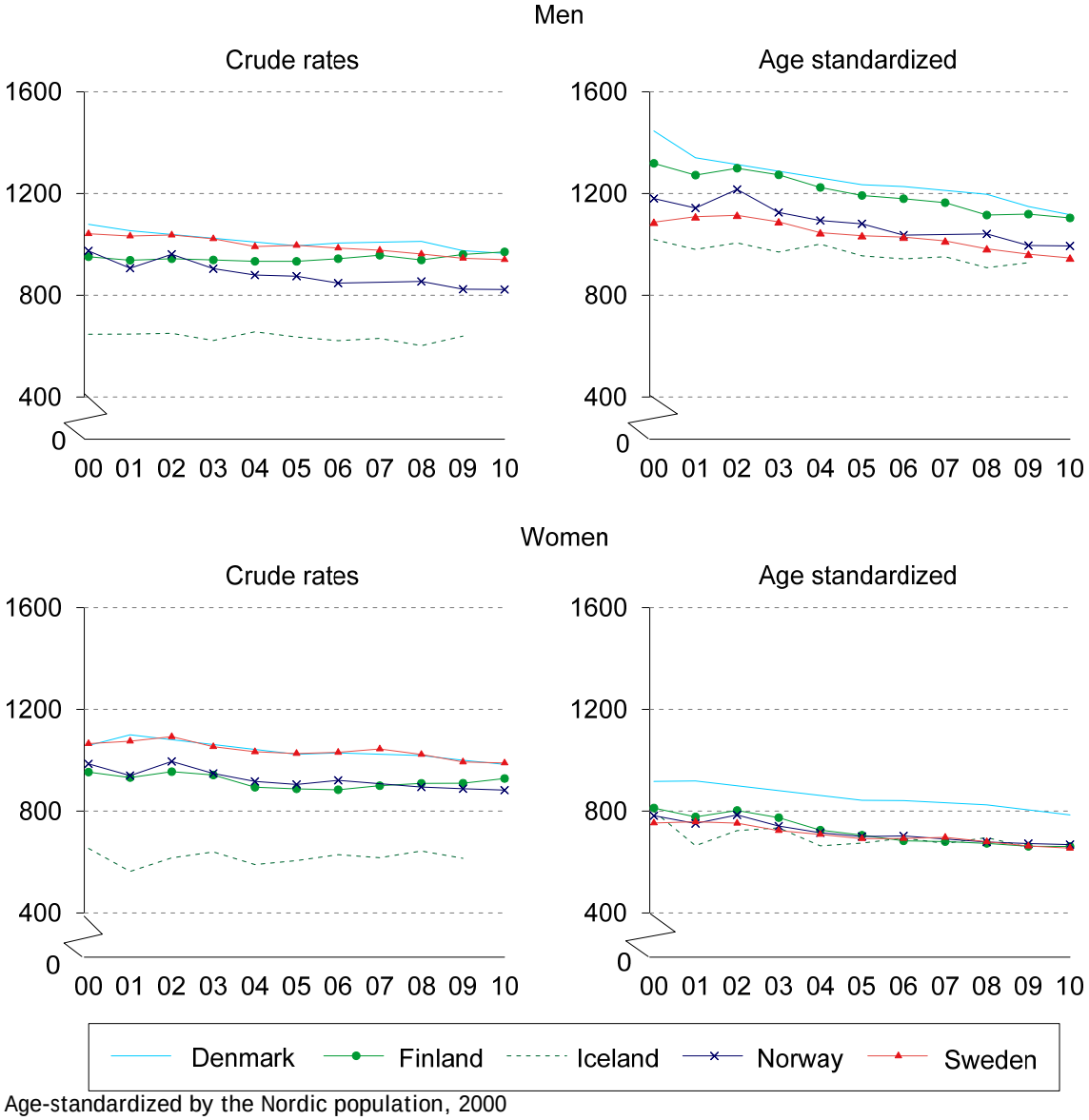
Table 4.1.3 Death rates from circulatory diseases per 100 000 by age, 2000-2010

		Denmark	Faroe Islands [1,2]	Green-land [1,3]	Finland	Åland[1,3]	Iceland	Norway	Sweden
Men									
Age									
0-34	2000	3	.	6	5	.	3	3	3
	2005	4	3	0	3	-	3	3	3
	2010	2	2	5	4	0	..	2	2
35-44	2000	23	.	51	44	.	38	25	21
	2005	21	28	29	39	22	14	25	18
	2010	22	20	40	28	10	..	23	13
45-54	2000	95	.	179	184	.	113	93	104
	2005	83	81	133	144	164	55	77	79
	2010	64	47	101	117	63	..	65	63
55-64	2000	326	.	473	481	.	209	282	303
	2005	233	319	411	403	252	254	211	243
	2010	197	216	395	385	171	..	187	217
65-74	2000	1 095	.	1 049	1 378	.	877	1 065	1 101
	2005	831	864	1 757	1 046	771	627	706	794
	2010	557	663	1 823	897	701	..	526	592
75+	2000	4 467	.	5 058	4 766	.	3 963	4 681	4 851
	2005	3 871	4 443	5 137	3 917	3 879	3 290	3 653	4 397
	2010	2 948	3 654	5 334	3 808	3 939	..	3 148	3 946
Women									
Age									
0-34	2000	2	.	7	3	.	1	2	1
	2005	2	4	13	2	-	4		1
	2010	2	18	0	2	7	..	2	2
35-44	2000	14	.	42	17	.	10	11	11
	2005	11	6	27	10	-	5	9	6
	2010	8	0	12	9	0	..	7	6
45-54	2000	41	.	109	48	.	24	36	34
	2005	39	21	102	37	10	15	23	28
	2010	25	17	140	31	10	..	21	21
55-64	2000	41	.	271	48	.	24	36	34
	2005	39	133	236	37	10	15	23	28
	2010	76	52	282	91	80	..	61	77
65-74	2000	561	.	1 427	551	.	419	471	469
	2005	409	428	993	404	313	340	311	346
	2010	273	262	854	297	213	..	236	269
75+	2000	3 722	.	8 038	4 090	.	3 421	3 794	4 059
	2005	3 211	3 469	5 211	3 463	4 017	2 885	3 085	3 648
	2010	2 635	2 492	3 995	3 345	3 492	..	2 907	3 537

1 2005 = 2001-05
2 2010 = 2007-10
3 2010 = 2006-10

ICD-9: 390-459 and ICD-10: I00-I99
Sources: The national registers for causes of death

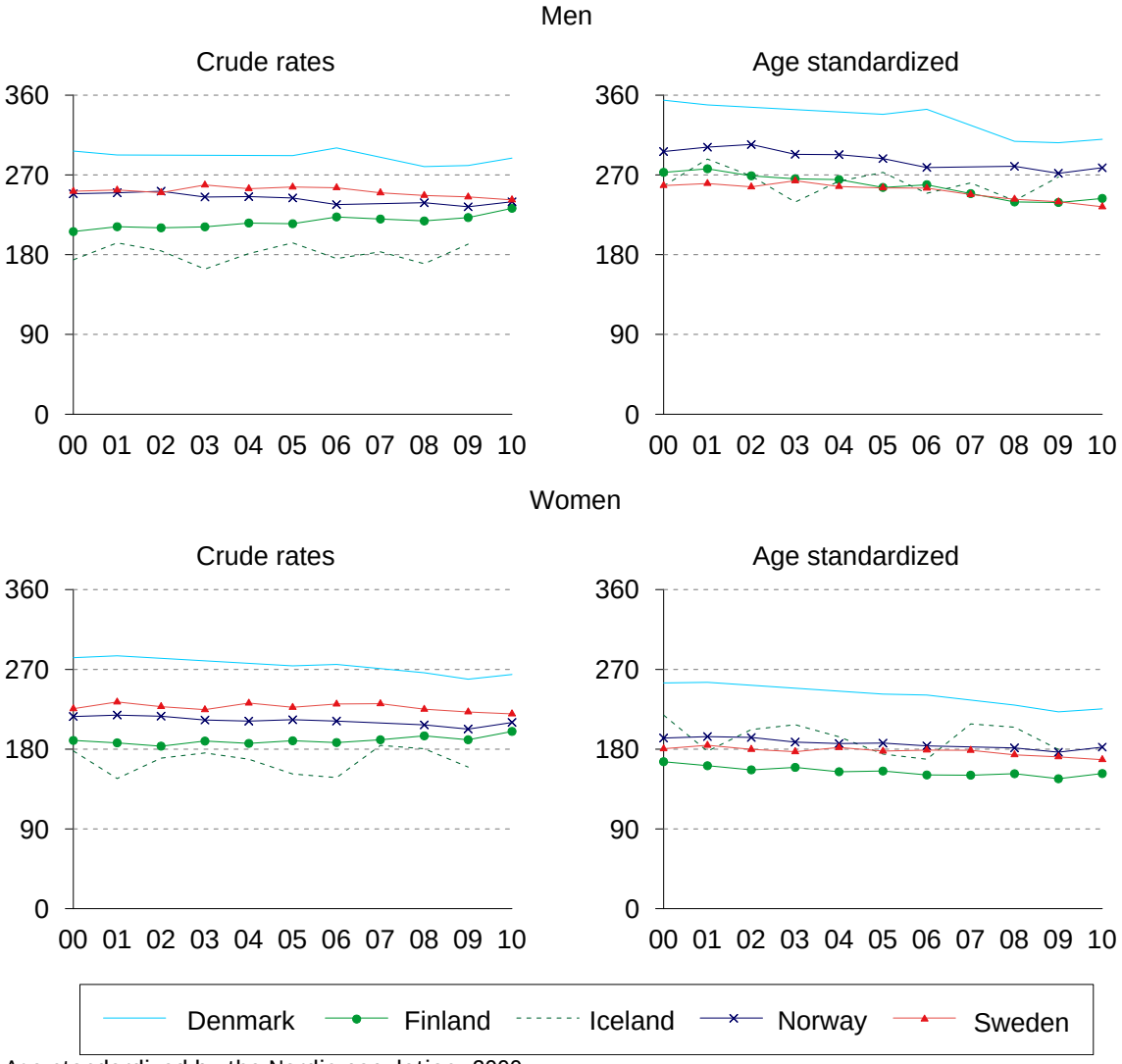
Figure 4.1.2 Deaths per 100 000 inhabitants by gender, 2000-2010



Age-standardized by the Nordic population, 2000

Source: Table 4.1.1

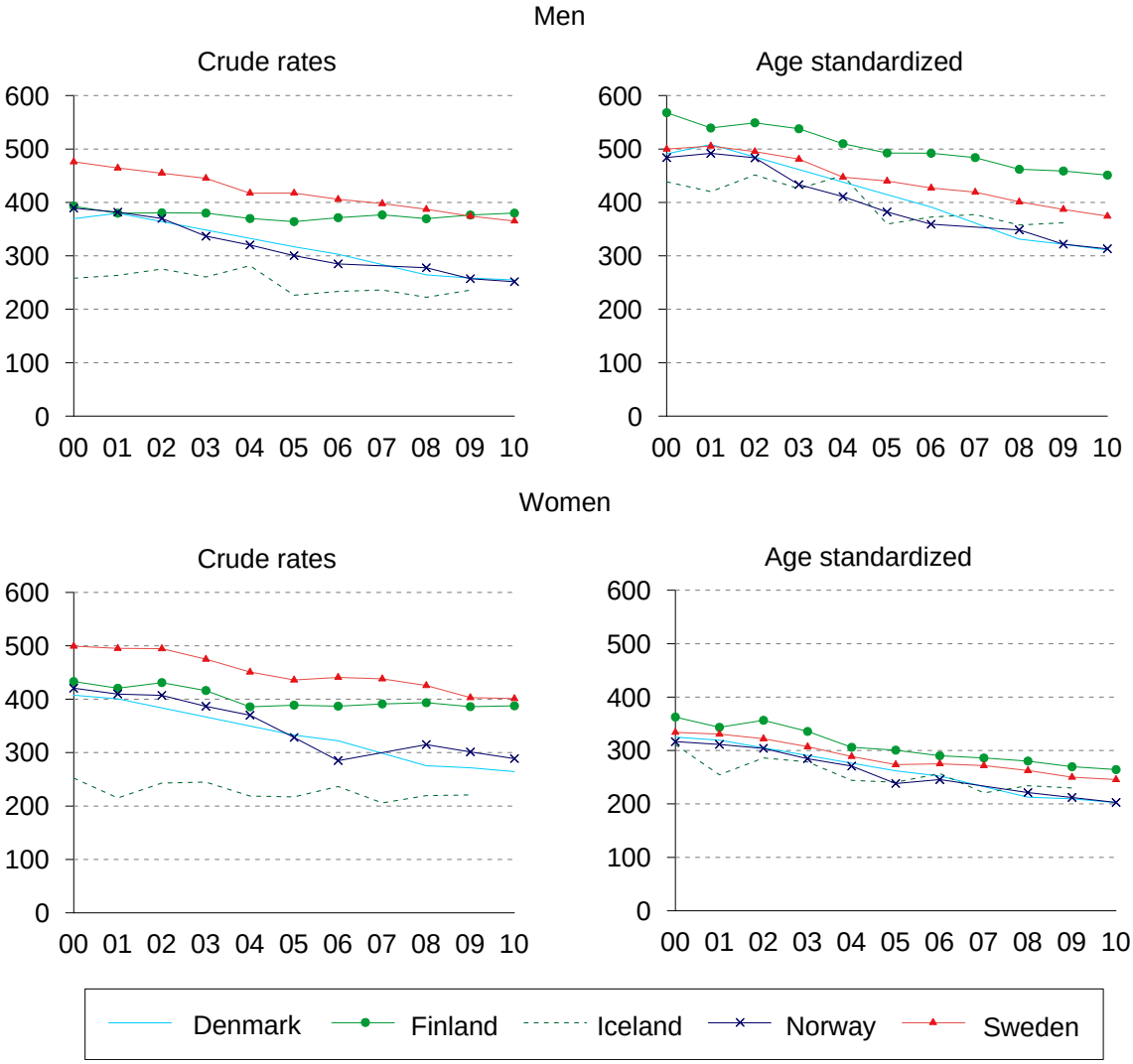
Figure 4.1.3 Deaths from malignant neoplasms per 100 000 inhabitants by gender, 2000-2010



Age-standardized by the Nordic population, 2000

Source: Table 4.1.2

Figure 4.1.4 Deaths from circulatory diseases per 100 000 inhabitants by gender, 2000-2010



Age-standardized by the Nordic population, 2000

Source: Table 4.1.3

Table 4.1.4 Deaths from avoidable causes per 100 000 inhabitants aged 0-74 years *

ICD-10 code	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
	2010	2007-10	2006-10	2010	2006-10	2009	2010	2010
Malignant neo-plasm of the oesophagus (C15)	4.7	5.0	11.8	3.1	4.8	3.3	2.9	2.6
Malignant neo-plasm of the trachea, bronchus and lung (C32-C34)	43.6	23.9	60.7	27.0	32.7	23.6	28.6	24.4
Malignant neo-plasm of cervix uteri [1)] (C53)	3.1	0.0	8.4	1.3	0.0	1.4	2.2	2.1
Diabetes mellitus (E10-E14)	10.1	7.2	7.1	4.7	1.6	4.0	4.1	5.9
Cerebrovascular diseases (I60-I69)	17.9	14.4	41.4	19.0	19.2	9.0	10.9	18.5
Obstructive lung diseases (J40-J44)	19.7	8.9	20.4	7.5	8.0	9.6	12.5	8.3
Asthma (J45-J46)	0.1	0.0	0.0	0.0	0.0	-	0.0	0.0
Chronic liver dis-ease and cirrhosis (K70; K73-K74)	15.8	3.3	3.6	22.1	8.0	1.7	3.6	0.3

1 Pr. 100 000 Women

* Asthma: 0-14 years old

Sources: The national registers for causes of death

Table 4.1.5 Deaths from HIV/AIDS, in total and per 100 000 inhabitants, 2000-2010

	Denmark	Faroe Islands[1)]	Green-land[2)]	Finland	Åland[2)]	Iceland	Norway	Sweden
Number								
2000	21	-	5	10	-	1	15	13
2005	39	0	3	9	0	-	24	31
2009	21			3		1	19	28
2010	29	0	2	7	0	..	10	11
Per 100 000 inhabitants								
2000	0.4	-	8.9	0.2	-	0.4	0.3	0.1
2005	0.7	0.4	6.0	0.2	0.0	-	0.5	0.3
2009	0.4			0.1		0.3	0.1	0.3
2010	0.5	0.5	3.5	0.1	0.0	..	0.2	0.1

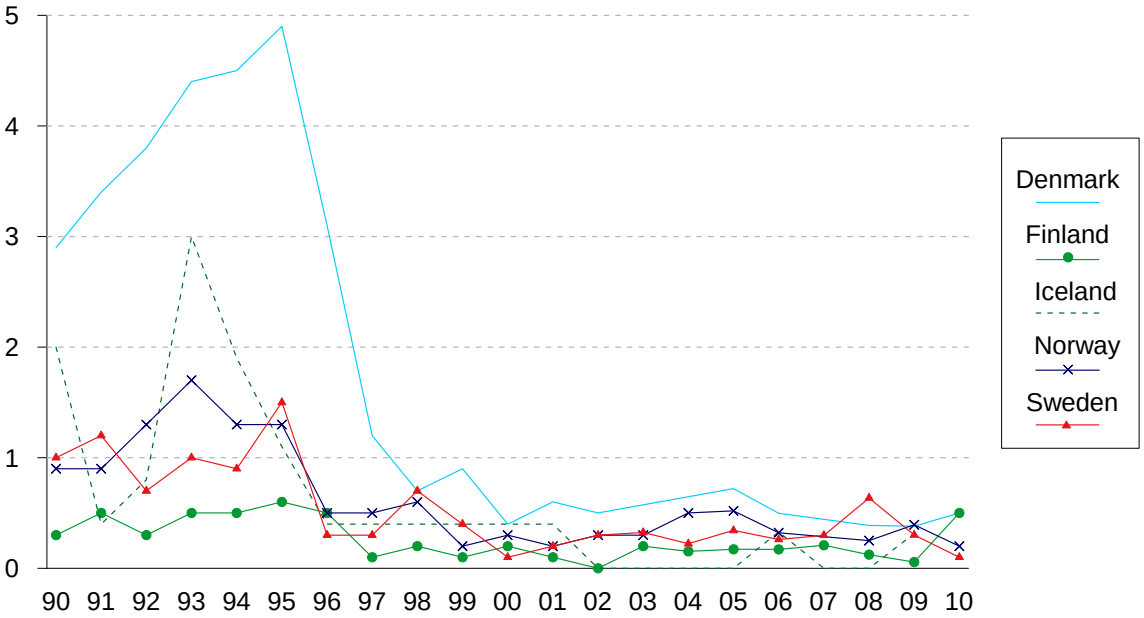
1 2005 = average 2001-2005. 2010 = average 2007-2010

2 2005 = average 2001-2005. 2010 = average 2006-2010

Sources: The national registers for causes of death

ICD-10: B20-B24

Figure 4.1.5 Deaths from HIV/AIDS per 100 000 inhabitants, 1990-2010



Source: Table 4.1.5

Table 4.1.6 Deaths from suicide per 100 000 inhabitants by gender and age, 2000-2010

	Men					Women				
	Total	10-19	20-24	25-64	65+	Total	10-19	20-24	25-64	65+
Denmark										
2000	23.3	4.4	16.0	23.8	41.8	8.3	2.5	1.2	8.2	15.0
2005	16.9	3.3	8.8	18.9	41.8	6.3	0.6	3.5	6.8	14.2
2009	17.4	2.8	9.8	21.6	32.9	5.2	1.2	0.6	6.0	10.5
2010	14.7	3.4	3.0	18.5	27.9	5.7	1.2	3.7	6.8	9.6
Faroe Islands[1)]										
2001-05	6.3	5.2	12.3	17.3	6.9	.	0.0	0.0	1.8	0.0
2007-10	5.2	0.0	15.7	13.6	8.5	.	0.0	0.0	0.0	7.1
Greenland										
2001-05	124.2	154.6	532.7	106.5	96.1	44.5	64.3	132.0	45.1	12.3
2006-10	112.4	128.5	360.4	118.4	13.2	50.4	127.1	85.4	40.6	12.1
Finland										
2000	34.6	10.5	41.8	46.6	36.8	11.0	4.1	9.4	15.5	17.5
2005	28.1	4.8	30.5	36.5	39.0	10.0	4.7	12.3	13.5	8.6
2009	29.0	8.3	37.3	37.1	35.4	10.0	3.2	12.0	14.2	7.5
2010	27.2	9.6	44.9	33.8	30.5	8.6	2.9	13.2	11.2	8.1
Åland										
2001-05	23.2	11.9	27.9	33.5	10.9	4.5	0.0	0.0	2.8	15.9
2006-10	10.3	0.0	0.0	5.4	46.9	13.1	0.0	65.6	13.4	15.3
Iceland										
2000	29.8	22.9	73.4	38.1	13.6	5.7	-	9.4	8.6	5.6
2005	16.2	8.7	9.2	27.2	-	6.1	-	-	12.0	-
2009	18.0	4.3	8.5	27.8	17.5	4.4	-	-	8.6	-
2010	..	..	..	..	..	..	..	..	..	..
Norway										
2000	18.4	11.3	29.9	22.5	22.6	5.8	3.0	4.4	7.9	6.3
2005	15.8	6.9	24.7	18.6	16.9	7.3	4.3	7.2	9.8	5.4
2009	17.3	7.7	17.6	22.3	23.0	6.5	4.5	4.8	9.3	4.7
2010	15.8	6.1	25.7	18.9	23.2	6.7	1.3	6.0	10.1	5.6
Sweden										
2000	18.3	4.0	15.9	21.2	36.0	7.3	3.2	3.9	9.2	10.1
2005	18.6	3.8	18.2	22.3	32.3	8.4	3.1	8.5	10.4	11.2
2009	19.2	5.8	19.8	23.9	27.7	7.6	3.8	8.6	9.4	8.7
2010	17.9	5.6	17.7	21.9	27.1	6.4	2.6	6.3	7.9	8.4

Sources: The national registers for causes of death ICD-10: X60-X84

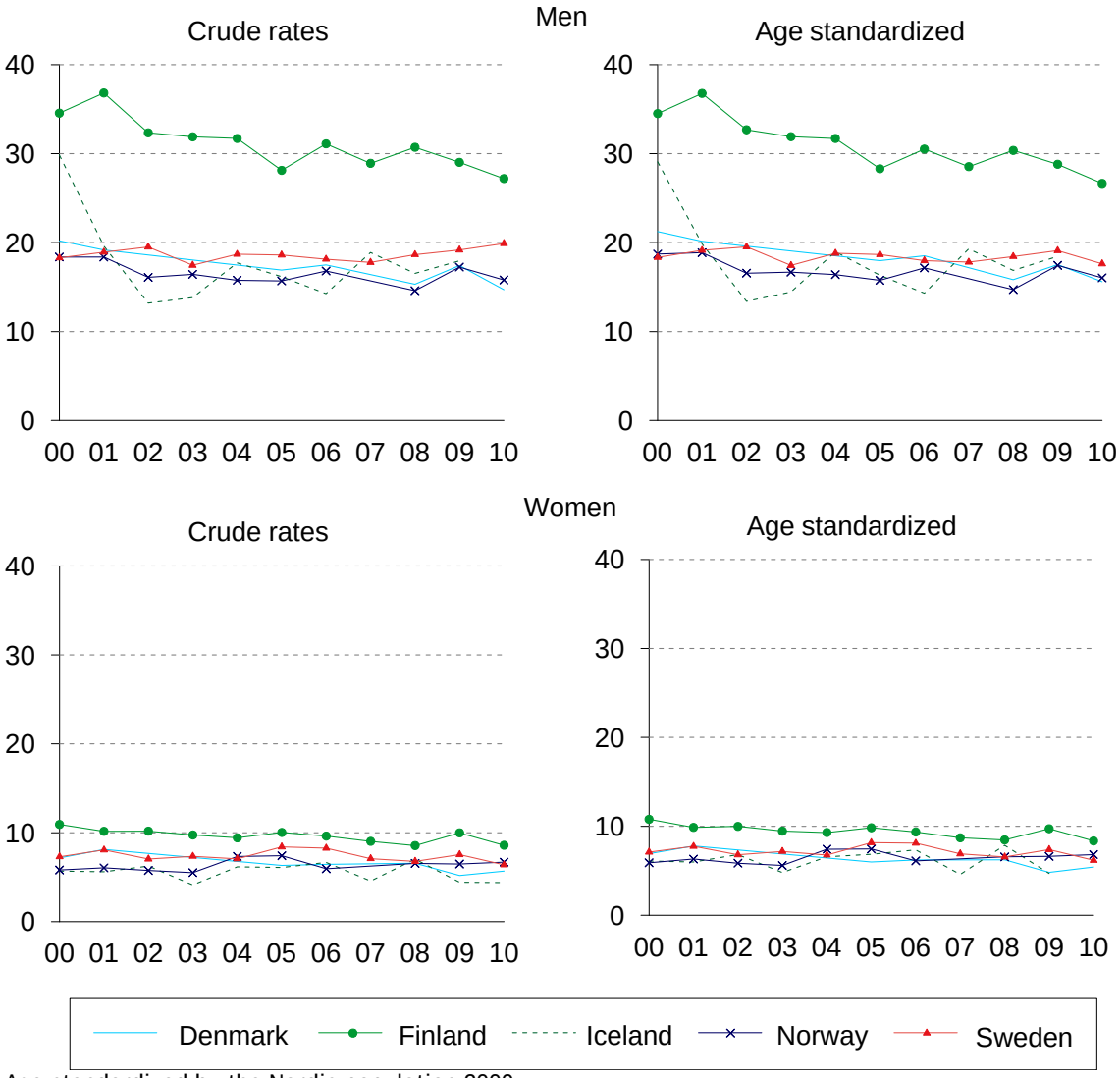
1) The total covers both men and women

Table 4.1.7 Deaths from accidents per 100 000 inhabitants by gender and age, 2000-2010

	Men						Women					
	Total	0-14	15-24	25-64	65-79	80+	Total	0-14	15-24	25-64	65-79	80+
Denmark												
2000	45.3	6.3	37.7	30.2	80.2	544.7	43.6	2.9	10.3	11.3	64.2	525.9
2005	35.4	3.4	28.6	28.0	52.4	373.0	26.7	2.2	4.4	8.2	32.3	328.7
2009	28.4	1.4	21.5	24.1	40.4	263.3	22.6	1.6	8.3	8.4	26.6	257.5
2010	27.8	2.5	18.6	24.9	31.2	264.0	21.0	1.6	3.9	7.0	31.3	238.5
Faroe Islands												
2001-05	36.8	7.0	70.4	27.2	63.2	225.8	19.4	3.7	6.9	11.0	33.1	191.0
2007-10	48.9	13.2	7.1	50.4	120.7	298.5	24.8	4.6	8.2	11.2	42.0	266.5
Greenland												
2001-05	93.8	53.9	77.8	100.7	250.2	405.7	41.5	24.9	20.5	37.8	180.8	309.6
2006-10	66.1	19.1	57.1	70.8	241.1	595.2	34.6	5.6	34.8	29.0	109.5	916.5
Finland												
2000	70.8	6.0	30.8	75.6	137.1	471.2	34.4	3.0	9.3	18.9	53.2	310.8
2005	80.9	7.7	27.8	87.3	153.0	464.7	35.8	2.7	6.6	22.7	51.7	285.7
2009	74.1	1.8	32.4	74.3	132.9	463.1	32.9	0.9	7.8	17.7	49.0	259.1
2010	68.9	2.6	28.5	68.6	131.1	387.3	35.5	2.3	5.9	18.5	52.7	279.6
Åland												
2001-05	43.2	24.6	13.2	44.7	56.7	186.3	16.5	8.6	0.0	5.6	12.4	156.8
2006-10	56.0	0.0	25.2	34.9	169.8	371.0	24.7	0.0	0.0	2.7	23.6	301.5
Iceland												
2000	38.4	3.0	46.0	36.7	76.6	274.6	12.8	-	23.7	10.1	30.2	21.5
2005	25.6	-	36.2	14.2	82.1	253.0	17.6	-	4.7	13.3	44.5	163.9
2009	24.8	-	8.3	26.6	46.1	216.6	15.9	-	-	6.1	35.3	241.6
2010	..	..	..	..	..	..	..	..	..	..	..	..
Norway												
2000	43.9	4.8	35.4	31.8	81.0	442.9	34.2	5.0	9.4	8.1	44.6	381.3
2005	45.0	3.7	34.8	37.4	65.9	418.4	33.0	2.0	11.1	11.7	32.2	357.9
2009	45.5	3.6	28.9	36.5	65.0	461.3	35.3	2.0	8.3	10.3	41.6	406.6
2010	43.1	1.7	23.7	34.8	64.1	450.8	35.1	1.1	10.5	11.6	43.3	389.1
Sweden												
2000	36.2	3.1	27.1	25.5	66.9	310.0	22.7	1.6	6.4	6.5	28.4	227.4
2005	38.1	2.4	21.2	25.6	67.3	345.1	27.6	4.3	5.3	8.4	34.0	265.0
2009	36.7	3.0	17.7	24.1	55.1	364.1	25.4	4.5	5.0	5.9	27.6	266.8
2010	36.3	1.6	15.3	22.1	60.3	375.7	25.4	4.1	4.6	6.0	29.8	266.2

Sources: The national registers for causes of death ICD-10: V01-X59

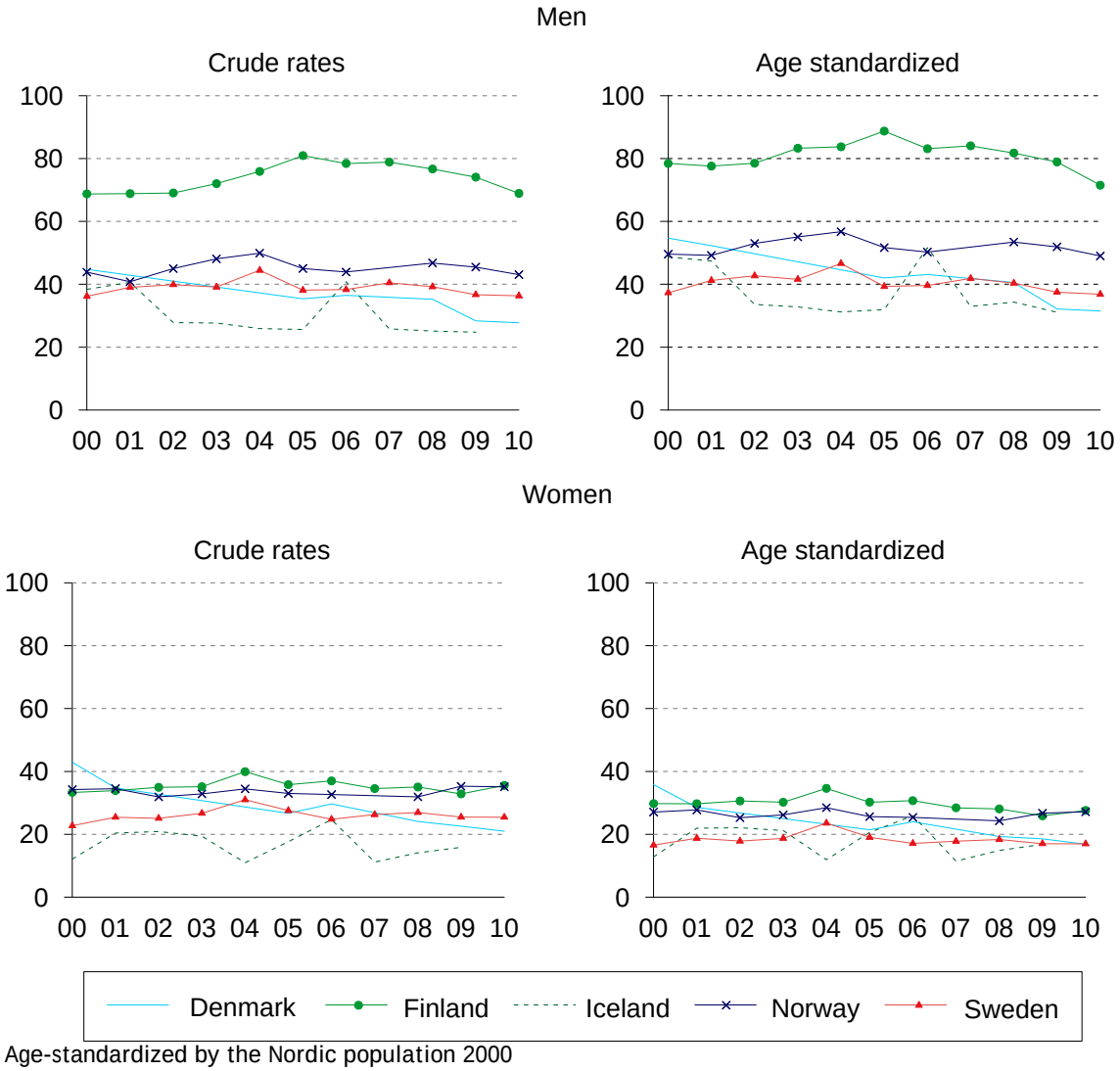
Figure 4.1.6 Deaths from suicide per 100 000 inhabitants by gender, 2000-2010



Age-standardized by the Nordic population 2000

Source: Table 4.1.6

Figure 4.1.7 Deaths from accidents per 100 000 inhabitants by gender, 2000-2010



Age-standardized by the Nordic population 2000

Source: Table 4.1.7

Table 4.1.8 Deaths from land transport accidents per 100 000 inhabitants by gender and age, 2000-2010

	Men					Women				
	Total	0-14	15-24	25-64	65+	Total	0-14	15-24	25-64	65+
Denmark										
2001	12.2	2.7	24.1	11.2	20.5	4.5	1.7	6.7	3.6	9.1
2005	10.2	1.3	21.0	9.7	16.4	3.1	1.8	2.7	2.5	6.9
2009	8.1	1.0	14.4	8.6	10.2	3.5	0.8	6.5	2.4	7.4
2010	7.1	1.4	10.9	7.2	10.3	3.4	1.2	3.0	2.4	8.8
Faroe Islands										
2001-05	10.6	3.5	58.7	3.2	0.0	2.6	3.7	0.0	3.7	0.0
2007-10	7.0	0.0	7.1	7.8	17.0	4.3	0.0	8.2	2.2	14.2
Finland										
2000	11.3	2.3	13.3	11.4	24.0	5.1	2.2	5.6	4.1	10.7
2005	12.3	4.1	14.7	11.9	22.8	3.7	1.3	4.4	3.2	6.8
2009	8.5	0.9	16.3	7.1	16.2	2.9	0.2	3.7	2.5	5.5
2010	8.2	0.7	14.0	7.8	13.8	2.7	1.4	2.8	2.2	5.0
Åland										
2001-05	13.9	8.2	13.2	19.5	0.0	3.0	0.0	0.0	2.8	8.0
2006-10	8.8	0.0	12.6	2.7	37.5	2.9	0.0	0.0	0.0	15.3
Iceland										
2000	16.3	-	32.2	16.9	27.3	7.1	-	19.0	5.8	11.2
2005	9.4	-	31.7	6.5	12.7	4.1	-	4.7	5.3	5.3
2009	7.4	-	4.2	11.6	5.8	0.6	-	-	1.2	-
2010	..	..	..	..	..	..	..	..	..	..
Norway										
2000	12.5	2.6	26.4	12.2	16.3	4.6	2.5	7.9	3.4	8.3
2005	7.4	1.1	15.9	7.0	10.4	3.3	0.7	6.1	3.1	4.6
2009	7.6	1.1	16.4	7.0	11.0	2.1	0.7	4.0	1.4	4.5
2010	6.9	0.4	11.2	6.8	12.4	2.2	0.2	4.6	1.9	3.4
Sweden										
2000	10.8	1.4	19.1	10.7	16.6	3.2	1.0	4.2	2.6	6.1
2005	8.2	0.7	12.8	8.4	12.2	2.8	0.4	3.6	2.6	4.7
2009	5.9	1.3	8.7	6.0	8.2	2.0	0.7	3.0	1.2	4.4
2010	4.4	0.9	6.6	4.5	5.7	1.7	0.5	2.5	1.3	3.1

Sources: The national registers for causes of death ICD-10: V01-V89

Table 4.1.9 Deaths from alcohol-related causes per 100 000 inhabitants by gender and age

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
	2010	2007-10	2006-10	2010	2006-10	2009	2010	2010
Men								
0-34	1.8	2.0	0.0	2.6	3.5	-	0.1	0.2
35-44	41.5	27.3	6.6	35.6	0.0	-	1.3	3.5
45-64	109.6	29.1	66.2	135.2	66.9	10.2	32.2	19.9
65-74	57.5	117.9	202.6	108.5	95.6	21.3	41.5	28.4
75+	24.1	79.9	490.5	52.6	22.8	-	25.7	12.9
Total	43.3	24.0	30.4	57.6	30.9	3.7	13.1	9.3
Women								
0-34	0.1	0.0	2.7	1.1	0.0	-	0.1	0.0
35-44	3.5	0.0	7.8	8.6	0.0	-	1.1	0.3
45-64	34.1	18.8	41.7	36.3	10.0	5.3	9.4	5.5
65-74	44.5	46.2	69.7	30.6	49.1	-	13.6	8.3
75+	13.1	0.0	156.7	7.9	0.0	9.6	4.2	1.7
Total	15.1	7.6	17.3	15.5	7.3	1.9	4.0	2.4
M+W								
0-34	0.2	1.1	1.3	1.9	1.8	-	0.1	0.1
35-44	10.5	14.5	7.2	22.4	0.0	-	1.2	1.9
45-64	67.4	24.3	55.9	85.5	38.1	7.8	21.0	12.7
65-74	74.4	82.9	137.4	66.7	72.6	10.3	27.0	18.1
75+	32.1	31.9	288.1	23.9	8.8	5.5	12.5	6.1
Total	29.1	16.1	24.3	36.2	19.0	2.8	8.5	5.9

Sources: The national registers for causes of death

ICD-10: E244, F10, G312, G621, G721, I426, K292, K700-709, K860, O354, P043, Q860, Y15, X45

Table 4.1.10 Deaths from drug-related causes per 100 000 inhabitants by gender and age

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
	2010	2007-10	2006-10	2010	2006-10	2009	2010	2010
Men								
0-34	3.8	0.0	1.3	2.5	3.5	8.5	9.0	7.9
35-44	15.4	0.0	0.0	4.7	0.0	17.7	17.5	12.8
45-64	7.6	4.2	0.0	1.4	0.0	15.4	19.8	21.8
65-74	0.0	0.0	0.0	0.4	0.0	32.0	11.2	14.1
75+	1.3	0.0	0.0	0.0	0.0	-	4.4	7.2
Total	6.0	1.0	0.7	2.1	1.5	12.4	13.0	12.8
Women								
0-34	0.3	0.0	0.0	0.7	0.0	3.8	4.1	2.8
35-44	1.3	0.0	0.0	1.2	0.0	4.7	8.5	6.0
45-64	3.2	0.0	0.0	0.8	0.0	21.4	14.6	12.6
65-74	1.5	0.0	0.0	0.8	0.0	-	7.3	9.2
75+	0.4	0.0	0.0	1.1	0.0	-	4.2	5.8
Total	1.4	0.0	0.0	0.8	0.0	7.6	7.6	6.7
M+W								
0-34	2.1	0.0	0.7	1.6	1.8	6.2	6.6	5.4
35-44	8.4	0.0	0.0	3.0	0.0	11.4	13.1	9.4
45-64	5.4	2.2	0.0	1.1	0.0	18.3	17.3	17.3
65-74	0.8	0.0	0.0	0.6	0.0	15.5	9.2	11.6
75+	0.8	0.0	0.0	0.7	0.0	-	4.3	6.4
Total	3.7	0.5	0.4	1.5	0.7	10.0	10.3	9.7

Sources: The national registers for causes of death

ICD-10: F11-F16, F18-F19, O35.5, P04.4, X40-X49, X60-X69, Y10-Y19, T40.0-T40.3, T40.5-T40.9, T43.6

Table 4.1.11 Deaths from incompletely defined causes on the death certificates per 100 000 inhabitants by gender and age

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
	2010	2007-10	2006-10	2010	2006-10	2009	2010	2010
Men								
0-44	8	0	3	-	-	-	2	5
45-64	75	4	11	0	-	-	13	27
65-74	68	2	4	-	-	11	14	73
75+	174	15	5	3	23	26	165	340
Total	325	21	23	0	1	2	194	22
No death certificate	1 031	..	..	3	18	1	441	18
Women								
0-44	5	1	1	-	-	-	0	3
45-64	21	3	3	-	-	-	3	14
65-74	48	4	2	-	-	-	6	41
75+	310	10	8	3	-	38	477	422
Total	384	18	14	0	-	3	486	33
No death certificate	1 104	..	..	2	1	-	289	19
M+W								
0-44	13	1	4	-	-	-	2	4
45-64	96	7	14	0	-	-	16	21
65-74	116	6	6	-	-	5	20	57
75+	484	25	13	3	9	33	642	390
Total	709	39	37	0	1	2	680	28
No death certificate	2 135	..	..	2	10	1	730	18

Sources: The national registers for causes of death

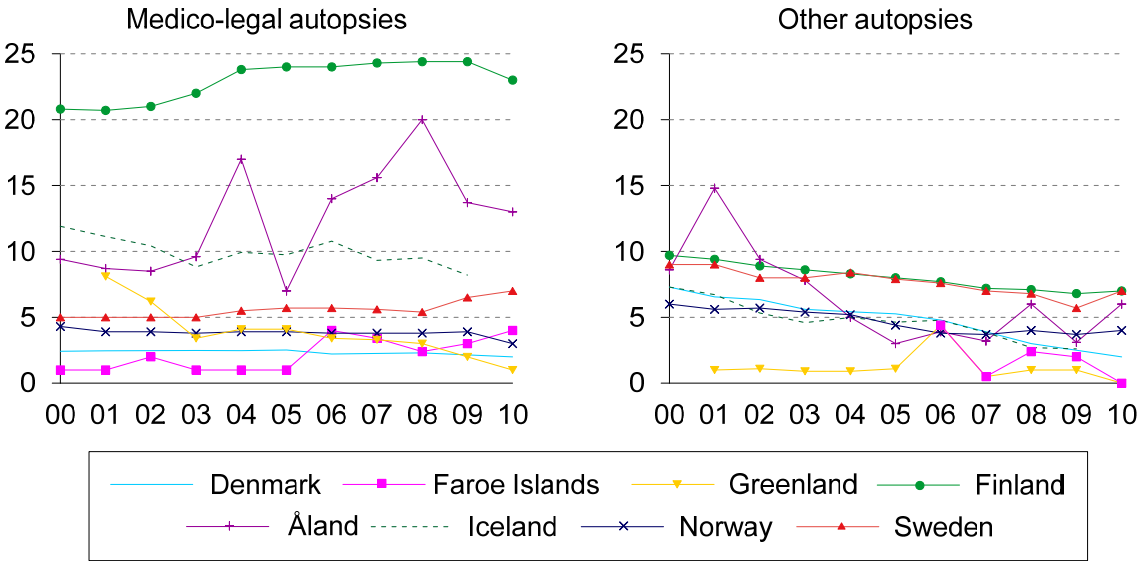
ICD-10: I469, I959, I99, J960, J969, P285.0, R000-R948, R99

Table 4.1.12 Autopsy rates as a percentage of all deaths, 2000-2010

	Denmark	Faroe Islands	Green-land	Finland	Åland	Iceland	Norway	Sweden
Medico-legal autopsies								
2000	2	1	..	21	9	12	4	5
2005	3	1	4	24	7	10	4	6
2009	2	3	2	24	14	8	4	7
2010	2	4	1	23	13	..	3	7
Other autopsies								
2000	7	..	..	10	9	7	6	9
2005	5	..	1	8	3	5	4	8
2009	3	2	1	7	3	3	4	6
2010	2	0	0	7	6	..	4	7

Source: The national registers for causes of death

Figure 4.1.8 Autopsy rates as a percentage of all deaths, 2000-2010



Source: Table 4.1.12

Chapter 5

Resources

Extra material
OECD: www.oecd.org

Introduction

This chapter describes available resources and utilization of resources in the health sector. It begins with a description of the financing of health services, including user charges. Then follows an overview of the total health care expenditure, then a detailed description of the expenditure on pharmaceutical products, followed by a description of health care personnel, and capacity and services in hospitals.

5.1 Financing of Health Services

In the Nordic countries, health services are mainly financed by the public authorities. In Iceland and Greenland, financing is primarily provided by the government, while financing in the other countries mainly comes from county and/or municipal taxes and block grants from the governments. With the exception of Greenland, citizens in the Nordic countries contribute directly to the financing, partly through insurance schemes, partly by paying user charges. Only Denmark and Norway use DRG (diagnosis-related groups) in their financing models.

DENMARK: In the case of Denmark, the Structure Reform resulted in the regions becoming responsible for the health sector from 1 January 2007. A new financial system for the regions was consequently agreed upon. About three quarters of the regions' expenditure are financed through block grants from the state. The rest is financed through a basic contribution from the municipalities, along with municipal and state subsidies that are dependent on activities.

FINLAND: The health care system is highly decentralised. Responsibility for providing health care is devolved to the municipalities (local government). The publicly funded system is divided into three levels. Alongside this is a much smaller private health care system. The three different health care levels that receive public funding are municipal health care, private health care and occupational health care systems.

Municipal financing is based on taxes while the National Health Insurance financing is based on compulsory insurance fees. Municipalities fund municipal health care services (except out-patient pharmaceutical product and transport costs) and the National Health Insurance funds for example private health care, occupational health care, out-patient pharmaceutical products and transport costs, as well as most health-related benefits, such as sickness benefits and maternity benefits.

NORWAY: A financing model for somatic hospitals was established in Norway (as from 1 July 1997) that combines block grants and fee-for-service financing. The scheme is regularly evaluated and adjusted. Fee-for-service financing is based on the principle that a service provider (i.e. the hospital) is paid on the basis of services rendered. The scheme involves the state reimbursing a percentage of the average DRG expenses (Diagnosis Related Groups) in connection with treatment of patients.

SWEDEN: The state is responsible for the overall health policy and provides block grants to the county authorities for provision of health services. The largest proportion of funding for health services comes from taxes. Most of the funding for services provided by the county authorities comes from county taxes, and the rest from block grants from the state. Each county authority decides the level of county taxes itself, and how funding shall be allocated. The county authorities also receive revenue from patient fees and sale of services. The largest proportion of the budget of the county authorities is used to provide health services and dental services.

5.2 Charges for Health Care Services per 1 January 2011

Medical visits

DENMARK: As can be seen from the overview, no user charges are payable in Denmark, the Faroe Islands and Greenland.

FINLAND: The following charges are payable for primary care at health care centres:

- A fixed annual charge of no more than EUR 27.50 in a year, or
- A fixed charge per visit of no more than EUR 13.80. The charge is payable for the first three visits to the same health care centre in the same calendar year only

A charge of 18.90 EUR is payable for visits to health care centres on working days between 8 pm and 8 am and for visits on Saturdays, Sundays and holidays.

The charges do not apply to people under the age of 18.

Reimbursement of private physicians' fees is based on fixed charges. The National Social Insurance Institution reimburses 60 per cent of the physician’s fee. However, in most cases the actual charge is higher and thus the reimbursement is less than 40 per cent.

ÅLAND: For medical consultations within the primary health service at a clinic, or for home visits, there is a user charge of EUR 22. The fee for a visit to a casualty department is EUR 32. Children and young people under the age of 18 pay half of the fee.

If there is a waiting period of 45 minutes or more in connection with a scheduled visit, the user charge is reimbursed.

ICELAND: (from 1 January 2012) Preventive health care consultations for pregnant women and mothers with infants, and school health care are free of charge.

The user charge for a consultation in a health care centre or with a private general medical practitioner during normal working hours is ISK 1 000, and ISK 800 for 67-69-year-olds who do not have a pension or who have a reduced pension. The charge is ISK 500 for other pensioners, disabled people and long-term unemployed people. There is no user charge for children under 18. Outside normal working hours, the charges are ISK 2 600, ISK 2 080 and ISK 1 300. Charges for home visits are ISK 2 800, ISK 2 200 and ISK 1 400 during day time, while charges for evenings and nights are ISK 3 800, ISK 3 200 and ISK 1 850.

The user charge for a consultation with a specialist is either ISK 4 200 plus 40 per cent of the remaining cost of the consultation, or ISK 3 300 or 1 500 plus 13.3 per cent of the remaining cost for the consultation. The user charge for children under 18 years is one ninth of the total charge with a minimum of ISK 690. There is no user charge for disabled and chronically ill children. The maximum charge is ISK 29 500 in all instances.

The same user charges apply for out-patient treatment in hospitals (with the exception of children, for whom there is no charge). Different charges apply for treatment in emergency units and with other physicians, and for laboratory tests, radiographs and diagnostic examinations.

User charges for persons who have been continuously unemployed for a period of 6 months or longer are the same as for pensioners.

NORWAY: There are user charges for consultations with general medical practitioners and specialists, out-patient treatment in hospitals and treatment in emergency units.

The user charges for a consultation with a physician and for emergency services are: general practitioner: NOK 136 (day), NOK 229 (evening), specialist: NOK 180 (day) and NOK 269 (evening).

User charges for a home visit are: general practitioner: NOK 180 (day) and NOK 295 (evening), specialist: NOK 210 (day) and NOK 325 (evening).

User charge for a consultation at a hospital out-patient department is NOK 307.

User charges for laboratory tests, histological tests and cytological tests are NOK 47.

User charges for a radiograph or an ultrasound examination are NOK 218.

User charge for assisted fertilization is NOK 1 500. In addition, there is a user charge of NOK 15 000 for drugs used in connection with the treatment.

User charges for sterilization is NOK 1 268 for men and NOK 6 079 for women (if there is no medical indication for the operation).

Children under the age of 16 do not pay user charges for the services mentioned above.

There are no user charges for treatment with a psychologist for children and young people under 18 years of age and patients with HIV infection.

SWEDEN: In Sweden, county authorities can decide themselves the level of user charges for different types of visits and treatment. In 1981, the cost ceiling system was introduced in the health care services. The cost ceiling is regulated in the Act on health care services and applies to all counties. The present system was introduced in 1997, with separate cost ceilings for out-patient visits to the doctor (SEK 900) and

for pharmaceutical products (SEK 1800) with a successive reduction of patient fees for pharmaceutical products. If a parent has several children under 18 years of age, the children are exempt from charges when the total expenses reach SEK 900.

User charges for primary health care vary from SEK 100 to SEK 200 per visit. An extra charge of between SEK 0-150 is payable for home visits, and of SEK 0-100 for telephone prescriptions.

User charges for a consultation with a physician

	Are there consistent rules for the whole country?	Amount of user charge	Deviations	Share of user charge of the total cost of medical visits
Denmark	Yes	-	No	-
Faroe Islands	Yes	-	No	-
Greenland	Yes	-	No	-
Finland	Yes	Public: EUR 0-13.80. EUR 18.90 for visits between 8 pm and 8 am on weekdays or on Saturdays, Sundays or public holidays. Private: min. 60 per cent	No charge for children under the age of 18 years	26 per cent
Åland	Yes	EUR 22. EUR 11 for children and youth under the age of 18 years	Free treatment after paying EUR 375. Free treatment for children under 18 and people 65+ and disability pensioners after paying EUR 120	..
Iceland	Yes	ISK 1 000-3 800 in primary care, other fees for specialized care	Half the amount of ISK 500-1 850 for pensioners, disabled and long-term unemployed people. ISK 800-3 200 for 67-69-year-olds with no or a reduced pension. No charge for children under the age of 18 years	Varies
Norway	Yes	Consultation with: a general practitioner: NOK 136 (day), NOK 229 (evening), with a specialist: NOK 180 (day) NOK 269 (evening)	No charge for children under 16 years	Approx. 35 per cent
Sweden	No	SEK 100–300	Yes	..

User charges for out-patient consultations with a specialist vary from SEK 230 to SEK 320. If the patient has a referral from the primary health service, the patient fee is between SEK 80 and SEK 300 per visit.

User charges for visits to an emergency unit vary from SEK 200 to SEK 300. Nearly all the county authorities have decided that children and young people un-der the age of 20 are exempt from paying user charges for out-patient treatment. This exemption lasts until the young person's 20th birthday.

Reimbursement for Pharmaceuticals

DENMARK: There are no fixed percentages for reimbursement of fees for pharmaceutical products in Denmark, as the reimbursement depends on the amount of pharmaceutical products used by the individual patient. The percentage of reimbursement increases proportionally with the patient's use of pharmaceutical products.

Reimbursable pharmaceutical products are products with a documented and valuable therapeutic effect for a clear indication, where the price of the pharmaceutical product is reasonable in relation to its therapeutic value.

An individually assessed subsidy may be granted for pharmaceuticals that are not subject to a general subsidy by submitting an application through one's own doctor to the Danish Medicines Agency.

The Danish Medicines Agency determines a reference price for each group of pharmaceutical products covered by the reference price system. The reference price forms the basis for the calculation of the subsidy.

The subsidy is calculated on the basis of the reference price of each packet. Thus, the subsidy cannot be higher than the actual cost of the pharmaceutical product. Subsidies based on need are not changed.

The aim of the system is that physicians and dentists choose the cheapest product on the market (substitution). In special cases, the physician or dentist can choose not to substitute, if he or she finds that substitution by the pharmacy is not appropriate.

Current prices are determined for all pharmaceutical products on the market that have a marketing licence.

Since the liberalization in October 2001, there are now more than 1 500 authorized agents for non-prescription pharmaceutical products for people and/or animals.

All authorized businesses, irrespective of the selection of pharmaceutical products which they sell, must follow the current regulations relating to storage and quality of pharmaceutical products, and the prohibition against self-service sale and sale to children under 15 years of age.

In addition, agents for non-prescription pharmaceutical products for people shall offer a basic selection of goods, determined by legislation. For certain non-prescription pharmaceutical products, such as drugs for pain relief, no more than one packet can be sold per customer per day.

A list of pharmaceutical products that can be sold outside pharmacies can be found on the web site of the Danish Medicines Agency: www.laegemiddelstyrelsen.dk

FAROE ISLANDS: Part of the cost of pharmaceutical products is covered by health insurance contributions, and part is covered by patient contributions. Pensioners are reimbursed user charges exceeding a certain amount. The same applies to people who have been granted pharmaceutical products in accordance with the Social Security Act.

GREENLAND: All pharmaceutical products are distributed through the health service except for certain non-prescription pharmaceutical products. These are available, to a very limited degree, from certain general stores. Non-prescription pharmaceutical products are distributed to a varying degree by district health services. Pharmaceuticals distributed by the health services are free.

FINLAND AND ÅLAND: There are three payment categories (42, 72 and 100 per cent) for prescription pharmaceutical products, and reimbursement is calculated separately for each purchase and for each category. However, there is a user charge of EUR 3 for pharmaceutical products with 100 per cent reimbursement.

Some new and expensive drugs (e.g. for dementia and multiple sclerosis) are in special cases paid for by the hospital or municipality. New drugs are not automatically covered by the reimbursement scheme, and many drugs are marketed without any reimbursement. Health economists have gained more and more influence as to which products should be reimbursed.

In addition to reimbursement for medicines, reimbursement can also be given for special diets for some treatment-intensive diseases and for ointments used in the treatment of chronic skin diseases.

As a main rule, the health insurance scheme reimburses expenditure on prescription pharmaceutical products exceeding EUR 700.92 in the course of one calendar year (excluding user charges of EUR 1.50 per product per purchase).

ICELAND: Pharmaceutical products for the treatment of certain diseases are paid for entirely by the health insurance scheme. For other types of pharmaceutical products, patients pay the full amount themselves.

In special, individual cases, reimbursement by the health insurance scheme may be higher, so that the user charges become lower than shown in the overview.

There is a reference price system. For generic drugs of the same type, strength and pack-age size, the reimbursement is calculated in relation to the maximum reference price, i.e. the lowest priced generic product. The present reference price list covers about one fourth of the registered products.

NORWAY: There are two types of reimbursement schemes for pharmaceutical products: re-imbursement authorized in advance (blue prescription) and partial reimbursement with contribution (white prescription).

Blue prescription: Most pharmaceutical products are reimbursed according to a system based on diagnoses and approved pharmaceutical products prescribed by a physician.

User charges for pharmaceutical products on blue prescription are 38 per cent of the prescription cost, up to a maximum of NOK 520 per prescription up to a quantity corresponding to 3 months' use.

White prescription: Normally the patient pays the full cost of pharmaceutical products on a white prescription. In some cases, the cost can be partially reimbursed through the reimbursement scheme. The patient pays the full cost of the pharmaceutical product at the pharmacy. When the cost has reached a maximum amount, the patient can apply to have further costs reimbursed.

The National Insurance Scheme covers 90 per cent of expenses exceeding the maximum limit.

The maximum limit for ordinary reimbursement is NOK 1 600.

SWEDEN: Certain pharmaceutical products are included in the cost ceiling arrangement. This means that part of the cost of the pharmaceutical product is refunded by the state through taxation. The Dental and Pharmaceutical Benefits Agency (TLV) is a state authority whose remit is to determine which medicinal products, disposable items and dental treatment shall be included in the cost ceiling arrangement. Different types of pharmaceutical products are included in the cost ceiling arrangement, including disposable items and contraceptives. Besides, some non-prescription pharmaceuticals are included in the cost ceiling arrangement.

According to the legislation, pharmacies have a duty to substitute pharmaceutical products with cheaper generic alternatives. Generic alternatives are pharmaceutical products that have been approved by the Medical Products Agency as having the same function, quality and safety as the original pharmaceutical product.

User charges, i.e. the part of the cost paid for by the patient, are as follows:

- the whole cost up to SEK 900
- 50 per cent of the cost in the range SEK 900 1 700
- 25 per cent of the cost in the range SEK 1 700 3 300
- 10 per cent of the cost in the range SEK 3 300 4 300
- 0 per cent of costs exceeding SEK 4 300

When a patient has paid a total of SEK 1 800 in a 12-month-period, the patient receives pharmaceutical products and disposable items free of charge for the rest of the period.

User charges for pharmaceutical products

	Are there consistent rules for the whole country?	Amount of user charge	Deviations	Share of user charge of the total cost of pharmaceutical products
Denmark	Yes	Reimbursement dependent on the level of the patient's consumption of drugs in the primary sector	No	..
Faroe Islands	Yes	..	No	..
Greenland	Yes	-	No	-
Finland	Yes	58 per cent of the cost	For certain diseases EUR 3 or 28 per cent of the cost are paid (dis-ease specific)	44 per cent
Åland	Yes	As in Finland	As in Finland	-
Iceland	Yes	Dependent on the type of product	Pensioners, children, unemployed and disabled people: ISK 800 + 50 per cent of the remaining cost, but max. ISK 1 350/1 700	Approx. 37 per cent
Norway	Yes	38 p.c. of the cost, maximum NOK 520 per prescription	No user charge for children under 16 years	..
Sweden	Yes	SEK 0-1 800	-	..

Treatment in hospitals

As shown in the overview, there are no user charges for hospitalization in Denmark, the Faroe Islands, Greenland, Iceland and Norway. In Iceland and Norway, however, there is a charge for specialist out-patient treatment in hospitals, cf. the section on consultations with a physician. There are private hospitals in most of the Nordic countries, which provide all or some of their services to the public health service, but according to somewhat different regulations in the different countries.

FINLAND OG ÅLAND: Patients pay a charge for admission to hospitals and health care centres: EUR 32.60 (Åland EUR 30; people under the age of 18 EUR 15), and psychiatric departments: EUR 15 (Åland EUR 30). The charge for rehabilitation is EUR 11.30 per treatment day, and the maximum user charge for day surgery is EUR 90.30 (Åland EUR 60) plus EUR 32.60, if the patient has to stay overnight. A series of treatment costs EUR 7.50 per visit (Åland EUR 8) (max. 45 times per year).

SWEDEN: To a large extent, the county authorities and the municipalities can decide themselves about patient charges for a visit to the doctor and for other health ser-

vices. For a hospital stay, there is a charge per day of a maximum of SEK 80. The amount varies in different counties from SEK 0 to 80, depending on the patient's income, age and length of stay.

Most county authorities have no user charges for in-patient treatment in hospitals for persons under 20 years of age.

User charges for hospitalization

	Are there consistent rules for the whole country?	Amount of user charge	Deviations	Share of user charges of the total cost of hospitalization
Denmark	Yes	-	No	-
Faroe Islands	Yes	-	No	-
Greenland	Yes	-	No	-
Finland	Yes	EUR 32.60 per day in overnight care, and for day surgery EUR 90.30	For children 0–17 years max. for 7 days. Payment for long-term stay according to means	7 pct.
Åland	Yes	EUR 30; EUR 15 for people under the age of 18 years and for day surgery EUR 54	Payment for long-term stay according to means	..
Iceland	Yes	-	No	-
Norway	Yes	-	No	-
Sweden	No	0-80 SEK/dag	County councils and regions decide charges	..

Reimbursement for dental treatment

In all countries, part of the cost of dental treatment is refunded in the following cases: dental treatment that is necessary to prevent serious complications due to infection in the teeth and periodontium, for immuno-compromised patients, such as patients with leukaemia or head and neck cancer, patients waiting for a transplant, patients who need bone marrow transplants, and patient groups with similar problems.

DENMARK: Reimbursement is provided by the public health insurance scheme. Adults typically pay 60 per cent of the agreed fees. No subsidy is granted for dentures.

Municipal and regional dental services are regulated by the health legislation.

In addition, approximately 1.9 million Danes are covered by a private insurance scheme. Some schemes provide subsidies for dental treatment.

Children and young people under 18 years of age receive free municipal dental care including orthodontic treatment. Children under 16 years of age, who wish to have treatment that is not provided free of charge by the municipal council, may – by

paying a user charge – choose to be treated in a private clinic of their own choice or at a public dental clinic in another municipality. Elderly people who live in a nursing home or in their own home with technical aids are offered dental care for which there is a maximum annual charge of DKK 465 from 1 January 2012. In addition, the municipalities provide a subsidy for dentures in cases of impaired function or disFigureement resulting from damage caused by accidents.

The municipality offers specialist dental treatment to persons, who because of psychiatric illness or mental disability cannot use the existing dental services for children and young people, for adults, or for people needing special care. For these services, the region, from 1 January 2012, charges the patient a maximum of DKK 1 725 per year.

The region offers specialized dental care (regional dental service) or highly specialized dental care (in dental research centres) to children and young people with dental conditions that would lead to a permanent functional reduction if left untreated.

In addition, the region grants a special reimbursement for dental care for cancer patients, who either due to radiation of the head and neck or due to chemotherapy suffer from considerable documented dental problems, and to persons who due to Sjögrens syndrome suffer from considerable documented dental problems. From 1 January 2012, the region can demand a user payment of a maximum of DKK 1 725 annually for these services. Finally, the region provides highly specialized dental advice, examination and treatment (in dental research centres) for patients with rare diseases and disabilities, for whom the underlying disease can lead to special problems with their teeth, mouth or jaws.

Oral and maxillofacial surgery is carried out in the hospitals and is paid for by the regions in accordance with the health legislation.

In addition to the general rules outlined above, the municipalities can provide support for necessary dental treatment in accordance with the legislation relating to social services.

FAROE ISLANDS: Dental treatment is mainly provided by private dentists. Payment is therefore partly private, and partly subsidized (about half of the costs) by the health insurance scheme.

The municipalities provide a free dental service for children up to the age of 16. This service also provides special dental care, such as orthodontic treatment.

Reimbursement of expenses for treatment of congenital diseases or disease-related dental conditions can be claimed according to the social legislation.

GREENLAND: All public dental care is free of charge. There is limited access to private dentists. All private dental treatment is paid for by the patient.

FINLAND: There is a basic fee of EUR 7.50 per visit for dental treatment at a health care centre, EUR 9.60 per visit to a dentist, and EUR 14.00 for a visit to a specialist. In addition to this, user fees of EUR 6.20-163.00 can be charged, dependent on the type of treatment provided.

The health insurance scheme reimburses 60 per cent of the treatment costs within the rates fixed by the Social Insurance Institution for one annual dental examination in the private dental service. Orthodontic treatment is only reimbursed if the treatment is necessary to prevent other illnesses. Expenditure on dentures and dental laboratory costs are not included in the reimbursement scheme.

Expenses for laboratory and X-ray examinations ordered by a dentist are refundable. Expenses for drugs prescribed by a dentist and travelling costs to visit a dentist are refundable under the same terms as for medical prescriptions and travelling costs to visit a physician.

ÅLAND: All public dental treatment for persons under 19 years of age is free of charge. For others, the cost of a dental visit is EUR 10 with additional standard fees for treatment and examinations. The patient pays the actual cost of orthodontic treatment and prosthetic treatment. The same rules as in Finland apply for treatment with private dentists.

ICELAND: The health insurance scheme in Iceland pays according to a rate fixed by the health insurance scheme. This rate is generally different from the rate used by private dentists, as private dentists in Iceland are allowed to set their own fees.

The health insurance scheme offers partial reimbursement of the cost of dental treatment for children under 18 and adults aged 67 years or older. According to a special contract between the state and the private dentists, 3-year-old and 6-year-old children get an oral examination, fluoride varnish and prophylaxis with oral hygiene instruction for free. 12-year-old children get the same, plus an X-ray examination, if indicated.

For children under 18, 75 per cent (according to the rates of the social insurance scheme) of the cost of most dental treatment is reimbursed, with the exception of gold and porcelain crowns, bridges and orthodontic treatment.

The cost of orthodontic treatment can be reimbursed by up to ISK 150 000 according to special rules. People with chronic illnesses, old-age pensioners and disability pensioners also have their costs covered in full or in part.

For this group, 50, 75 or 100 per cent of the cost (according to the rates of the social insurance scheme) of dental treatment may be covered. Full dentures and partial dentures are covered. Gold and porcelain crowns or bridges and implants can be reimbursed by up to ISK 80 000 per year.

The cost of implants are also included for those who cannot use full dentures. Partial reimbursement is given to pensioners who cannot use full dentures due to ridge resorption or other problems.

95 per cent of the cost of dental treatment (including orthodontic treatment) for congenital malformations and serious abnormalities such as cleft palate and aplasia, and the cost of dental treatment necessary because of accidents and illness, is reimbursed, according to special rules.

Dental treatment is not subsidized for the rest of the population. No private dental insurance is available either.

NORWAY: Most people pay the cost of dental treatment themselves.

Adults over 20 years of age normally pay for their own dental treatment.

When dental treatment is needed because of several defined diseases/conditions /injuries, the patient can receive reimbursement/benefit from the National Insurance Scheme. The public dental service offers free treatment to the following groups:

- children and young people under the age of 18 years
- people with mental disabilities
- elderly people, people with chronic illnesses and disabled people who are either living in institutions or receiving home nursing services
- other groups of people with special needs, e.g. people in prison

Adolescents 19-20 years of age receive subsidized dental care. The county authorities cover a minimum of 75 per cent of the cost of dental treatment for this group.

The National Insurance Scheme covers part of the cost of necessary orthodontic treatment for children up to the age of 18.

SWEDEN: According to the Act relating to dental services, children and young people have the right to regular and comprehensive dental care until and including the calendar year in which they reach 19 years of age.

Regular dental care means that young people under 20 years of age shall receive dental treatment so often that good oral health can be maintained. Comprehensive dental care means that young people under 20 years of age shall receive general dental care and specialist dental care.

People of 20+ years have to pay for their dental treatment themselves. People between the ages of 20 and 29 receive a general subsidy in the form of a single grant from the Swedish Social Insurance Agency of SEK 600 every other year. People between the ages of 30 and 75 receive a grant of SEK 300 every other year, and people over 75 receive a grant of SEK 600 every other year.

All adults are also included in the cost ceiling arrangement. This means that patients pay 50 per cent of the cost between SEK 3 000 and SEK 15 000. and 15 per cent of the cost for expenses above this amount.

Adults mainly have to pay for their dental treatment themselves. However, some people with specific illnesses, elderly people and people with functional disabilities, have the right to receive reimbursements for dental treatment from the county authorities. This includes reimbursement for preventive care, necessary treatment, dental treatment that is part of the treatment of a disease, and dental aids.

Apart from providing free dental treatment for children and young people, the county authorities and the regions have responsibility for: oral surgery in hospitals, dental treatment that is part of the treatment of a disease, and dental treatment for people who have difficulty in maintaining their own oral health. Special regulations for reimbursement of dental expenses apply for these groups.

Maximum user charges

DENMARK: There are no rules for maximum user charges, with the exception of pharmaceutical products and dental treatment in Denmark (cf. the section on reimbursement for dental treatment).

GREENLAND: There are no user charges in Greenland with the exception of non-prescriptive medicines and some forms of dental treatment (cf. the sections on reimbursement for pharmaceutical products and reimbursement for dental treatment). There are no rules concerning maximum user charges.

FAROE ISLANDS: Apart from pharmaceutical products and dental treatment, there are no user charges in the Faroe Islands (cf. the sections on reimbursement for pharmaceutical products and reimbursement for dental treatment).

FINLAND: If the total cost of pharmaceutical products exceeds EUR 700.92 per year, or if travelling costs for treatment exceed EUR 157.25 per year, the Social Insurance Institution reimburses the excess costs.

If a person's ability to pay taxes is reduced because of sickness, a special tax relief may be granted. The amount of the tax relief is calculated on the basis of the person's and his/her family's ability to pay taxes.

User charges for a long-term stay in an institution or a hospital cannot exceed 85 per cent of a patient's/ resident's net income. A patient must have at least EUR 99 per month for personal necessities. The same charge is payable in all kinds of institutions within the social and health care sectors.

The so-called user charge ceiling of EUR 636 is applied by the municipal social and welfare sectors. Once the ceiling for the present calendar year is exceeded, the user may generally utilize services free of charge. The ceiling applies to physician services in the primary health care sector, physiotherapy, out-patient treatment, day surgery and short-term stays in institutions in the social and health sectors. Dental care, patient transport, certificates, laboratory tests and radiological examinations requisitioned by private physicians must still be paid for. Income-regulated payments are not included in the maximum amount.

Payments made for children under 18 years of age are added to the amount paid by the person who has paid the costs.

ÅLAND: The rules for maximum user charges for medicines and transport to and from treatment are the same as in Finland.

The maximum user charge for health care and out-patient treatment is EUR 375 within one calendar year, after which there is no charge for the remainder of the year, with the exception of short-term stays in institutions/hospitals, where the charge is reduced from EUR 30 per day to EUR 10 per day.

For children and young people under the age of 18 and people over the age of 65, the maximum amount for patient fees is EUR 120 per calendar year. After this amount has been reached, all treatment for children and young people is free. The fee per day for a hospital stay for persons aged 65 years and older is reduced from EUR 30 to EUR 10.

As part of the maximum user charge, payment for out-patient treatment and services received outside the county are also included. Dental treatment and X-ray and laboratory examinations are not included. User charges may be deducted from municipal tax.

ICELAND: Within the present system, user charges are reimbursed for people aged 18-70 years of age and unemployed people, if the costs exceed ISK 29 500 during one calendar year.

The same applies to children under 18 if charges exceed ISK 8 900.

User charges exceeding ISK 23 600 are reimbursed for people aged 67-69 who have either no pension or reduced pension.

User charges exceeding ISK 7 400 are reimbursed for the following groups: people aged 60-70 who receive a full basic pension, pensioners aged 70 years or older, and disabled people.

If there are one or more children under the age of 18 in one family, they count as one person in relation to the cost ceiling.

When the cost ceiling has been reached, an insured person receives a discount card, which guarantees full or partial reimbursement for the rest of the year, according to certain rules.

The cost ceiling scheme covers the following services: consultation with a general medical practitioner or a specialist, home visit by a physician, out-patient treatment in a hospital or a casualty department, and laboratory examinations and X-ray treatment. The scheme does not cover treatment for in vitro fertilization.

NORWAY: When a patient has paid user charges up to a certain amount, he or she receives an ex-emption card. All further treatment is then free for the rest of the year.

There are two exemption card arrangements in Norway, exemption scheme 1 and exemption scheme 2. They cover different health services.

The following types of treatment and health services are included in exemption scheme 1:

- physician
- psychologist
- out-patient treatment
- X-ray examination
- travel costs
- pharmaceutical products (blue prescription)

The following types of treatment and health services are included in exemption scheme 2:

- examination and treatment by a physiotherapist
- certain types of dental treatment
- •stays in approved rehabilitation institutions
- •travel abroad for treatment under the auspices of Rikshospitalet University Hospital

The cost ceiling was NOK 1 880 for exemption scheme 1 and NOK 2 560 for exemption scheme 2 in 2011.

SWEDEN: Special regulations apply for the cost ceiling arrangement for pharmaceutical products and health care.

5.3 Health Care Expenditure

Development of health care expenditure

Health plays a central role in peoples' everyday life and is an issue that people are concerned about. Thus, health is often a topic for debate, and health issues receive much attention in the press. Attention is particularly focussed on production of health services. Questions are asked about whether health services are adequate and about what health care costs society and individuals. The increasing cost of health care is an issue of concern in many countries. According to the OECD, the reason for this concern is that health services are mainly publicly financed and so increasing health care expenditure is an extra burden on public budgets and, if priorities are not changed, this will lead to higher taxes for both citizens and companies.

In the Nordic countries, between 75 and 85 per cent of the health care expenditure is publicly financed. In 2008, the level of public financing was lowest in Finland.

Measured in relation to gross domestic product (GDP), health care expenditure has been relatively stable or has shown a slight increase in the second half of the 1990s and the be-ginning of this century. Health care expenditure represents between 8 and 9 per cent of GDP.

Table 5.3.3 shows health care expenditure per inhabitant, which was highest in Norway and lowest in Greenland.

Changes in the recording of health care expenditure

Health care expenditure includes all expenditure, both private and public, on consumption or investment in health services, etc. The expenditure can be financed by both private and public sources, including by households. Examples of health care expenditure by house-holds are the cost of spectacles, orthopaedic items, pharmaceutical products, dental treatment, medical treatment, physiotherapy services and other health services. Other types of expenditure include national insurance or private insurance reimbursements for use of health services, and public expenditure (net) on hospitals and primary health services, etc.

Public expenditure on preventive measures and administration of health services is included. Expenditure on running private hospitals that are not included in the public budget is also included.

Health care expenditure also includes part of the expenditure on nursing and care for elderly people and people with disabilities. According to international guidelines, this applies to the part of expenditure on nursing and care that can be specified as expenditure related to health. Services for elderly people and people with disabilities are often integrated, and it can be difficult to draw a clear boundaries between

what should be defined as expenditure on health services and what should be defined as expenditure on social services. What is included as expenditure on health services can vary for the different countries.

There will always be such problems when one compares statistics from several countries. This does not mean that comparisons are worthless, but one must be aware that some of the observed differences can be the result of different definitions and boundaries.

In order to ensure the best possible comparability of statistics, international organizations such as the OECD, the UN and EUROSTAT work on producing classifications, standards and definitions. The OECD have for example developed "A System of Health Accounts". This accounting system has been developed in order to meet the political needs for data, and also the needs of researchers in this area. The common framework that the system is built on will ensure that the comparability of data between countries and over time is as good as possible. The system is also developed to provide comparable statistics, independently of how health services are organized in the countries.

All the Nordic countries have implemented, or are in the process of implementing, OECD's system of health accounts, and the Figures presented in this publication are based on this system. Not all the countries have come equally far in implementing the system, but at the aggregated level on which the data are presented here, the data are assessed as being comparable. However, the unsolved problems faced by the countries, and the different solutions they have found, must be taken into account when interpreting the data. For example, the reason that per capita health care expenditure in Finland is 30 per cent lower than in the other countries, may be because the boundary for what is included as health care expenditure on care of the elderly may be different from that in the other countries. At the same time, Table 5.3.3 shows that health care expenditure per capita in Norway is substantially higher than in the other countries. It is important to be aware of the fact that OECD's system of health accounts and EUROSTAT's ESSPROS system are very different. Thus data on health care expenditure from these two sources are very different. EUROSTAT data are published by NOSOSCO in the publication Social Protection in the Nordic Countries.

ESSPROS includes all social arrangements, both public and private. The statistics include pension schemes, insurance schemes, humanitarian organizations and other charitable organizations. Insurance schemes are included if they are collective. This means that expenditure on health also includes sickness benefits (or salary paid during sickness) including sickness benefits paid by employers. These cash payments are not included in OECD's system, in which only expenditure on actual health services is included.

Development in the expenditure on medicinal products

Table 5.3.4 shows the total sales of pharmaceutical products according to the main ATC group for each of the Nordic countries 2009. In order to get a better basis for comparison, expenditure in Table 5.3.5 is presented in EUR per capita.

The pharmaceutical products for which expenditure is high are largely the same in all the Nordic countries.

It is difficult to compare expenditure on pharmaceutical products in the hospital sector among countries, as hospitals pay very different prices for the same medicines, and prices are very different from prices in pharmacies in the primary health sector.

Measured in EUR per capita, expenditure on pharmaceutical products is considerably higher in Iceland and lower in Greenland than in the other countries. The largest difference in expenditure on pharmaceutical products is for ATC group N.

Table 5.3.1 Total health care expenditure (million KR/EUR) 2010

	Denmark[1)]	Faroe Islands[1)]	Greenland	Finland[2)]	Iceland	Norway	Sweden
	DKK	DKK	DKK	EUR	ISK	NOK	SEK
Public financing	163 031	..	1 133	11 937	114 633	203 146	257 935
Private financing	28 770	..	-	4 053	27 939	34 397	60 315
Total health care expenditure	191 801	1 045	1 133	16 017	142 572	237 543	318 250

1 Data refer to 2009
2 Finnish data include Åland

Sources:OECD HEALTH DATA 2011. FO: Statistics Faroe Islands; G: Directorate of Health

Table 5.3.2 Total health care expenditure (EUR/capita) 2010

	Denmark[1)]	Faroe Islands[1)]	Greenland	Finland[2)]	Iceland	Norway	Sweden
Public financing	2 657	..	2 696	2 231	2 227	5 187	2 884
Private financing	469	..		755	543	878	674
Total health care expenditure	3 126	2 892	2 696	2 986	2 769	6 065	3 558

1 Data refer to 2009
2 Finnish data include Åland

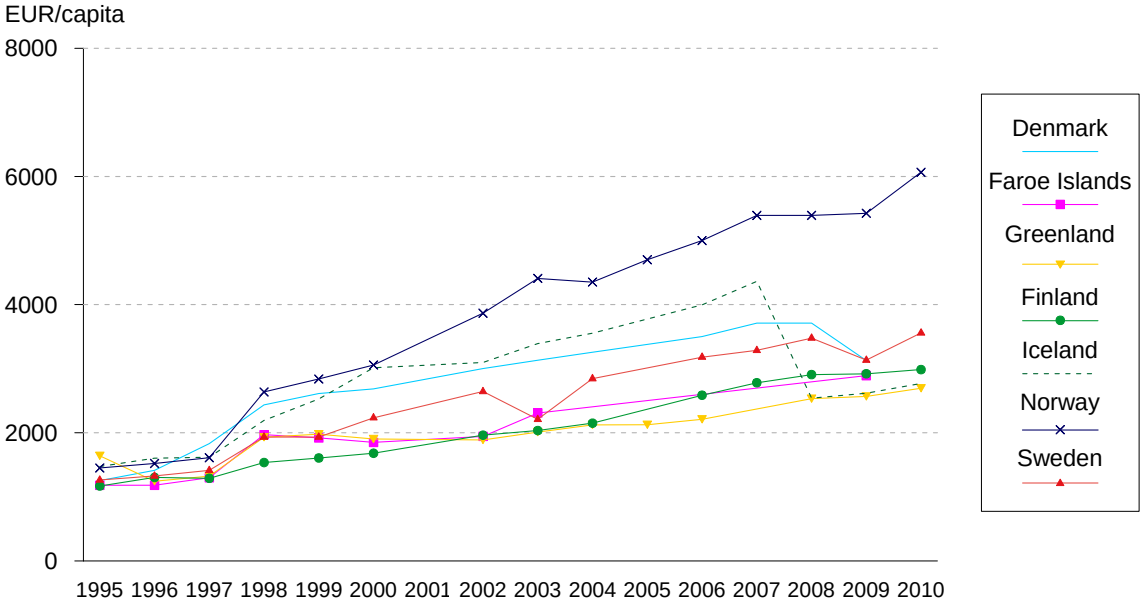
Sources:OECD HEALTH DATA 2011. FO: Statistics Faroe Islands; G: Directorate of Health

Table 5.3.3 GDP and health care expenditure in total and per capita, 2000-201

	Denmark[1)]	Faroe Islands	Greenland	Finland[2)]	Iceland	Norway[3)]	Sweden
	DKK	DKK	DKK	EUR	ISK	NOK	SEK
Total expenditure per capita 2010	23 284[3)]	..	20 075	2 986	448 331	48 338	33 935
GDP (million) 2010	1 667 839[3)]	..	12 295	180 253	1 534 227	2 523 226	3 330 581
Expenditure in 2009 prices (million)							
2000	..	..	..	10 846	..	..	..
2005	169 066	..	..	14 218	107 500	246 359	306 897
2009	198 359	1 045	..	15 876	146 198	247 234	328 117
2010	..	..	1 133	16 017	142 572	237 543	318 250
Expenditure as a percentage of GDP							
2000	7.8	8.5	8.9	7.2	9.5	6.5	8.2
2005	9.1	8.7	8.8	8.4	9.4	7.8	9.2
2009	11.4	..	8.9	9.1	9.7	9.8	10.0
2010	..	..	9.2	8.9	9.3	9.4	9.6

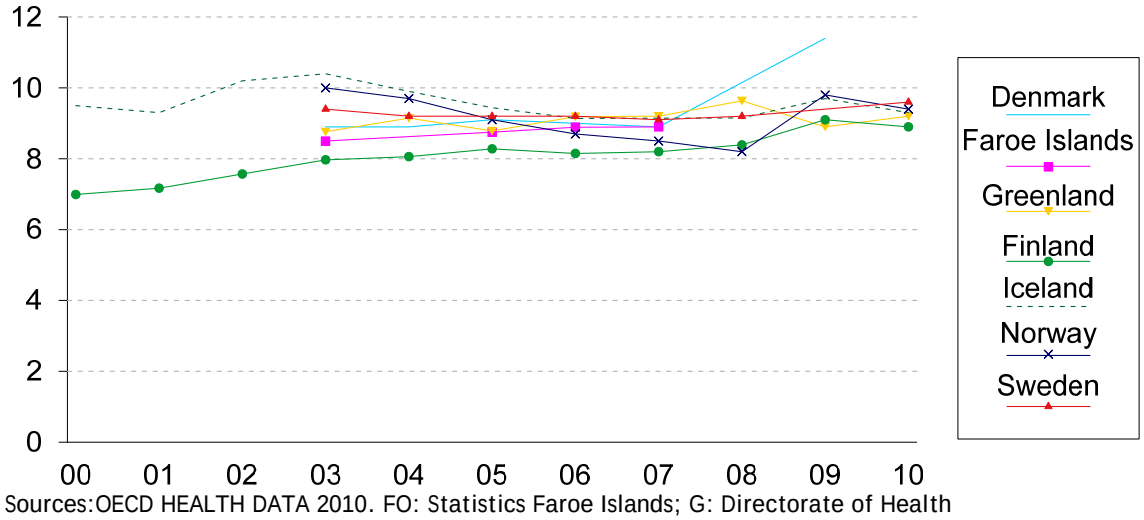
1 Changes in method of calculation from 2003 for Denmark, from 2000 for Norway and from 2001 for Sweden
2 Finnish data include Åland
3 2009
Sources:OECD HEALTH DATA 2011. FO: Statistics Faroe Islands; G: Directorate of Health

Figure 5.3.1 Total health care expenditure (EUR/capita) 1995-2009



Sources: Table 5.3.2

Figure 5.3.2 Health care expenditure as a percentage of GDP 2000-2009



Sources:OECD HEALTH DATA 2010. FO: Statistics Faroe Islands; G: Directorate of Health

Table 5.3.4 Sales of medicinal products by ATC-group, measured in pharmacy retail prices (million EUR), 2011

		Denmark[1)]	Faroe Islands	Green-land[2)]	Finland[3)]	Of which Åland[3)]	Iceland	Norway	Sweden
A	Alimentary tract and metabolism	226	2	1	351	1	11	229	413
B	Blood and blood-forming organs	162	2	0	149	1	8	154	355
C	Cardiovascular system	189	2	1	277	1	12	231	340
D	Dermatologicals	44	0	0	59	0	2	57	115
G	Genitourinary system and sex hormones	126	1	1	163	1	9	119	193
H	Systemic hormo-nal preparations,	67	1	0	56	0	4	57	105
J	excl. sex hor-mones and insu-lins	268	2	1	188	1	16	183	286
L	Anti-infectives for systemic use	540	4	2	432	3	27	431	761
M	Antineoplastic and immunomodulat-ing agents	86	0	0	141	1	5	81	121
N	Musculo-skeletal system	611	4	2	496	2	35	444	815
P	Nervous system	11	0	0	9	0	0	7	9
R	Antiparasitic products, insecti-cides	254	2	0	234	1	9	244	366
S	and repellents	79	1	0	57	0	2	59	111
V	Respiratory sys-tem	42	0	0	25	0	1	25	63
	Total	2 705	19	8	2 638	12	141	2 319	4 053

1 Total for hospitals and pharmacies. Prices are calculated using different methods
2 Calculated on the basis of the purchase prices paid to the Hospital Pharmacy in the County of Copenhagen by Greenland's health service
3 For Finland and Åland, sales in the primary health sector are calculated in PRP (pharmacy retail prices), and in the hospital sector in PPP (pharmacy purchase prices)

Sources: D: Statens Serum Institut; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 5.3.5 Sales of medicinal products by ATC-group, EUR/capita, 2011 - based on pharmacy retail prices

		Denmark[1)]	Faroe Islands	Green-land[2)]	Finland[3)]	Of which Åland[3)]	Iceland	Norway	Sweden
A	Alimentary tract and metabolism	41	45	8	65	44	36	46	44
B	Blood and blood-forming organs	29	31	5	28	32	24	31	38
C	Cardiovascular system	34	34	9	51	36	37	47	36
D	Dermatologicals	8	6	5	11	9	8	11	12
G	Genito-urinary system and sex hormones	23	17	10	30	24	27	24	20
H	Systemic hormo-nal preparations,	12	10	2	10	10	12	12	11
J	excl. sex hor-mones and insu-lins	48	40	21	35	31	50	37	30
L	Anti-infectives for systemic use	97	74	35	80	113	84	87	81
M	Antineoplastic and	16	8	2	26	21	15	16	13
N	immuno-modulating agents	110	78	32	92	61	109	90	87
P	Musculo-skeletal system	2	1	2	2	2	1	1	1
R	Nervous system	46	33	5	43	39	30	49	39
S	Antiparasitic products, insecti-cides	14	12	3	11	11	7	12	12
V	and repellents	8	4	5	5	5	4	5	7
	Total	487	394	146	488	437	444	468	430

1 Both for hospitals and pharmacies. Prices are calculated using different methods
2 Calculated on the basis of the purchase prices paid to the Hospital Pharmacy in the County of Copenhagen by Greenland's health service
3 For Finland and Åland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices)

Sources: See Table 5.3.4

5.4 Health Care Personnel

For many years, it has been difficult to obtain comparable data about health care personnel in the Nordic countries, because the sources for the data have been very different.

Therefore, in 2003, NOMESCO appointed a working group to obtain more comparable data, and to define health care personnel in the way that it is done for the health economy in OECD's "A System for Health Accounts".

For this purpose, it has been found to be most appropriate to use NACE's classification of occupations, linked to the registers of authorization for health care personnel. These registers are more comparable, though the data are still incomplete and there are some inaccuracies.

With the new definitions and groups, data on health care personnel for previous years (before 2004) are not comparable with more recent data, since data for new groups of health care personnel are included.

It should be noted that the group 'qualified auxiliary nurses' is now subdivided. Those with an education of at least 18 months remain in this group, while those with an education of less than 18 months are included in the group 'other health care personnel'. Since Sweden only has data for employees in the public service, data for these categories are not included. 'Other health care personnel with a higher education' is defined as personnel with a university degree, such as dieticians and pharmacists. Furthermore, for physicians a group is included with physicians who do not work in the social and health care sectors, and not with medicine.

Besides, the included data are registered at a given time of the year.

Table 5.4.1 Employed health care personnel in health and social services, 2010 (NACE 85.1 and 85.3)

	Denmark	Faroe Islands[1)]	Greenland	Finland	Åland	Iceland[2)]	Norway	Sweden[3)]
Physicians	19 173	91	93	15 450	77	1 146	20 114	34 532
Dentists	4 333	40	27	3 950	26	299	4 293	7 478
Dental hygienists	1 459	..	53	1 410	7	14	918	3 654
Dental surgery assistants	4 548	44	47	4 600	27	-	3 299	
Psychologists	4 794	4	3	3 110	8	-	4 361	5 419
Qualified nurses	55 342	291	240	56 720	382	2 653	78 857	97 881
Radiographers	1 437	8	13	2 560	7	115	2 534	891[4)]
Qualified auxiliary nurses	35 365	71	137		492	1 972	69 196	
Other health care personnel	58 191	8	52		92	-	152 773	
Midwives	1 644	20	11	2 040	18	250	2 571	6 735
Physiotherapists	8 104	17	16	9 540	24	473	8 762	11 343
Occupational therapists	5 826	9	5	-	8	194	2 618	7 964
Hospital laboratory technicians	5 611	32	23	4 860	19	308	4 729	7 744
Other health care personnel with a higher education	626	-	..		24	-	5 282	4 398[5)]

1 Data refer to 2007
2 Physicians licensed to practice in Iceland, up to 70 years old at end of year, with permanent residence and registered domicile in Iceland
3 November 2009
4 In addition to licensed radiographers, there are 2 494 qualified nurses with an older training who are deemed to be working as radiographers
5 Other health personnel requiring a license

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

Table 5.4.2 Employed health care personnel in health and social services per 100 000 inhabitants,2010 (NACE 85.1 and 85.3)

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
Physicians	348	189	165	290	276	359	408	368
Dentists	79	83	48	74	93	94	87	80
Dental hygienists	26	..	94	26	25	4	18	39
Dental surgery assis-tants	83	91	83	86	97	..	68	..
Psychologists	87	8	5	58	29	..	86	58
Qualified nurses	1 004	604	425	1 065	1 371	831	1 602	1 044
Radiographers	26	16	23	48	25	36	51	10
Qualified auxiliary nurses	642	146	242	-	1 766	618	1 478	..
Other health care personnel	1 056	16	92	-	330	..	3 113	..
Midwives	30	41	19	38	65	78	52	72
Physiotherapists	147	35	28	179	86	148	180	121
Occupational thera-pists	106	18	9	-	29	61	53	85
Hospital laboratory technicians	102	67	41	91	68	96	97	83
Other health care personnel with a higher education	11	-	..	..	86	..	105	47

Sources:D: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

Notes: See Table 5.4.2

Table 5.4.3 Employed physicians by specialty in health and social services, 2010 (NACE 85.1 and 85.3)

	Denmark	Faroe Islands[1)]	Greenland	Finland	Åland	Iceland[2)3)]	Norway	Sweden
General practice	4 110	28	50	1 739	18	182	2 415	5 634
Internal medicine	1 509	8	4	508	13	158	1 416	1 293
Paediatrics	374	3	2	630	3	57	457	945
Surgery	839	6	3	1 164	2	77	769	1 209
Plastic surgery	93	1	-	88		11	83	139
Gynaecology and obstetrics	502	2	3	666	5	38	543	1 280
Orthopaedic surgery, incl. hand surgery	627	2	3	472	3	39	442	1 209
Ophthalmology	285	2	1	448	1	33	341	681
Ear, nose and throat	320	1	1	332	1	21	273	560
Psychiatry	942	2	3	1 333	6	73	1 309	1 562
Skin and sexually transmitted diseases	152	-	-	186		18	136	353
Neurology	281	1	-	305		16	255	342
Oncology	123	-	4	144		15	154	337
Anaesthetics	903	4	4	735	4	59	716	1 465
Radiology	474	4	1	591	1	36	566	1 003
Clinical laboratory specialities incl. pathology	482	1	-	156		39	440	823
Other specialities	156	1	-	1 390	4	25	584	5 492
Specialists in total	12 172	38	79	11 621	61	897	10 899	24 327
Physicians without specialist authorization	7 001	25	14	..	14	249	9 215	10 205
Physicians in total within NACE 85.1 and 85.3	19 173	91	93	..	75	1 146	20 114	34 532

1 Data refer to 2007
2 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty
3 Physicians licensed to practice in Iceland, up to the age of 70 years at year-end, with permanent residence and registered domicile in Iceland

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: Finnish Medical Association; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

Table 5.4.4 Employed physicians by specialty in health and social services per 100 000 inhabitants, 2010 (NACE 85.1 and 85.3)

	Denmark	Faroe Islands[1)]	Greenland	Finland	Åland	Iceland	Norway	Sweden
General practice	75	58	88	33	65	57	50	60
Internal medicine	27	17	7	10	47	49	30	14
Paediatrics	7	6	4	12	11	18	10	10
Surgery	15	13	5	22	7	24	16	13
Plastic surgery	2	2	-	2	-	3	2	1
Gynaecology and obstetrics	9	4	5	13	18	12	11	14
Orthopaedic surgery, incl. hand surgery	11	4	5	9	11	12	9	13
Ophthalmology	5	4	2	8	4	10	7	7
Ear, nose and throat	6	2	2	6	4	7	6	6
Psychiatry	17	4	5	25	22	23	27	17
Skin and sexually	3	-	-	3	-	6	3	4
transmitted diseases	5	2	-	6	-	5	5	4
Neurology	2	-	7	3	-	5	3	4
Oncology	16	8	7	14	14	18	15	16
Anaesthetics	9	8	2	11	4	11	12	11
Radiology	9	2	-	3	-	12	9	9
Clinical laboratory specialities incl. pathology	3	2	-	26	14	8	12	59
Other specialities	221	79	140	218	219	281	227	259
Specialists in total	127	53	25	..	50	78	192	109
Physicians in total within NACE 85.1 and 85.3	348	190	165	..	269	359	419	368

1 Data refer to 2007

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

Table 5.4.5 Physicians in work, 2009

	Denmark	Faroe Islands[1)]	Greenland	Finland	Åland	Iceland[2)]	Norway	Sweden
Physicians employed in hospitals (NACE 85.1 and 85.3)	13 218	62	93	8 608	44	845	11 684	..
General practitioners (NACE 85.1 and 85.3)	4 277	28	0	7 859	14	190	5684	5 634
Of whom working without specialist authorization	371	..			12		2 693	..
Other physicians working outside hospitals (mainly privately practising specialists) (NACE 85.1 and 85.3)	1 678	1	0	4 007	17		2 746	
Physicians employed in administrative medicine (NACE 75.1)	220	1	5	332	2		395	926
Physicians employed within all other NACE codes	858	-	0	309			1 177	1 372
	1 241	-	88	376			1 562	1 864

1 Data refer to 2007
2 Estimate

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Boards of Health and Welfare

5.5 Capacity and Services in the Hospital Sector

For many years, there has been a trend in the Nordic countries towards fewer hospital beds. Resources have been concentrated in fewer units, often involving a division of work in the most specialized areas. Units have often been merged administratively, not necessarily leading to fewer physical units. No hospitals have been closed down in Norway during the last few years, but some of the existing hospitals have become smaller.

Another trend in the Nordic countries is that psychiatric hospitals are being closed down, however, to varying speed.

The structure is, however, somewhat different in Finland, Iceland and Greenland than in the other countries. A number of beds are attached to health care centres, and these beds appear in the tables as beds in "other hospitals". Some of these beds are for care of elderly people, and they are similar to beds in nursing homes and old peoples' homes in the other countries. Particularly for Finland and Iceland, this gives a larger number of beds in relation to the population than in the other countries.

Hospital beds are divided into medical, surgical, psychiatric and other beds. It is clearly indicated that, particularly for Finland and Iceland, the category 'other', includes activities that are not included in the other countries.

The tables on hospital discharges and average length of stay apply to patients admitted to ordinary hospitals and specialized hospitals. This limitation has been done in order to improve comparability between the countries.

The trend is that the number of treatment places and the average length of stay are reduced in ordinary hospitals. Within psychiatric treatment, there has been a trend towards the use of more out-patient treatment, for which reason the number of psychiatric beds has been reduced.

Table 5.5.1 Available hospital beds by speciality, 2010

	Denmark[3]	Faroe Islands[2]	Greenland	Finland[3]	Åland[3,4]	Norway	Sweden[2]
Number							
Somatic wards	13 877	165	106	9 639	98	14 516	21 204
Psychiatry	3 094	75	12	4 039	20	4 658	4 449
Other	.	-	224	17 739	68	1 870	-
Total	16 971	240	330	31 418	186	21 744	25 653
Beds per 100 000 inhabitants							
Somatic wards	250	339	118	180	352	299	229
Psychiatry	56	154	21	75	72	96	48
Other	.	-	397	331	244	38	-
Total	306	493	584	586	668	448	276

1 Total number of available beds reported by hospitals/regions per 31 December 2010
2 2009
3 The number of bed days divided by 365
4 Average for 2006-2010

Sources:D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; N: Statistics Norway; S: Swedish Association of Local Authorities and Regions

Table 5.5.2 Discharges, bed days and average length of stay in wards in general hospitals and specialized hospitals, 2010

	Denmark	Faroe Islands[1]	Greenland[2]	Finland	Åland	Iceland[1]	Norway	Sweden[3]
Discharges per								
1 000 inhabitants	242	210	112	181	180	136	169	145
Somatic wards	9	13	3	8	15	7	7	10
Psychiatry	250	224	115	188	195	143	176	155
Total								
Bed days per	1 038	1 063	877	784	925	735	765	635
1 000 inhabitants	148	291	71	284	230	90	109	184
Somatic wards	1 186	1 354	948	1 069	1 155	825	874	819
Psychiatry								
Total	4.3	10.1	7.8	4.3	5.1	5.4	4.5	8.7
Average length of stay	17.3	22.4	23.7	36.2	14.9	12.0	14.8	18.9
Total	4.7	5.0	8.2	5.7	5.9	5.4	5.0	4.4

1 Average 2005-2009
2 Data for average length of stay refer to Dronning Ingrids Hospital only
3 2009
Sources: The national in-patient registers

Figure 5.5.1 Average length of stay in somatic wards, 2000-2010

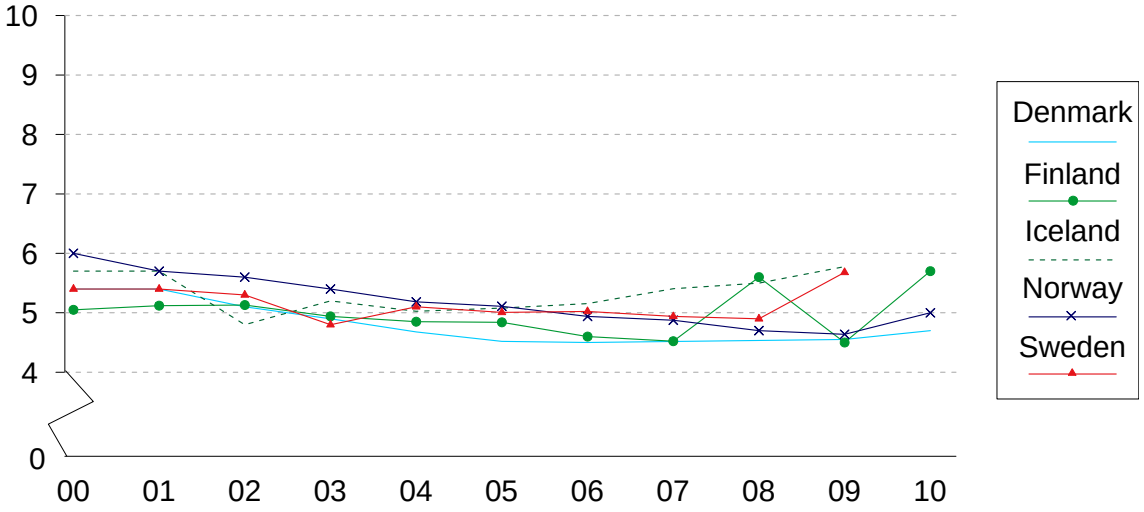


Figure 5.5.2 Number of discharges from somatic wards per 1 000 inhabitants, 2000-2010

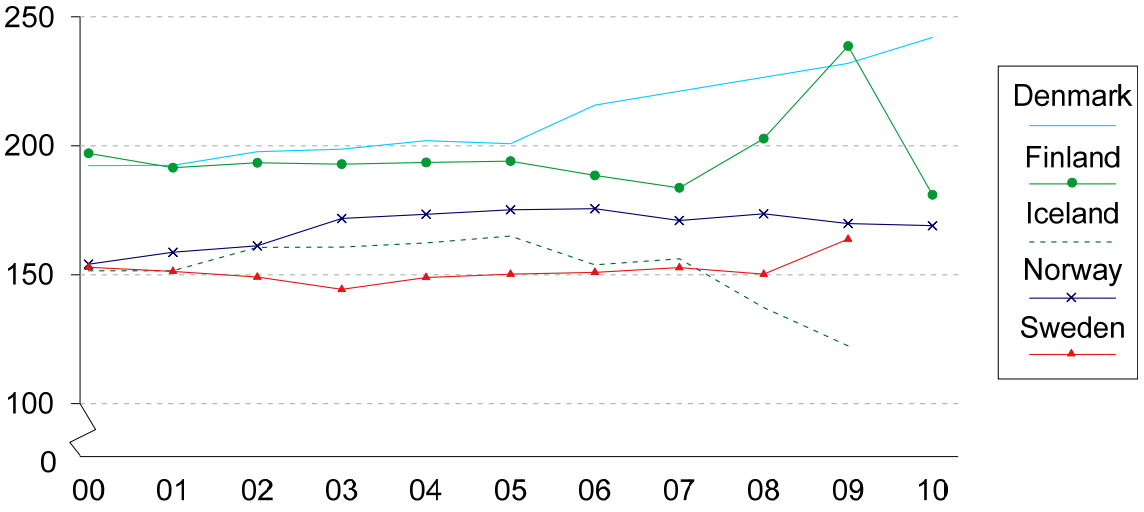


Table 5.5.3 Hospital treatment in psychiatric units by gender and age, 2010

	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[1)]	Norway	Sweden[1)]
Discharges, total	47 446	632	42 136	422	2 386	35 645	90 515
Discharges per 1 000 capita	8.6	13.0	7.9	15.4	7.5	7.0	9.7
Bed-days, total	818 618	14 172	1 525 047	6 276	28 749	527 578	1 709 646
Bed-days	148	291	284	230	90	109	184
per 1 000, total	24 808	278	27 105	149	1 411	18 871	48 415
Patients treated, total							
Men							
0-14	0.4	..	2.6	0.2	1.5	0.1	0.3
15-29	5.5	..	6.2	8.7	6.2	5.0	6.2
30-44	6.9	..	6.9	6.2	5.8	6.2	6.8
45-64	5.6	..	5.5	9.0	4.8	4.7	8.1
65-79	3.0	..	3.6	5.9	3.5	2.7	4.3
80+	3.7	..	3.6	4.5	1.2	3.3	3.9
I alt	4.5	..	5.1	6.2	4.4	4.0	5.5
Women							
0-14	0.5	..	1.7	0.1	0.8	0.2	0.5
15-29	6.5	..	7.6	8.2	5.7	5.1	7.2
30-44	5.5	..	5.6	5.1	6.1	5.2	5.9
45-64	5.1	..	5.4	5.2	5.2	4.6	5.8
65-79	4.0	..	4.5	5.1	4.7	3.3	4.2
80+	4.1	..	4.2	4.3	1.4	3.0	3.9
I alt	4.4	..	5.0	4.7	4.4	3.8	4.9
Men and Women							
0-14	0.4	..	2.1	0.1	1.2	0.2	0.4
15-29	6.0	..	6.9	8.4	6.0	5.1	6.7
30-44	6.2	..	6.3	5.7	5.9	5.7	6.4
45-64	5.3	..	5.4	7.1	5.0	4.7	7.0
65-79	3.5	..	4.1	5.5	4.2	3.0	4.3
80+	3.9	..	4.0	4.4	1.4	3.1	3.9
I alt	4.5	..	5.1	5.5	4.4	3.9	5.2
Average length of stay per discharge	17.3	22.6	36.2	14.9	12.0	14.8	18.9

1 2009
2 Average 2005-2009
Sources: The National Patient Registers

Table 5.5.4 Discharges from hospitals* per 1 000 inhabitants by gender and age, 2009

Age	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)]	Norway	Sweden
Men							
0-14	154	233	121	100	64	92	141
15-44	112	104	86	64	37	71	61
45-64	237	249	194	139	102	171	146
65-69	414	485	321	238	246	337	279
70-74	529	557	428	336	334	432	364
75-79	674	638	541	427	431	516	495
80+	888	760	690	672	633	723	749
I alt	224	227	180	145	97	155	161
Women							
0-14	130	205	94	85	51	75	129
15-44	227	262	168	159	143	157	146
45-64	220	215	178	147	118	151	131
65-69	331	345	255	209	233	271	224
70-74	419	482	339	280	320	326	295
75-79	540	536	443	377	425	394	389
80+	710	556	537	603	516	549	608
I alt	257	272	205	189	148	182	191

* Comprises somatic wards in ordinary hospitals and in specialized somatic hospitals

1 2006
2 Average 2006-10
3 2009. Only discharges for stays in hospital shorter than 90 days

Sources: The National Patient Registers

Table 5.5.5 Bed days in hospitals* per 1 000 inhabitants by gender and age, 2009

Age	Denmark	Faroe Islands[1)]	Finland	Åland[2)]	Iceland[3)]	Norway	Sweden
Men							
0-14	402	626	501	425	214	332	823
15-44	574	514	474	247	148	235	359
45-64	1 050	1 138	1 080	686	564	752	771
65-69	555	2 876	475	1 414	1 641	1 778	1 478
70-74	2 469	3 858	2 780	1 966	2 661	2 399	2 016
75-79	3 268	5 021	3 829	2 700	3 827	3 033	2 983
80+	4 436	7 517	6 854	4 880	6 825	4 445	4 931
Total	998	1 179	1 104	780	630	723	930
Women							
0-14	306	618	385	368	164	288	771
15-44	846	896	784	612	365	497	549
45-64	1 074	1 229	833	675	572	660	659
65-69	1 516	2 330	1 394	1 180	1 543	1 408	1 193
70-74	2 185	3 639	2 068	1 743	2 393	1 806	1 699
75-79	2 720	5 458	3 021	2 444	3 901	2 285	2 431
80+	3 883	7 126	6 106	4 261	5 954	3 352	4 291
Total	1 078	1 508	1 248	982	786	807	1 015

* Comprises somatic wards in ordinary hospitals and in specialized somatic hospitals

1 2006
2 Average 2006-10
3 2009. Only discharges for stays in hospital shorter than 90 days

Sources: The National Patient Registers

Appendix

Further Information on the Bodies Responsible for Statistics in the Nordic Countries

The following bodies responsible for statistics in the Nordic countries can be contacted for further information concerning the statistics in this publication.

Denmark

Statistics Denmark
Website: www.dst.dk

Responsible for:
- Population statistics
- Statistics on alcohol consumption
- Statistics on health care economy

National Board of Health
Website: www.sst.dk

Responsible for:
- Statistics on the use of tobacco

Statens Serum Institut
Website: www.ssi.dk

Responsible for:
- Statistics on births
- Statistics on abortions
- Statistics on malformations
- Statistics on causes of death
- Statistics on hospital services
- Statistics on health care personnel
- Statistics on infectious diseases
- Statistics and information on vaccinations

Faroe Islands

Statistics Faroe Islands
Website: www.hagstova.fo

Responsible for:
- Population and vital statistics
- Statistics on health care economy

Chief Medical Officer
Website: www.landslaeknin.fo

Responsible for:
- Statistics on infectious diseases
- Statistics on forensics
- Statistics on births
- Statistics on causes of death

Chief Pharmaceutical Officer
Website: www.apotek.fo

Responsible for:
- Statistics on medicinal products

Ministry of Health Affairs
Website: www.hmr.fo

Responsible for:
- Statistics on health care personnel
- Statistics on hospital services
- Statistics on abortions
- Statistics and information on vaccinations

Greenland

Statistics Greenland Website: www.stat.gl	Responsible for: • Population and vital statistics • Statistics on health care personnel • Statistics on hospital services • Statistics on health care economy
National Board of Health E-mail: eli@gh.gl	Responsible for: • Statistics on births • Statistics on abortions • Statistics on malformations • Statistics on infectious diseases • Statistics and information on vaccinations
Statens Serum Institut in Denmark Website: www.ssi.dk	Responsible for: • Statistics on causes of death
The Central Pharmacy in Copenhagen County	Responsible for: • Statistics on medicinal products
The Department of Health	Responsible for: • Statistics on hospital services • Statistics on health care economy • Statistics on health care personnel

Finland

Statistics Finland Website: www.stat.fi	Responsible for: • Population and vital statistics • Statistics on causes of death • Statistics on the use of tobacco • Statistics on road traffic accidents
THL (National Institute for Health and Welfare) Website: www.thl.fi	Responsible for: • Register of Institutional Care • Medical Birth Register and ART statistics • Register of Abortions and Sterilizations • Statistics on Health Care Personnel • Statistics on public health care • Statistics on private health care • Statistics on labour force in health care • Statistics on the use of alcohol and drugs • Statistics on health care expenditure • Definitions and classifications in health care • Statistics on primary health care • Register of Infectious Diseases • Register of Coronary Heart Disease and Stroke

	• Statistics and information on vaccinations • Survey on health behaviour among adults and elderly • Public Health Report
FIMEA National Agency for Medicines Website: www.fimea.fi	Responsible for: • Registration of medicinal products and sales licences • Register on Adverse Drug Reactions • Statistics on pharmacies
Social Insurance Institution of Finland (FPA) Website: www.kela.fi	Responsible for: • Sickness insurance benefits and allowances, reimbursements for medicine expenses, and disability pensions
Finnish Cancer Registry Website: www.cancer.fi	Responsible for: • Statistics on cancer
Finish Centre for Pensions Website: www.etk.fi	Responsible for: • Pensions due to reduced capacity for work

Åland

The Åland Government Website: www.regeringen.ax	Responsible for: • Statistics on infectious diseases • Statistics on health care personnel • Statistics on hospital services • Statistics on health care economy
Social Insurance Institution of Finland Statistics Finland THL National Agency for Medicines Finnish National Public Health Institute Finnish Cancer Registry	See Finland

Iceland

Statistics Iceland Website: www.statice.is	Responsible for: • Population and vital statistics • Statistics on causes of death • Statistics on alcohol consumption • Statistics on health care expenditure • National accounts

Directorate of Health
Website: www.landlaeknir.is

Responsible for:
- Medical statistics on births
- Statistics on abortions
- Statistics on sterilizations
- Statistics on primary health care
- Statistics on hospital services
- Statistics on infectious diseases
- Statistics on vaccinations
- Statistics on health care personnel
- Statistics on use of tobacco

Icelandic Medicines Control Agency
Website: www.imca.is

Responsible for:
- Statistics on pharmaceutical products

Icelandic Cancer Register
Website: www.krabb.is

Responsible for:
- Statistics on cancer

Norway

Statistics Norway
Website: www.ssb.no

Responsible for:
- Population and vital statistics
- Statistics on causes of death
- Statistics on health and social conditions
- Statistics on health and social services
- Statistics on health care personnel
- Statistics on alcohol consumption
- Statistics on health care economy

Norwegian Institute of Public Health
Website: www.fhi.no

Responsible for:
- Statistics on sexually transmitted
- diseases and infectious diseases
- Statistics on tuberculosis
- Statistics on immunization
- Statistics on sale of medicinal products
- Statistics on prescribed drugs
- Statistics on births and infant deaths
- Statistics on induced abortions

Norwegian Directorate of Health
Website: www.helsedirektoratet.no

Responsible for:
- Statistics on use of tobacco
- Statistics on hospital services

Cancer Registry of Norway
Website: www.kreftregisteret.no

Responsible for:
- Statistics on cancer

Ministry of Health and Care Services
Website: www.regjeringen.no/en/dep/hod

Responsible for:
- Statistics on in vitro fertilization

Sweden

Statistics Sweden Website: www.scb.se	Responsible for: • Population and vital statistics • Statistics on health care economy
National Board of Health and Welfare Website: www.socialstyrelsen.se	Responsible for: • Statistics on births • Statistics on abortions • Statistics on in-patients • Statistics on cancer • Statistics on causes of deaths • Statistics on prescribed drugs
Swedish Institute for Infectious Disease Control Website: www.smittskyddsinstitutet.se	Responsible for: • Statistics on infectious diseases • Statistics and information on • vaccinations
National Corporation of Swedish Pharmacies Website: www.apoteket.se	Responsible for: • Statistics on drug sales and prescribed drugs
Swedish Association of Local Authorities and Regions Website: www.skl.se	Responsible for: • Statistics on health care personnel • Statistics on hospital capacity • Statistics on health care economy

NOMESCO's Publications since 2000

Recurring Publications

Each year, NOMESCO publishes the *Helsestatistik for de Nordiske lande*. Up until and including 2011, this was a bi-lingual publication in Danish (Nordic languages) and English with the title *Health Statistics in the Nordic Countries*. From 2012, the English and the Danish versions will be published separately.

Key tables from Health Statistics in the Nordic Countries have been gathered in a booklet each year.

In cooperation with the Nordic Centre for Classification of Health Services (Nordclass), NOMESCO publishes NOMESCO Classification of Surgical Procedures. The publication has been updated annually for a number of years and is now available in version 1.16.

In cooperation with the Baltic countries, the publication Nordic/Baltic Health Statistics has been published four times, the latest version with data from 2006.

Moreover, a number of theme publications have been published. These are shown below with their number in NOMESCO's publication list.

58. Nordiske læger og sygeplejersker med autorisation i et andet nordisk land. København 2000.

67. Sustainable Social and Health Development in the Nordic Countries. Seminar 27th May 2003, Stockholm. NOMESCO, Copenhagen 2003

72. Medicines Consumption in the Nordic Countries 1999-2003. NOMESCO, Copenhagen 2004.

76. Smedby, Björn and Schiøler Gunner: Health Classifications in the Nordic Countries. Historic development in a national and international perspective 2006. NOMESCO, Copenhagen 2006

78. Sustainable Social and Health Development in the Nordic Countries. Seminar, 6th April 2006, Oslo. Seminar Report. NOMESCO, Copenhagen 2006

79. NOMESCO Classification of External Causes of Injuries. Fourth revised edition. NOMESCO, Copenhagen 2007

88. Medicines Consumption in the Nordic Countries 2004-2008. NOMESCO, Copenhagen 2010

90. Temasektion vedrørende kvalitetsindikatorer, NOMESCO's Helsestatistik for de Nordiske lande 2009, NOMESCO, Copenhagen 2010

92. NOMESCO Report on Mortality Statistics – Theme section 2010, NOMESCO, Copenhagen 2010