

Mortality Trends by Disease

The age-standardised death rates of the five leading causes of death, except pneumonia, showed gradual decline over the past twenty years (Figure 7).

'Cancer' has been the leading cause of death in Hong Kong since 1960's, claiming one in every three deaths in 2000. The common sites of cancer deaths were lung, liver, colon, stomach, and rectum in descending order, and they accounted for 60.2% of all cancer deaths in 2000.

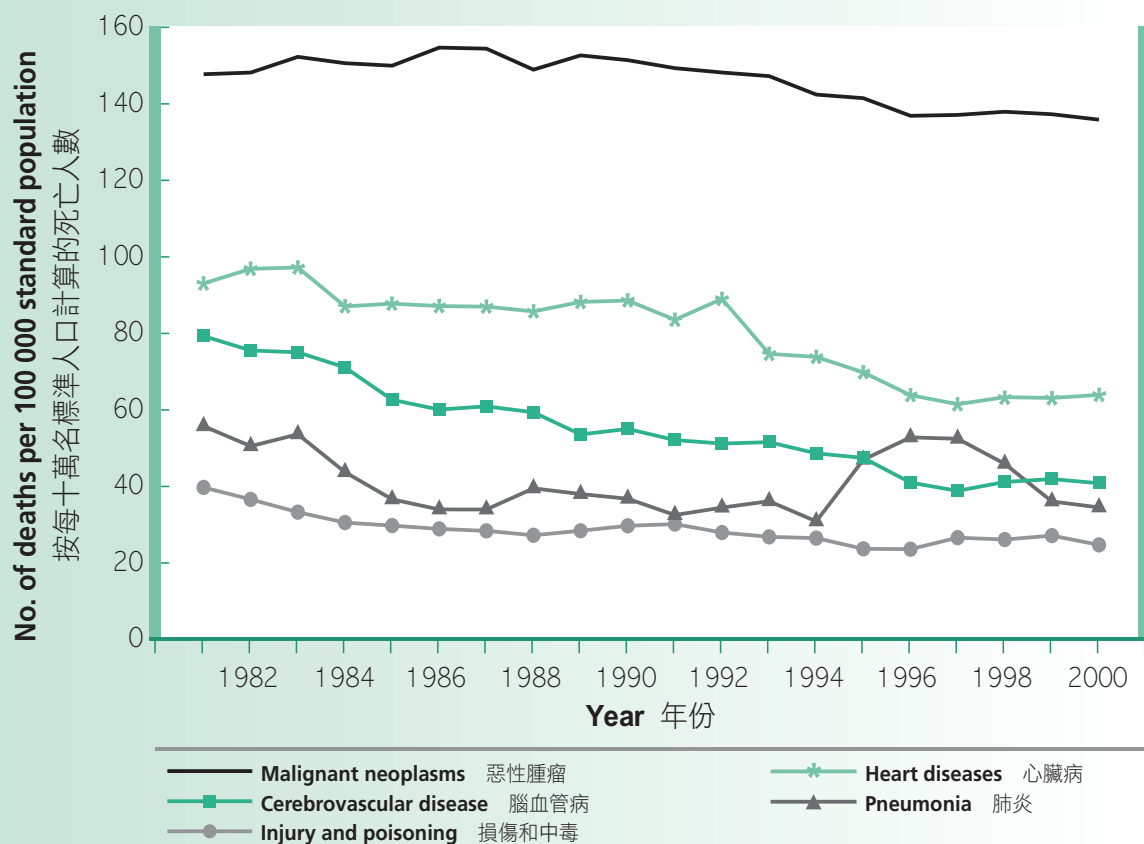
死亡疾病趨勢

除肺炎外，首五類致命疾病造成的年齡標準化死亡率在過去二十年間逐步下降（圖7）。

自六十年代起，癌症一直是香港人的主要死亡原因。於二零零零年，平均每三名死者便有一人死於癌症。常見的致命癌症發病部位依次為肺、肝、結腸、胃及直腸，合共佔二零零零年總癌症死亡人數的60.2%。

Figure 7 Age-standardised Death Rates* of Five Leading Causes of Death, 1981 - 2000

圖7 一九八一年至二零零零年首五類致命疾病導致的年齡標準化死亡率*



Notes Ranking according to 2000 number of deaths.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以二零零零年的死亡數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Over the past decade, we have seen an overall decline in our age-standardised cancer mortality rate. The overall decline was contributed by a decline in lung cancer mortality; and to a lesser extent, liver cancers.

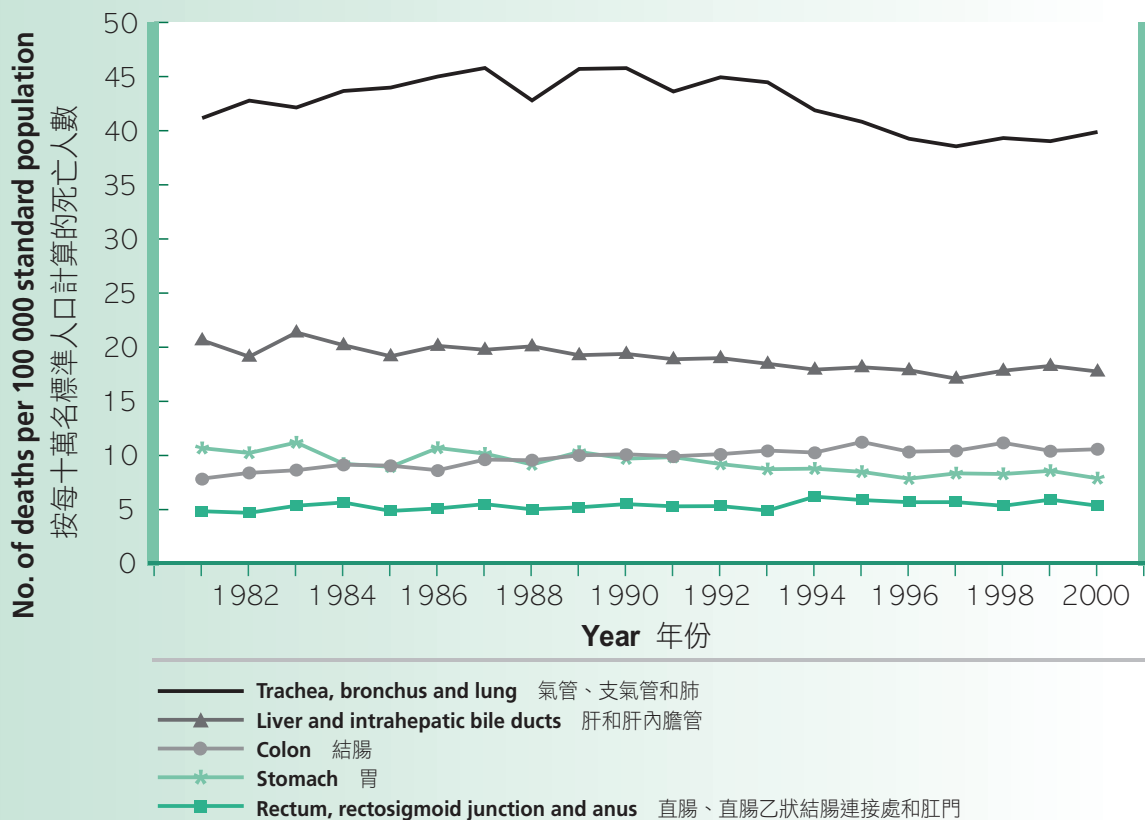
The trends of the age-standardised death rates of the five major causes of cancer death over the last two decades were shown in Figure 8 while Figures 9 and 10 showed the cancer mortality trends in male and female respectively. The top three cancer killers in men in ranking order were cancer of lung, cancer of liver and cancer of colon; while in women were cancer of lung, cancer of colon and cancer of breast respectively in recent years.

在過去十年間，癌症的年齡標準化死亡率整體下降，主要因為肺癌的死亡率下降，而肝癌的死亡率亦輕微下降。

圖8展示過去二十年間由首五類致命的癌症導致的年齡標準化死亡率的趨勢。而圖9及圖10分別展示男性及女性的癌症死亡率趨勢。近年，在男性中首三類致命癌症依次為肺癌、肝癌及結腸癌；而女性則為肺癌、結腸癌及乳癌。

Figure 8 Age-standardised Death Rates* of Five Leading Cancers, 1981 - 2000

圖8 一九八一年至二零零零年首五類癌症導致的年齡標準化死亡率*



Notes Ranking according to 2000 number of deaths.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以二零零零年的死亡數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Figure 9 Age-standardised Death Rates* of Five Leading Cancers in Male, 1981 - 2000

圖9 一九八一年至二零零零年首五類癌症導致的男性年齡標準化死亡率*

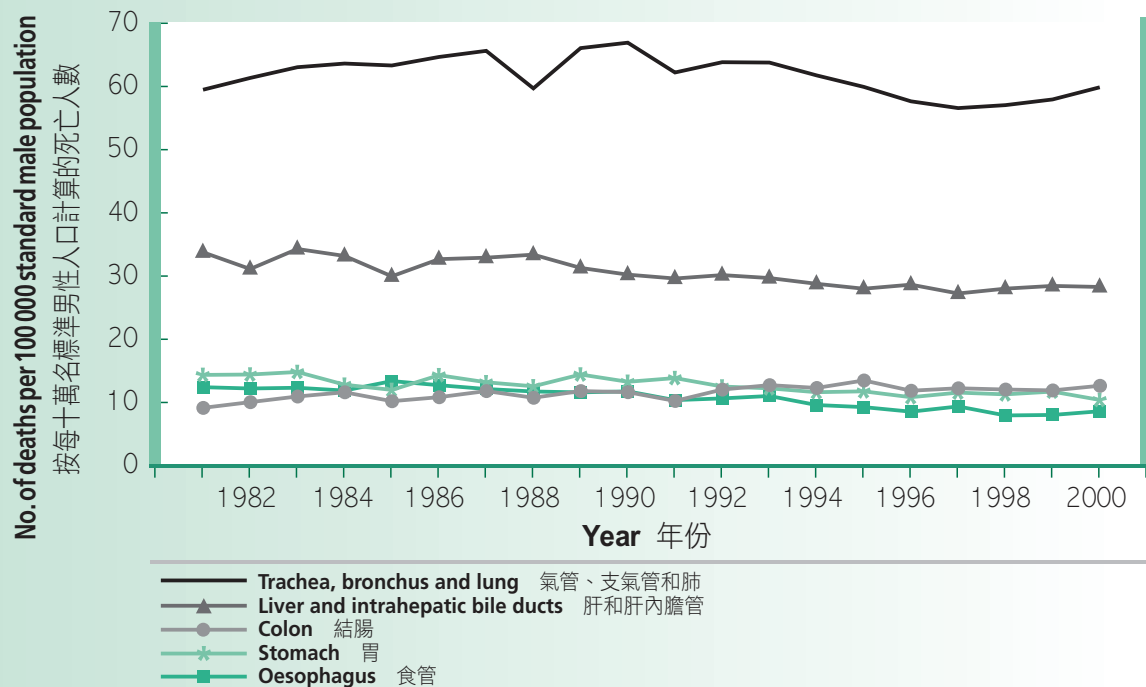
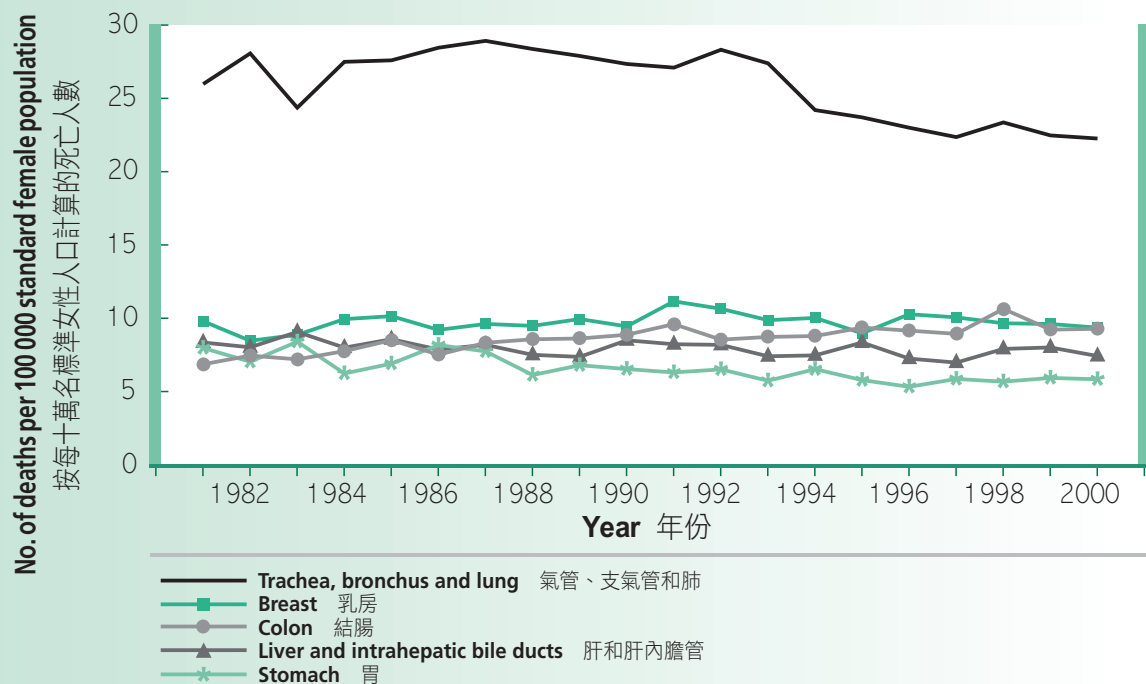


Figure 10 Age-standardised Death Rates* of Five Leading Cancers in Female, 1981 - 2000

圖10 一九八一年至二零零零年首五類癌症導致的女性年齡標準化死亡率*



Notes Ranking according to 2000 number of deaths.

* According to the world standard population published in the 1997-99 World Health Statistics Annual.

註 次序是以二零零零年的死亡數字為根據。

* 根據一九九七至九九年世界衛生統計年報刊載的標準世界人口。

Since 1960's, 'heart diseases' has been the second leading cause of death in Hong Kong. The age-standardised mortality rate for heart diseases and cerebrovascular disease have experienced a sharper decline as compare to that of cancer over the last two decades, and the declining trends have levelled off in recent few years. Heart diseases and cerebrovascular disease remained important public health problems as they accounted for 16.3% and 10.5% of all deaths respectively in 2000. Therefore, continuous effort should be made to combat their major risk factors such as smoking, lack of physical activity, obesity, hypertension, diabetes mellitus and hyperlipidemia.

'Pneumonia' was the fourth leading cause of death in 2000. Over 90% of all pneumonia deaths occurred in individuals 65 years old and above, and it represented a rather common terminal event or complication in the elderly. Although the age-standardised mortality rate for pneumonia has been declining over the past two decades, it showed an increasing trend since 1994 and dropped again in recent four years.

'Injury and poisoning' has remained the fifth leading cause of death in Hong Kong since late 1970's. Its age-standardised mortality showed an overall decline in 1980's and has been levelled off since 1990's. Unlike other major killers, it disproportionately strikes the young and contributes significantly to premature death. Many injuries are preventable and successful preventive programmes should be supported by appropriate educational, legislative and environmental measures. A multi-sectorial approach would be most appropriate to tackle this problem.

自六十年代起，心臟病一直是香港第二大主要致命疾病。過去二十年間，心臟病及腦血管病的年齡標準化死亡率相對癌症而言，有顯著下降的趨勢，直至近幾年間，數字漸趨平穩。心臟病及腦血管病依然是備受關注的公共健康問題。二零零零年，心臟病及腦血管病分別佔總死亡人數 16.3% 及 10.5%。因此，我們仍需鼓勵健康的生活模式，以減低引致這些疾病的因素，如吸煙、缺乏運動、肥胖、高血壓、糖尿病及高血脂。

於二零零零年，肺炎是第四大主要致命疾病。超過 90% 的肺炎死者均為 65 歲或以上人士，而肺炎是長者常見的末期病或併發症。雖然肺炎的年齡標準化死亡率在過去二十年間持續下降，但是該死亡率自一九九四年起有上升的趨勢，直至近四年間，才再度下降。

損傷和中毒由七十年代後期起一直是香港的第五大主要致命原因。該年齡標準化死亡率在八十年代期間整體下降，直至九十年代，數字漸趨平穩。與其他主要致命疾病不同，損傷和中毒較多發生於年輕人，引致過早死亡。大部分的損傷是可預防的，而成功的預防計劃必須配合適當的教育、立法和環境措施，並以跨界別的形式解決這問題。