

Australasia



The Australasia region, composed of Australia and New Zealand, is a highly urbanized region with an average life expectancy at birth of over 80 years (Table 1).

Table 1. Summary regional Indicators for Australasia countries, 2010

Country Indicator	Median among countries	Range among countries
Life expectancy (years)	81.2	80.7 – 81.7
Population ≥65 years of age (%)	13.2	13 – 13.4
Urban population (%)	87.6	86.2 – 89
Physicians per 1,000 people	3.29	2.74 – 3.85
Nurses or midwives per 1,000	10.23	9.59 – 10.87

Ischaemic heart disease and stroke were the leading causes of health loss (in disability-adjusted life years) in both 1990 and 2010 (Figure 1). During that interval, there was a striking increase in atrial fibrillation burden, leading to a change in rank from the sixth to third CVD cause of disease burden. This may reflect an aging population. Rheumatic heart disease fell in rank during the same interval.

Figure 1. Number of DALYs due to CVD, Australasia, both sexes, 1990 and 2010

1. Ischaemic heart disease	658,281 (63.6%)	1. Ischaemic heart disease	471,550 (55.9%)
2. Stroke	211,294 (20.4%)	2. Stroke	183,477 (21.7%)
3. Cardiomyopathy	31,299 (3.0%)	3. Atrial fibrillation	33,528 (3.9%)
4. Aortic aneurysm	26,404 (2.6%)	4. Cardiomyopathy	28,207 (3.3%)
5. Rheumatic heart disease	17,895 (1.7%)	5. Aortic aneurysm	25,898 (3.0%)
6. Atrial fibrillation	15,925 (1.5%)	6. Hypertensive heart disease	15,239 (1.8%)
7. Hypertensive heart disease	14,616 (1.4%)	7. Rheumatic heart disease	12,958 (1.5%)
8. Peripheral vascular disease	7,524 (0.7%)	8. Peripheral vascular disease	10,482 (1.2%)
9. Endocarditis	2,895 (0.2%)	9. Endocarditis	2,658 (0.3%)
10. Other CV and circulatory diseases	46,308 (4.5%)	10. Other CV and circulatory diseases	58,496 (6.9%)

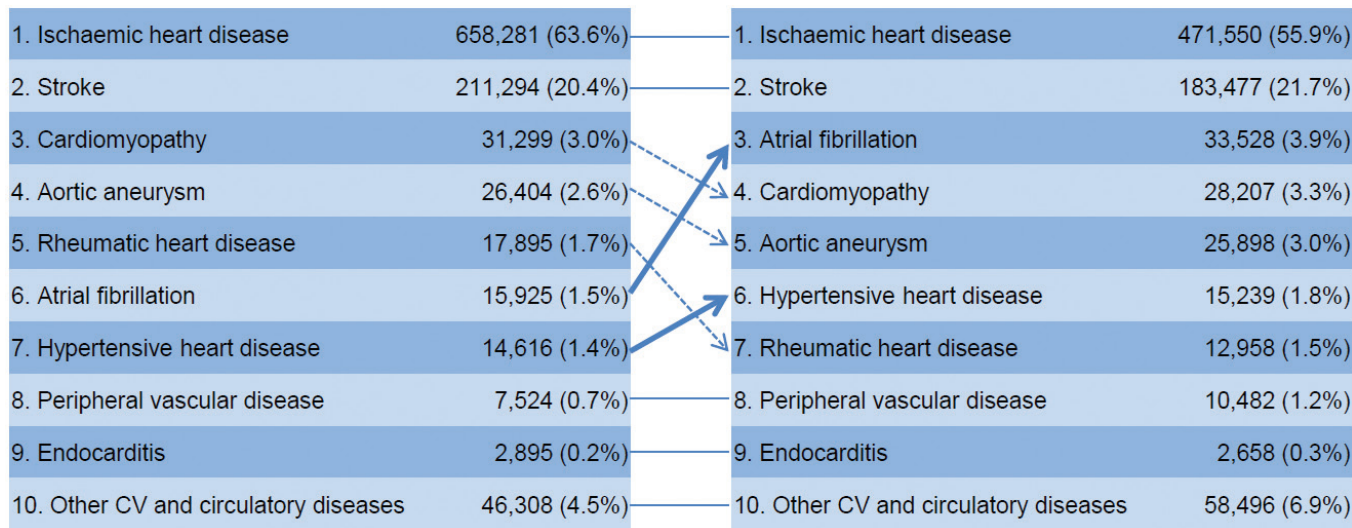
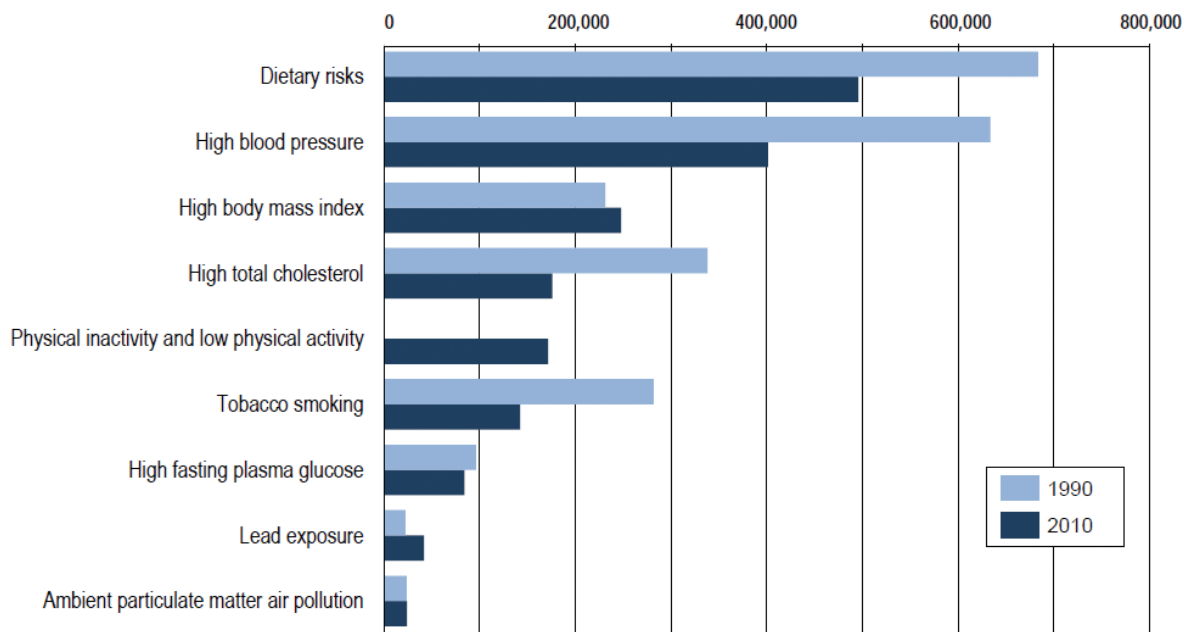


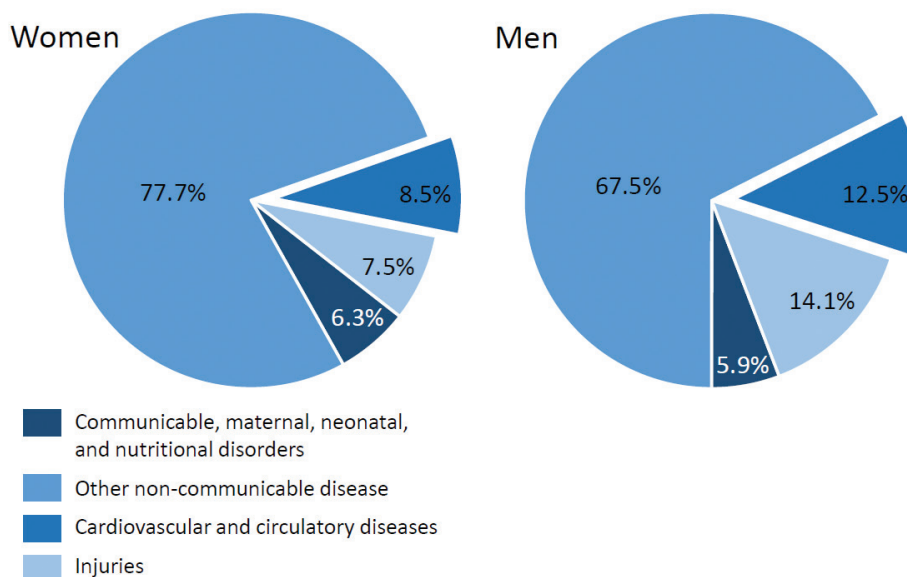
Figure 2. Number of DALYs due to CVD risk factors, Australasia, both sexes, 1990 and 2010*



*Note that DALYs attributed to risk factors overlap, that is, the sum for all CVD causes is greater than total CVD DALYs.

CVD attributed to tobacco smoking (including second hand smoke), high blood pressure and cholesterol, and dietary risks decreased substantially since 1990 (Figure 2). Higher CVD burden attributable to high body mass index was the only increase observed. Non-communicable diseases, including CVDs, were responsible for the majority of disease burden (Figure 3).

Figure 3. DALYs by cause, Australasia, 2010



Disability-adjusted life years (DALYs) per 100,000 attributed to CVDs were uniform across Australia and New Zealand (Figure 4). Age standardized DALYs decreased 52% and absolute DALYs decreased 35% in Australasia between 1990 and 2010. Decrease in absolute CVD burden between 1990 and 2010 may have been slightly more in New Zealand (Figure 5).

The Atlas of CVD reports point estimates. Trends may not be statistically significant. Uncertainty intervals for all point estimates should be considered and are available at <http://viz.healthmetricsandevaluation.org/gbd-compare/>.

Figure 4. 2010 DALYs by country, Australasia

CVD disability-adjusted life years (DALYs) per 100,000 persons, 2010

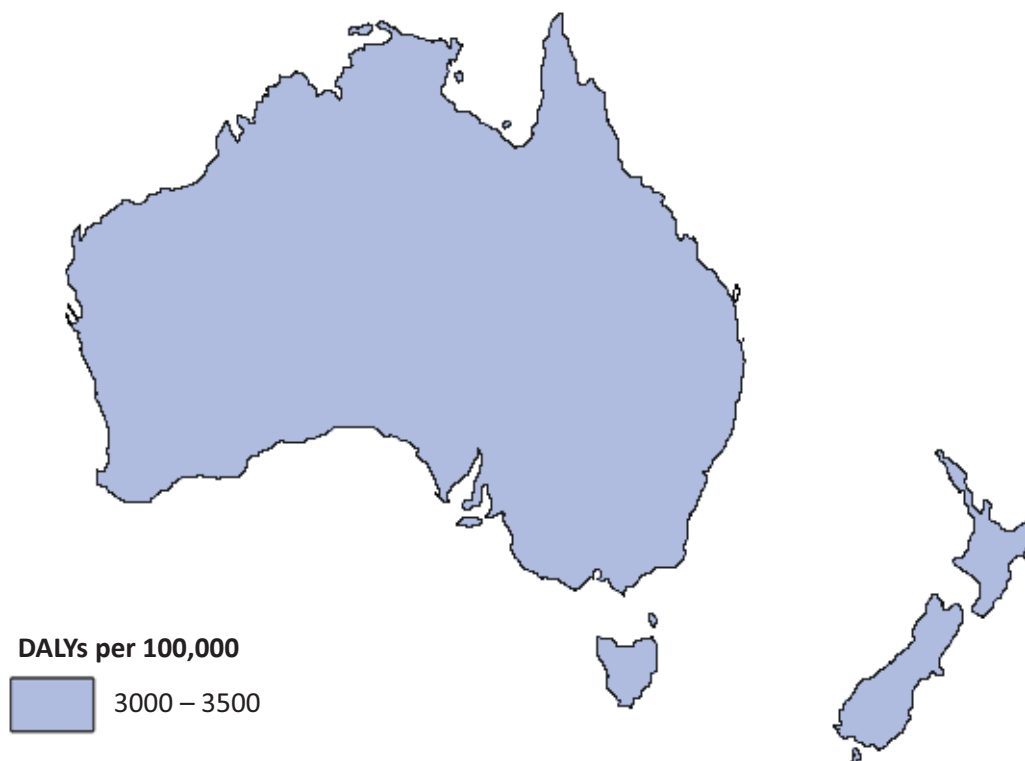


Figure 5. Change in CVD DALYs, 1990-2010, Australasia

Percent change in CVD disability adjusted life years (DALYs) per 100,000 between 1990 and 2010

