| N | Instituto <br> Nacional de <br> Estadística |
| :---: | :--- |

Press Releark
30 November 2010

European Survey of Health in Spain. Year 2009

## Main results

- Seven out of 10 Spaniards consider their state of health to be good or very good.
$-23.4 \%$ of the population aged 75 years old and over has suffered severe physical pain in the last month.
- More than half of persons aged 18 years old and over are above normal weight, whereas $8.4 \%$ of the population aged 18 to 24 years old are underweight.
- One out of four young persons aged 16 to 24 years old smokes daily.
$-20.6 \%$ of the population aged 16 to 24 years old drinks alcohol heavily at least once a month.


## Assessment of state of health

$70.9 \%$ of citizens aged 16 years old and over regarded their state of health in the last 12 months as good or very good. By sex, $75.8 \%$ of men stated that they were in a good state of health, as compared with $66.1 \%$ of women.

In all age groups, men claimed to enjoy better health than women, and this gap in positive assessment of one's state of health widened with age.


## Chronic health problems

The most frequent disorders suffered by the population aged 16 years old and over in the 12 months prior to the survey, and diagnosed by a doctor, were hypertension (17.2\%), lower back pain (16.3\%) and neck pain (14.2\%), chronic allergies (12.0\%), and frequent migraines and headaches (8.6\%).

These were followed by chronic anxiety (6.0\%), diabetes (5.9\%), depression (5.3\%) and asthma (4.3\%). All of these highlighted heath problems, with the exception of diabetes, had a greater prevalence among women than among men.
$10.5 \%$ of the population aged 16 years old and over had suffered severe or extreme pain or physical discomfort during the four weeks prior to the survey. The proportion was greater in more advanced age groups and in women. Thus, in the group aged 75 years old and over, it reached $23.4 \%$ ( $16.0 \%$ in men and $28.3 \%$ in women).

## Personal independence

The survey studied the difficulties encountered by persons carrying out their everyday activities, and which represented a limitation to personal independence.
7.3\% had some difficulty in carrying out basic everyday activities, such as eating, washing, getting dressed, or getting up and lying down ( $5.2 \%$ of men and $9.3 \%$ of women). This percentage reached $26.5 \%$ in persons aged 65 years old an over.

In turn, $14.6 \%$ had some limitation to carrying out household activities, due to health reasons (9.0\% of men and 19.9\% of women).

## Obesity and overweight

More than half of persons aged 18 years old and over were above the weight that would be considered normal. This problem affected men (62.8\%) more than women (44.6\%).

The percentage of obese persons reached 16.0\%, and the percentage of overweight persons $37.7 \%$. Obesity increased with age in both sexes (affecting $22.7 \%$ of men and $23.7 \%$ of women over 54 years of age), and was more frequent in men than in women, except in persons over 65 years of age.

Conversely, worth noting was that $8.4 \%$ of persons aged 18 to 24 years old were underweight. By sex, the percentage increased to $13.3 \%$ in the case of women, as compared with $3.6 \%$ in the case of men in this age bracket.

## Healthy habits

In 2009, a total of $24.9 \%$ of adults aged 16 years old and over practiced physical exercise regularly (in the last seven days). Another $34.5 \%$ practiced moderate exercise, whether at work or as part of leisure activities.

Women practiced intense physical exercise less frequently than men ( $15.7 \%$ as compared with $34.4 \%$ ). On the other hand, however, they practiced moderate exercise more frequently ( $42.7 \%$ as compared with $26.0 \%$ ).
$28.6 \%$ of the population aged 16 years old and over practiced only light physical activity, and $12.1 \%$ claimed not to practice any physical activity.

Regarding food, EHS2009 highlighted the consumption of fruits and vegetables. Seven out of 10 persons claimed to eat fruit at least once a day; and six out of 10 claimed to eat vegetables. $66.3 \%$ of men and $74.8 \%$ of women ate fruit once or twice a day. Said consumption frequency increased with age. Thus, only five out of 10 young persons aged 16 to 24 years of age consumed vegetables daily, as compared with nine out of 10 persons aged over 64 years old.

In turn, $7.3 \%$ of the population ate fruit less than once a week.
Vegetable consumption was somewhat lower than fruit consumption, and followed the same consumption pattern by sex and age.

## Tobacco and alcohol consumption

$\mathbf{2 6 . 2 \%}$ of the population aged 16 years old and over claimed that they smoked daily, $3.7 \%$ were occasional smokers, $20.4 \%$ were ex-smokers and $49.7 \%$ had never smoked. By sex, the percentage of daily smokers was $31.2 \%$ among men and $21.3 \%$ among women.

By age, worth noting was that $26.3 \%$ of young persons aged 16 to 24 years old smoked daily. This percentage rose to somewhat more than $33 \%$ for the group aged 25 to 54 years old, and subsequently decreased with age.

Regarding passive smokers, $11.4 \%$ of persons claimed to have been exposed to tobacco smoke to a certain extent in the workplace, $24.5 \%$ in the home and $40.0 \%$ in transport and enclosed public spaces.

With regard to the intake of alcoholic beverages in the last year, $39.1 \%$ drank them occasionally (that is, less than once a week), $35.4 \%$ did not drink them, $12.6 \%$ drank several times a week, and 13.0\% drank daily.
9.1\% of the population drank alcohol heavily at least once a month, and $5.0 \%$ weekly. This situation was more frequent among men than among women ( $10.5 \%$ as compared with $6.3 \%$ of heavy drinking at least once a month).

This consumption pattern was much more frequent among the youngest persons. In fact, $\mathbf{2 0 . 6 \%}$ of the persons aged 16 to 24 years old drank alcohol heavily at least once a month. Half of them drank heavily at least once a week (11.4\%). In the case of weekly heavy alcohol intake, the differences between men and women were slight.

## Environmental and work-related problems

The Survey queried the different environmental problems, in a broad sense, to which the dwelling or area of residence of the interviewed persons was exposed. $30.2 \%$ of the population claimed to be exposed to noise, $22.6 \%$ to air pollution, $19.3 \%$ to odours and $18.2 \%$ to crime, violence or vandalism.

In terms of the labour environment, the main problematic situations that persons encountered in their work were strained postures or handling heavy loads ( $40.9 \%$ ), pressures or an excessive workload (39.0\%), the risk of accident (37.8\%) and noise or vibration problems (33.5\%).
$5.7 \%$ of the population claimed to have been exposed to violence or violent treatment at work, $5.8 \%$ to discrimination and $9.0 \%$ to harassment or intimidation.

## Use of health services

In the four weeks prior to the interview, three out of 10 persons aged 16 years old and over visited their general practitioner, and one out of 10 persons saw a specialist. Women visited the general practitioner more frequently ( $33.7 \%$ did so in the last four weeks, as compared with $23.2 \%$ of men), as well as specialists ( $14.4 \%$ as compared with $9.2 \%$ ).

Regarding hospital care, in the 12 months prior to the survey, $8.1 \%$ of men and $10.4 \%$ of women aged 16 years old and over had to be admitted to hospital. While $9.3 \%$ of persons were admitted to hospital in the past year, $8.8 \%$ were treated in the outpatient modality, that is, without admittance.

The survey showed a high degree of satisfaction with the health care provided. Eight out of 10 persons who visited a doctor's office claimed to be quite satisfied or very satisfied with the medical service provided. Among those to went to hospital, seven out of 10 considered the service received to be very satisfactory or quite satisfactory.
$4.4 \%$ of persons aged 16 years old and over sought out some alternative medicine service. There was a clear difference in the use of these services, between men (2.7\%) and women (6.0\%). This difference was present in all age brackets.

Regarding the consumption of medicines, one out of two persons had consumed medicines prescribed by a doctor in the previous two weeks ( $45.0 \%$ of men and $60.7 \%$ of women). In turn, $15.9 \%$ had consumed medicines that were not prescribed ( $14.0 \%$ of men and $17.6 \%$ of women). The consumption of prescribed medicines increased with age (88.9\% of persons over 64 years of age), but that of non-prescribed medicines decreased significantly ( $8.0 \%$ of persons over 64 years of age).

## Preventive activities

Two out of three persons aged 65 years old and over received the influenza vaccination in the last vaccination campaign ( $68.0 \%$ of men and $64.5 \%$ of women).

Seven out of 10 persons had a blood pressure reading in the last year. This same proportion was observed among those who had had cholesterol and blood sugar readings.

These control practices became more frequent with age. Thus, in the last year, almost 90\% of persons over 65 years of age had a blood pressure reading, $84.0 \%$ measured their blood sugar and $83.3 \%$ their cholesterol.
68.7\% of women aged 45 to 64 years old had had a mammogram in the last two years. In turn, $55.2 \%$ of women 20 years old and over had had a Papanicolaou test in the last five years, this percentage rising to $81.2 \%$ in the group aged 35 to 54 years old.

## Methodological note

Beginning in April 2009, and throughout a period of 12 months, the first edition of the European Health Survey (EHSO9) was conducted in Spain. This statistical operation, carried out in 18 countries of the EU, with a common questionnaire, intends to obtain comparable information regarding the state of health, the use of health services and the individual and environmental health determinants of the population aged 16 years old and over.

Analysis of the data on a European level is planned for 2011, and will be carried out by Eurostat, the body to which the harmonised data will be transferred. Today, the National Statistics Institute (INE) and the Ministry of Health, Social Policy and Equality are presenting the main results of the Survey in our country.

European Health Survey 2009 (EHSO9) is a five-yearly study aimed at households, where health information is collected regarding the population resident in Spain, aged 16 years old and over, using a common European questionnaire. Its main purpose is to obtain data on state of health, lifestyle and use of health services, in a harmonised manner that is comparable on a European level. This information makes it possible to plan and evaluate actions regarding health matters, both in Europe and in Spain.

EHSO9 aims to provide the data necessary for the European indicators on health matters agreed by the health administrations of EU Member States and by the European Commission, as well as for structural and sustainable development indicators. The survey is conducted by the INE and the Ministry of Health, Social Policy and Equality, pursuant to the Partnership Agreement established between the two bodies.

## Survey scope

The research targets the group of persons aged 16 years or over resident in main family dwellings throughout the country. The information collection began in April 2009, and continued until March 2010.

## Sample design

A stratified tri-stage sample type is used. The first-stage units are the census sections. The second-stage units are the main family dwellings. All households whose regular residence is within said dwellings are studied. Within each household, one adult person (aged 16 years old and over) is selected to complete the individual questionnaire.

A sample of approximately 23,000 dwellings has been selected, distributed among 1,927 census sections. The sample is distributed among the Autonomous Communities, assigning one portion uniformly and another in proportion to the size of the Community.

The data has been weighted, in order to be representative of the country, on national and Autonomous Community levels. 22,188 interviews have been conducted.

## Information collection

The survey consists of two questionnaires: one Household Questionnaire and one Adult Questionnaire. The information collection method is by computer-assisted personal interview (CAPI).

The questionnaire consists of four large blocks (socio-demographics, state of health, health care, health determinants) and a brief, self-administered section for sensitive matters (consumption of alcohol, tobacco and drugs, expenditure on medical services and household income).

## Dissemination of the results

Statistical tables are provided on the variables researched, classified by the sociodemographic characteristics, as well as the sampling error tables, methodological characteristics and analysis of non-response. Likewise, the final microdata files are available on:

## http://www.ine.es

http://www.mspsi.es

## Definitions

General state of health: the subjective perception that the person has regarding her/his state of health.

Health problems: this considers the following illnesses or chronic or long-term (six months or longer) health problems diagnosed by a doctor, and that have been suffered in the last 12 months.

```
Asthma (included allergic asthma)
Chronic bronchitis, emphysema
Myocardial infarction, angina pectoris, heart disease
High blood pressure (hypertension)
Brain haemorrhage, cerebral thrombosis
Osteoporosis
Chronic back pain (neck and/or lower back)
Diabetes
Allergy, such as rhinitis, inflammation of the eyes, dermatitis, food allergy, etc.
(excluding allergic asthma)
Gastric or duodenal ulcer
Cirrhosis of the liver, liver failure
Cancer (malignant tumour, including leukaemia and lymphoma)
Migraines or frequent headaches
Urinary incontinence
Chronic anxiety, chronic depression or other mental disorders
Permanent injuries or defects caused by an accident
```

Mammography (last two years): the x-ray of the breasts for the purpose of the early detection of breast cancer.

Papanicolaou test (last five years): the collection of a sample of cells for the early detection of cervical or vaginal cancer, and of certain infections.

Body Mass Index (BMI): This is defined as the relation between the weight of the individual (expressed in kilograms) and the square of the height (expressed in metres). BMI $=\mathrm{kg} / \mathrm{m} 2$. From this index, the population aged 18 years old and over is defined as follows:

- Underweight (BMI < $18.5 \mathrm{~kg} / \mathrm{m} 2$ ).
- Normal weight ( $18.5 \mathrm{~kg} / \mathrm{m} 2 \leq \mathrm{BMI}<25 \mathrm{~kg} / \mathrm{m} 2$ ).
- Overweight ( $25 \mathrm{~kg} / \mathrm{m} 2 \leq \mathrm{BMI}<30 \mathrm{~kg} / \mathrm{m} 2$ ).
- Obese (BMI $\geq 30 \mathrm{~kg} / \mathrm{m} 2$ ).

For the population aged 16 and 17 years old, there are specific cut points.
Physical exercise: The practice of intense, moderate and light physical exercise either during free or leisure time, or as a part of household chores or at work, in the last seven days.

Consumption of fruits and vegetables: This considers fresh and frozen fruit, preserved fruit or dried fruit. It does not include juice. Vegetables exclude potatoes and vegetable juice.

Alcohol intake: Consumption frequency of alcoholic beverages in the last year, and frequency of heavy alcohol intake (more than six alcoholic beverages on the same occasion).

The formulation of the questions and the categorising of frequencies differ from those used in other surveys that study alcohol consumption, and therefore, the concepts of "occasional drinker" or "regular drinker" are not comparable.

Outpatients: This is the population admitted to outpatient care, occupying a hospital bed or cot, for the purpose of performing diagnostic tests or procedures that do not require an overnight stay in the hospital.

