
Statistics on hospitalisations due to injuries and poisonings in 2025

In 2025, approximately 147,500 people were hospitalised due to injury. This accounts for almost 18 per cent of all the people who were hospitalised. About 93,500 people were treated due to accidents, over 47,000 due to complications from medical and surgical care, almost 6,100 due to self-harm and about 970 due to violence.

Accidents, self-harm and violence at about the same level as in 2024

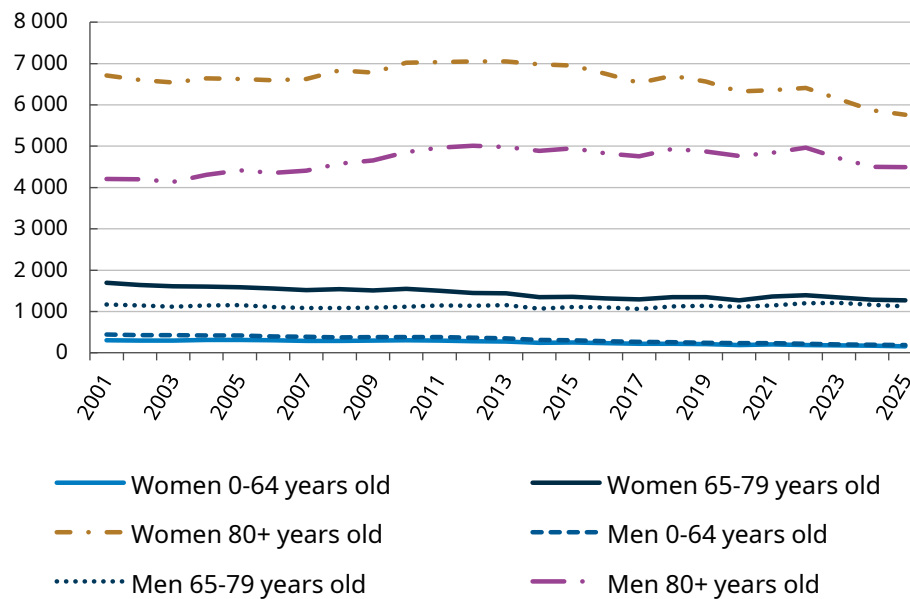
In 2025, about 147,500 people were hospitalised due to injuries. Of these, almost 75,000 were women (51 per cent) and almost 73,000 (49 per cent) were men. Treatment as a result of accidents was the most common cause, affecting around 93,500 people. More than 47,000 were treated due to complications of medical and surgical care. Nearly 6,100 were treated due to self-harm and about 970 due to violence. Over a ten-year period, the number of people hospitalised as a result of accidents, self-harm and, in particular, violence has decreased. However, the changes between 2024 and 2025 were small for these types of injury events.

Three out of four accidents are falls

As in previous years, falls remain the leading cause of hospitalisations due to injury in 2025. Falls account for around 74 per cent of all accidents, which corresponds to almost 69,000 people, divided into just over 39,000 women (57 per cent) and almost 30,000 men (43 per cent). The proportion of women treated compared to men is slightly higher for falls than for accidents in general. Falls are most common among people aged 65 or older, and in 2025, about 79 per cent of the fall patients were aged 65 years or above. For women in this age group, the proportion was 83 percent, and for men, it was 73 percent. In the age group 80 years and above, fall accidents made up 91 per cent of all accidents.

Figure 1. Fall accidents, by sex and age, 2001–2025

Number of patients per 100,000 inhabitants discharged from hospital



Source: Swedish National Patient Register, National Board of Health and Welfare

Femur fractures are most common

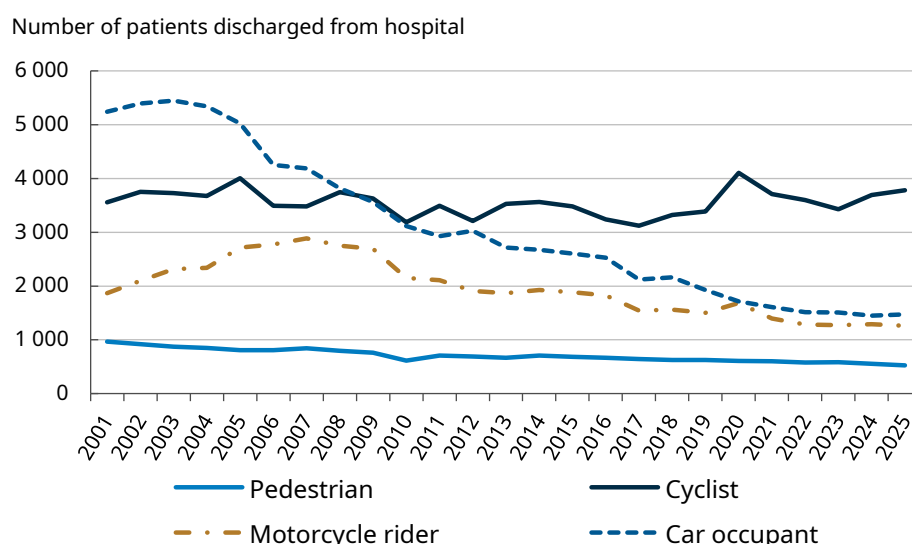
Among people hospitalised due to injury, femoral fracture is the most common primary diagnosis. In 2025, more than 18,000 people were hospitalised for femur fracture, with 63 per cent being women and 37 per cent men. The number of people who were hospitalised for a femoral fracture was approximately 500 lower than in 2024. Over a ten-year period, the number of patients has remained relatively constant, although the lowest numbers occurred in the pandemic years of 2020 and 2021.

Fewer road traffic accidents since the early 2000s

In 2025, around 7,200 people were hospitalised as a result of road traffic accidents, marginally more than in 2024. The lowest figure this century occurred in 2023, at just under 7,000 people. Since the early 2000s, the number of people hospitalised due to road traffic accidents has decreased by almost 5,000. A significant portion of this reduction is due to fewer people being treated following car accidents – 1,500 in 2025 compared with 5,200 in 2001. In 2025, just under 3,800 people were admitted to hospital as a result of bicycle accidents, an increase of almost 100 people compared with 2024. This number has remained relatively stable since the beginning of the 2000s. Electric scooters and similar vehicles are classified as bicycles. At the beginning of the 2000s, hospitalisation following road traffic accidents

was much more common among people aged 15–24 than in other age groups. Since then, there has been a sharp decline in the proportion treated in this age group. In recent years, the highest number of hospitalisations per 100,000 inhabitants has been among those aged 80 or older. Twice as many men as women were hospitalised after a road traffic accident.

Figure 2. Road traffic accidents among some road user groups, 2001–2025



Source: Swedish National Patient Register, National Board of Health and Welfare

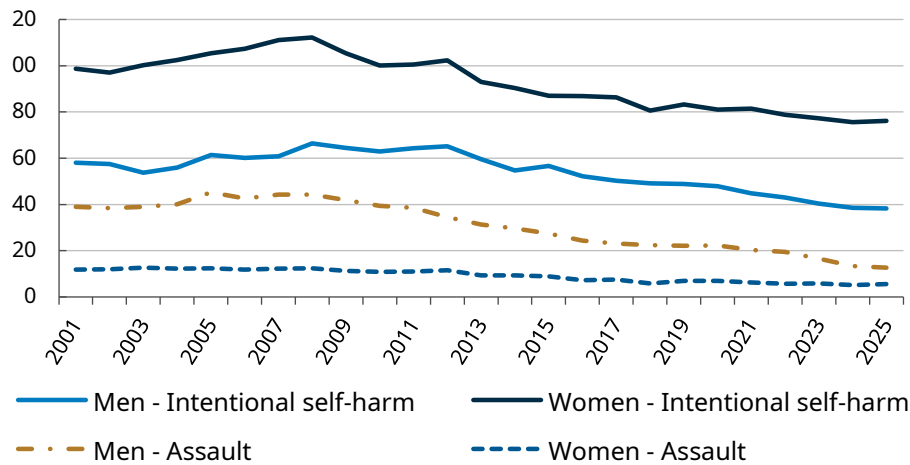
Three in ten patients treated for violence were women in 2025

In 2025, around 970 people were hospitalised as a result of assault. This was the lowest number of assault-related hospitalisations during the 2001–2025 period. The decrease continued among men in 2025, while there was a slight increase among women. The proportion of women, at 30 per cent, was the highest during the period. The gender distribution has varied between years, with the proportion of women at its lowest, 21 per cent, in 2018.

In 2025, almost 6,100 people were hospitalised following intentional self-harm. Since 2012, the number of patients hospitalised following intentional self-harm has decreased overall. In 2025, however, the number was marginally higher than in 2024. Since 2021, the number of girls under the age of 15 hospitalised following intentional self-harm has been higher than in the years before 2021. For both men and women, hospitalisation after intentional self-harm is most common in the age group 15–24. Nearly nine out of ten, corresponding to 5,300 people, were hospitalised after intentional self-harm by intoxication, for example, through pharmaceuticals.

Figure 3. Intentional self-harm and assault, by sex, 2001–2025

Number of patients per 100,000 inhabitants discharged from hospital



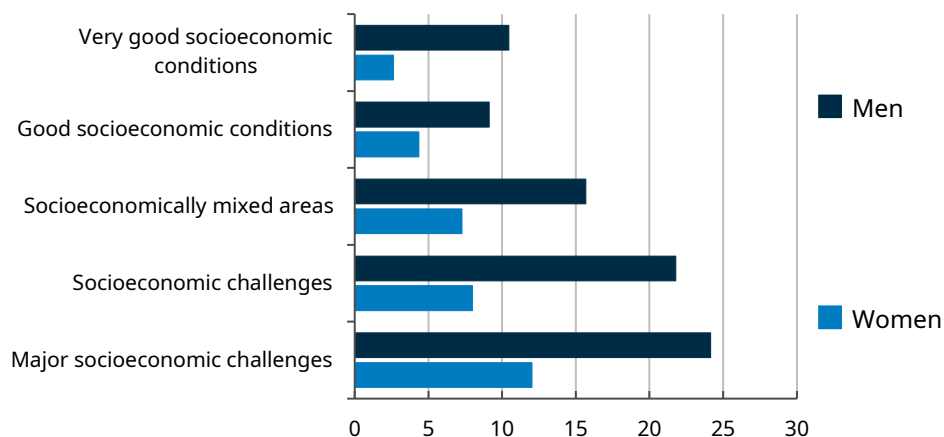
Source: Swedish National Patient Register, National Board of Health and Welfare

Socioeconomical disparities in hospitalisations due to assaults

It is more common for people living in areas with major socioeconomic challenges to be hospitalised due to assault than for those living in other types of areas. This applies to both women and men. People residing in areas with good or very good socioeconomic conditions are the least likely to be hospitalised due to assault. The differences between area types are relatively greater among women than men.

Figure 4. Assault by different area types and sex, 2025

Number of patients discharged from hospital, aged 1 year and older, per 100,000 inhabitants, age-standardised



Source: Swedish National Patient Register, National Board of Health and Welfare. Statistics Sweden

Regional statistical areas and area type

Area type is a measure of socioeconomic conditions. The measure is based on an index that contains the proportion of people with a low economic standard, the proportion of people with pre-secondary education and the proportion with financial assistance and/or the long-term unemployed. In total, there are five area types that range from areas with large socio-economic challenges (1) to areas with very good socio-economic conditions (5). The area types are categorised based on regional statistical areas, RegSo. RegSo divides Sweden into 3,363 areas that follow the county and municipal borders, and this information is updated annually based on the population as of 31 December.

Major regional differences

Regarding certain types of injuries, there are major regional differences. However, these differences do not necessarily indicate that there are higher risks in some regions. For example, the disparities in fall accidents among the counties are reduced when the age structure in the county is considered. 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. Variations among counties may also depend on how healthcare operates, for example, record keeping and coding in specific areas, which in turn affects the statistics.

More information

You can find more tables, graphs and information here:

<https://www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/skador-och-forgiftningar/> (in Swedish, but with English list of terms).

If you want to use our statistical database:

https://sdb.socialstyrelsen.se/if_ska/val.aspx

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