

Statistics on hospitalisations due to injuries and poisonings in 2018

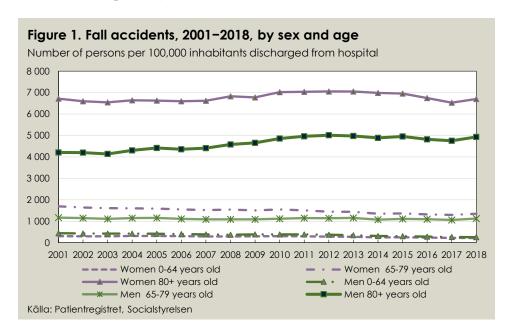
In 2018, approximately 144,000 people were hospitalised as a result of injury. This represents almost 17 percent of all the people who were hospitalised. Of these 144,000 people, approximately 96,000 received treatment due to accidents, 39,000 due to complications of medical and surgical care, 6,600 due to self-harm and 1,500 due to violence.

Minor changes compared to 2017

A certain reduction has occurred in intentional self-harm and violence (assaults). However, there has been some increase in accidents, mainly falls, and in complications of medical and surgical care.

Seven in ten accidents are falls

As in previous years, falls are by far the most common cause of injury resulting hospitalisations. Falls comprise around 70 percent of all accidents, which corresponds to approximately 69,000 people – 40,000 women (58 per cent) and 29,000 men (42 per cent).



When it comes to the total number of accidents, the difference between women and men is smaller, 51,000 women (53 per cent) and 45,000 men (47 per cent). Falls are most common among the elderly and in 2018 more than 7 in 10 fall patients were aged 65 years or above. This group accounted for 79 per cent among women and for 63 per cent among men.

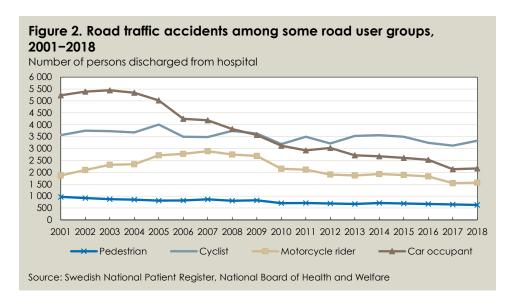
About 6 per cent of everyone aged 80 years or above were, at some point during 2018, hospitalised because of a fall. In this age group, fall accidents accounted for more than 90 percent of all accidents. Fall accidents have decreased somewhat since the beginning of the 2000s, but among men 80 years or older, an increase has occurred.

Femur fractures are most common

Of people hospitalised as a result of injury, femoral fracture is the most common main diagnosis. In 2018, nearly 18,400 people (12,100 women and 6,300 men) received hospital treatment for femoral fractures. This is almost 500 more than 2017, but some decline since the 2000s when about 20,000 were cared for annually. 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.

Slight increase of hospitalisations due to traffic road accidents in 2018

In 2018, roughly 7,800 people were hospitalised as a result of road traffic accidents. This is a marginal increase compared to 2017, but a decrease of over 4,000 people since the beginning of the 2000s. 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 – 2,100 in 2018 compared with 5,200 in 2001. Discharges caused by bicycle accidents show a significantly weaker decline, 3,300 in 2018 compared with 3,600 in 2017.



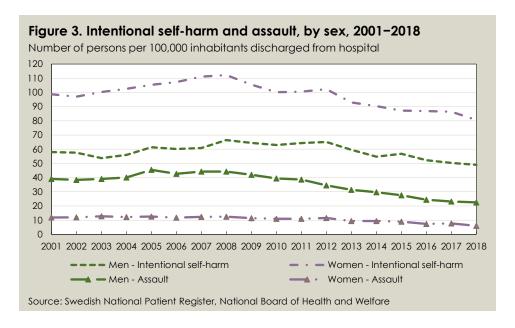
Almost twice as many men than women are hospitalised after a road traffic accident. The difference is mainly seen in the number of motorcycle accidents. Among men, motorcycle accidents and car accidents have been about as common for ten years. Since then, both types of accidents have the same downward trend.

Reduction in road accidents among the young

Ten years ago, it was almost twice as common for 15–24 year olds to be hospitalised after road traffic accidents compared to those aged 75 and over. However, in 2018, it was more common among 75 year-olds and older as among 15–24 year-olds. A decline has taken place among younger people while the number of elderly people being cared for is at the same level as before.

Fewer violence-related hospitalisations

In 2018, approximately 1,500 people were hospitalised as a result of assault. Taking the increase in population into account, the number of people hospitalised for violence-related injuries has almost halved over the past 10 years. Hospitalisation due to violence is most common for men aged 15-24, but it is also in this age group the biggest decrease has occurred.



In 2018, approximately 6,600 people received hospital treatment for intentional self-harm, and many of them were young women aged 15–24. Among men, it is also most common in the age of 15–24, but the difference is relatively small compared to those somewhat older. In recent years, there has been a slight reduction in both the number of women and men treated. Nearly nine out of ten who have been hospitalised after intentional self-harm are treated for poisoning, for example by pharmaceuticals. Unintentional poisoning is not as common, as just over 2,000 people were hospitalised for in 2018. Slightly more men than women were cared for due to accidental poisoning.

Major regional differences

With regard to certain types of injuries, there are major regional differences. In 2018, fall accidents leading to hospitalisation among persons with home county Gotland, 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. However, the differences do not necessarily mean that there are higher risks in some regions. 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 2018 due to intentional selfharm were reported from the county of Jönköping. However, variations among counties may also depend on how healthcare works with intentional self-harm, which in turn affects the statistics.

Complications arising from medical care or surgery

In 2018, approximately 39,000 people received hospital treatment for complications. This increased during the first decade of the 2000s (presumably due to an increased propensity to report instances). A certain increase has been noticed during 2018 compared to 2017 but before that, a small decrease had been identified. 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/en/statistics-and-data/statistics/ If you want to use our statistical database (in Swedish): https://sdb.socialstyrelsen.se/if ska/val.aspx

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)

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