

STOCKPORT METROPOLITAN BOROUGH COUNCIL

healthwatch Stockport

NHS Stockport Clinical Commissioning Group

Stockport JSNA

joint strategic needs assessment

2015-19 JSNA

Long-term Conditions

October 2016

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Contents

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Long-term conditions in Stockport

This report aims to give a picture of the number of people in Stockport with certain illnesses or disabilities– and the variations by gender, age and deprivation, plus the common co-morbidities.

This report is based on an anonymized data extract from Stockport GP's clinical systems in **August 2016** and updates the previous version from August 2015**.** It is a method of analysis of multiple needs in Stockport and there are issues with data quality in the extract, in that the complexity of clinical systems may mean the extract has some over counts and undercounts for the various conditions. The extract has been validated against other sources for the conditions covered, mainly the Quality and Outcomes Framework (QOF) and modelled data. Though the extract is not precisely what would be expected, it is robust enough to start analysing these conditions, how they vary across Stockport, and how they overlap. **However, all numbers should be treated as indicative.**

The illnesses and disabilities presented were selected based on their potential impact on health and social care provision and also for the robustness of the data in the extract. This report is not a comprehensive view of all factors needing health and social care, but it is a start at understanding some of the complexities around many issues that can result in a continuing need for care.

Summary

- Overall**, 40% of the people registered with Stockport GPs have one or more of the conditions analysed**
- This increases with age, from 3% in the 0-4 age band, to 92% in those aged 85 and over
- By age 55, half of the people have one or more of these conditions
- **9% of the population have two or more of 8 key long term conditions** (27% have at least one)
- It is important to note that the 60% of people without these conditions are not necessarily in good health
- **Asthma** is the major condition affecting **school aged children** in the borough (more than 2,000 cases aged 5-14) , **anxiety** affects those **aged 15-24** in particular (more than 3,000 cases).

This is a new way of analysing the population, and the extract was not sufficiently robust to cover all possible long term health conditions. There is also the possibility that a person is not in good health, but has not brought their problem to the attention of their GP practice. Conversely, some of the people identified with long term conditions may feel they have good health, especially if they are able to manage their condition well.

Long-term conditions overview

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Condition	Number	Gender Profile	Age Profile	Deprivation Profile
Hypertension	44,745		Increasing from mid 40s	Rates increase with deprivation, number decreases
Anxiety (last 10 years)	30,085	Higher in women	Highest from 25 to 50	Rates increase with deprivation
Depression	29,130	Higher in women	Highest in 40s and 50s	Rates increase with deprivation
Asthma	20,545	Slightly higher in women		Rates increase with deprivation, number decreases
Obesity	20,050*			
Diabetes	15,700	Slightly higher in men	Increases from mid 40s	Rates increase with deprivation
Coronary Heart Disease (CHD)	12,230	Higher in men	Increases from mid 40s	Rates increase with deprivation, number decreases
History of Fall	12,150	Higher in women	Increases from 50s, sharply in 80s	Rates increase with deprivation, number decreases
Cancer	8,540		Earlier in women	Rates and numbers decrease with deprivation
Chronic Kidney Disease (CKD)	7,670	Slightly higher in women	Increase from 50s	Rates increase with deprivation, numbers decrease
Chronic Obstructive Pulmonary Disease (COPD)	7,170		Increases from mid 40s	Rates increase with deprivation
Stroke or Transient Ischaemic Attack (TIA)	6,395		Increases from mid 40s	Rates increase with deprivation, numbers decrease
Atrial Fibrillation (AF)	6,200	Slightly higher in men	Increases from 50s	Numbers decrease with deprivation, rates vary
Self harm	3,060*	Higher in women	Highest between 15 and 34	Rates and numbers increase with deprivation
Heart Failure (HF)	3,045	Slightly higher in men	Increases from mid 50s	Rates increase with deprivation
Dementia	2,850	Higher in women	Increases from mid 60s	Rates increase with deprivation, numbers decrease
Severe mental health	2,570		Highest between 30 and 59	Rates increase with deprivation
Glaucoma	2,510		Increases from mid 50s	Numbers decrease with deprivation, rates vary
Epilepsy	2,505			Rates increase with deprivation
Peripheral Arterial Disease (PAD)	2,270	Higher in men	Increases from mid 50s	Rates increase with deprivation
Rickets (last 10 years)	1,895	Higher in women		Numbers decrease with deprivation, rates vary
Rheumatoid Arthritis	1,550	Higher in women	Increases from mid 40s	Numbers decrease with deprivation, rates vary
Acute Macular Degeneration (AMD)	1,520*	Higher in women	Increases from 70s	Rates and numbers decrease with deprivation
Learning disability	1,515	Higher in men		Rates and numbers increase with deprivation
Autism	1,170*	Higher in men		Rates increase with deprivation
Crohn's disease	1,010			
Cerebral palsy	275*			
Down's syndrome	240	Higher in men		
Motor neurone disease	35			

* Undercount of actual prevalence

Hypertension: 44,745 people

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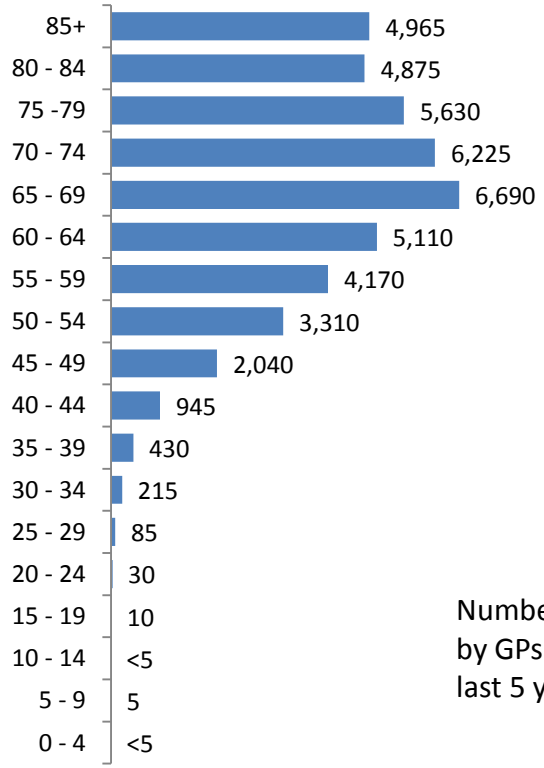
Hypertension is when there is too much pressure in a person's blood vessels which puts extra strain on their arteries and heart. This can lead to other conditions such as heart attack, heart failure, kidney disease, stroke and dementia.

Co-morbidities

20% Diabetes	14% Current Smokers	11% Depression
19% Obese		10% Anxiety
15% CHD	13% CKD	

Number with hypertension	All	Female	Male
All	44,745	22,865	21,880
Age 0-19	20	10	10
Age 20-64	16,340	7,140	9,200
Age 65+	28,385	15,720	12,670

% of population with hypertension	All	Female	Male
All	14%	15%	14%
Age 0-19	0%	0%	0%
Age 20-64	9%	8%	10%
Age 65+	47%	49%	44%



Overall, the same amount of men as women have hypertension, but it seems to develop slightly earlier in men.

Hypertension increases with age, starting from mid-30s. Prevalence reaches more than 10% after age 50, and 30% after age 60.

Numbers with hypertension identified by GPs have increased by 2,600 in the last 5 years.

Hypertension seems to develop earlier in more deprived areas.

Overall distribution is skewed by higher numbers of young people in more deprived areas, which means numbers are higher in more affluent areas because there are more older people. The age standardised DSR shows a clear deprivation profile.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	5,325	7,815	8,120	8,950	12,415
Crude %	13%	14%	15%	15%	16%
DSR per 100,000*	17,139.6	16,172.3	15,301.2	14,559.2	13,361.7

* Takes into account age/sex profile of populations and is best measure for comparison

Hypertension can be prevented by healthy eating, maintaining a healthy weight, physical activity, drinking only in moderation and not smoking.

Anxiety: 30,085 people diagnosed in last 10 years

A person with generalised anxiety disorder (GAD) feels anxious on most days about a wide range of situations and issues, and often struggles to remember the last time they felt relaxed. GAD can cause both psychological and physical symptoms which vary person to person.

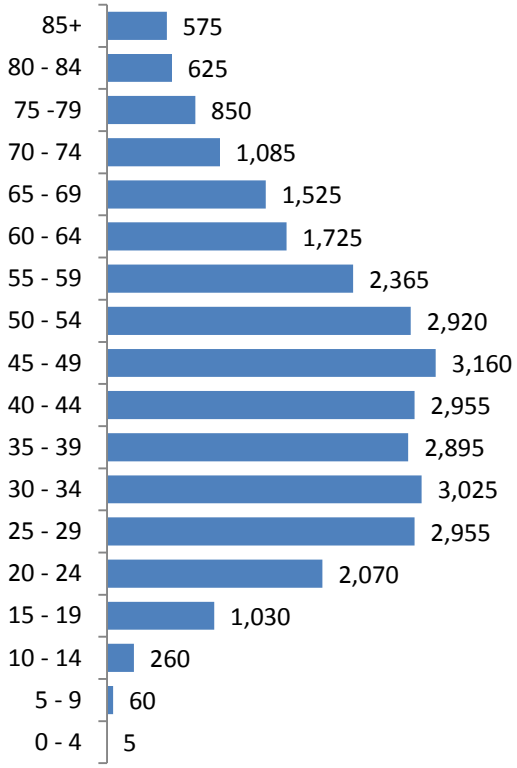
Number with anxiety	All	Female	Male
All	30,085	19,660	10,425
Age 0-19	1,355	900	460
Age 20-64	24,070	15,500	8,570
Age 65+	4,660	3,260	1,400

% of population with anxiety	All	Female	Male
All	10%	13%	7%
Age 0-19	2%	3%	1%
Age 20-64	13%	17%	9%
Age 65+	8%	10%	5%

Co-morbidities

53% Depression	16% Hypertension
28% Current smokers	10% Asthma
	10% Obesity

More women are diagnosed with anxiety than men.



Though the data shows a peak in the 40s and 50s, this may relate to an older generation not going to GPs for anxiety.

The data also does not indicate anxiety resolved, so older age groups may show as higher than currently afflicted.

Anxiety rates are higher in more deprived areas of Stockport, though the number with anxiety is similar in all areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	5,510	6,050	5,865	5,320	5,910
Crude %	14%	11%	11%	9%	7%
DSR per 100,000*	14,150.1	10,678.7	10,564.1	8,827.9	7,630.4

* Takes into account age/sex profile of populations and is best measure for comparison

Physical activity, drinking only in moderation, not smoking, avoiding caffeine, relaxation techniques and support groups can help treat anxiety.

Depression: 29,130 with depression

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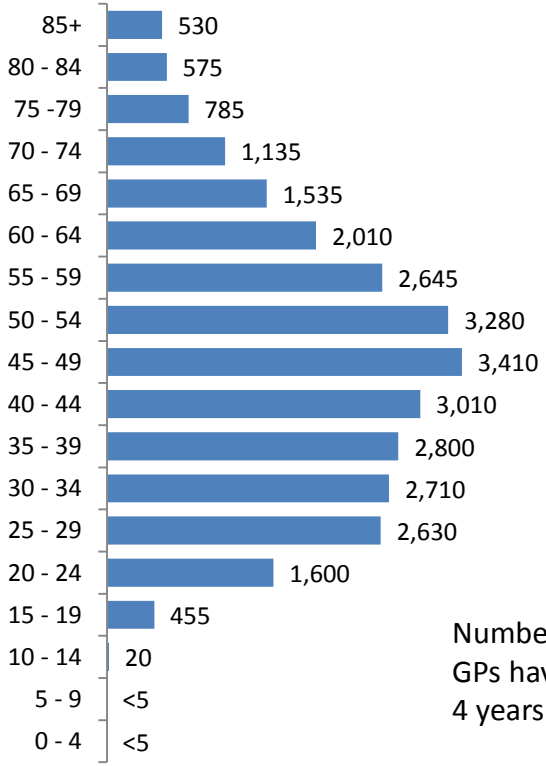
Depression can affect people in different ways, but usually involves feelings of sadness and hopelessness, and loss of interest in activities that a person used to enjoy; these symptoms persist for weeks or months and are bad enough to interfere with daily life.

Number with depression			
	All	Female	Male
All	29,130	18,765	10,365
Age 0-19	480	335	145
Age 20-64	24,090	15,345	8,745
Age 65+	4,560	3,085	1,480

% of population with depression			
	All	Female	Male
All	9%	12%	7%
Age 0-19	1%	1%	0%
Age 20-64	13%	17%	10%
Age 65+	8%	10%	6%



Depression increases up to age 40, then decreases from the mid 50s.

Depression can be resolved, but can also re-occur. This data should represent only those who are currently suffering from depression.

Numbers with depression identified by GPs have increased by 7,100 in the last 4 years.

Co-morbidities

55% Anxiety	17% Hypertension
31% Current smokers	12% Obesity
	11% Asthma

Women are more likely to have depression than men. This is thought to be due to both biological and social causes, and possible under-detection of depression in men.

Depression increases with deprivation. There is a sharp increase in the most deprived areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	5,835	6,020	5,405	4,870	5,670
Crude %	15%	11%	10%	8%	7%
DSR per 100,000*	15,027.3	10,659.4	9,708.6	8,019.9	7,165.8

* Takes into account age/sex profile of populations and is best measure for comparison

Moderate to severe depression is usually treated with a combination of medication and talking treatments. Physical activity, drinking less alcohol, stopping smoking, healthy eating and mindfulness can help depression.

Asthma: 20,545 with asthma

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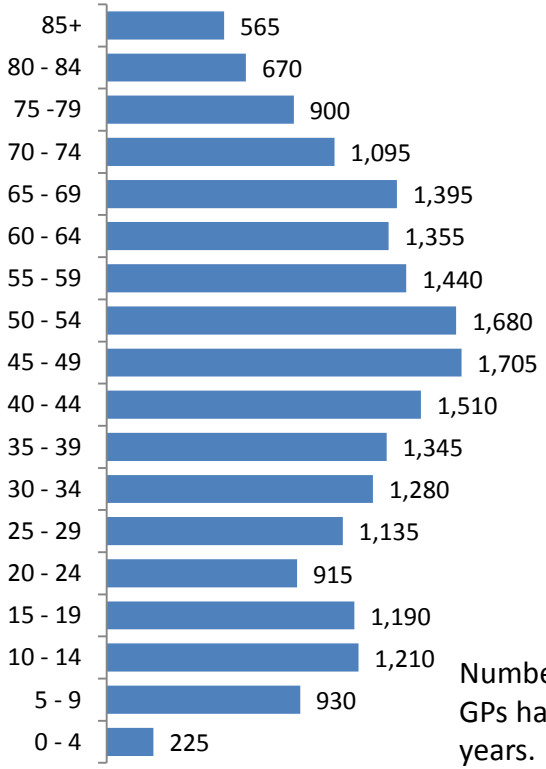
Asthma is a long-term condition that can cause coughing, wheezing, chest tightness and breathlessness, though the symptoms and severity vary from person to person. It is caused when the bronchi, the small tubes supplying air to the lungs, become inflamed.

Co-morbidities

19% Hypertension	16% Obesity	10% COPD
17% Current smokers	15% Depression	
	15% Anxiety	

Number with asthma	All	Female	Male
All	20,545	11,565	8,980
Age 0-19	3,555	1,480	2,075
Age 20-64	12,365	7,175	5,190
Age 65+	4,625	2,910	1,715

% of population with asthma	All	Female	Male
All	7%	7%	6%
Age 0-19	5%	4%	6%
Age 20-64	7%	8%	6%
Age 65+	8%	9%	7%



Though asthma can develop at any age, the percentage of people with asthma remains steady throughout adulthood.

Some asthma, especially childhood asthma, can resolve itself. This data only includes patients who have a current prescription for asthma treatment as well as a diagnosis code.

Numbers with asthma identified by GPs have increased by 400 in the last 5 years.

Asthma rates increases with deprivation. Numbers are broadly the same in all areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	5,835	6,020	5,405	4,870	5,670
Crude %	15%	11%	10%	8%	7%
DSR per 100,000*	8,139.5	7,134.8	6,983.2	6,439.2	5,991.3

* Takes into account age/sex profile of populations and is best measure for comparison

Asthma is treated with medication, and self care (meaning the patient taking responsibility for their own treatment) is encouraged. Stopping smoking can significantly improve asthma symptoms.
Flu vaccinations are particularly important for people with asthma.
Physical activity triggering asthma usually means patients' asthma could be better controlled in general. Some asthma can be triggered by healthy foods.

Obesity: 20,050 are recorded as obese

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Obesity is excess weight with a lot of body fat. Though there are different ways to assess obesity, for this analysis, we have selected patients with a BMI of over 30.

The 20,500 people who are on GP clinical systems as obese is much lower than the 25% of adults estimated to be obese from population survey data. This suggests that GPs only capture data for a limited portion of their patients.

Because the data does not seem to cover the entire population, only summary information will be presented here.

Further work will have to be considered for how to use GP clinical systems data to gain information about obesity.

Co-morbidities

41% Hypertension	17% Current smokers	15% Anxiety
27% Diabetes		11% CHD
17% Depression	16% Asthma	

The data shows an increase to age 70; however survey data show rates increasing sharply from 16 to 45. Again, this difference could be due to a skew in data capture at practices.

Slightly more women than men are obese, which is in line with survey findings.

The data shows an increase in obesity increases as deprivation increases; this is most pronounced in the age bands with higher obesity recorded.

Healthy eating and physical activity are the recommended treatment for obesity.

Diabetes: 15,700 with diabetes

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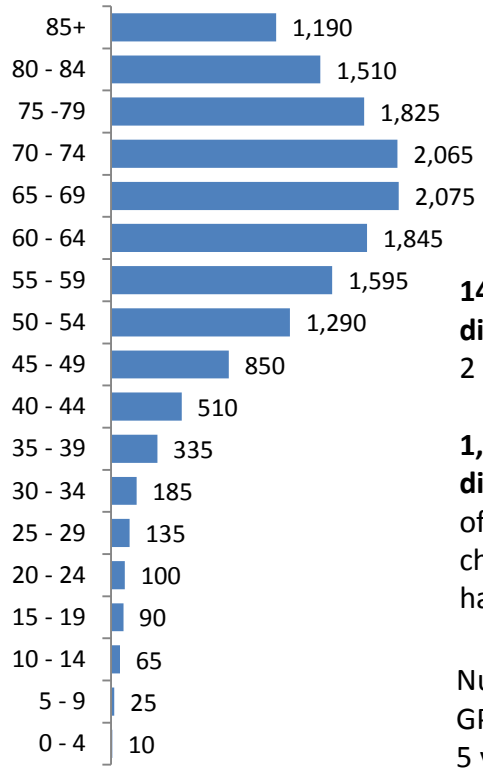
Diabetes causes a person's blood glucose to become too high, either because their body does not produce enough insulin or the insulin doesn't work properly. 90% of diabetics have Type 2 diabetes which is linked to lifestyles.

Number with diabetes			
	All	Female	Male
All	15,700	6,880	8,820
Age 0-19	190	85	105
Age 20-64	6,845	2,775	4,070
Age 65+	8,665	4,020	4,640

% of population with diabetes			
	All	Female	Male
All	5%	4%	6%
Age 0-19	0%	0%	0%
Age 20-64	4%	3%	4%
Age 65+	15%	13%	18%



Though some young people have diabetes, it increases with age from mid-40s, with over 10% of people having diabetes from age 60.

14,350 people, or 91% of Stockport's diabetics have type 2 diabetes, and type 2 diabetes has a strong age profile.

1,450 people, or 9% of Stockport's diabetics, have type 1 diabetes, and rates of type 1 diabetes do not increase after childhood. In the diabetics under 20, 96% have type 1 diabetes.

Numbers with diabetes identified by GPs have increased by 1,900 in the last 5 years.

Co-morbidities

57% Hypertension	16% Current smoker	12% Depression
35% Obesity		10% Anxiety
19% CHD	14% CKD	10% Asthma

More men than women have diabetes. Men seem to develop diabetes slightly earlier as well.

Diabetes rates increases with deprivation. However, because of the age profile of the disease, there are similar numbers with diabetes in all areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	3,035	2,900	3,110	3,500	3,035
Crude %	5%	5%	5%	4%	5%
DSR per 100,000*	7,487.1	6,166.6	5,443.3	5,074.5	3,853.0

* Takes into account age/sex profile of populations and is best measure for comparison

Diabetes is treated with medication. Maintain a healthy weight, eating a balanced diet, stopping smoking and being physically active all prevent or delay health complications associated with diabetes.
Diabetic retinopathy screening programs aim to prevent diabetes related blindness.
Maintaining a healthy weight lowers the risk of Type 2 diabetes.

CHD: 12,230 with coronary heart disease

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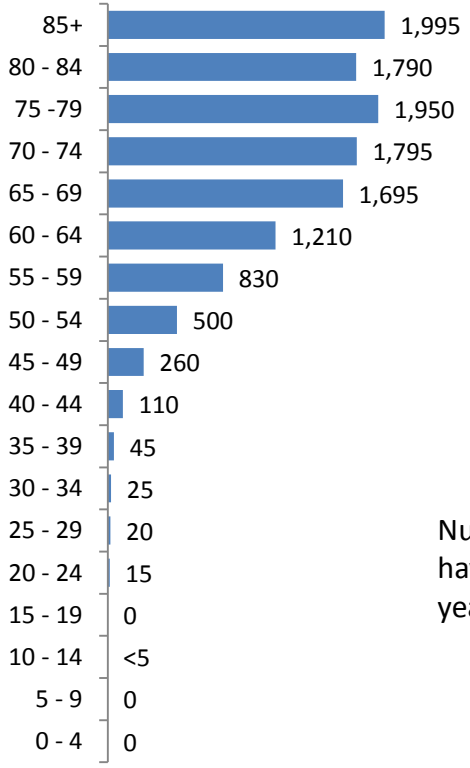
In CHD (coronary heart disease), the blood supply to the heart muscle is blocked by a build-up of fatty substances in the coronary arteries. Angina, heart attacks and heart failure are symptoms of CHD, but not all people with CHD will have the same symptoms.

Number with CHD			
	All	Female	Male
All	12,230	4,765	7,465
Age 0-19	-	-	-
Age 20-64	3,010	910	2,100
Age 65+	9,220	3,860	5,360

% of population with CHD			
	All	Female	Male
All	4%	3%	5%
Age 0-19	0%	0%	0%
Age 20-64	2%	1%	2%
Age 65+	16%	12%	21%



More men than women have CHD. Men seem to develop CHD slightly earlier as well.

Though some people develop CHD earlier, it increases with age from 40, with 10% of people having CHD from age 65.

Numbers with CHD identified by GPs have decreased by 200 in the last 5 years.

Co-morbidities

53% Hypertension	15% Current smokers	12% Falls
24% Diabetes		12% Depression
18% CKD	14% HF	10% Anxiety
18% Obesity	13% Stroke/TIA	10% Asthma
15% AF	13% COPD	

CHD rates increases with deprivation. However, because of the age profile of the disease, there are more people living with CHD in the most affluent areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	1,690	2,285	2,230	2,320	3,205
Crude %	4%	4%	4%	4%	4%
DSR per 100,000*	5,608.7	4,861.4	4,240.4	3,770.9	3,375.9

* Takes into account age/sex profile of populations and is best measure for comparison

Regular physical activity and stopping smoking are part of treating CHD. Medication and surgery may be needed.

Eating a balanced diet, physical activity, maintaining a healthy weight and stopping smoking reduce the risk of developing CHD.

History of fall: 12,150 with fall recorded

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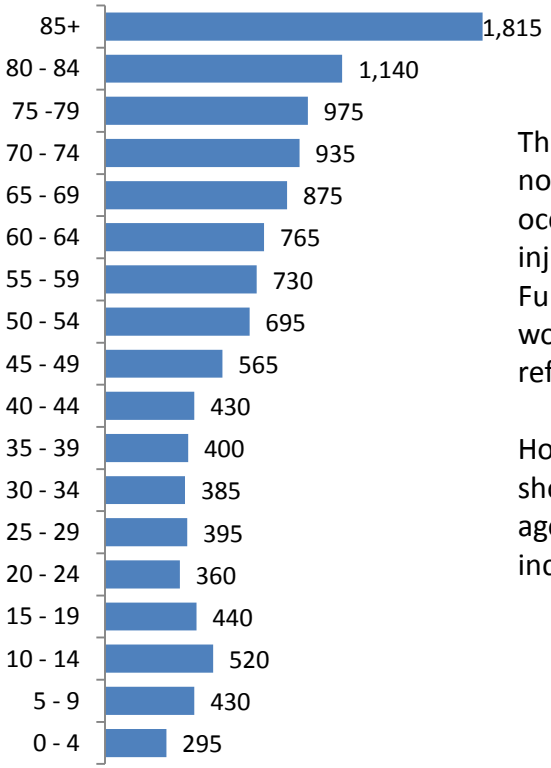
Any one can fall and most falls don't result in serious injury. However, older people are particularly vulnerable to falls, and a fall can trigger high dependency on health and social care.

Number with history of fall			
	All	Female	Male
All	12,150	7,700	4,450
Age 0-19	1,685	805	880
Age 20-64	4,725	2,875	1,845
Age 65+	5,745	4,020	1,725

% of population with history of fall			
	All	Female	Male
All	4%	5%	3%
Age 0-19	2%	2%	2%
Age 20-64	3%	3%	2%
Age 65+	10%	13%	7%



The data we have does not indicate when a fall occurred or severity of injury from a fall. Further investigation would be needed to refine this information.

However, the data does show an increase from age 50, with a large increase from age 80.

Co-morbidities

33% Hypertension	15% Anxiety	10% Asthma
16% Depression	12% CHD	
16% Current smoker	11% Diabetes	
	10% Obesity	

Over 10% of women 65+ have had a fall recorded.

Rates of falls generally increases with deprivation. However, there are more people with a history of falls in the more affluent areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	1,945	2,030	2,280	2,650	2,760
Crude %	5%	4%	4%	4%	3%
DSR per 100,000*	5,577.3	3,913.8	4,199.6	4,311.3	3,162.8

* Takes into account age/sex profile of populations and is best measure for comparison

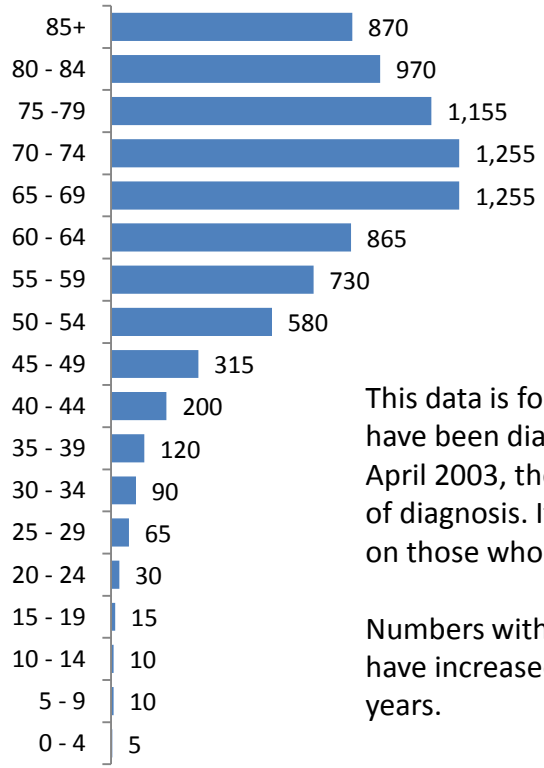
Physical activity to improve strength and balance can help prevent falls. Reducing alcohol consumption, medication reviews and sight tests are also recommended.

Cancer: 8,540 with cancer

Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. Cancer can start in one part of the body and spread to another. There are over 200 different types of cancer, each with different diagnosis and treatment.

Number with cancer			
	All	Female	Male
All	8,540	4,710	3,830
Age 0-19	45	25	20
Age 20-64	2,990	1,950	1,040
Age 65+	5,505	2,735	2,770

% of population with cancer			
	All	Female	Male
All	3%	3%	3%
Age 0-19	0%	0%	0%
Age 20-64	2%	2%	1%
Age 65+	9%	9%	11%



More women than men are living with cancer, however the numbers in the older age group are equal. A possible contributor to this is female breast cancer which tends to develop at a younger age than most cancers. In the older age groups, men are slightly more likely to have cancer than women.

This data is for all current patients who have been diagnosed with cancer since 01 April 2003, though it doesn't have a date of diagnosis. It doesn't have information on those who have died.

Numbers with cancer identified by GPs have increased by 2,300 in the last 5 years.

Co-morbidities

41% Hypertension	13% Diabetes	11% Anxiety
16% Current smoker	13% CHD	11% Obesity
	11% Depression	10% CKD

Cancer rates increase as deprivation decreases. Some of this is due to the age profile differences, but also cancer survival rates are better in less deprived areas, so there would be more people living with cancer.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	810	1,260	1,520	1,785	2,805
Crude %	2%	2%	3%	3%	4%
DSR per 100,000*	2,621.2	2,596.5	2,875.5	2,910.1	3,048.7

* Takes into account age/sex profile of populations and is best measure for comparison

Healthy eating, regular exercise, stopping smoking, and drinking only in moderation reduce the risk of cancer.

CKD: 7,670 with chronic kidney disease

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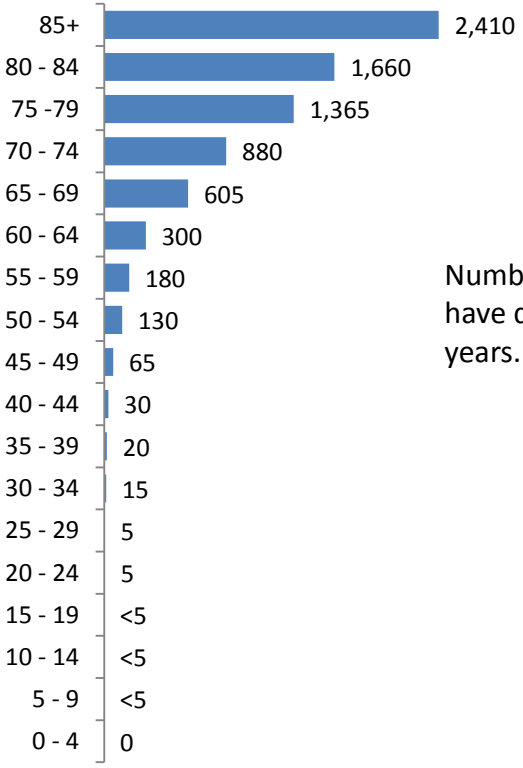
CKD (Chronic Kidney Disease) is a long-term condition where the kidneys do not work effectively. It is usually caused by damage to the kidneys from other conditions, most commonly diabetes and high blood pressure.

Number with CKD	All	Female	Male
All	7,670	4,630	3,040
Age 0-19	5	-	-
Age 20-64	750	390	360
Age 65+	6,915	4,240	2,675

% of population with CKD	All	Female	Male
All	2%	3%	2%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	12%	13%	10%



CKD mainly develops in older people.

Women are slightly more likely than men to develop CKD.

Numbers with CKD identified by GPs have decreased by 700 in the last 5 years.

Co-morbidities

75% Hypertension	17% Obesity	11% Cancer
29% CHD	16% Stroke/TIA	11% COPD
28% Diabetes	15% Falls	
17% AF	12% HF	

CKD rates increase as deprivation increases. However, because of the age profile, there are higher numbers in the least deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	980	1,305	1,455	1,580	2,000
Crude %	2%	2%	3%	3%	3%
DSR per 100,000*	3,336.2	2,829.6	2,750.6	2,537.0	2,055.5

* Takes into account age/sex profile of populations and is best measure for comparison

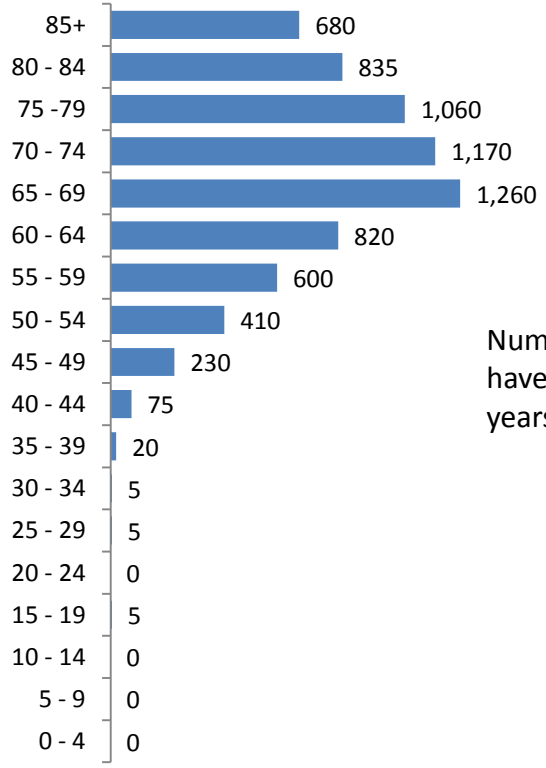
Healthy eating, drinking only in moderation, physical activity and managing existing conditions (like diabetes and hypertension) reduce the risk of developing CKD.

COPD: 7,170 with chronic obstructive pulmonary disease

COPD (Chronic Obstructive Pulmonary Disease) is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease, all of which cause difficulties breathing. The main cause is smoking.

Number with COPD	All	Female	Male
All	7,170	3,500	3,675
Age 0-19	5	-	-
Age 20-64	2,165	1,075	1,085
Age 65+	5,005	2,420	2,585

% of population with COPD	All	Female	Male
All	2%	2%	2%
Age 0-19	0%	0%	0%
Age 20-64	1%	1%	1%
Age 65+	9%	8%	10%



COPD mainly develops in older people.

Men are more likely than women to develop COPD. This is related to historic smoking rates.

Numbers with COPD identified by GPs have increased by 800 in the last 5 years.

Co-morbidities

45% Hypertension	20% Obesity	11% Falls
35% Current smoker	17% Diabetes	10% Stroke/TIA
	16% Depression	10% Cancer
27% Asthma	15% Anxiety	
21% CHD	12% CKD	

Both rates and numbers of people with COPD increase as deprivation increases. There is a sharp increase in rates in the most deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	1,725	1,670	1,245	1,075	1,155
Crude %	4%	3%	2%	2%	1%
DSR per 100,000*	5,673.7	3,505.5	2,372.1	1,758.2	1,213.1

* Takes into account age/sex profile of populations and is best measure for comparison

Stopping smoking reduces the impact of COPD. Being as physically active as the condition allows is also recommended.

Stopping smoking reduces the risk of developing COPD.

Stroke/TIA: 7,170 people

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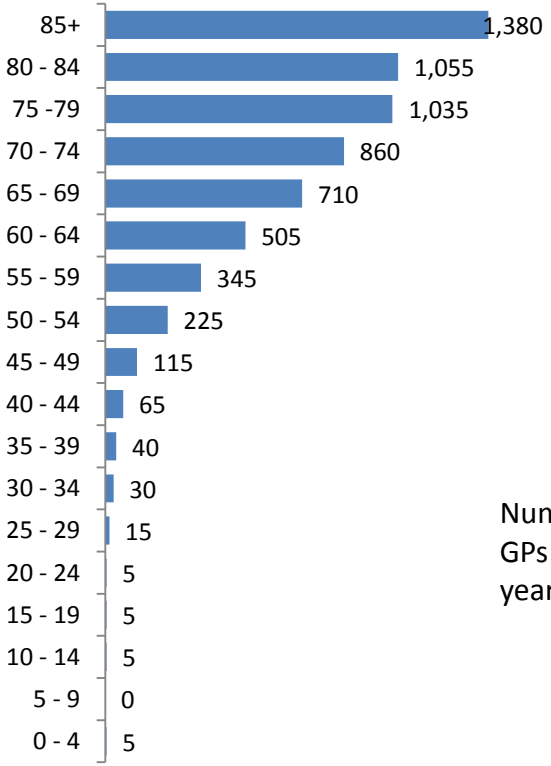
joint strategic needs assessment

Stroke is a life-threatening medical condition where blood supply is cut off to part of the brain, most commonly by a blood clot but sometimes due to a burst blood vessel. Transient ischaemic attack (TIA) occurs when the blood supply to the brain is temporarily interrupted.

Number with stroke/TIA			
	All	Female	Male
All	6,395	3,115	3,280
Age 0-19	15	5	10
Age 20-64	1,345	575	770
Age 65+	5,035	2,535	2,500

% of population with stroke/TIA			
	All	Female	Male
All	2%	2%	2%
Age 0-19	0%	0%	0%
Age 20-64	1%	1%	1%
Age 65+	9%	8%	10%



Though some people experience stroke/TIA at a younger age, it increases with age from the mid 50s and reaches over 10% at age 80. The brain injuries caused by stroke are a major cause of adult disability.

Though there is little difference in the gender profile, stroke or TIA affects men slightly earlier than women.

Numbers with stroke/TIA identified by GPs have increased by 300 in the last 5 years.

Co-morbidities

58% Hypertension	18% AF	13% Obesity
25% CHD	16% Current Smoker	12% Anxiety
23% Diabetes		11% COPD
19% CKD	13% Depression	

Stroke or TIA rates increases with deprivation. However, because of the age profile of the disease, there are more people living with stroke or TIA in the most affluent areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	900	1,200	1,175	1,155	1,715
Crude %	2%	2%	2%	2%	2%
DSR per 100,000*	2,985.3	2,549.2	2,237.5	1,877.1	1,789.9

* Takes into account age/sex profile of populations and is best measure for comparison

Not smoking, maintaining a healthy weight, physical activity and eating a balanced diet reduce the risk of stroke or TIA.

AF: 6,200 people with atrial fibrillation

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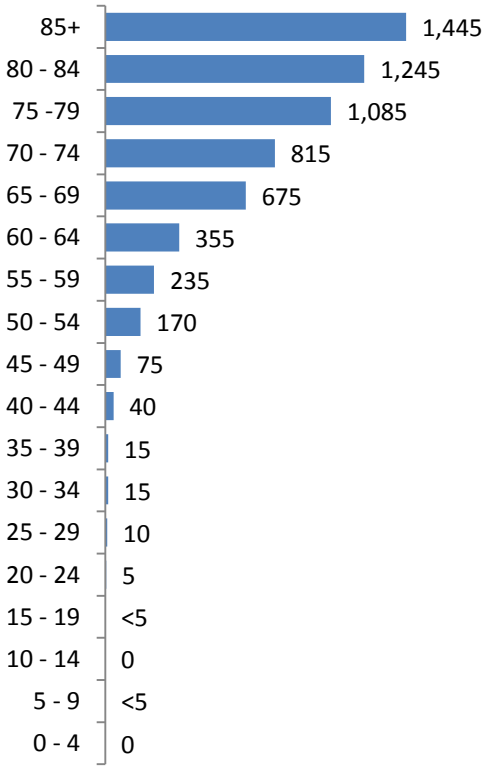
joint strategic needs assessment

Atrial fibrillation (AF) is a condition that causes irregular and often abnormally fast heart rate, caused by the heart's upper chambers (atria) contracting randomly. This reduces the heart's performance at pumping blood throughout the body.

Number with AF			
	All	Female	Male
All	6,200	2,705	3,490
Age 0-19	5	-	5
Age 20-64	930	255	675
Age 65+	5,265	2,450	2,815

% of population with AF			
	All	Female	Male
All	2%	2%	2%
Age 0-19	0%	0%	0%
Age 20-64	1%	0%	1%
Age 65+	9%	8%	11%



Though some people have AF at a younger age, it increases with age from the mid 50s and reaches 10% by the mid 70s.

AF affects men slightly more than women, and men seem to develop AF slightly earlier.

Numbers with AF identified by GPs have increased by 1,000 in the last 5 years.

Co-morbidities

59% Hypertension	19% Diabetes	11% Cancer
30% CHD	19% Stroke/TIA	11% COPD
21% CKD	15% Obesity	10% Asthma
20% HF	14% Falls	

Generally AF rates increase with deprivation, though the pattern isn't as clear as with other conditions. However, because of the age profile of the disease, there are more people living with AF in the most affluent areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	655	995	1,080	1,260	1,950
Crude %	2%	2%	2%	2%	2%
DSR per 100,000*	2,214.8	2,146.2	2,063.3	2,033.9	2,002.6

* Takes into account age/sex profile of populations and is best measure for comparison

AF is treated with medication or surgery.

The causes of AF are not known, though it is associated with other heart disease and other medical conditions including: overactive thyroid gland, pneumonia, asthma, COPD, lung cancer, diabetes, pulmonary embolism and carbon monoxide poisoning. AF episodes can be triggered by excessive alcohol, overweight, lots of caffeine, illegal drugs, and smoking.

Self-harm: 3,060 people have record of self-harm in last 10 years

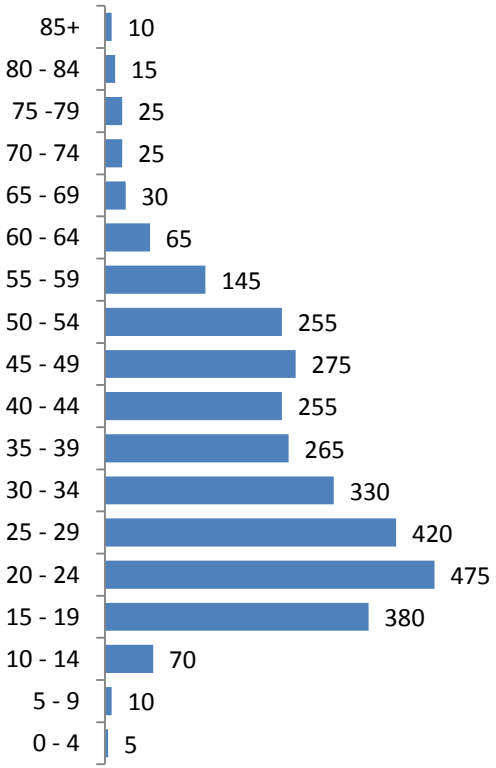
Self-harm is when someone intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress.

Co-morbidities

48% Depression	40% Anxiety	9% Mental Health
48% Current Smoker	12% Asthma	
	10% Obesity	

Number with self-harm record			
	All	Female	Male
All	3,060	1,925	1,135
Age 0-19	460	370	90
Age 20-64	2,495	1,485	1,005
Age 65+	105	65	35

% of population with self-harm record			
	All	Female	Male
All	1%	1%	1%
Age 0-19	1%	1%	0%
Age 20-64	1%	2%	1%
Age 65+	0%	0%	0%



The data on self-harm from GP clinical systems is only a subset of the actual number of people who self-harm. NICE has estimated 4.9% of adults have self-harmed without suicidal intent, with highest rate of 17% in women aged 16-24.

The data does not indicate the type of harm inflicted. Further investigation would be needed to refine this information.

More women have self-harm recorded than men.

Self-harm is higher in more deprived areas of Stockport. Rates increase sharply with deprivation.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	890	790	555	350	370
Crude %	2%	1%	1%	1%	0%
DSR per 100,000*	2,131.6	1,350.3	1,004.4	608.7	519.3

* Takes into account age/sex profile of populations and is best measure for comparison

Treatment for self-harm usually involves seeing a therapist. Self-harm is linked to anxiety and depression, so similar life-style changes may help self-harm treatment (physical activity, drinking only in moderation, not smoking, avoiding caffeine, mindfulness, relaxation techniques and support groups).

HF: 3,045 with heart failure

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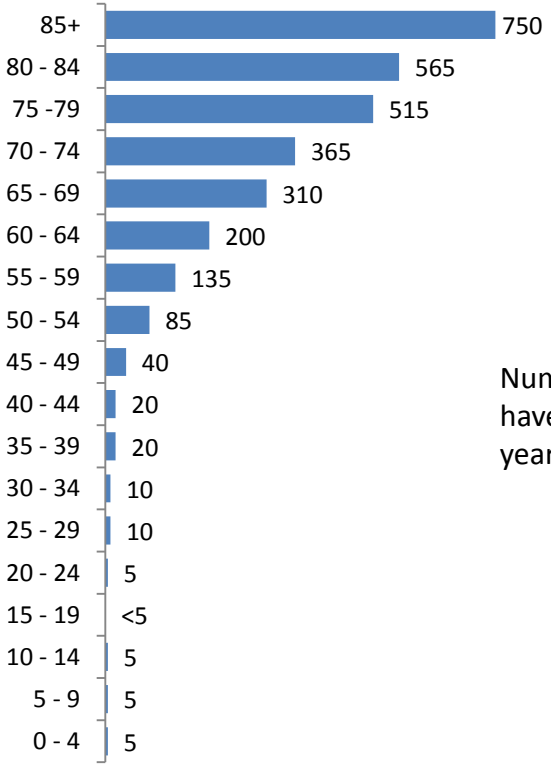
Heart failure (HF) is where the heart is not able to pump enough blood around the body at the right pressure, usually because the heart muscle has become too weak or stiff to function properly.

Number with HF			
	All	Female	Male
All	3,045	1,270	1,775
Age 0-19	15	5	5
Age 20-64	520	150	370
Age 65+	2,510	1,115	1,395

% of population with HF			
	All	Female	Male
All	1%	1%	1%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	4%	3%	5%



Though some people experience HF at a younger age, it increases with age from the mid 60s and 9% of people aged 85+ have HF.

HF affects men slightly more than women, and men seem to develop HF slightly earlier.

Numbers with HF identified by GPs have increased by 500 in the last 5 years.

Co-morbidities

58% Hypertension	18% Obesity	Smoker
56% CHD	17% COPD	12% Asthma
40% AF	17% Stroke/TIA	11% Cancer
31% CKD	16% Falls	11% Depression
26% Diabetes	13% Current	10% Anxiety

HF rates increase with deprivation. However, because of the age profile of the disease, there are more people living with Heart Failure in the most affluent areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	470	620	530	585	715
Crude %	1%	1%	1%	1%	1%
DSR per 100,000*	1,553.8	1,332.0	1,003.6	949.3	736.2

* Takes into account age/sex profile of populations and is best measure for comparison

Treatment for HF usually involves lifestyle changes as well as medicines, and in some cases surgery.

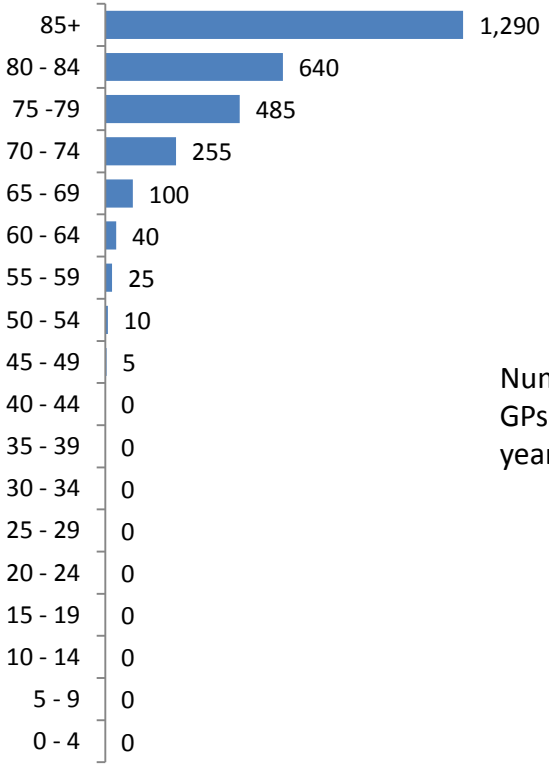
Stopping smoking, eating healthily, physical activity, and drinking only in moderation decrease the risk of developing HF, as does keeping hypertension and cholesterol levels under control.

Dementia: 2,850 diagnosed

Dementia is a syndrome associated with ongoing decline of the brain, including problems with memory loss, thinking speed, mental agility, language, understanding and judgement. People with dementia can become apathetic and may have problems controlling emotions.

Number with Dementia			
	All	Female	Male
All	2,850	1,820	1,030
Age 0-19	-	-	-
Age 20-64	80	35	45
Age 65+	2,770	1,780	990

% of population with Dementia			
	All	Female	Male
All	1%	1%	1%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	5%	6%	4%



Dementia mainly occurs in older age groups, though some working age people are diagnosed with dementia.

More women are diagnosed with dementia than men, but this is driven by those aged 85+.

Numbers with dementia identified by GPs have increased by 900 in the last 5 years.

Co-morbidities

54% Hypertension	21% Stroke/TIA	11% Anxiety
28% Fall	18% Diabetes	10% Cancer
23% CHD	15% AF	
23% CKD	13% Depression	

Dementia rates are higher in more deprived areas of Stockport. However because of the age profile, more people with dementia live in the areas with lower deprivation.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	490	485	495	510	780
Crude %	1%	1%	1%	1%	1%
DSR per 100,000*	1,668.6	1,079.2	934.4	812.7	790.8

* Takes into account age/sex profile of populations and is best measure for comparison

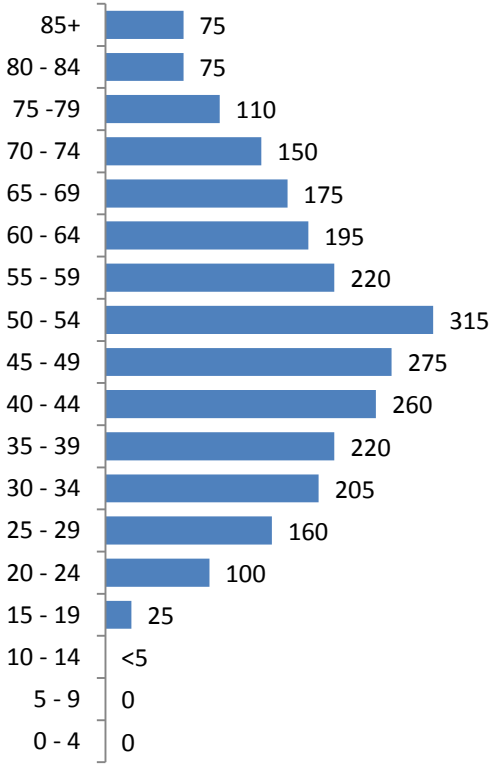
Healthy eating, maintaining a healthy weight, physical activity, drinking only in moderation, stopping smoking and managing hypertension reduce the risk of developing some types of dementia.

Mental Health: 2,570 diagnosed with severe mental health problem

People with schizophrenia, bipolar affective disorder, other psychoses and other patients on lithium therapy were selected in line with the QOF indicator definition. These people have complex mental health problems requiring health service treatment, and are very vulnerable.

Number with mental health	All	Female	Male
All	2,570	1,280	1,290
Age 0-19	25	10	15
Age 20-64	1,950	875	1,080
Age 65+	590	395	195

% of population with mental health	All	Female	Male
All	1%	1%	1%
Age 0-19	0%	0%	0%
Age 20-64	1%	1%	1%
Age 65+	1%	1%	1%



These severe mental health problems are not age related, though very few people are diagnosed under the age of 20.

For more analysis see the full JSNA analysis of Mental Health and Wellbeing http://www.stockportjsna.org.uk/2016-jsna-analysis/mental-health-and-wellbeing/

Numbers with severe mental health identified by GPs have increased by 400 in the last 5 years.

Co-morbidities

42% Current Smoker	26% Anxiety	13% Diabetes
28% Depression	18% Hypertension	11% Self-harm
	18% Obesity	10% Asthma

Both numbers and rates of these severe mental health problems are highest in Stockport's most deprived areas. There is a sharp increase in the most deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	640	525	495	415	400
Crude %	2%	1%	1%	1%	1%
DSR per 100,000*	1,711.6	955.1	898.7	682.3	493.3

* Takes into account age/sex profile of populations and is best measure for comparison

A combination of medication and psychological treatments is the usual way to treat mental health conditions; some people also benefit from group therapy.

Bipolar disorder sufferers are recommended to have regular physical activity and have a healthy diet.

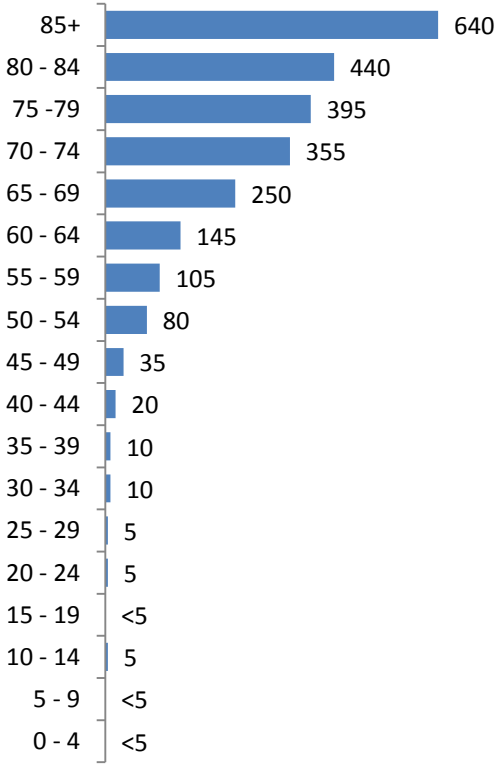
Glaucoma: 2,510 diagnosed

Stockport JSNA
joint strategic needs assessment

Glaucoma is where there is a build up of pressure within the eye; if untreated, it can cause visual impairment.

Number with glaucoma	All	Female	Male
All	2,510	1,395	1,115
Age 0-19	10	5	-
Age 20-64	425	205	215
Age 65+	2,080	1,185	900

% of population with glaucoma	All	Female	Male
All	1%	1%	1%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	4%	4%	3%



Though some young people develop glaucoma, most people with glaucoma are over 65

Co-morbidities

53% Hypertension	13% Falls	10% Current Smoker
18% Diabetes	11% Stroke/TIA	10% Anxiety
17% CHD	10% AF	
16% CKD	10% Obesity	

Glaucoma rates do not have a strong deprivation profile. This may be due to unmet need in more deprived areas, though the age profile may contribute to more people with glaucoma living in the areas with lower deprivation.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	230	370	420	515	865
Crude %	1%	1%	1%	1%	1%
DSR per 100,000*	766.8	799.2	795.3	822.8	902.8

* Takes into account age/sex profile of populations and is best measure for comparison

Medication is the main treatment for glaucoma.

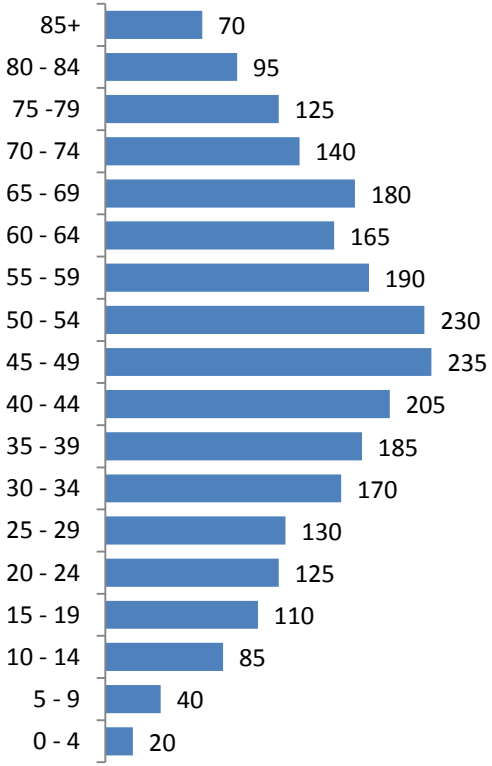
Early detection of glaucoma can prevent visual impairment. Tests are free to all those over 60, and to those over 40 with a direct relative who has glaucoma.

Epilepsy: 2,505 diagnosed

Epilepsy affects the brain and causes repeated seizures. It is usually diagnosed after a person has had more than one seizure. Seizures can vary in severity from person to person. Often, it isn't possible to find the cause of epilepsy, but it can be caused by damage to the brain.

Number with epilepsy			
	All	Female	Male
All	2,505	1,170	1,335
Age 0-19	255	105	150
Age 20-64	1,635	755	880
Age 65+	620	310	310

% of population with epilepsy			
	All	Female	Male
All	1%	1%	1%
Age 0-19	0%	0%	0%
Age 20-64	1%	1%	1%
Age 65+	1%	1%	1%



Epilepsy usually starts in childhood but can start at any age.

Numbers with epilepsy identified by GPs have increased by 100 in the last 5 years.

Co-morbidities

22% Current Smoker	15% Depression	11% Obesity
19% Hypertension	13% Anxiety	10% Asthma
	11% LD	

Rates of epilepsy are highest in the most deprived areas of Stockport, though numbers are broadly similar in all areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	480	515	425	425	540
Crude %	1%	1%	1%	1%	1%
DSR per 100,000*	1,319.9	939.0	775.3	701.3	662.9

* Takes into account age/sex profile of populations and is best measure for comparison

Epilepsy is usually treated with medication.

Regular physical activity, getting enough sleep, a healthy diet and avoiding excessive drinking help manage epilepsy.

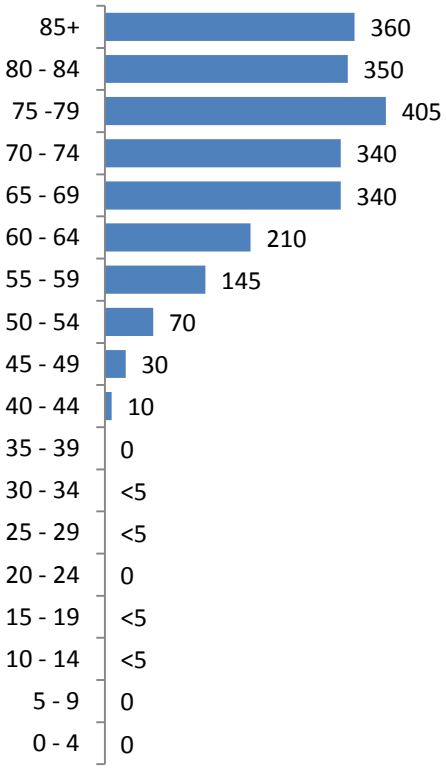
PAD: 2,270 with peripheral arterial disease

Stockport JSNA
joint strategic needs assessment

PAD (peripheral arterial disease) is when a build-up of fatty deposits in the arteries restricts blood supply to leg muscles.

Number with PAD	All	Female	Male
All	2,270	790	1,475
Age 0-19	-	-	-
Age 20-64	470	115	355
Age 65+	1,795	675	1,120

% of population with PAD	All	Female	Male
All	1%	1%	1%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	3%	2%	4%



PAD increases with age, with only a few people diagnosed before 55, and 4% of the oldest age group has PAD.

More men than women have PAD.

Numbers with PAD identified by GPs have remained steady over the last 3 years.

Co-morbidities

65% Hypertension	22% CKD	13% Fall
37% CHD	21% COPD	12% Depression
30% Diabetes	18% Stroke/TIA	11% Anxiety
30% Current Smoker	15% Obesity	10% Cancer
	13% AF	10% HF

Rates of PAD are highest in the most deprived areas of Stockport. However because of the age profile of the condition, numbers are more evenly distributed.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	430	495	410	370	465
Crude %	1%	1%	1%	1%	1%
DSR per 100,000*	1,464.2	1,056.2	783.0	593.9	482.1

* Takes into account age/sex profile of populations and is best measure for comparison

PAD is usually treated through lifestyle changes and medication. Regular physical activity, stopping smoking, and managing hypertension, cholesterol and diabetes are part of treating PAD.

Rickets: 1,895 with rickets diagnosed in last ten years

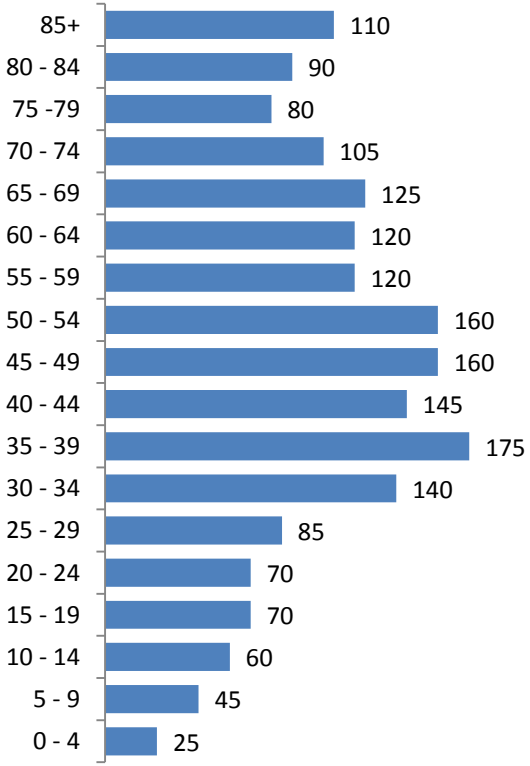
Rickets affects bone development in children, causing the bones to become soft and weak. It is usually caused by a lack of vitamin D and calcium. In adults, rickets is also known as osteomalacia or soft bones.

Co-morbidities

24% Hypertension	15% Diabetes	13% Obesity
17% Depression	14% Current Smoker	11% Fall
17% Anxiety		

Number with rickets	All	Female	Male
All	1,895	1,340	555
Age 0-19	205	120	85
Age 20-64	1,180	865	315
Age 65+	510	355	155

% of population with rickets	All	Female	Male
All	1%	1%	0%
Age 0-19	0%	0%	0%
Age 20-64	1%	1%	0%
Age 65+	1%	1%	1%



Rickets develops in all age groups, but increases for those aged 30-65.

Rickets does not have a definite deprivation profile in Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	210	280	275	540	475
Crude %	1%	0%	0%	1%	1%
DSR per 100,000*	566.6	518.7	498.1	886.5	592.8

* Takes into account age/sex profile of populations and is best measure for comparison

Rickets is treated by eating more foods high in vitamin D and calcium, taking daily supplements, or a yearly vitamin D injection. Increasing exposure to sunshine may also be advised. Note that supplements can have side effects, and excess sun exposure can be a health risk.

Rheumatoid arthritis: 1,550

Stockport JSNA
joint strategic needs assessment

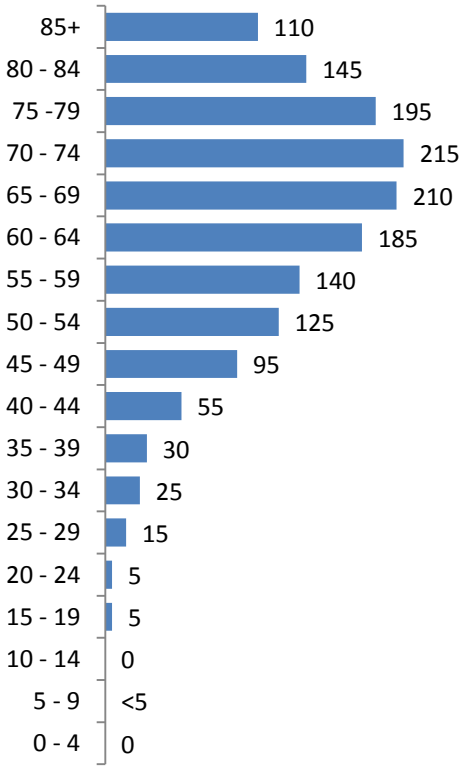
Rheumatoid arthritis is where the immune system attacks the cells that line the joints, causing pain, swelling and stiffness.

Co-morbidities

38% Hypertension	13% Obesity	11% Asthma
18% Current Smoker	11% CHD	10% CKD
	11% Diabetes	10% Fall
13% Depression	11% Anxiety	10% COPD

Number with rheumatoid arthritis			
	All	Female	Male
All	1,550	1,090	465
Age 0-19	5	5	-
Age 20-64	675	480	195
Age 65+	870	605	265

% of population with rheumatoid arthritis			
	All	Female	Male
All	1%	1%	0%
Age 0-19	0%	0%	0%
Age 20-64	0%	1%	0%
Age 65+	2%	2%	1%



More women than men have rheumatoid arthritis.

Rheumatoid arthritis increases with age, though it does affect a few young people.

Numbers with rheumatoid arthritis identified by GPs have increased by 50 in the last 3 years.

Rheumatoid arthritis rates increase with deprivation in Stockport, however because of the age profile, more people with arthritis are in the less deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	210	270	280	320	410
Crude %	1%	0%	1%	1%	1%
DSR per 100,000*	649.7	551.4	528.9	524.2	450.2

* Takes into account age/sex profile of populations and is best measure for comparison

Appropriate physical activity to strengthen muscles that support the joints and keep joints as flexible as possible is highly recommended for people with rheumatoid arthritis. Losing excess weight that may put pressure on the joints is also recommended.

Smoking increases the risk of developing rheumatoid arthritis.

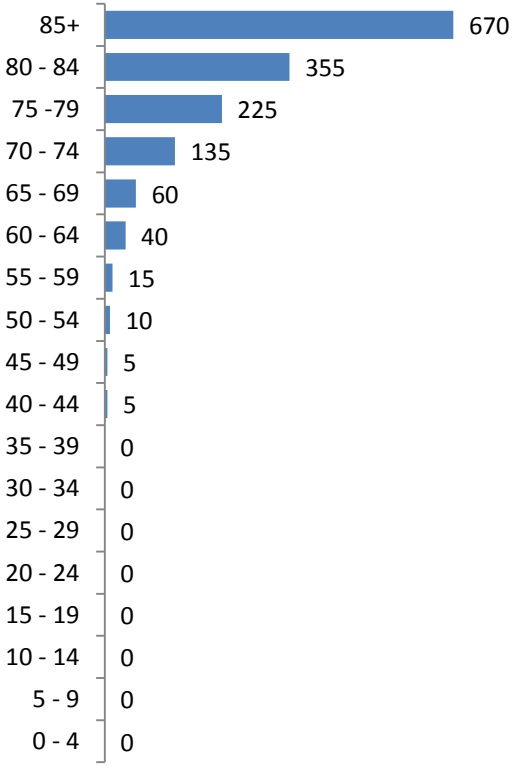
AMD: 1,520 with age-related macular degeneration

Stockport JSNA
joint strategic needs assessment

Age related Macular Degeneration (AMD) is a painless condition that causes central vision loss because the part of the eye responsible for central vision (the macula) is not functioning effectively. It does not affect peripheral vision.

Number with AMD			
	All	Female	Male
All	1,520	940	580
Age 0-19	-	-	-
Age 20-64	70	40	30
Age 65+	1,450	895	550

% of population with AMD			
	All	Female	Male
All	0%	1%	0%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	2%	3%	2%



The 1,520 people with AMD on GP clinical systems is around half the amount expected, though the age and gender profile are as expected. Further investigation would be needed to determine the nature of the undercount.

The large majority of people with AMD are over 65.

More women than men have AMD, though some of this is due to gender differences in the older age bands.

Co-morbidities

60% Hypertension	19% Falls	12% Cancer
24% CHD	15% AF	10% Glaucoma
24% CKD	15% Stroke/TIA	10% Anxiety
20% Diabetes	13% COPD	

Highest numbers with AMD are in the least deprived areas of Stockport, where rates are also slightly higher. This may indicate unmet need in them more deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	155	215	260	300	525
Crude %	0%	0%	0%	0%	1%
DSR per 100,000*	515.3	472.5	491.0	484.3	531.3

* Takes into account age/sex profile of populations and is best measure for comparison

Treatment for AMD is usually medication.

Smoking increases the risk of developing AMD. Eating a balanced diet including leafy green vegetables, drinking only in moderation and maintaining a healthy weight can reduce the risk of developing AMD.

LD: 1,515 with learning disabilities

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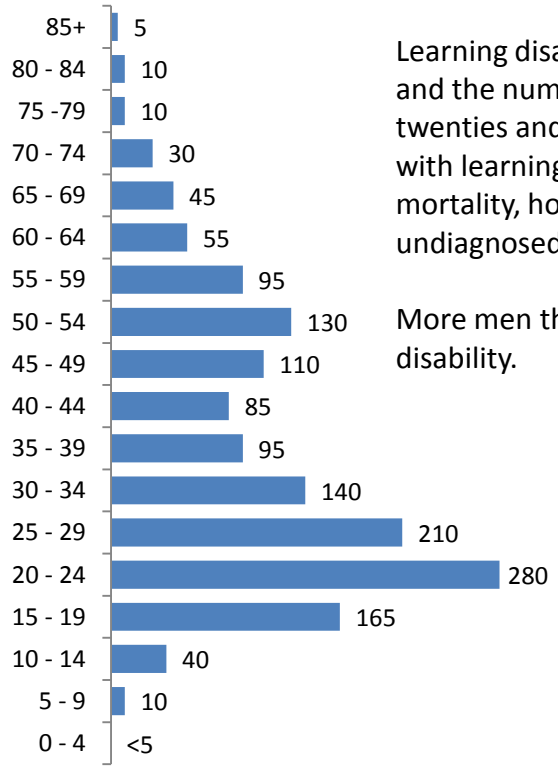
joint strategic needs assessment

Learning disability is a significantly reduced ability to understand new or complex information or learn new skills, with a reduced ability to cope independently, which starts in childhood. Mild, moderate and severe learning disabilities are presented together in this analysis.

Number with LD			
	All	Female	Male
All	1,515	545	970
Age 0-19	210	65	150
Age 20-64	1,200	440	765
Age 65+	105	45	60

% of population with LD			
	All	Female	Male
All	0%	0%	1%
Age 0-19	0%	0%	0%
Age 20-64	1%	0%	1%
Age 65+	0%	0%	0%



Learning disability is diagnosed in childhood, and the numbers are highest in the early twenties and fall steeply after that age. People with learning disability experience higher mortality, however, it is possible that there are undiagnosed people in the older age groups.

More men than women have learning disability.

Numbers with learning disability identified by GPs have increased by 500 in the last 5 years.

Co-morbidities

19% Epilepsy	15% Obesity	10% Depression
17% Current Smoker	12% Autism	
	11% Anxiety	

Rates of learning disability are highest in the most deprived areas of Stockport.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	390	375	250	235	230
Crude %	1%	1%	0%	0%	0%
DSR per 100,000*	964.6	651.1	456.8	401.9	319.8

* Takes into account age/sex profile of populations and is best measure for comparison

People with learning disabilities usually need both carers and professional support.

Autism: 1,170 with autism

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joint strategic needs assessment

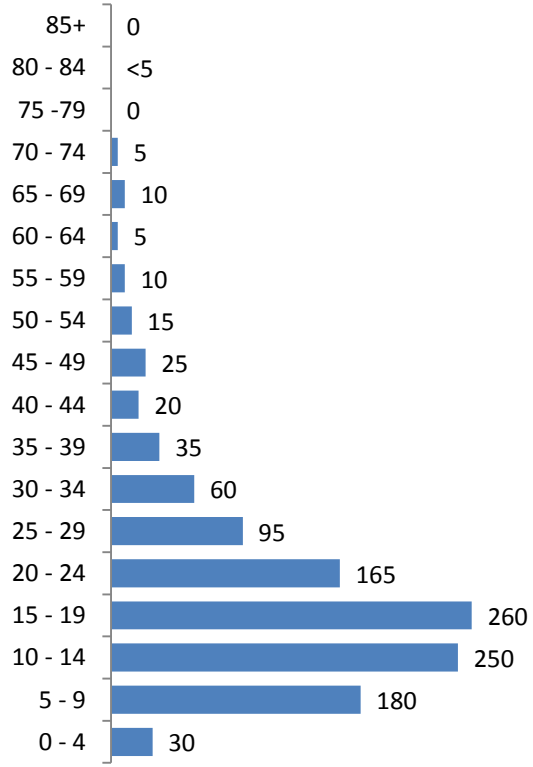
Autism is a condition that affects social interaction, communication, interests and behaviours. Our data includes 333 people who also have Asperger syndrome. Autism symptoms and severity vary from person to person. Most people are diagnosed in childhood.

Co-morbidities

17% Anxiety	15% LD	11% Depression

Number with autism	All	Female	Male
All	1,170	260	910
Age 0-19	715	155	560
Age 20-64	440	100	340
Age 65+	15	-	15

% of population with autism	All	Female	Male
All	0%	0%	1%
Age 0-19	1%	0%	2%
Age 20-64	0%	0%	0%
Age 65+	0%	0%	0%



Autism is usually diagnosed in childhood. Our data shows a decline in numbers from the 20s. However, it is possible that there are undiagnosed people in the older age groups.

Men are much more likely than women to be diagnosed with autism. There is some evidence that the condition is under diagnosed in women.

Autism rates do not have a strong deprivation profile.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	211	277	197	204	241
Crude %	1%	0%	0%	0%	0%
DSR per 100,000*	476.8	460.7	359.9	352.3	331.5

* Takes into account age/sex profile of populations and is best measure for comparison

A range of specialist education and behavioural programmes can help people with autism. Carers are usually part of the support needed by people with autism.

Crohn's disease: 1,010

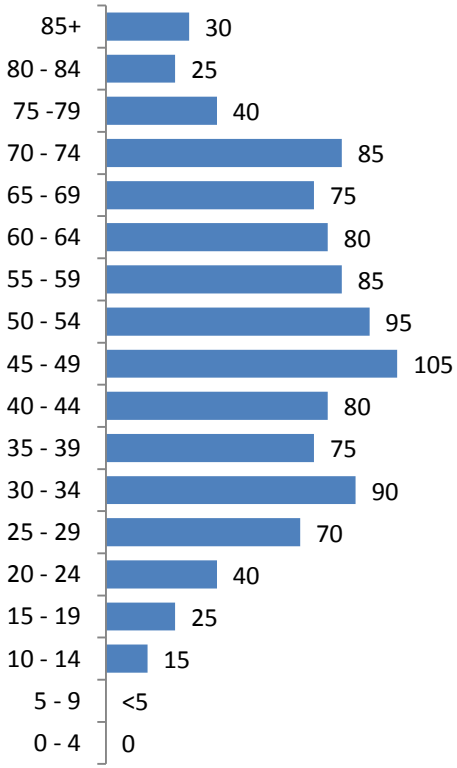
Crohn's disease is a long term condition that causes inflammation of the lining of the digestive system, usually the intestines. The causes of Crohn's disease are unknown, but most researchers think a combination of factors may be involved, including genetics, smoking, previous infections and environmental factors.

Co-morbidities

20% Current Smoker	19% Hypertension	13% Anxiety
	14% Depression	11% Asthma

Number with Crohn's disease	All	Female	Male
All	1,010	540	470
Age 0-19	40	20	20
Age 20-64	720	365	355
Age 65+	250	155	95

% of population with Crohn's disease	All	Female	Male
All	0%	0%	0%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	0%	0%	0%



Crohn's disease may develop at any age. In the UK most cases develop before age 30, but large numbers also develop between 60 and 80.

Women are slightly more likely than men to develop Crohn's disease, but this is only in adults.

Crohn's disease rates do not have a distinct deprivation profile.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	120	190	165	205	285
Crude %	0%	0%	0%	0%	0%
DSR per 100,000*	335.4	345.9	298.5	338.1	358.7

* Takes into account age/sex profile of populations and is best measure for comparison

Treatment for Crohn's disease usually involves putting it into remission with medication, but surgery is sometimes necessary. Stopping smoking reduces symptoms. Some people find certain foods worsen some symptoms, but elimination of entire food types isn't usually recommended. Children and young people are sometimes given special diets to provide nutrients for growth and development.

Cerebral palsy: 275 people

Stockport JSNA
joint strategic needs assessment

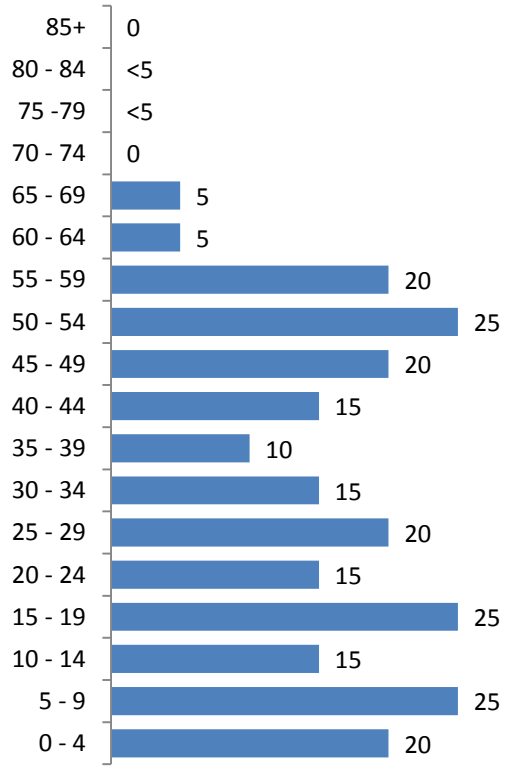
Cerebral palsy is the term for problems in the parts of the brain responsible for controlling muscles, causing problems with movement and co-ordination. The condition can occur if the brain develops abnormally or is damaged before, during or shortly after birth.

Co-morbidities

33% LD	24% Epilepsy

Number with cerebral palsy			
	All	Female	Male
All	275	130	145
Age 0-19	85	40	45
Age 20-64	180	85	95
Age 65+	15	5	5

% of population with cerebral palsy			
	All	Female	Male
All	0%	0%	0%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	0%	0%	0%



Cerebral palsy is usually diagnosed before the age of 3. It does not become worse with age, but can cause further problems later in life. The large majority of people with cerebral palsy in Stockport are under 60.

Cerebral palsy rates do not have a strong deprivation profile, though rates are higher in the most deprived areas.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	50	50	55	45	60
Crude %	0%	0%	0%	0%	0%
DSR per 100,000*	121.7	87.2	95.4	75.9	84.0

* Takes into account age/sex profile of populations and is best measure for comparison

Cerebral palsy treatment plans usually involve a variety of health professionals and social care. Carers are usually part of the support plan.

Down's syndrome: 240 people

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joint strategic needs assessment

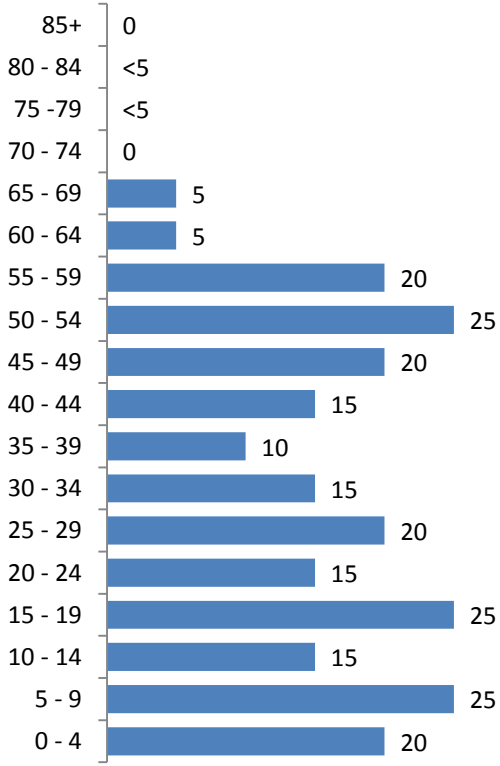
Down's syndrome is a genetic condition that typically causes some level of learning disability and characteristic physical features.

Co-morbidities

59% LD	12% Obesity

Number with Down's syndrome			
	All	Female	Male
All	240	100	140
Age 0-19	85	35	50
Age 20-64	150	65	85
Age 65+	5	5	5

% of population with Down's syndrome			
	All	Female	Male
All	0%	0%	0%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	0%	0%	0%



Down's syndrome is usually diagnosed before or at birth. It does not become worse with age. The large majority of people with Downs syndrome in Stockport are under 60.

Down's syndrome rates do not have a strong deprivation profile.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	40	40	50	45	60
Crude %	0%	0%	0%	0%	0%
DSR per 100,000*	87.6	69.7	87.5	70.0	79.4

* Takes into account age/sex profile of populations and is best measure for comparison

Educational, social care and health professionals can be part of the support for people with Down's syndrome. Carers are usually part of the support needed by people with Down's syndrome.

MND: 35 people with motor neurone disease

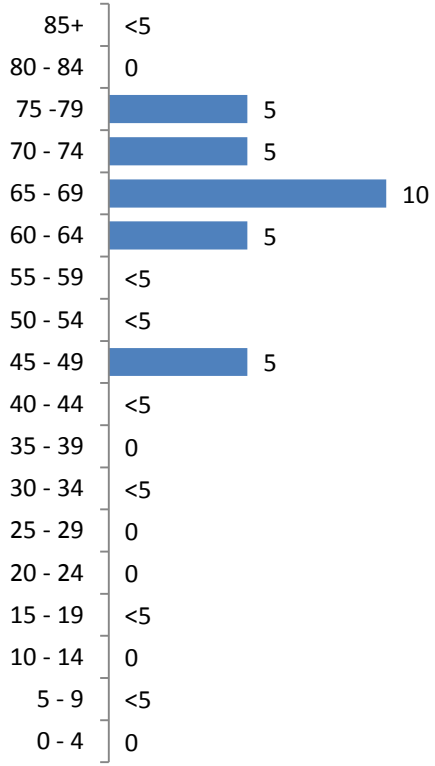
Motor neurone disease progressively damages parts of the nervous system leading to muscle wasting and increasing difficulties with gripping, walking, speaking, swallowing and breathing. It is a severely life-shortening condition.

Co-morbidities

28% Hypertension
14% Anxiety
11% CHD
11% Asthma
11% Depression

Number with MND	All	Female	Male
All	35	15	20
Age 0-19	-	-	-
Age 20-64	15	5	10
Age 65+	20	5	10

% of population with MND	All	Female	Male
All	0%	0%	0%
Age 0-19	0%	0%	0%
Age 20-64	0%	0%	0%
Age 65+	0%	0%	0%



MND can develop in adults of all ages, but most diagnoses are in people over 40. It affects slightly more men than women.

MND rates do not have a strong deprivation profile.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	40	40	50	45	60
Crude %	0%	0%	0%	0%	0%
DSR per 100,000*	11.6	17.3	11.3	10.4	10.4

* Takes into account age/sex profile of populations and is best measure for comparison

Treatment of MND involves a multidisciplinary team of healthcare professionals. Carers are also usually involved.

Multiple key conditions

Stockport JSNA
joint strategic needs assessment

In addition to looking at each of the conditions individually it is also useful to understand trends in the number of conditions people are living with, and how this varies over the life course – as this gives some measure of the complexity of issues and treatments patients and health carers may be dealing with. To do this we have focussed our analysis on 8 groups of diagnoses, excluding some conditions where data quality is lower or where people may not need clinical management permanently (such as depression).

These 8 key condition groups are:

- Cardiovascular disease (CVD) defined as a diagnosis of CHD, stroke, TIA, AF, HF, hypertension or PAD
- Respiratory Disease , defined as a diagnosis of asthma or COPD
- Diabetes
- Epilepsy
- Cancer
- Chronic Kidney Disease (CKD)
- Severe Mental Health, defined as psychosis, schizophrenia or bipolar disorder
- Dementia.

This analysis counts the number of these8 conditions each person in Stockport has been diagnosed with and presents the information by age and deprivation. **Again this analysis should also be treated as indicative.**

Number of key conditions	Number of people	% of people
0	223,845	73%
1	57,410	19%
2	30,165	7%
3	5,950	2%
4	1,085	0%
5	105	0%
6	5	0%

Patients in Stockport have between 0 and 6 of these key conditions, no one has 7 or 8 of these.

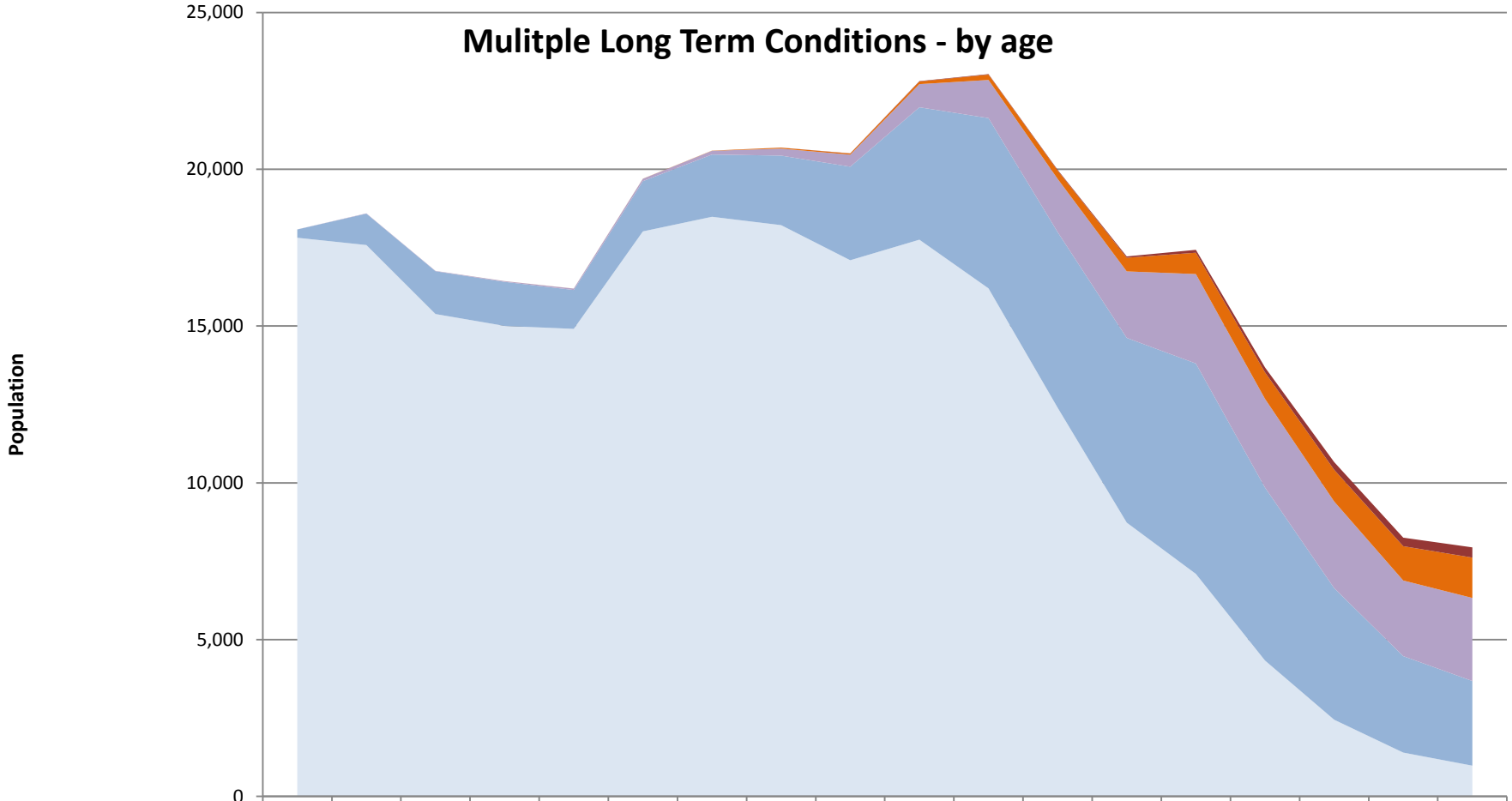
For this analysis, those with 4 to 6 conditions were considered together, making a group of 1,080 people with 4 or more key conditions.

Multiple key conditions by age

Stockport JSNA
joint strategic needs assessment

These key conditions are strongly age related.

- At age 65, 59% of the population have at least one of the key conditions, with 20% having two or more of the conditions.
- In the **oldest age group**, 88% have at least one condition, with **54% having two or more of the conditions**



Age Group	0 - 4	'05 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 -79	80 - 84	85+
4+ of 8 key conditions	0	0	0	0	0	0	0	3	5	13	16	23	41	93	157	246	272	326
3 of 8 key conditions	0	0	0	1	1	3	6	31	37	83	171	266	436	680	845	1010	1094	1287
2 of 8 key conditions	2	9	10	22	44	76	119	223	383	738	1216	1697	2121	2852	2829	2764	2412	2649
1 of 8 key conditions	264	1002	1365	1405	1241	1601	1985	2217	2983	4223	5430	5601	5892	6711	5516	4198	3077	2700
None of 8 key conditions	17816	17583	15383	15004	14909	18019	18485	18218	17099	17754	16202	12396	8730	7095	4333	2445	1396	979

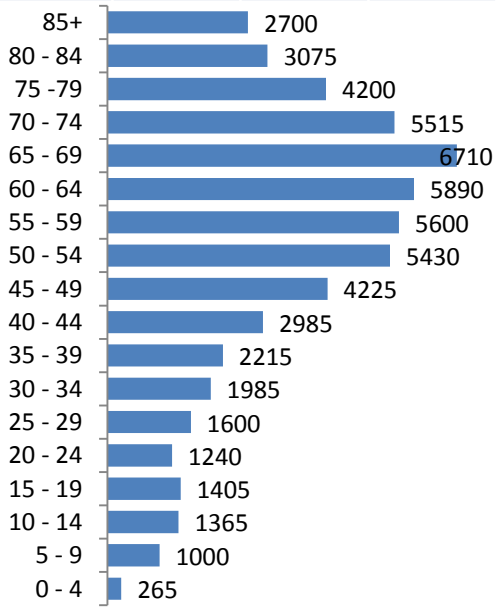
Multiple key conditions by age

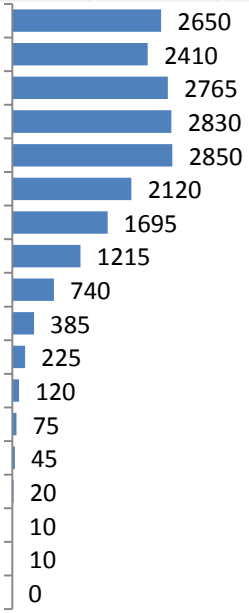
These key conditions are strongly age related.

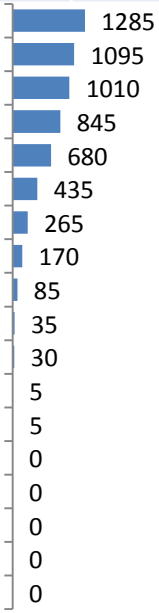
- 72% of those aged 65+ have at least one of the key conditions, with 34% having two or more of the conditions.
- Only 6% of those age under 20 have any of the key conditions, and almost all of them have only one of the conditions. Because there are so few young people with these conditions, their characteristics tend to be masked by the numbers of older people.

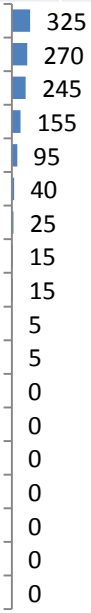
Number with 1 key conditions				with 2 key conditions			with 3 key conditions			with 4+ key conditions		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
All	57,410	29,010	28,400	2,0165	10,215	9,950	5,950	3,090	2,865	1195	635	560
Age 0-19	4,035	1,685	2,350	45	20	25	<5	<5	<5	-	-	-
Age 20-64	31,175	15,325	15,845	6,615	3,015	3,600	1,035	460	575	100	60	45
Age 65+	22,200	12,000	10,205	13,505	7,180	6,325	4,915	2,630	2,285	1095	575	520

% of population with 1 key conditions				with 2 key conditions			with 3 key conditions			with 4+ key conditions		
	All	Female	Male	All	Female	Male	All	Female	Male	All	Female	Male
All	19%	19%	19%	7%	7%	7%	2%	2%	2%	0%	0%	0%
Age 0-19	6%	5%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Age 20-64	17%	17%	17%	4%	3%	4%	1%	1%	1%	0%	0%	0%
Age 65+	38%	38%	39%	23%	23%	24%	8%	8%	9%	2%	2%	2%

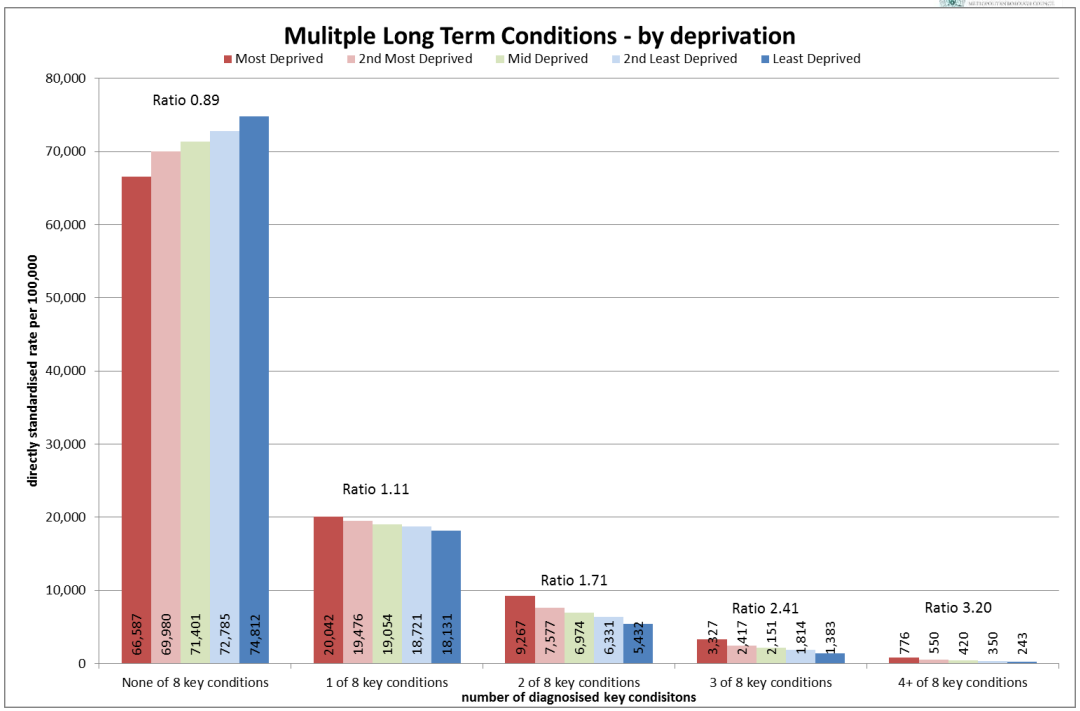








Multiple key conditions by deprivation



The rates of these key conditions show a strong deprivation profile. As the number of conditions increase, the deprivation profile becomes more pronounced.

However, excepting the group with four or more conditions, there are more people diagnosed with these key conditions in the more affluent areas of Stockport.

		Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
One key condition	Number	7,070	10,220	10,310	11,400	15,725
	Crude %	18%	18%	19%	19%	20%
	DSR per 100,000*	20,042.46	19,475.88	19,053.93	18,720.72	18,131.33
Two key conditions	Number	2,890	3,640	3,690	3,895	5,095
	Crude %	7%	6%	7%	6%	6%
	DSR per 100,000*	9,267.21	7,577.28	6,974.21	6,330.71	5,431.53
Three key conditions	Number	990	1125	1,130	1,120	1,335
	Crude %	2%	2%	2%	2%	2%
	DSR per 100,000*	3,327.11	2,417.39	2,151.11	1,814.06	1,382.79
Four or more key conditions	Number	225	250	220	220	240
	Crude %	1%	0%	0%	0%	0%
	DSR per 100,000*	775.94	549.62	419.99	349.98	242.62

* Takes into account age/sex profile of populations and is best measure for comparison

Multiple key conditions: those with none of these conditions

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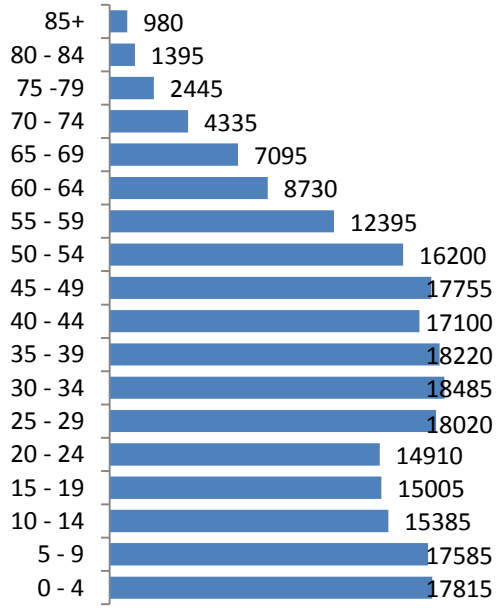
Almost three quarters of Stockport patients have not been diagnosed with any of the selected key conditions.

Number with no key conditions			
	All	Female	Male
All	223,845	112,910	110,935
Age 0-19	65,785	32,305	33,485
Age 20-64	141,810	71,120	70,695
Age 65+	16,250	9,490	6,760

% of population with no key conditions			
	All	Female	Male
All	73%	72%	73%
Age 0-19	94%	95%	93%
Age 20-64	78%	79%	78%
Age 65+	28%	30%	26%



There is a steady decline in those without any of the key conditions by age.

Over 90% of those aged under 35 have none of these conditions.

By age 65, under half of the population have none of the key conditions.

Rates of these conditions continue increasing with age. By age 85+ only 12% of the population have none of the key conditions.

Rates by deprivation show a clear **inverse deprivation profile**. The number of people without any of these key conditions increases as deprivation decreases.

	Most Deprived	2nd Most Deprived	Mid Deprived	2nd Least Deprived	Least Deprived
Number	28,608	41,578	40,253	44,071	56,790
Crude %	72%	73%	72%	73%	72%
DSR per 100,000*	66,587.27	69,979.82	71,400.76	72,784.54	74,811.73

* Takes into account age/sex profile of populations and is best measure for comparison

Long-term conditions ages under 25

Stockport JSNA
joint strategic needs assessment

Although the previous analysis includes children and young people, the patterns of long term conditions for these age groups are not easily apparent, as they get masked by older adults.

The table below identifies the conditions where there are more than 50 registered patients with a condition aged under 25 years, and shows the age profile.

Asthma is the most common condition and begins in early life, so that there are significant numbers of cases in both primary and secondary school aged children.

Anxiety and depression are the next most common, but effect children and young people **aged 15-24** more than younger children.

Condition	Total Number	Age bands				
		0-4	5-9	10-14	15-19	20-24
Asthma	4,470	225	930	1,210	1,190	915
Anxiety	3,425	5	60	260	1,030	2,070
Depression	2,075	<5	<5	20	455	1,600
Self harm*	940	5	10	70	380	475
Autism *	880	30	180	250	260	165
Learning disability	490	<5	10	40	165	280
Epilepsy	380	20	40	85	110	125
Diabetes	290	10	25	65	90	100
Rickets	275	25	45	60	70	70
Mental health	130	-	-	<5	25	100
Cerebral palsy *	115	5	20	25	35	25
Down's Syndrome	100	20	25	15	25	15
Crohn's disease	80	-	<5	15	25	40
Cancer	75	5	10	10	15	30

* Undercount of actual prevalence