

Statistics on hospitalisations due to injuries and poisonings in 2016

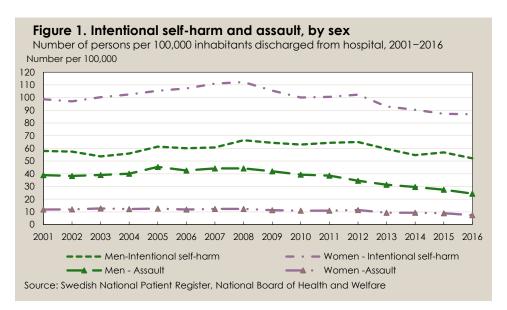
In 2016, about 147,000 people were admitted to hospital as a result of injury. This represents almost 17 per cent of all the people who were admitted to hospital. Of these 147,000 people, more than 98,000 received treatment due to accidents, over 38,000 due to complications of medical and surgical care, 6,900 due to self-harm and 1,600 due to violence.

Fewer hospital admissions

In 2016, about 147,000 people were admitted to hospital following injury events, which is slightly lower than in 2015 when approximately 150,000 people were hospitalised. A certain reduction has occurred in accidents, intentional self-harm and violence (assaults). Complications of medical and surgical care are approximately the same as in 2015. To a certain extent, fewer people that are hospitalised can depend on the ability to be treated by means of outpatient care. Concussion is a clear example of this, where the number of hospitalisations has more than halved since the beginning of the 2000s.

Fewer violence-related hospital admissions

In 2016, approximately 1,600 people were admitted to hospital as a result of their being assaulted. Taking the increase in population into account, the number of people hospitalised for violence-related injuries has decreased by more than 40 per cent over the past 10 years.



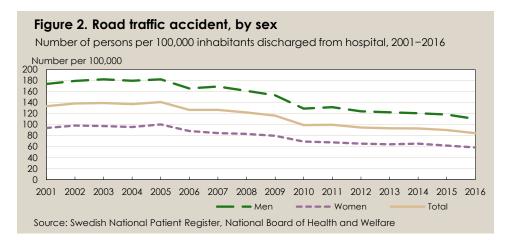
In 2016, approximately 6,900 people received hospital treatment for intentional self-harm, and many of them were young women aged 15-24. In recent years, there has been a certain reduction in both the number of women and men treated.

Two in three accidents are falls

As in previous years, falls are by far the most common cause of injury resulting in admissions to hospital. Falls comprise two-thirds of all accidents, which corresponds to approximately 69,000 people – 40,000 women and 29,000 men. When the rise in population is taken into consideration, the occurrence of hospitalisations due to falls has actually declined somewhat since the beginning of the 2000s. Falls are the dominant factor among the elderly and in 2016 about 7 in 10 fall patients were aged 65 years or above. This group accounted for 77 per cent among women and for 60 per cent among men. More than 8 per cent of everyone aged 85 years or above were, at some point during 2016, admitted to hospital because of a fall.

Reduction of road traffic accidents

In 2016, roughly 8,400 people were admitted to hospital as a result of road traffic accidents. Taking the increase in population into account, these accidents have decreased by almost 40 per cent since the beginning of the 2000s. This reduction has primarily occurred among people aged between 15 and 44.



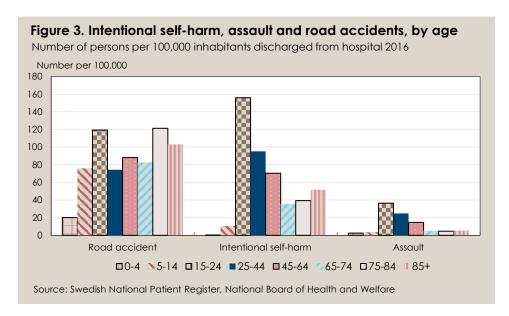
The number of hospitalisations has decreased among all common road user groups. However, a very large part of this is due to a reduction in the number of persons treated as a result of car accidents – 5,200 in 2001 compared with 2,500 in 2016. Admissions caused by bicycle accidents show a significantly weaker decline, 3,600 in 2001 compared with 3,200 in 2016.

Intentional self-harm and violence more common among the young

In addition to the fact that fall accidents are particularly common among the elderly, there are also other distinct age-related disparities among people admitted as a result of injury. Intentional self-harm and assaults are, in contrast to fall accidents, particularly common among young people aged 15-24 (figure 3).

Reduction in road accidents among the young

Ten years ago, it was twice as common for 15-24 year olds to be hospitalised after road traffic accidents compared to those aged 65 and over. But in 2016, it was equally common among 75-84 year-olds as among 15-24 year-olds. The change is mainly due to the fact that fewer young people were hospitalised while the number of elderly hospitalised remained approximately the same.



Poisoning most common among the young

Overall, most types of injury diagnoses are more common among older rather than young people. Poisoning is common among the elderly, but still more common among 15-24-year olds. Burn and corrosion injuries are by far the most common among the very young, aged 0-4 years.

Major regional differences

With regard to certain types of injuries, there are major regional differences. However, the differences do not necessarily mean that there are higher risks in some regions. In 2016, fall accidents leading to hospitalisation in Jämtland County, where about 1 per cent of the population were hospitalised, were almost twice as common as in Uppsala County, where about 0.5 per cent of the population were hospitalised. The decision to admit a person may be due to organisational reasons but also practical reasons, such as the distance between the hospital and the home. Differences in the age structure of different counties may also affect the numbers.

Even in cases of intentional self-harm, regional differences are observed. In relation to population size, most hospitalisations in 2016 due to intentional selfharm were reported from the counties of Värmland and Jönköping. However, variations in counties may also depend on how healthcare works with intentional self-harm, which in turn affects the statistics.

Femur fractures are most common

Of people admitted to hospital as a result of injury, femoral fracture is the most common main diagnosis. In 2016, about 18,400 people (12,100 women and 6,300 men) received hospital treatment for femoral fractures. Relative to the population, the number of men and women treated for femoral fractures has decreased during the 2000s. The greatest reduction has occurred among women.

Complications arising from medical care or surgery

In 2016, more than 38,000 people received hospital treatment for complications. This increased during the first decade of the 2000s (presumably due to an increased propensity to report instances), although a levelling-off has been identified during recent years. Because it includes so-called 'expected' complications and adverse effects of pharmaceuticals, this group is not suitable as a metric for care-related injuries.

More information

You can find more tables, diagrams and other information in the Excel file: www.socialstyrelsen.se/publikationer/2017/2017-9-22 If you want to use our statistical database (in Swedish): http://www.socialstyrelsen.se/statistik/statistikdatabas/yttreorsakertillskadorochforgiftningar

Find out more about patient safety and care-related injuries: The National Board of Health and Welfare – Patient Safety (in Swedish) The Health and Social Care Inspectorate (IVO)

Contact:

Pernilla Fagerström, questions regarding statistics

Telephone: +46 (0)75-247 30 00

E-mail: pernilla.fagerstrom@socialstyrelsen.se