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Statistics on hospitalisations due to injuries and poisonings in 2024

In 2024, approximately 145,000 people were hospitalised due to injury. This accounts for almost 18 per cent of all the people who were hospitalised. Almost 93,000 people received treatment due to accidents, just over 45,000 due to complications from medical and surgical care, 6,000 due to self-harm and just under 1,000 due to violence.

Hospital admissions remain similar to recent years

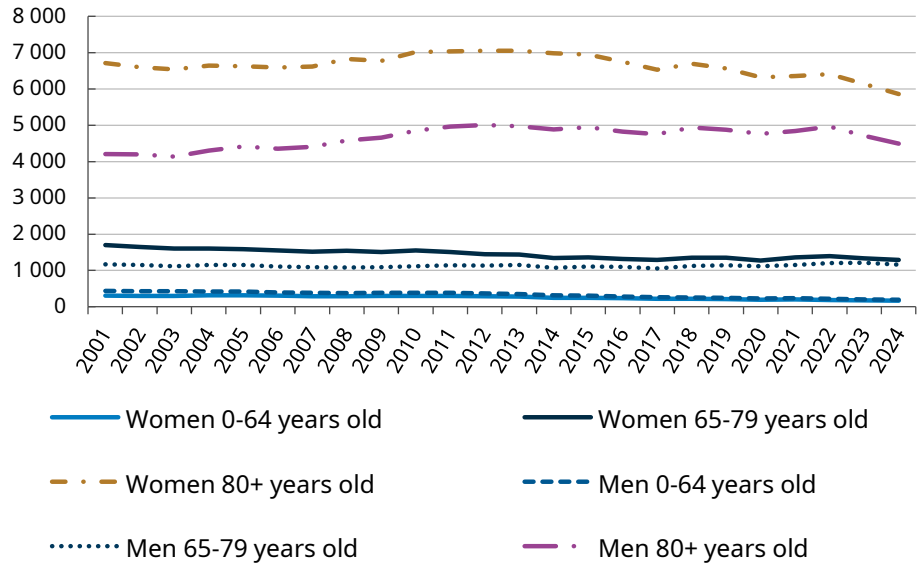
In 2024, about the same number as in the previous years, 145,000 people, were hospitalised due to injuries. Around 74,000 of these were women (51 per cent) and 71,000 (49 per cent) were men. Treatment as a result of accidents was the most common cause, affecting almost 93,000 people. This means that 64 per cent of all people hospitalised in 2024 due to an injury were admitted because of accidents. Just over 45,000 were treated due to complications of medical and surgical care. Around 6,000 were treated due to self-harm and almost 1,000 due to violence. Over a ten-year period, the number of people hospitalised as a result of accidents, self-harm and violence has decreased. The decrease is particularly evident for violence.

Three out of four accidents are falls

As in previous years, falls remain the leading cause of hospitalisations due to injury. Falls account for around 74 per cent of all accidents, which corresponds to almost 69,000 people, divided into 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 the elderly, and in 2024, about 78 per cent of the fall patients were aged 65 years or above. This age-group accounted for 82 per cent among women and for 72 per cent among men. 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, 2001-2024

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 2024, almost 19,000 people were hospitalised for femur fracture, with 63 per cent being women and 37 per cent men. The number of people hospitalised for femur fracture was almost the same as in 2023. Over a ten-year period, the number of patients has remained relatively constant. However, when adjustments for changes in the age structure are taken into account, there has been a decrease.

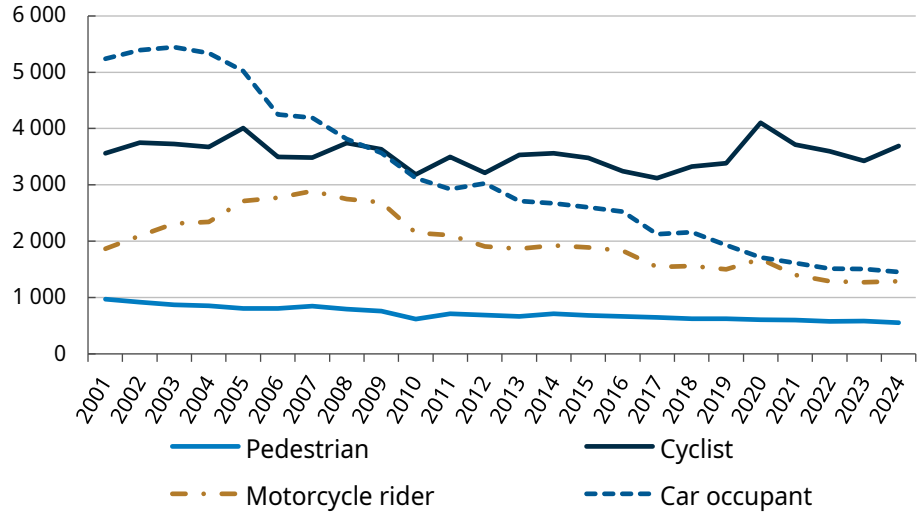
Fewer road traffic accidents

In 2024, slightly over 7,100 people were hospitalised as a result of road traffic accidents, which is a little more than in 2023. 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 the decline in the number of people treated as a result of car accidents – 1,500 in 2024 compared with 5,200 in 2001. In 2024, just under 3,700 people were admitted to hospital as a result of bicycle accidents, an increase compared with 2023, when just over 3,400 were treated. This number has remained relatively stable throughout the 2000s. Electric scooters and similar vehicles are classified as bicycles. Ten years ago, 15–24-year-olds were most common age group to be hospitalised after road traffic accidents. However, accidents in this age group have decreased substantially. This is not the case for the 80 years and older age group. In terms of number of patients per

100,000 inhabitants, this age group was the most frequently hospitalised after road traffic accidents in 2024. Twice as many men as women were hospitalised after a road traffic accident.

Figure 2. Road traffic accidents among some road user groups, 2001-2024

Number of patients discharged from hospital



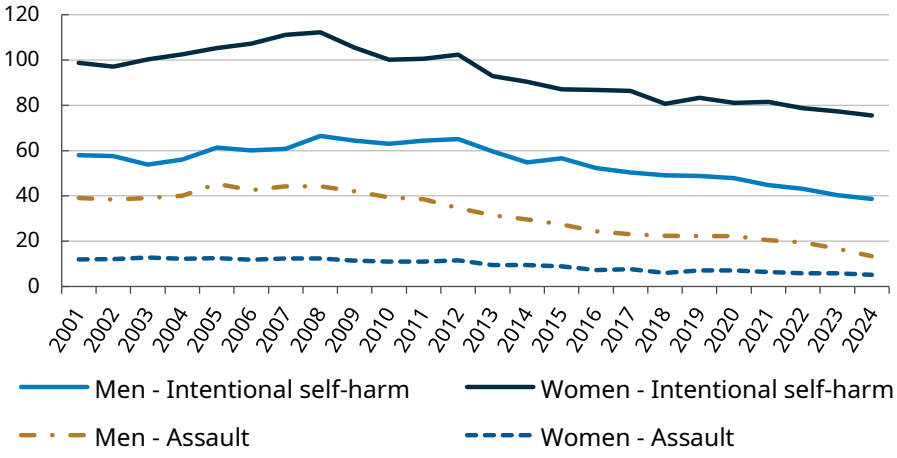
Source: Swedish National Patient Register, National Board of Health and Welfare

Fewer hospitalised due to assault

In 2024, around 6,000 people were hospitalised after intentional self-harm. Since 2012, the number of patients hospitalised after intentional self-harm has decreased. In 2024 the number of patients was around 160 fewer than in 2023.

Figure 3. Intentional self-harm and assault, by sex, 2001-2024

Number of patients per 100,000 inhabitants discharged from hospital



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

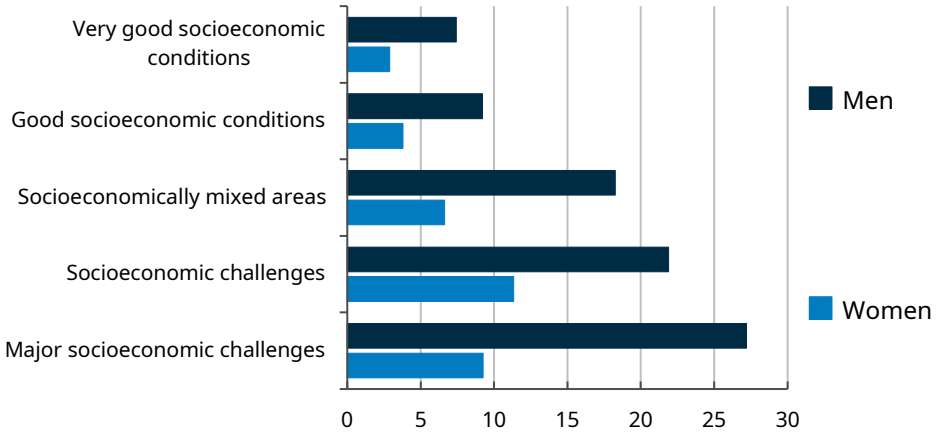
For both men and women, hospitalisation after intentional self-harm is most common in the age group 15-24. Nearly nine out of ten, corresponding to, almost 5,300 people, were hospitalised after intentional self-harm by intoxication, for example, through pharmaceuticals. In 2024, just under 1,000 people (72 per cent men and 28 per cent women) were hospitalised as a result of assaults, which is the lowest figure in the period 2001–2024. The decline applies to both men and women.

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 very good socioeconomic conditions are the least likely to be hospitalised due to assault. The differences between area types are slightly more pronounced for men than women.

Figure 4. Assault by different area types and sex, 2024

Number of patients per 100,000 inhabitants discharged from hospital, age-standardized



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 (select Tillhörande dokument och bilagor): 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

Contact information:

Pernilla Fagerström, questions regarding statistics
Phone: +46 (0)75-247 30 00
E-mail: patientregistret@socialstyrelsen.se