

Health Statistics for the Nordic Countries 2011

Health Statistics for the Nordic Countries 2011

Members of the Editorial Committee for 'Health Statistics in the Nordic Countries'
Medlemmer af Redaktionskomiteen for 'Helsestatistik for de nordiske lande'

Danmark	Linda Saaby Kongerslev Sundhedsstyrelsen <i>National Board of Health</i>	<i>Editor</i> <i>Redaktør</i> Jesper Munk Marcussen NOMESCO's Secretariat Islands Brygge 67 DK-2300 København S
Færøerne	Ráðgiver Jóanis Erik Kølum Heilsumálaráðið <i>Ministry of Health</i>	
Grønland	Landslæge Flemming Kleist Stenz Landslægeembedet <i>National Board of Health</i>	
Finland	Forskningsprofessor Mika Gissler Terveysden ja hyvinvoinnin laitos <i>The National Institute for Health and Welfare</i>	
Åland	Hälsövärdinspektör Eivor Nikander Ålands landskapsregering <i>The Åland Government</i>	
Island	Konsulent Sigríður Vilhjálmsdóttir Hagstofa Íslands <i>Statistics Iceland</i>	
Norge	Statistikkrådgiver Jens-Kristian Borgan Statistisk sentralbyrå <i>Statistics Norway</i> Seniorrådgiver Linda Grytten Statens helsetilsyn <i>Norwegian Board of Health Supervision</i>	
Sverige	Uttredare Ingalill Paulsson Lütz Socialstyrelsen <i>National Board of Health and Welfare</i>	

© Nordisk Medicinalstatistisk Komité
København 2011

Omslag: Sisterbrandt designstue

Layout og grafik:
Gry Metz Meillier & Ditte Søndergaard

Tryk: AN.Sats

ISBN 978-87-89702-77-3

Contents

Indhold

Preface	Forord	9
Chapter I	Kapitel I	
Organization of health services	Organiseringen af sundhedsvæsenet	11
Introduction	Indledning	11
1.1 Current and future changes in the health services	1.1 Igangværende og kommende ændringer i sundhedsvæsenet	12
1.2 Organization and responsibility for the health sector	1.2 Organisering og ansvar for sundhedsvirksomheden	18
1.3 Supervision of health services and health care personnel	1.3 Organiseringen og tilsynet med sundhedsvæsenet og sundhedspersonale	37
1.4 Complaints about health services and health care personnel	1.4 Klager over sundhedsvæsenet og sundhedspersonalet	39
Chapter II	Kapitel II	
Population and fertility	Befolkning og fertilitet	42
Introduction	Indledning	42
2.1 Population and population trends	2.1 Befolkning og befolkningsudvikling	42
2.2 Fertility, births, infant mortality and contraception	2.2 Fertilitet, fødsler, spædbørnsdødelighed og prævention	51
Chapter III	Kapitel III	
Morbidity, medical treatment, accidents and medicinal products	Sygelighed, sygdomsbehandling, ulykker og medicin	62
Introduction	Indledning	62
3.1 Diseases related to lifestyle	3.1 Sygdomme relateret til livsstil	63
3.2 Cancer	3.2 Cancersygdomme	72
3.3 Medical consultations and immunization schedules	3.3 Lægebesøg og vaccinationsprogrammer	84
3.4 Discharges, bed days, average length of stay and patients treated	3.4 Udskrivninger, sengedage, gennemsnitlig liggetid og behandlede patienter	91

CONTENTS

3.5 Surgical procedures	3.5 Kirurgiske indgreb	201
3.6 Accidents and selfinflicted injury	3.6 Ulykker og villet egenskade	239
3.7 Development in consumption of medicinal products	3.7 Udvikling i lægemiddelforbrug	242
Chapter IV	Kapitel IV	
Mortality and causes of death	Dødelighed og dødsårsager	280
Chapter V	Kapitel V	
Resources	Ressourcer	305
Introduction	Indledning	305
5.1 Financing of health services	5.1 Finansiering af sundhedsvæsenet	305
5.2 Charges for health care per 1 January 2011	5.2 Egenbetaling for sundhedsydelser pr. 1. januar 2011	307
• Consultation with a physician	• Lægebesøg	307
• Reimbursement for pharmaceutical products	• Tilskud til lægemidler	314
• Treatment in hospitals	• Behandlinger ved sygehuse	320
• Reimbursement for dental treatment	• Tilskud til tandbehandling	323
• Maximum charges	• Maksimal egenbetaling	330
5.3 Health care expenditure	5.3 Sundhedsudgifter	334
5.4 Health care personnel	5.4 Sundhedspersonale	346
5.5 Capacity and services in hospitals	5.5 Kapacitet og ydelser i sygehusvæsenet	355
Appendices	Bilag	
Appendix 1: Further information	Bilag 1: Yderligere oplysninger	363
NOMESCO's Publications since 1995	NOMESKO's Publikationer siden 1995	373

Symbols used in tables:

Figures not available or too unreliable for use

Information not applicable

Less than half of the unit used

Nothing to report (value nil)

Five year averages are always written as 20xx-xy

Two year averages are always written as 20xx/xy

Data are always calculated in relation to the respective age groups

Symboler anvendt i tabellerne:

Oplysninger foreligger ikke eller er for upålidelige til, at de kan bruges ..

Oplysninger kan i sagens natur ikke forekomme .

Mindre end halvdelen af den anvendte enhed 0.0/0

Nul -

Femårsgennemsnit skrives altid 20xx-xy

Toårgennemsnit skrives altid 20xx/xy

Data er altid udregnet i forhold til de respektive aldersgrupper

Preface

Forord

The aim of NOMESCO is partly to establish a basis for comparable medical statistics in the Nordic countries, partly to initiate development projects of relevance to medical statistics, and to follow international trends in questions of medical statistics.

In this publication NOMESCO presents the latest available data from the health statistics of the Nordic countries.

From this year's version onwards the publication will no longer be designated by the latest data year, but instead by the year of production. Therefore the title is Health Statistics for the Nordic Countries 2011.

*Nordic Medico-Statistical Committee
(NOMESCO)*

Målsætningen for NOMESKO er dels at skabe grundlag for sammenlignelig medicinalstatistik i de nordiske lande, dels at tage initiativ til udviklingsprojekter med medicinalstatistisk relevans og endelig at følge den internationale udvikling i medicinalstatistiske spørgsmål.

I denne publikation offentliggør NOMESKO de senest tilgængelige data fra de nordiske landes sundhedsstatistik.

Fra og med dette års udgivelse vil publikationen ikke navngives efter det seneste dataår, men i stedet efter produktionsåret. Derfor er titlen Helsestatistik for de nordiske lande 2011.

*Nordisk Medicinalstatistisk Komité
(NOMESKO)*

Health Statistics 2011

Helsestatistik 2011

CHAPTER I

Organization of health services

Organiseringen af sundhedsvæsenet

Introduction

In the Nordic countries, the health services are a public matter.

All countries have well-established systems of primary health care. In addition to general medical practitioner services, preventive services are provided for mothers and infants, and school health care and dental care for children and young people. Preventive occupational health services and general measures for the protection of the environment exist in all the countries.

The countries generally have well-developed hospital services with advanced specialist treatment.

Specialist medical treatment is also offered outside hospitals.

The health services are provided in accordance with legislation, and they are largely financed by public spending or through compulsory health insurance schemes.

In all countries, however, there are some patient charges for treatment and pharmaceutical products.

Salary or cash allowances are payable to employees during illness. Self-employed people have the possibility to insure themselves in case of illness.

Indledning

I de nordiske lande er sundhedsvæsenet et offentligt anliggende.

Alle landene har et veletableret primært sundhedsvæsen. Som supplement til den almindelige lægepraksis er der iværksat forebyggende initiativer over for mødre og spædbørn og etableret skolesundhedsordninger og skoletandplejeordninger for børn og unge. Der er ligeledes etableret forebyggende bedriftssundhedstjenester og almindelige foranstaltninger til miljøbeskyttelse i alle landene.

Som helhed har landene et veludbygget sygehusvæsen med en højt udviklet specialistbehandling.

Speciallægebehandling tilbydes også uden for sygehusene.

Ydelserne i sundhedsvæsenet gives i henhold til love, og de fleste af dem er offentligt finansieret eller finansieret gennem lovpligtige sygeforsikringsordninger.

Der er dog en vis egenbetaling for lægemidler og i en vis udstrækning også for behandling.

Under sygdom får lønmodtagere enten udbetalt en kontantydelse eller løn. Selvstændige erhvervsdrivende har mulighed for at forsikre sig ved sygdom.

1.1 Current and future changes in the health services

DENMARK: In Denmark the following new act has been approved: The act relating to changes to the act relating to in vitro fertilization. This act introduces patient charges for in vitro fertilization and sterilization in the public health service. In addition, the regulations regarding assessment of suitability to be a parent when receiving in vitro fertilization have been revised.

A new system for patient complaints has been established, with the Act relating to complaints and compensation in the health service. This has been done in order to strengthen patients' legal rights, by making it easier to complain and by speeding up the process for making decisions in cases of complaint.

The regulations relating to supervision have been simplified. Supervision can now be carried out more quickly and effectively when this is necessary in the interest of patients.

The Act relating to compulsory mental care, time to consider compulsory mental care, compulsory mental care in high security units, extended external supervision in the case of compulsory mental care etc. has been revised.

The Act relating to the prohibition to sell tobacco to people under the age of 18 and to sell alcohol to people under the age of 16 has been revised. The age limit for buying alcohol has been raised to 18.

1.1 Igangværende og kommende ændringer i sundhedsvæsenet

DANMARK: I Danmark er der vedtaget følgende: Lov om ændring af lov om kunstig befrugtning. Med denne indføres egenbetaling for behandling med kunstig befrugtning, refertilisation og sterilisation i det offentlige sundhedsvæsen. Desuden er der sket en justering af reglerne om vurdering af forældreegnethed ved behandling med kunstig befrugtning mv.

Der etableres et nyt patientklagesystem ved lov om ændring af lov om klage- og erstatningsadgang inden for sundhedsvæsenet. Dette er lavet for at styrke patienternes retsstilling, ved at have lettere klageadgang og mulighed for hurtigere afgørelser i klagesager.

Desuden er der sket en forenkling af regler om tilsynsforanstaltninger, så der bl.a. kan iværksættes tilsynsforanstaltninger hurtigt og effektivt, når hensynet til patienterne gør det nødvendigt.

Der er også en ændring af lov om anvendelse af tvang i psykiatrien, om betænkningstid forud for tvangsbehandling, oppegående tvangsfiksering på Sikringsafdelingen, udvidet eksternt tilsyn med tvangsfikseringer m.v.

Desuden er der en ændring af lov om forbud mod salg af tobak til personer under 18 år og salg af alkohol til personer under 16 år. Denne er ændret til at omfatte at aldersgrænsen for salg af alkohol forhøjes til 18 år.

FAROE ISLANDS: Because of the large increase in expenditure on medicinal products, this expenditure has been removed from the hospitals' budgets from 1 January 2011 and placed in a special account in the public budget. This account will be administered by a special committee for medication, that will develop proposals for indications for use of expensive medicinal products.

From 1 January 2011 the maternity unit at Klaksvig Hospital has been closed. There are now only two maternity units in the Faroe Islands, one at Suderø Hospital and the other at the National Hospital.

In January 2011 the new electronic patient record system was implemented. All the three hospitals and all doctors now use the same system.

GREENLAND: A new Health Reform was introduced on 1 January 2011. Greenland is now divided into five health regions. The aim of the reform is to ensure that the health service provide modern services with focus on the health of the community, and use economic, technological and manpower resources as effectively as possible.

On 18 November 2010, the Act relating to management and organization of the health service, health care personnel and psychologists came into force. This act provides the legislative basis for regionalization of the health service.

A report on cancer is being prepared. This report shall be used to develop a plan for cancer.

FÆRØERNE: På baggrund af stor stigning i udgifterne til medicin, er disse fra 1. januar 2011 taget ud af sygehusenes budget og lagt i en særlig konto på det offentlige budget. Denne konto bliver administreret af et særligt medicinudvalg, der laver indstillinger til landsstyret om anvendelse af særlig dyr medicin og på hvilke indikationer.

Fra 1. januar 2011 er fødslerne, som har været på Klaksvig sygehus flyttet til Landssygehuset, så der nu er kun to fødesteder på Færøerne på Suderø sygehus og på Landssygehuset.

Januar 2011 blev det nye EPJ(elektroniske patientjournal) system færdig implementeret, således at alle tre sygehuse og samtlige kommunelæger(praktiserende læger) nu er med i et og samme system.

GRØNLAND: En ny Sundhedsreform trådte i kraft d. 1. januar 2011, hvor Grønland inddeles i fem sundhedsregioner. Formålet med Sundhedsreformen er at sikre, at sundhedsvæsenet fortsat kan levere en tidssvarende service, at sætte fokus på den lokale sundhedsbetjening af borgerne og at udnytte de økonomiske, teknologiske og personalemæssige ressourcer bedst muligt.

Den 18. november 2010 trådte [Inatsisartutlov nr. 27](#) om sundhedsvæsenets styrelse, organisation samt sundhedsfaglige personer og psykologer i kraft, som lovgrundlag for regionaliseringen af sundhedsvæsenet.

Der arbejdes med en kræftredegørelse, som efterfølgende skal danne grundlag for udarbejdelse af en kræftplan.

ORGANIZATION OF HEALTH SERVICES

On 1 September 2010, a new immunization schedule for children was introduced. The main change is the introduction of vaccination for hepatitis B and pneumococcus.

FINLAND: The new Act relating to the health services gives clients' more choice. The new Act came into force on 1 May 2011. Clients will have more possibilities to choose where they want to be treated and the kind of health care personnel who shall provide treatment for them.

In the first phase, clients can choose a health centre in the municipality in which they live, or in a municipality that cooperates with the municipality. Institutions that provide specialized health care can be chosen from a larger area, in consultation with the referring physician or dentist.

Clients can also use public health services outside their own municipality. The health centre in the client's municipality has responsibility for the overall treatment of a disease according to a treatment plan developed by the health centre.

The second phase will be introduced on 1 January 2014. Possibilities for choice will be extended to include health centres and institutions providing specialized health services throughout the whole country.

Nurses will be trained to prescribe a limited range of medication.

Qualified nurses, public health nurses and midwives can prescribe a limited range of medication after obtaining a special quali-

Den 1. september 2010 indførtes et nyt børnevaccinationsprogram, hvor den væsentligste ændring er indførelse af vaccination mod hepatitis B og pneumococcer.

FINLAND: Den nye lagen om hälso- och sjukvård ökar klienternas valmöjligheter. Lagen träder i kraft 1.5.2011. I framtiden har klienten bättre möjligheter att välja sin vårdplats och i mån av möjlighet även den yrkesutbildade person inom hälso- och sjukvården som ska vårda honom eller henne.

I det första skedet kan klienten välja den hälsostation som svarar för hans/hennes vård inom den egna kommunen eller inom samarbetsområdet. Enheten inom den specialiserade vården kan väljas inom ett bredare område i samförstånd med den remitterande läkaren eller tandläkaren.

Klienten kan använda offentliga hälso- och sjukvårdstjänster även utanför sin egen hemkommun. Klientens egen hälsovårdscentral i hemkommunen bär fortfarande ansvaret för den totala behandlingen av en sjukdom, och tjänster ges i enlighet med den vårdplan som gjorts vid den egna hälsovårdscentralen.

Det andra skedet träder i kraft 1.1.2014, vilket innebär att valfriheten ökas att omfatta hälsovårdscentralerna och enheterna inom den specialiserade sjukvården i hela landet.

Sjukskötare utbildas till begränsad förskrivning av läkemedel.

Sjukskötare samt hälsovårdare och barnmorskor som har fått rätt att utöva sjukskötaryrket kan förskriva läkemedel på ett

fication for this. This qualification is obtained by taking a national written examination and a practical examination at work.

Public health nurses and midwives can carry out post-natal check-ups, but only for women who have had a normal delivery. They can issue a certificate for payment of maternity benefit.

Regular examinations counseling services, the school health service and health services for students.

The paragraphs relating to the following areas came into force at the beginning of 2011: regular health check-ups, target groups, scope and number of participants, counseling services, school health services, health services for students, and preventive oral and dental health services for children and young people. The regulations specify in detail for whom, when and how health check-ups shall be provided.

ÅLAND: A new Act relating to health services is being developed. The new act is expected to come into force at the beginning of 2012.

ICELAND: From 1 January 2011, the Icelandic Ministry of Health and the Icelandic Ministry of Social Services and Social Security will be amalgamated to form the Icelandic Ministry of Welfare Services. The Directorate of Health and the Institute of Public Health will be amalgamated from 1 May 2011.

begränsat sätt om de har specialistkompetens för begränsad förskrivningsrätt. Specialistkompetensen för begränsad förskrivningsrätt påvisas genom ett riksomfattande skriftligt prov och ett yrkesprov som genomförs i arbetet.

Hälsovårdare och barnmorskor kan göra efterundersökning efter förlossning. De kan endast utföra efterundersökning av en kvinna som har fött barn i en normal förlossning och ge ett intyg över detta för utbetalning av föräldrapenning.

Återkommande undersökningar inom rådgivningsverksamheten, skol- och studerandehälsovården.

De paragrafer som gäller återkommande hälsoundersökningar, undersökningarnas målgrupper, omfattning och antal och som finns i förordningen om rådgivningsverksamhet, skol- och studerandehälsovård samt förebyggande mun- och tandvård för barn och unga träder i kraft vid ingången av år 2011. Förordningen reglerar tämligen noggrant för vem, när och hur ofta undersökningar ska ordnas.

ÅLAND: Arbetet med en ny landskapslag om hälso- och sjukvården i landskapet pågår. Lagen beräknas träda i kraft i början av år 2012.

ISLAND: Fra og med 1.januar 2011 blev Sundhedsministeriet og Social- og forsikringsministeriet slået sammen til Vel-færdsministeriet. Desuden skal sundhedsdirektoratet (Landlæknisembættið) og instituttet for folkesundhed (Lýðheil-sustöð) sammenslås fra 1. mai 2011.

ORGANIZATION OF HEALTH SERVICES

NORWAY: In 2011, the Norwegian Government will put forward a proposal to the Storting (the Norwegian Parliament) for revised legislation relating to municipal health and welfare services. It is not expected that the new legislation will lead to the introduction of principal changes in the responsibility that the municipalities have for these services.

SWEDEN: The Swedish Government has directed the National Board of Health and Welfare to collect data from primary health services. This is to be done in co-operation with the municipalities and the county councils by 31 March 2012.

A new Act relating to patient safety came into force on 1 January 2011. Health service providers now have responsibility to work systematically with patient safety. This means that they have to investigate adverse events that led to, or could have led to injury, to give patients and relatives information about the adverse event, and to report authorized health care personnel who are assessed as being a danger with regard to patient safety to the National Board of Health and Welfare. In addition, stricter regulations relating to trial period and withdrawal of authorization have been introduced.

On the 1 January 2001, the Swedish Agency for Health and Care Services Analysis was established. From the perspective of citizens and patients the agency will analyze and evaluate implemented measures within health care, dental care and other care services. The Agency will evaluate information about treatment and care for individual patients and clients. The Agency shall have a Patient Council. The Swedish Gov-

NORGE: Den norske Regjeringen skal i 2011 fremme et forslag til Stortinget om en revidert helse- og omsorgslov for kommunale helse- og omsorgstjenester. Det er ikke forventet at den nye lovgivningen skal introdusere omfattende endringer i kommunenes ansvar for disse tjenester.

SVERIGE: Socialstyrelsen har fått i uppdrag av regeringen att påbörja ett arbete med datainsamling inom primärvården. Uppdraget genomförs i samråd med Sveriges Kommuner och Landsting och ska redovisas senast den 31 mars 2012.

Från och med den 1 januari 2011 gäller en ny patientsäkerhetslag, vilken kräver att vårdgivare har skyldighet att bedriva ett systematiskt arbete med patientsäkerhet. Detta innebär att utreda händelser i verksamheten som medfört eller hade kunnat medföra en vårdskada, att ge patienter och närstående information om inträffade vårdskador samt att rapportera legitimerad personal som bedöms utgöra en fara för patientsäkerheten till Socialstyrelsen. Även skärpta bestämmelser om prøvotid och återkallelse av legitimation och annan behörighet införs.

Den 1 januari 2011 inrättades Myndigheten för vårdanalys, MYVA. Myndigheten har till uppgift att ur ett patient-, brukar- och medborgarperspektiv följa upp och analysera verksamheter och förhållanden inom hälso- och sjukvård, tandvård samt gränssnittet mellan vård och omsorg. Myndigheten ska följa och utvärdera information om vården och omsorgen som lämnas till den enskilde patienten eller brukaren. Vid myndigheten ska det finnas ett

ernment has also directed the Agency to evaluate the effect of reforms and action plans.

patientråd. Myndigheten kommer även att ha till uppgift att på regeringens uppdrag utvärdera effekterna av de reformer och satsningar som initieras. Mer information: www.vardanalys.se

Today, certain groups lack the right to subsidized health care in Sweden. The Swedish Government has appointed a committee that shall put forward proposals for how to ensure the right to health care for asylum seekers and illegal immigrants. The committee shall present its report by 31 May 2011.

I dag saknar vissa grupper rätt till subventionerad sjukvård i Sverige. Regeringen har tillsatt en utredning som ska lämna förslag på hur rätten till vård för asylsökande samt för personer som befinner sig i Sverige utan tillstånd - gömda och papperslösa - kan utökas. Uppdraget ska redovisas senast den 31 maj 2011.

The Swedish Government has appointed a committee to investigate how the state, through its authority, shall ensure that the health and welfare system is effective and sound in the long term, with focus on health promotion and prevention. The committee shall

Regeringen har tillsatt en utredning för att se över hur staten, genom sina myndigheter, ska verka för ett effektivt och långsiktigt hållbart vård- och omsorgssystem, med fokus på hälsofrämjande och förebyggande insatser. Utredningen ska

- | | |
|--|---|
| - investigate the role of the state in the health and welfare system | - kartlägga statens del i vård- och omsorgssystemet |
| - assess the distribution of responsibility between different authorities and make proposals for a more effective structure of the authorities | - se över ansvarsfördelningen mellan myndigheterna inom området och ge förslag på hur myndighetsstrukturen kan effektiviseras |
| - analyse the role and function of the National Board of Health and Welfare within the health and welfare system | - analysera Socialstyrelsens roll och funktionalitet i vård- och omsorgssystemet |
| - assess management of information, funding of research and production of information carried out by the authorities | - se över den kunskapsstyrning, forskningsfinansiering och kunskapsgenerering som myndigheterna bedriver |
| - clarify the role of the state regarding regulations and guidelines | - klargöra det statliga ansvaret beträffande regelverk och riktlinje |

ORGANIZATION OF HEALTH SERVICES

- make proposals for how the Swedish Government can manage the authorities and institutions that are involved.
- lämna förslag på hur regeringens styrning av berörda myndigheter och verksamheter kan utformas.

The investigation shall be completed by 15 April 2012.

Uppdraget ska slutredovisas senast den 15 april 2012.

A committee shall assess Sweden's system for official statistics and analyse the advantages and disadvantages of a decentralized system for statistics. In particular, the committee shall investigate the quality and availability of the statistics, including cost and documentation. The investigation shall be completed by 10 December 2012.

En utredning ska se över Statistiska centralbyrån (SCB) och systemet för den officiella statistiken och analysera för- och nackdelar med ett centraliserat respektive decentraliserat statistiksystem. Utredaren ska särskilt granska statistik kvaliteten och tillgängligheten till statistiken, inbegripet prissättning och dokumentation. Uppdraget ska redovisas senast den 10 december 2012.

An investigation is currently being carried out to make proposals for how to improve the role of patients and patient participation in the health service. The point of departure for the work of the committee is to reduce inequalities in health care. The committee shall also make proposals for a new Act relating to patients' rights, in which regulations relating to the role of patients are collected together, and recommend changes that are needed in other legislation. A report with a proposal for a new Act relating to patient's rights shall be completed by 1 January 2013.

En utredning pågår som ska föreslå hur patientens ställning inom och inflytande över hälso- och sjukvården kan stärkas. En utgångspunkt för utredarens arbete ska vara att förbättra förutsättningarna för en god och jämlik vård. Utredaren skal även ämna förslag till en ny patientlagstiftning där bestämmelser med betydelse för patientens ställning samlas och föreslå de förändringar som krävs i övrig lagstiftning på området. En slutredovisning med förslag till en ny patientlag ska lämnas senast den 1 januari 2013.

1.2 Organization and responsibility for the health sector

DENMARK: Responsibility for health services is relatively decentralized. The main principles are as follows: The State is responsible for legislation, supervision and guidelines. The regions are responsible for hospital services, health insur-

1.2 Organisering og ansvar for sundhedsvirksomheden

DANMARK: Ansvaret for sundhedsvæsenet er bygget op over en forholdsvis decentral organisation. Hovedprincipperne er følgende: Staten er ansvarlig for lovgivning, tilsyn og retningslinjer. Regionerne er ansvarlige for sygehusvæsen, praksis-

ORGANIZATION OF HEALTH SERVICES

ance and special nursing homes. The municipalities are responsible for primary health care, home nursing, nursing homes and child and school health services.	sektoren og specielle plejehjem. Kommunerne er ansvarlige for sundhedspleje, hjemmepleje, forebyggelse, genoptræning efter sygehusophold, samt børne- og skolesundhedstjeneste.
The regional authorities have operational responsibility for health services.	Driftsansvaret for de regionale sundhedsydelser påhviler regionerne.
In principle, primary contact shall always be with a general medical practitioner.	Primærkontakten skal principielt altid rettes til den alment praktiserende læge.
Dental services are provided by private dental practitioners. The public dental services only provide some dental care services for children.	Tandlægebehandling foregår hos privat praktiserende tandlæger. Servicen er kun et offentligt anliggende inden for visse dele af børnetandplejen.
Health care during pregnancy is the responsibility of the regions.	Svangerskabshygienjen hører under regionernes ansvar.
Child health care is provided according to the Act Relating to Health Visitors, and is administered by the municipalities. Health examinations of children are carried out by general medical practitioners.	Børnesundhedsplejen, der gives i henhold til loven om sundhedsplejerskeordninger, er knyttet til kommunernes sundhedsforvaltning, mens helbredsundersøgelser af børn udføres af de alment praktiserende læger.
Home nursing care is provided by the municipalities. Care is provided free of charge, after referral by a physician.	Hjemmesygeplejerskeordningerne er knyttet til kommunerne, der yder vederlagsfri pleje efter lægehenvisninger.
School and occupational health services are regulated by legislation. Municipalities are responsible for school health services, which are provided by health visitors and physicians.	Skole- og bedriftssundhedstjenesten er reguleret ved lov. Kommunerne har ansvaret for skolesundhedstjenesten, som varetages af sundhedsplejersker og læger.
Occupational health services are organized by companies and are led by committees with representatives for both employees and employers.	Bedriftssundhedstjenesten er tilrettelagt i virksomhedsregi og ledes af udvalg med repræsentanter for både arbejdstagere og arbejdsgivere.
Contact with the health services: As a main rule, patients may contact general medical practitioners, dentists, chiro-	Kontakt til sundhedsvæsenet: Som hovedregel kan patienter henvende sig uden henvisning til alment praktiserende læ-

ORGANIZATION OF HEALTH SERVICES

practitioners, physiotherapists, chiropractors, psychologists, dental hygienists, emergency wards and emergency and ambulance services without referral.

Public hospitals: Public hospitals are owned by the regions.

Private hospitals: The regions have a contract with some private hospitals to provide treatment under the extended free choice of hospital arrangement. A few private hospitals operate totally independently of the public hospital services. Some specialized hospitals are organized under the hospitals. Others are owned by organizations.

Free choice of hospital: As a rule, patients have free choice of hospital where they wish to receive treatment.

Practicing specialists: Most practicing specialist physicians work according to a contract with the health insurance scheme, and most of their patients are referred from general medical practitioners.

Nursing homes: Ordinary nursing homes are run by the municipalities, but there are many private (independent) nursing homes, which receive residents according to a contract with the municipality where they are located. Certain specialized nursing homes are run by the regions, for example psychiatric nursing homes.

Pharmacies are organized as private companies, but are also subject to government regulation. The state regulates the number and the geographical location of pharmacies, their tasks, and the profit margin on pharmaceutical products.

ger, tandlæger, kiropraktorer, fysioterapeuter, fodterapeuter, psykologer, tandplejere skadestuer samt lægevagten og ambulancetjenesten.

Offentlige sygehuse: Regionerne ejer de offentlige sygehuse.

Private sygehuse: Danske Regioner har indgået en aftale med nogle private sygehuse vedr. behandling indenfor det udvidede frie valg. Nogle private sygehuse fungerer helt uafhængigt af det offentlige sygehusvæsen. Nogle specialsygehuse er under sygehusene, andre er forenings ejede.

Frit valg til sygehusvæsenet: Patienterne har som regel frit valg med hensyn til hvilket offentligt sygehus, de ønsker behandling på.

Praktiserende speciallæger: arbejder for flertallets vedkommende efter aftale med den offentlige sygesikring og modtager de fleste af deres patienter efter henvisning fra alment praktiserende læger.

Plejehjem: De almindelige plejehjem drives af kommunerne, men der eksisterer et betydeligt antal private (selvejende) plejehjem, der modtager beboere i henhold til aftaler indgået med beliggenhedskommunerne. Visse specialplejehjem, kaldet botilbud, drives af regionerne. Det gælder fx psykiatriske plejehjem.

Apotekerne: er organiseret som liberalt erhverv, men er undergivet en indgående statslig regulering. Staten regulerer antallet og placeringen af apoteker, deres opgaver samt avancen på lægemidler i apotekerleddet.

FAROE ISLANDS: The Faroe Islands' home rule determines the rules concerning the tasks of the health service, benefits and administration. The organization of hospital services, specialist fields, and primary health services largely follows the Danish system. The same applies to nursing homes, home nursing services and home helps, and dental treatment.

The Danish Act relating to central administration of health care also applies to the Faroe Islands. The Danish Act concerning medical officers etc. from 1973 still applies to the Faroe Islands.

Hospital services are run by the Home Government of the Faroe Islands, which is responsible for all expenditure related to running costs and property.

All practising physicians are public employees, but they are mainly remunerated by the public health benefit scheme. Physician services are administered both by the municipal authorities and the state authorities.

Midwifery services are organized under the hospital services.

Physiotherapy services are provided by the hospital services and by privately practising physiotherapists. Pharmacies are run by public authorities.

GREENLAND: Health services are organized according to a relatively simple system.

The main principles are as follows:

- The Ministry of Health is responsible for legislation and overall management.

FÆRØERNE: Færøernes hjemmestyre fastsætter regler om sundhedsvæsenets opgaver, ydelser og administration. Hospitalsstrukturen og organisationen, speciallægeordninger og deres organisation samt det primære sundhedsvæsen og dets organisation følger i alt væsentligt danske forhold. Det samme gør sig gældende for plejehjem, hjemmesygepleje og hjemmehjælp samt tandbehandling.

Den danske lov om sundhedsvæsenets centrale styrelse er også gældende for Færøerne. Den danske lov om embedslægestitutioner fra 1973 gælder fortsat på Færøerne.

Sygehusvæsenet bliver drevet af Færøernes Landsstyre, som afholder alle udgifter til drift og anlæg.

De praktiserende læger er alle offentligt ansat, men bliver hovedsageligt aflønnet pr. ydelse fra de offentlige sygekasser. De praktiserende læger bliver administreret af både de kommunale myndigheder og af landsmyndighederne.

Jordemoderordningerne er organiseret under sygehusvæsenet.

Fysioterapi foregår både i det offentlige sygehusvæsen og hos privatpraktiserende fysioterapeuter. Apotekervæsenet er drevet af det offentlige.

GRØNLAND: Ansvaret for sundhedsvæsenet er bygget op over en forholdsvis enkel organisation.

Hovedprincipperne er følgende:

- Departementet for Sundhed er ansvarlig for lovgivning og den overordnede politiske styring.

ORGANIZATION OF HEALTH SERVICES

- The National Board of Health is responsible for supervision of health services and for developing clinical guidelines.
- The health authorities are responsible for running the health services. This includes primary health services, specialized health services, distribution of pharmaceutical products, nursing care, home nursing services in some districts, home mental health care, preventive services, rehabilitation, and child and school health services.
- The municipalities are responsible for home nursing services in some health districts, preventive services and nursing homes.
- In principle, primary contact shall always be with the district hospital, or with the medical practitioner clinic in Nuuk.
- Dental services are provided in public dental clinics. There are some private dentists, with no reimbursement arrangement.
- Antenatal care is the responsibility of the health authority.
- Child health services and health check-ups for children are provided by the health authority.
- Home nursing services are provided by the health authority in most municipalities, and by the municipal health authority in some municipalities.
- School health services are provided by the health
- Landslægeembedet er ansvarligt for tilsyn, sundhedsovervågning og udstedelse af sundhedsfaglige retningslinjer.
- Sundhedsledelsen er ansvarlig for sundhedsvæsenets drift. Dette omfatter primær- og sekundær sektor, medicindistribution, sundhedsplejen, hjemmeplejen i nogle sundhedsdistrikter, psykiatrisk hjemmepleje, forebyggelse, genoptræning samt børne- og skolesundhedstjeneste.
- Kommunerne er ansvarlige for hjemmepleje i nogle sundhedsdistrikter, forebyggelse og plejehjem.
- Primærkontakten skal principielt altid rettes til distriktssygehuset eller i Nuuk Lægeklinikken.
- Tandlægebehandling foregår i offentlige tandklinikker. Der findes enkelte privat praktiserende tandlæger uden tilskudsordning.
- Svangerskabshygienjen hører under sundhedsvæsenets ansvar.
- Børnesundhedsplejen og helbredsundersøgelser af børn udføres af sundhedsvæsenet.
- Hjemmesygeplejerskeordningerne er knyttet til sundhedsvæsenet i de fleste kommuner. I enkelte er hjemmesygeplejerskeordningen knyttet til kommunen.
- Skolesundhedstjenesten varetages af sundhedsvæsenet.

ORGANIZATION OF HEALTH SERVICES

There are no occupational health services in Greenland.	Der forefindes ikke nogen bedriftssundhedstjeneste.
Contact with the health service: As a general rule, patients can contact district hospitals, the medical practitioner clinic in Nuuk, dental clinics and the ambulance service without a referral.	Kontakt til sundhedsvæsenet: Som hovedregel kan patienter henvende sig uden henvisning til distriktssygehusene lægeklinikken i Nuuk, tandklinikker og ambulancetjenesten.
Public hospital: Greenland's Home Government owns the public hospitals.	Offentlige sygehuse: Grønlands Selvstyre ejer de offentlige sygehuse.
Private hospitals: There are no private hospitals in Greenland.	Private sygehuse: Der forefindes ikke private sygehuse.
Specialized hospitals: There are no specialized hospitals in Greenland.	Specialsygehusene: Der forefindes ikke specialsygehuse.
Free choice of hospital: There is no free choice of hospital in Greenland. Patients are referred by the district hospitals for treatment at Dronning Ingrid's Hospital (the National Hospital). A special committee (Visitasjonsutvalget) refers patients for treatment in hospitals outside Greenland.	Frit valg til sygehusvæsenet: Der forefindes ikke et egentligt frit valg. Henvisning til sygehusbehandling i regi af Dronning Ingrid's Hospital (Landshospitalet) sker via distriktssygehusene. Henvisning til sygehusbehandling uden for Grønland sker via Visitationsudvalget.
All obstetric services are organised under a joint obstetric leadership that has overall responsibility. With the help of patient records that are sent in, and with consultations locally, they decide which births shall be referred to special departments.	Alle fødsler er samlet under en fælles obstetrisk ledelse som har det overordnede ansvar, og som ved hjælp af udsendte manualer og visitationskonferencer beslutter hvilke fødsler der skal foregå på specialafdeling.
Practising specialists: There are no practising specialists in Greenland.	Praktiserende speciallæger: Der forefindes ikke praktiserende speciallæger.
Nursing homes: Nursing homes are run by the municipalities. There are no private nursing homes or specialized nursing homes in Greenland.	Plejehjem: Plejehjem drives af kommunerne. Private (selvejende) plejehjem forefindes ikke. Specialplejehjem forefindes ikke.
A National Pharmacy has been established in Nuuk, with a National Pharmacist, with	I Nuuk er etableret et Landsapotek med en Landsapoteker med landsdækkende

ORGANIZATION OF HEALTH SERVICES

countrywide functions related to import, distribution and sale of pharmaceutical products. The National Pharmacy produces statistics about pharmaceutical products, prices of non-prescription drugs, revision of the range of non-prescription drugs, licences for retail businesses, guidelines for people responsible for pharmaceutical services, and inspection of pharmaceutical stores and coastal hospitals.

The National Pharmacy is the secretariat for the pharmaceutical committee, which has responsibility for authorization of new pharmaceutical products. It gives advice about use of pharmaceutical products, and recommends pharmaceutical products for use in Greenland.

Medicines are free and are dispensed by the health services. There is a small selection of non-prescription medicines.

FINLAND: Municipalities have responsibility for health services. The responsibility of municipalities is laid down in the *Public Health Act* (1972), in the *Specialist Treatment of Diseases Act* (1989), and in the *Mental Health Care Act* (1990).

The tasks of the municipal public health services are specified in the legislation. Here it is stated that the municipalities are responsible for:

- Guidance and preventive health care, including children's health, health education, advice concerning contraceptive measures, and health surveys and screening.
- Medical treatment, including examination and care, medical rehabilita-

funktioner i forbindelse med import, distribution og håndtering af lægemidler. Landsapoteket udarbejder medicin-statistik, priser på håndkøbsmedicin, revision af håndkøbssortiment, bevillinger til detailhandelsvirksomheder, vejledninger til lægemiddelansvarlige samt inspektion af medicindepoterne på kystsygehusene.

Landsapoteket er sekretariatsfunktion for Lægemiddelkomiteen der har kompetence til godkendelse af nye lægemidler lige som den varetager den overordnede faglige rådgivning om lægemiddelansvarlige samt udgivelse af en rekommandation for anvendelse af lægemidler i Grønland.

Medicin er gratis og udleveres fra det behandlende sundhedsvæsen. Der findes et lille udbud af håndkøbsmedicin.

FINLAND: Det är kommunerna som har ansvaret för hälsovårdstjänsterna. Bestämmelser om kommunernas ansvar finns i *folkhälsolagen* (1972), *lagen om specialiserad sjukvård* (1989) och *mentalvårdslagen* (1990).

Den kommunala hälsovårdens uppgifter fastställs i lagstiftningen. Enligt lagstiftningen bär kommunerna ansvaret för:

- hälsorådgivning och förebyggande hälsovård, vilket omfattar barns hälsa, hälsouppllysning, preventivmedelsrådgivning, hälsoundersökningar och screening (massundersökningar).
- sjukvård, vilket omfattar undersökningar och vård, medicinsk rehabilite-

tion and first aid. General medical treatment is provided in health centres, in inpatient departments or as home nursing care.

ring och första hjälpen. Allmän sjukvård tillhandahålls vid hälsovårdscentraler, på vårdavdelningar eller i form av hemsjukvård.

With the exception of emergency cases, patients shall be examined and treated within a given time. Patients shall be able to obtain immediate contact with a health care centre on weekdays in normal working time, and shall also be able to visit the health care centre. If an appointment at a health care centre is deemed to be necessary, the patient shall be given an appointment within three working days from the time of contact with the health centre. Normally, treatment is provided at the health centre immediately at the first visit. Treatment that is not provided at the visit shall be started within three months. In cases where health centres provide specialized treatment, the same time-limits apply as those for specialized health services (six months).

Med undantag av akuta fall ska patienter undersökas och vårdas inom utsatt tid. Patienten ska omedelbart kunna få kontakt med en hälsovårdscentral på arbetstid under vardagar, och patienten ska också ha möjlighet att besöka hälsovårdscentralen. Om ett besök på hälsovårdscentralen bedöms som nödvändigt ska patienten ges en tid inom 3 arbetsdagar från det att patienten kontaktade hälsovårdscentralen. I allmänhet ges vård på hälsovårdscentralen genast vid det första besöket. Vård som inte ges vid första besöket ska inledas inom 3 månader. I de fall där hälsovårdscentralerna ger specialiserad vård gäller samma tidsgränser som för specialiserad sjukvård, dvs. 6 månader.

The need for treatment shall be assessed within three weeks after referral to a hospital. If a physician has examined a patient, and has established that treatment is needed, the treatment shall be started at the latest within six months.

Behovet av vård ska bedömas inom 3 veckor efter att en patient med remiss anlänt till sjukhuset. Om en läkare har undersökt en patient och konstaterat att vård är nödvändig ska vården inledas inom 6 månader.

Children and young people shall receive psychiatric treatment within three months if it is assessed to be necessary.

Barn och ungdomar ska ges psykiatrisk vård inom 3 månader om vården anses vara nödvändig.

Dental treatment that is assessed to be necessary shall be started within a reasonable time and at the latest within six months.

Tandvård som bedöms som nödvändig ska inledas inom skälig tid och senast inom 6 månader.

If a patient's own health care centre or hospital cannot provide treatment within the given time, the patient shall be of-

Om patientens egen hälsovårdscentral eller eget sjukhus inte kan ge patienten vård inom utsatt tid ska patienten erbjudas vård

ORGANIZATION OF HEALTH SERVICES

ferred treatment either in another municipality or at a private institution, without extra cost to the patient.

The municipalities must provide services for people with mentally illness that can reasonably be offered in health care centres.

Dental care includes information and prevention, and dental examination and treatment. Dental care and treatment paid by the health insurance is provided for the whole population. Dental care is also provided in health centres for adults, particularly in rural municipalities. Most dental treatment for adults is provided by dentists in private practice. Young people under the age of 18 are entitled to dental care free of charge.

Municipalities are also required to provide ambulance services and to ensure that occupational health services are established. Employers can either organize their occupational health service themselves or they can have an agreement with a health centre or with others who provide occupational health services.

In many municipalities, social welfare and health services have been integrated in recent years.

Physicians working in health care centres are usually specialists in general medical care. In the public health service system, patients need a referral for specialist treatment, except in the case of emergency. In private clinics, the physicians are mostly specialists. Patients need no referral to visit these private specialists. Physicians working in private clinics can refer their patients either to public or private hospitals.

antingen i en annan kommun eller inom den privata sjukvården, utan extra kostnader för patienten.

Kommunerna ska tillhandahålla sådana mentalvårdstjänster som det är ändamålsenligt att ordna vid en hälsovårdscentral.

Tandvård omfattar information och förebyggande vård, undersökning och behandling av tänder. Tandvård som omfattas av sjukförsäkringen tillhandahålls hela befolkningen. Tandvård för vuxna ges även vid hälsovårdscentralerna, i synnerhet i kommuner på landsbygden. Största delen av tandvården för vuxna tillhandahålls av tandläkare inom den privata sektorn. Personer under 18 år har rätt till gratis tandvård.

Kommunerna ska tillhandahålla sjuktransport och säkerställa att företagshälsovård inrättas. Arbetsgivare kan antingen ordna företagshälsovård i egen regi eller ingå avtal med en hälsovårdscentral eller annan producent av företagshälsovårdstjänster.

I många kommuner har socialvården integrerats med hälsovården under de senaste åren.

Läkare som arbetar vid hälsovårdscentraler är vanligen läkare i allmänmedicin. Inom den kommunala hälsovården behöver patienten en remiss för att behandlas av en specialist utom i akuta fall. På privata läkarstationer är vanligen största delen av läkarna specialister. Patienten behöver ingen remiss för att besöka dessa specialister. Läkare på privata läkarstationer kan genom remiss hänvisa sina patienter antingen till allmänna eller privata sjukhus.

Specialised central and regional hospitals are run by municipal boards. Within mental health care, more and more emphasis is placed on outpatient treatment, and the use of institutions is decreasing.

Municipalities are responsible for providing health and social services for elderly people. These services include measures to make it possible for elderly people to continue to live in their own homes, for example home help services and home nursing services, day care services and sheltered housing (mainly social services). In the health care sector, support for people to live in their own homes is provided through home nursing services, short-term and periodic stays and treatment in nursing homes, and day care in hospitals. Health services for elderly people also include primary medical care, prevention and rehabilitation. Long-term treatment and residential care for elderly people is provided in old people's homes and nursing homes.

Pharmacies are private, but under state supervision. Prescription drugs and over-the-counter drugs can only be sold by pharmacies.

ÅLAND: According to the home rule for Åland, Åland has its own legislation for the health sector except for administrative interventions regarding personal freedom, contagious diseases, sterilization, induced abortion, assisted reproduction, forensic medicine, and regulations for companies offering health services.

The tasks, structure and organization of the public health sector are regulated according to the Act for the Health Sector

Specialiserade centralsjukhus och krets-sjukhus upprätthålls av samkommuner. Inom mentalvården läggs allt större vikt vid öppenvård och användningen av institutioner minskar.

Kommunerna har ansvaret för social- och hälsovård för äldre. Dessa tjänster omfattar sådana åtgärder som hjälper äldre att bo kvar hemma, till exempel hemservice och hemvård, dagvård och serviceboende (huvudsakligen socialtjänster). Hälsovården erbjuder äldre personer stöd för att fortsätta att bo hemma i form av hemvårdstjänster, kort eller periodvis intagning och vård på vårdhem och dagvård på sjukhus. Hälsovårdstjänsterna för äldre omfattar även primärvård, förebyggande vård och rehabilitering. Långvård och boendeservice för äldre ges vid ålderdomshem och vårdhem.

Apoteken är privatägda men står under statlig tillsyn. Receptbelagda läkemedel och receptfria läkemedel får säljas endast på apotek.

ÅLAND: På grund av sin självstyrelse har Åland egen lagstiftning för hälso- och sjukvården, med undantag för administrativa ingrepp i den personliga friheten, smittsamma sjukdomar, kastrering och sterilisering, avbrytande av havandeskap, konstbefruktning, rättsmedicinska undersökningar samt privat hälso- och sjukvård.

Den offentliga hälso- och sjukvårdens uppgifter, struktur och organisation regleras i landskapslagen om hälso- och

ORGANIZATION OF HEALTH SERVICES

(1993). This Act is a general act that can be supplemented by public decree. Detailed rules concerning the sector are described annually in a sector plan. Issues that do not fall under the Åland legislation, or that are not regulated by separate legislation, follow Finnish legislation.	sjukvården (Landskapslag om hälso- och sjukvården 1993). Lagen är en ramlag som kan kompletteras med beslut. Detaljerade bestämmelser om verksamheten beskrivs i en årlig verksamhetsplan. Frågor som inte regleras i den åländska lagstiftningen följer finsk lagstiftning.
The whole public health service comes under an overall organization called Åland's Health Care Organization (ÅHS). The organization is governed by a politically elected board.	Hela den offentliga hälso- och sjukvården är underställd en myndighet, Ålands hälso- och sjukvård (ÅHS). Myndigheten leds av en politiskt vald styrelse.
The Åland Government has overall responsibility for ensuring that the population receives necessary medical care. Primary health services and specialized health services are part of the same organization, ÅHS. In principle, the first contact shall be with the primary health service.	Landskapsregeringen har huvudansvaret för att befolkningen får nödvändig vård. Primärvården och den specialistsjukvården ingår i samma organisation, ÅHS. I princip ska första kontakt tas till primärvården.
Services that cannot be provided locally are bought from Finland and Sweden, either from private practitioners, private institutions or university hospitals.	Service som inte kan ges av egna enheter inom landskapet köps från Finland och Sverige, antingen från privata läkare, privata institutioner eller universitetssjukhus.
The Åland hospitals are specialized institutions that provide both outpatient and inpatient treatment.	De åländska sjukhusen är specialiserade institutioner som tillhandahåller både öppenvård och vård av inneliggande patienter.
Specialized treatment outside the hospitals is provided in the form of consultative support for primary health care and for private general medical practitioners.	Specialläkare utanför sjukhusen kan verka som konsulter för den offentliga primärvården och de privata allmänläkarna.
The structure of primary health care corresponds functionally and ideologically to the Finnish public health care system. Advice concerning contraception and counselling for mothers and infants, and school health services, function as in Fin-	Primärvårdens struktur motsvarar ideologiskt och funktionellt det finska folkhälsoarbetet. Preventivmedelsrådgivning, mödra- och barnrådgivning samt skol- och studerandehälsovård fungerar som i Finland. Vaccinationerna är

ORGANIZATION OF HEALTH SERVICES

land. Immunization programmes are voluntary and the recommendations are as in Finland. Physiotherapy under the ÅHS is a shared function both for the primary health service and the hospitals. In addition a number of private physiotherapists are used by the public sector.

frivilliga och rekommendationerna motsvarar de finländska. Fysioterapin inom ÅHS är gemensam för primärvården och specialistsjukvården. Därtill använder den offentliga hälso- och sjukvården ett antal privata fysioterapeuter.

Occupational health services are organized in the same way as in Finland.

Företagshälsovården är organiserad som i Finland.

With regard to dental treatment, priority is given to the youngest age groups, certain high-risk groups and preventive measures. If possible, other patient groups are also treated. The private sector is well established with a high capacity, and it provides an important supplement.

Inom tandvården har behandling av de yngre åldersgrupperna och vissa riskpatienter högsta prioritet. Om det är möjligt behandlar man även andra patienter. Den privata sektorn är välutbyggd, har hög kapacitet och utgör ett viktigt komplement.

Regulations for pharmacies are the same as in Finland.

Reglerna för apoteksväsendet är samma som i Finland.

ICELAND: Responsibility for health services is based on a mainly decentralized organization.

ISLAND: Ansvar for sundhedsvæsenet er bygget op over en forholdsvis centraliseret organisation.

The main principles are as follow:

Hovedprincipperne er følgende:

The state is responsible for legislation, supervision, and guidelines. The state also has overall responsibility to ensure that all people in Iceland have access to optimal health services.

Staten er ansvarlig for lovgivning, tilsyn og retningslinjer. Staten har også det overordnede ansvar at alle mennesker i Island har adgang til optimal sundhedstjeneste (primær, sekundær og tertiær sundhedstjenester).

The health centres provide primary health services, including prevention and treatment of common diseases. Preventive services include services for young children, mothers, school health services, vaccination, and family planning.

Sundhedscentrene har ansvaret for det primære sundhedsvæsen som både omfatter forebyggelse og almen sygdomsbehandling. Det forebyggende arbejde omfatter småbørn, mødre, skolesundhedsordninger, vaccinationer, familieplanlægning m.v.

ORGANIZATION OF HEALTH SERVICES

The health centres also have responsibility for home nursing services, whereas home help services are part of the municipal social service system.

In principle, primary contact with health services shall always be with the health centres.

Specialist treatment is provided mainly by private medical specialists, who work under a contract with the Icelandic Health Insurance. Specialists are mainly to be found in the most densely populated areas, but they also visit the health centres in the less densely populated areas.

Outpatient specialist services are also provided by the hospitals.

There are three types of hospitals: 1) specialized hospitals, 2) regional hospitals with a certain degree of specialization, and 3) local hospitals. The local hospitals also often function as old people's homes and nursing homes.

Rehabilitation hospitals and clinics for treatment of substance abusers are private institutions, but partly financed by the state.

Patients can receive treatment from the primary health services without a referral. In general, no referral is required for specialists, dentists, accident and emergency clinics and ambulance services.

Most private specialists have a contract with the national health insurance system, and receive patients without a referral.

Hjemmesygeplejen hører også til sundhedscentrenes ansvarsområde mens hjemmehjælpen gives gennem det kommunale sociale servicesystem.

Primærkontakten skal principielt altid rettes til sundhedscentrene.

Speciallægebehandling udbydes i stort omfang af privatpraktiserende speciallæger der arbejder efter overenskomst med den islandske sundhedsforsikring. Specialisterne findes mest i de tætbefolkede områder men de besøger også sundhedscentrene i de mindre bygder.

Der tilbydes også speciallægebehandling fra ambulatorierne ved hospitalerne.

Der er tre typer sygehuse: 1) specialiserede sygehuse 2) regionale sygehuse med en vis specialisering og 3) et antal lokale sygehuse. De lokale sygehuse fungerer for det meste også som alderdoms- og sygehjem

Rehabiliteringssygehuse og alkoholklinikker er selvejende institutioner men finansieret til en del af staten.

Patienterne kan uden henvisning besøge det primære sundhedsvæsen. Som hovedregel kan patienter også henvende sig uden henvisning til specialister, tandlæger, skadestuer samt lægevagten og ambulancetjenesten.

Praktiserende speciallæger arbejder for flertallets vedkommende efter aftale med sygesikringen og modtager deres patienter oftest uden henvisning.

ORGANIZATION OF HEALTH SERVICES

Dental treatment is provided by private dental practitioners.

Physiotherapy is partly provided in health centres, but mostly by privately practising physiotherapists in the urban areas. Physiotherapists in private practice work under a contract with the Icelandic Health Insurance. Private physiotherapists work under contract with the national health insurance system.

Most nursing homes and old people's homes are run as independent institutions. They are run by municipalities, voluntary organizations etc. They are partly financed by user charges, but the major part of financing is provided by the government, either through the national pension scheme, as is the case for old people's homes, or through the national health insurance scheme, as is the case for nursing homes.

Occupational health services are by law the responsibility of the employer. For large workplaces these services are provided by individual doctors, occupational health consultant firms or health centres.

Pharmacies are run as private companies, but are partly regulated. The municipalities regulate the location of pharmacies. The state regulates their tasks and the cost of pharmaceutical products, both for the supplier and the consumer.

NORWAY: The system of health care provision in Norway is based on a decentralized model.

The state has responsibility for:

- policy design and overall capacity and quality of health care through

Tandlægebehandling foregår hos privat praktiserende tandlæger.

En vis del af fysioterapien foregår gennem sundhedscentrene, men det meste af behandlingen varetages af privatpraktiserende fysioterapeuter i byområderne. Privatpraktiserende fysioterapeuter arbejder på kontrakt med Sundhedsforsikringen.

Plejehjem: De fleste pleje- og alderdomshjem fungerer som selvejende institutioner. De drives af kommuner, frivillige organisationer o.l. De finansieres delvis ved brugerbetaling; men den største del af finansieringen kommer dog fra staten, for alderdomshjemmenes vedkommende gennem pensionsforsikringen, for plejehjemmenes vedkommende gennem sygeforsikringen

Bedriftssundhedstjenesten er ifølge loven arbejdsgiverens ansvar. De større arbejdspladser får denne ydelse enten fra praktiserende læger, konsulent firmaer eller sundhedscentrene.

Apotekerne: er organiseret som liberalt erhverv, men er undergivet en indgående regulering. Kommunerne regulerer placeringen af apoteker men staten deres opgaver samt lægemidlers avance både i grossist- og apotekledet.

NORGE: Helsetjenester i Norge er basert på en desentralisert modell.

Staten har ansvar for:

- helsepolitikk, tjenestetilbud og kvalitet av helsetjenester, gjennom

ORGANIZATION OF HEALTH SERVICES

budgeting, legislation and professional guidelines (e.g. for prioritization).

- hospital services through state ownership of regional health authorities. Within the regional health authorities, somatic and psychiatric hospitals, and some hospital pharmacies, are organized as health trusts.

finansiering, lovgivning og veiledning (f.eks om prioritering).

- sykehustjenester ved at staten eier de regionale helseforetakene (RHF-ene). Somatiske sykehus, psykiatriske sykehus og noen sykehusapotek er organisert som helseforetak innenfor RHF-ene.

The municipalities have responsibility for:

- general practitioner services, including a regular general practitioner scheme
- acute medical care
- physiotherapy services
- nursing and care services, including the health visitor service and the home nursing service
- maternity services
- nursing homes and other types of residential care
- emergency services
- transport services for health care personnel

(Municipal Health Services Act)

Kommunene har ansvar for:

- allmennlegetjeneste, herunder en fastlegeordning
 - legevaktordning
 - fysioterapitjeneste
 - sykepleie, herunder helsesøstertjeneste og hjemmesykepleie
 - jordmortjeneste
 - sykehjem eller boform for heldøgns omsorg og pleie
 - medisinsk nødmeldetjeneste
 - transport av behandlingspersonell.
- (Kommunehelsetjenesteloven)

The county authorities have responsibility for:

- public dental services for: children and adolescents, mentally handicapped adults, and elderly people, disabled people, and people with chronic illnesses who live in institutions or who receive home nursing care.

Fylkeskommunen har ansvar for:

- tannhelsetjenesten til barn og ungdom, psykisk utviklingshemmede, og eldre, langtidssyke og uføre i institusjon og hjemmesykepleie.

Private health services:

- Dental services for adults are mainly provided by private general dental practitioners, and paid for by the patients.
- Occupational health services: Some large companies have their own private service. Some companies have a joint arrangement with an occupational health services company, which sells occupational health services to the group.
- Pharmacies are mainly privately owned, but are subject to strict public control.
- Some private hospitals have a contract with the region, and other private hospitals are run completely independently of the public health services.
- Private nursing homes provide care for residents according to contracts with the municipalities.
- Some private specialists have a contract with the municipality, and receive most of their patients by referral from a general practitioner. Others work completely independently.

Contact with health services: Patients can attend general practitioners, dentists and emergency services without a referral.

Free choice of hospital: Patients who are referred to hospital have the right to choose which hospital they wish to attend.

SWEDEN: In the Swedish health care system, responsibility for health services is

Private helsetjenester:

- Tannlegetjenester for voksne ytes hovedsakelig av privatpraktiserende tannleger, og pasientene betaler selv for behandlingen.
- Bedriftssundhetstjenesten: Noen store bedrifter har sin egen bedriftshelsetjeneste. Noen bedrifter har en felles ordning med andre bedrifter, og har en avtale med et firma som tilbyr bedriftshelsetjenester.
- Apotekene er hovedsakelig private, men er underlagt omfattende statlig kontroll.
- Noen private sykehus har en avtale med den regionale helseforetaket. Noen private sykehus drives helt uavhengig av det offentlige helsevesenet.
- Private sykehjem tar imot beboere i henhold til en avtale med kommunene.
- Noen privatpraktiserende spesialister har en kontrakt med kommunene og tar imot de fleste pasientene etter henvisning fra en allmenlege. Andre praktiserer uavhengig.

Kontakt til sundhedsvæsenet: Pasienter kan henvender seg til allmennleger, tannleger og legevakten uten henvisning.

Fritt sykehusvalg: En pasient som er henvist til spesialisthelsetjensten har rett til å velge sykehus.

SVERIGE: I det svenska sjukvårdssystemet är ansvaret för hälso- och sjukvården

ORGANIZATION OF HEALTH SERVICES

divided between the state, the county authorities and the municipalities. The state has overall responsibility for health policy.

The Health and Medical Service Act (Hälso- och sjukvårdslagen, HSL) regulates the division of responsibility for health services between the county authorities and the municipalities. The Act gives the county authorities and the municipalities a great deal of freedom about how to organize health services.

Sweden is divided into 290 municipalities and 20 county councils which include the regions of Gotland, Halland, Västra Götaland and Skåne. The only exception is Gotland, an island in the Baltic Sea, where the municipality also has the responsibilities and tasks normally associated with a county council.

The activities of the county authorities are mainly financed by county taxes, and partly through state grants. Patient charges and other patient contributions make up a small part of the income of the county authorities.

The county authorities have responsibility for organizing health services to ensure that all inhabitants have equal access to sound and adequate services.

The county authorities also have a duty to provide dental care for children and young people up to the age of 20.

The municipalities have responsibility for health services for elderly people in institutions and for school health services.

delat mellan stat, landsting och kommun. Staten är ansvarig för den övergripande hälso- och sjukvårdspolitiken.

I hälso- och sjukvårdslagen (HSL) regleras vad som är landstingens respektive kommunernas ansvar inom hälso- och sjukvården. Lagen är utformad så att den ger landstingen och kommunerna stor frihet när det gäller hur den egna hälso- och sjukvården ska organiseras.

Sverige har 290 kommuner och 20 landsting. Skåne, Halland och Västra Götaland är formellt landsting men med ett utvidgat ansvar för regional utveckling och med rätt att betecknas som regioner. Gotland är kommun med landstings-uppgifter och regionalt utvecklingsansvar och har också rätt att kalla sig region.

Landstingens verksamhet finansieras till största delen av landstingsskatten, en del genom statsbidrag från regeringen. Patientavgifter och andra egenavgifter utgör en mindre del av landstingens intäkter.

Landstingen ansvarar för att organisera hälso- och vården så att alla medborgare har tillgång till en god vård på lika villkor.

Även tandvård för barn och ungdom upp till 20 år är landstingens obligatoriska ansvar.

Kommunerna ansvarar för hälso- och sjukvård av äldre i särskilt boende samt för skolhälsovården.

ORGANIZATION OF HEALTH SERVICES

In 2005, a treatment guarantee was introduced. This means that patients have the right to:

- obtain contact with the primary health service on the same day
- receive an appointment with a GP within seven days
- receive an appointment with the specialized health service within 90 days, either with a referral or as a result of their own initiative
- after a decision has been made about treatment, the treatment has to be started within 90 days.

The treatment guarantee for mental health services for children and young people is stricter. A young person who seeks help from the mental health service shall be contacted by telephone or personally on the same day, and be given an appointment with a doctor within seven days. The young person shall also be given an appointment with a specialist in child psychiatry within 30 days, and begin treatment within the next 30 days.

The Medical Products Agency has responsibility for approving and controlling medicinal products, herbal medicines and medical equipment.

The Dental and Pharmaceutical Benefits Agency (TLV) is a state authority whose remit is to determine which medicinal products and dental treatment shall be subsidized by the state.

Since 1 July 2009, it is possible for companies other than Apoteket AB to run a pharmacy. Retail sales outlets for medi-

2005 infördes en nationell vårdgaranti. Vårdgarantin innebär att patienten har rätt att:

- komma i kontakt med primärvården samma dag,
- få ett besök hos primärvårdsläkare inom sju dagar,
- komma på besök i den specialiserade vården inom 90 dagar, antingen efter remiss eller på eget initiativ, samt
- efter ett beslut om behandling, få behandlingen påbörjad inom 90 dagar.

Inom barn- och ungdomspsykiatrin är vårdgarantin ytterligare förstärkt. En ung person som söker hjälp inom psykiatrin ska erbjudas kontakt via telefon eller på plats samma dag, och besök hos läkare inom 7 dagar. Den unge ska sedan få träffa en specialist inom barn och ungdomspsykiatrin inom högst 30 dagar, och påbörja behandling inom ytterligare 30 dagar.

Läkemedelsverket har ansvar för godkännanden och kontroll av läkemedel, naturläkemedel och medicintekniska produkter.

Tandvårds- och läkemedelsförmånsverket (TLV) är en statlig myndighet som granskar och tar beslut om vilka läkemedel och tandvårdsbehandlingar som ska ingå i högkostnadsskydden.

Sedan den 1 juli 2009 är det möjligt för fler än Apoteket AB att äga och driva apotek. De som avser att bedriva detaljhandel

ORGANIZATION OF HEALTH SERVICES

nal products must apply for a licence from the Medical Products Agency. Retail sales outlets can buy and sell imported medicinal products at lower prices. Health service providers have responsibility for ensuring that use of medicinal products is organized effectively and that hospitals are supplied with safe and effective medicinal products. For example, hospitals shall have a hospital pharmacy.

Decisions about which vaccinations shall be included in the national immunization schedule are taken by the National Board of Health and Welfare in consultation with the Swedish Institute for Infectious Disease Control and the Medical Products Agency.

The Swedish Institute for Infectious Disease Control is a national authority with responsibility for control of infectious diseases with a public health perspective.

The Swedish Council on Health Technology (SBU) is a state authority that examines the methods used by health services. It aims to identify interventions that offer the greatest benefits for patients while utilizing resources in the most efficient way. The aim is to provide a better knowledge base for everyone who makes decisions about how health care shall be organized.

med läkemedel (öppenvårdsapotek) måste ansöka om tillstånd hos Läkemedelsverket. Parallellimporterade läkemedel får öppenvårdsapoteken både köpa in och sälja till lägre priser. Vårdgivarna ansvarar för att läkemedelsförsörjningen bedrivs rationellt och att sjukhusen har tillgång till säkra och effektiva läkemedel. Det ska bland annat finnas ett sjukhusapotek.

Beslut om vilka vacciner som ska ingå i det allmänna barnvaccinationsprogrammet fattas av Socialstyrelsen baserat på underlag från bl.a. Smittskyddsinstitutet och Läkemedelsverket.

Smittskyddsinstitutet (SMI) är en nationell myndighet med ansvar för smittskyddsfrågor och med ett folkhälsoperspektiv.

Statens beredning för medicinsk utvärdering (SBU) är en statlig myndighet som utvärderar hälso- och sjukvårdens metoder. SBU analyserar metodernas nytta, risker och kostnader och jämför vetenskapliga fakta med svensk vårdpraxis. Målet är att ge ett bättre beslutsunderlag för alla som avgör hur vården ska utformas.

1.3 Supervision of health services and health care personnel

In Denmark, supervision of health services is carried out by the National Board of Health with the assistance of the offices of the chief medical officers. There is one office of the chief medical officer in each region. These institutions are part of the National Board of Health and are thus independent, politically and administratively, of the regional and municipal health authorities. In this way, the chief medical officers work as independent advisers and supervisors at all levels. Supervision of health care personnel and their professional activity is carried out by the National Board of Health in close cooperation with the local chief medical officers. Decisions concerning individuals can be appealed to the responsible minister and, if necessary, to the courts.

In the Faroe Islands, the chief medical officer has responsibility for supervision of health services, as in Denmark.

The National Board of Health, an independent institution under the Government of Greenland, is responsible for supervision of health services in Greenland. The chief medical officer advises and assists the Government of Greenland and other authorities in questions of health.

Supervision of health services in Finland is organised in a less formal way than in the other Nordic countries. Supervisory tasks are spread out among the whole health services system. A nationwide body for the protection of patients' rights has been established. The body may assess whether the services provided by a municipality are up to the required standards. If the body

1.3 Organiseringen og tilsynet med sundhedsvæsenet og sundhedspersonale

I Danmark er det Sundhedsstyrelsen der fører tilsyn med sundhedsvæsenet sammen med embedslægerne hvor der er en embedslægeinstitution i hver region. Embedslægeinstitutionerne er den del af sundhedsstyrelsen og er uafhængig såvel administrativt som politisk af de regionale sundhedsmyndigheder. På den måde arbejder embedslægerne som uafhængige rådgiver og tilsynsmyndighed. Tilsynet med sundhedspersonalet og deres professionelle aktiviteter foretages af sundhedsstyrelsen sammen med de lokale embedslæger. Beslutninger vedrørende de enkelte personer kan appelleres til den ansvarlige minister og hvis nødvendigt til domstolene.

På Færøerne har embedslægen ansvaret for tilsynet med sundhedsvæsenet som i Danmark.

Landslægeembedet i Grønland er en uafhængig institution under Grønlands Selvstyre og er ansvarlig for tilsynet med sundhedsvæsenet i Grønland. Landslægeembedet rådgiver og assisterer Grønlands Selvstyre og andre myndigheder der arbejder med sundhedsspørgsmål.

Tillsynen av hälsovården i Finland är mindre formellt organiserad än i de andra nordiska länderna. Tillsynen är utlokaliserad till hela hälsovårdssystemet. En riksomfattande organisation för patienternas/klienternas rättigheter har grundats. Organisationen är kompetent att bedöma om de tjänster kommunen tillhandahåller motsvarar kraven. Om tjänsterna bedöms

ORGANIZATION OF HEALTH SERVICES

finds that the services are inadequate, and that the municipality is responsible for this, then it may recommend how the deficiencies may be dealt with and give a time limit for when improvements shall be made.

Supervision of health care personnel in Åland is carried out according to Finnish law.

In Iceland, the Medical Director of Health has overall responsibility for supervision of health institutions, health care personnel, prescription of pharmaceutical products, measures for combating substance abuse and control of all public health services. The Icelandic Medicines Agency supervises pharmacies and pharmaceutical products.

In Norway, the Norwegian Board of Health Supervision (centrally) and the Norwegian Board of Health supervision in each county are responsible for supervision of health services and health care personnel. These bodies are professional and independent supervision authorities, with authority through explicit legislation and competence in the fields of health services and health legislation.

In Sweden, the National Board of Health and Welfare is the national supervision authority for both health services and social services. For health service, the Board is supervision authority for both health institutions and authorized health care personnel. For social services and institutions that are encompassed by the Act relating to social security benefits and services for certain groups of people with disabilities, supervision of institutions is carried out, but not of personnel.

som otillräckliga och om kommunen anses vara ansvarig för detta, kan organisationen ge en rekommendation om åtgärder som ska vidtas och även fastställa när förbättringarna senast ska genomföras.

Tillsynen av hälso- och sjukvårdspersonalen på Åland sker enligt finsk lagstiftning.

I Island er det medicinaldirektøren der har det overordnede ansvar for institutioner indenfor sundhedsvæsenet, dets personale, recepter for lægemidler og forebyggelse af misbrug samt den overordnede kontrol med den service der udbydes af sundhedsvæsenet. Den islandske lægemiddelstyrelse rådgiver apotekere samt rådgivningen vedrørende lægemidler.

I Norge er det helsetilsynet, centralt, og tilsynsmyndigheter i hvert amt der har ansvaret for synet i hvert amt ligesom de har ansvaret for tilsynet med sundhedspersonale. Disse myndigheder er professionelle og uafhængige tilsynsmyndigheder, med autoritet gennem eksplicit lovgivning og kompetence indenfor deres områder, samt på lovgivningen.

I Sverige är Socialstyrelsen nationell tillsynsmyndighet för såväl socialtjänst som hälso- och sjukvård. På hälso- och sjukvårdens område är Socialstyrelsen tillsynsmyndighet för såväl verksamheter som legitimerad hälso- och sjukvårdspersonal. För socialtjänsten och verksamheter som omfattas av [lagen om stöd och service till vissa funktionshindrade \(LSS\)](#) genomförs tillsyn enbart av verksamheterna – inte av personalen.

1.4 Complaints about health services and health care personnel

In Denmark, the Patients' Complaints Board for the health sector deals with complaints concerning authorized health care personnel. Following preliminary treatment of the cases (hearings of the parties, professional assessment, etc.) by the chief medical officer, a final decision is reached by the Patients' Complaints Board.

In the Faroe Islands, procedures for complaints are by and large the same as in Denmark.

In Greenland, complaints about health issues are addressed in writing to the National Board of Health, which prepares the case and make recommendations to a decision on the complaint before forwarding it to the Danish Patients' Complaints Board of the Board of Health in Copenhagen. This board completes the preparation of the case, arranges a hearing and makes a decision. Complaints about health services are submitted to Health Management and questions concerning compensation are dealt with by the Directorate of Health.

In Finland, patients have many possibilities to complain about the treatment or services they have received. The simplest way is to express dissatisfaction to the physician who provided the treatment, or to contact the physician in charge of the hospital department or health centre. If further assistance is needed in order to solve the problem, there are two possibilities. The patient can contact either the Regional State Administrative Agency or the National Supervisory Authority

1.4 Klager over sundhedsvæsenet og sundhedspersonalet

I Danmark er klagenævnet for sundhedsvæsenet også klagenævn for autoriseret sundhedspersonale. Efter en foreløbig behandling af sager (høring af parterne, professionelle vurderinger, etc.) af en embedslæge, bliver der foretaget en endelig afgørelse af klagenævnet.

På Færøerne er klagerreglerne i det store og hele de samme som i Danmark.

I Grønland skal klager vedrørende sundhedsspørgsmål stiles til Landslægeembedet som forbereder sagerne og afgiver indstilling til afgørelse af klagerne. Klagen blev tidligere her efter sendt til Sundhedsvæsenets Patientklagenævn i Danmark til afgørelse. På grund af strukturændring i Danmark (Indførelse af Patientombuddet) er der pt. ikke klarhed over den grønlandske klagestruktur. Klager vedrørende service forelægges Sundhedsledelsen og spørgsmål vedrørende erstatning afgøres af Departementet for Sundhed.

I Finland, patienter har flera olika möjligheter att anföra klagomål över den behandling eller service de har mottagit. Det enklaste sättet är att framföra klagomål direkt till den läkare som gett behandlingen eller att göra en anmärkning hos chefen för vårdenheten. Om problemet inte kan lösas utan ytterligare hjälp finns det två olika möjligheter. Patienten kan anföra klagomål antingen hos Regionförvaltningsverket eller Tillstånds- och tillsynsverket för social- och

ORGANIZATION OF HEALTH SERVICES

for Welfare and Health (VALVIRA). Both these bodies can give a written expert opinion, or give sanctions if necessary.

In Åland, complaints concerning treatment can either be addressed, as in Finland, to the institution providing the treatment, or to the national authorities, or to the Åland Government. The patient ombudsman is employed by the Åland Government and is thus independent of the respective treatment institutions. The patient ombudsman may take up questions of principal significance with the "Patients Board of Trust" where the questions may be discussed and form the basis for decisions, although the committee cannot make a decision in individual cases.

In Iceland, complaints concerning health services are addressed to the Medical Director of Health, who evaluates the complaint and makes a decision. Decisions made by the Medical Directorate of Health may be appealed to the Minister of Welfare.

In Norway, the Norwegian Board of Health Supervision in the county deals with complaints against individual health care personnel. These offices can find that the conditions laid down in laws and regulations have not been met and can give advice on how to make improvements. If there are grounds for more serious sanctions against health care personnel, the complaint may be forwarded to the Norwegian Board of Health Supervision (centrally). Patients can also address their complaints to the person in charge of an institution (e.g. the municipal board in the case of municipal health

hjelsovården (VALVIRA). Vardera av dessa myndigheter kan avge ett skriftligt expertutlåtande eller vid behov utfärda sanktioner.

På Åland riktas klagomål över behandling, liksom i Finland, till den institution som utfört behandlingen eller till de nationella myndigheterna eller Ålands landskapsregering. Patientombudsmannen är anställd av landskapsregeringen och är oberoende av de behandlande institutionerna. Patientombudsmannen kan ta upp ärenden av principiell natur i Förtroenderådet, där ärendet kan diskuteras och ligga till grund för beslut. Förtroenderådet tar inte ställning till enskilda ärenden.

I Island sendes klager vedrørende sundhedsvæsenet til medicinaldirektøren der evaluerer klagerne og træffer en beslutning. Beslutninger der er taget af medicinalstyrelsen kan ankes til Velfærdsministeriet.

I Norge er det helsetilsynet i amterne (fylkerne) der tager sig af klager over sundhedspersonalet. Disse kontorer kan afgøre at betingelser som er fastsat i love og regulativer ikke er blevet overholdt og kan give råd om hvorledes betingelserne overholdes. Hvis der er grunde til mere seriøse sanktioner mod sundhedspersonalet, kan klagerne overgives til Helsetilsynet (centralt). Patienterne kan også sende klagen til de ansvarlige personer i institutionerne (Kommunalbestyrelsen, hvis det er tale om en kommunal institution) eller til det norske system for kompensation for ulykker for patienter i rela-

services), or to the Norwegian System for Compensation for Injuries to Patients, in the case of claims for compensation related to treatment in the public health service.

In Sweden, since the new Act relating to patient safety came into force, the National Board of Health and Welfare has taken over responsibility from the Medical Responsibility Board (HSAN) for dealing with patient complaints.

Service providers now have clearer responsibility according to the new Act for systematically improving patient safety. This includes the responsibility to investigate adverse events, to have health care personnel with the necessary qualifications, and to identify deficiencies in the service in order to prevent adverse events.

The National Board of Health and Welfare has the possibility to investigate the whole event, not only the actions of individuals. Previously, HSAN only investigated the person who was reported. The focus of the investigation carried out by the National Board of Health and Welfare is to identify the reasons why the adverse event occurred, and what must be done to prevent a recurrence.

tion til behandlingen i det offentlige sundhedsvæsen.

I Sverige, i och med att en ny patientsäkerhetslag har trätt i kraft har Socialstyrelsen tagit över patientklagomålshanteringen från Hälso- och sjukvårdens ansvarsnämnd (HSAN).

Vårdgivarna får nu ett tydligare ansvar i patientsäkerhetslagen att systematiskt förbättra säkerheten för patienterna. Detta innebär bl.a. en skyldighet att utreda fel som uppstår i vården, att ha personal med rätt kompetens och att upptäcka brister vid vårdenheten för att förebygga vårdskador.

Socialstyrelsen har möjlighet att utreda hela händelsen och inte bara enskilda personers handlande. Tidigare har HSAN enbart utrett den person som blivit anmäld. Fokus i Socialstyrelsens utredning ligger på att hitta orsakerna till att det blev fel och vad som behöver göras för att det inte ska hända igen.

CHAPTER II

Population and fertility

Befolkning og fertilitet

Extra Materials

[Nordic tables for births and abortions](#)

Introduction

This chapter begins with a general description of the population in the Nordic countries and trends in population development followed by a more detailed description of fertility, births, infant mortality and contraceptive methods.

2.1 Population and population trends

The population structure varies somewhat between the Nordic countries, Sweden having the oldest and Greenland the youngest population.

The development in population growth varies somewhat between the Nordic countries. The natural increase has been greatest in Iceland, the Faroe Islands and Greenland throughout the last decade. Denmark, Åland and Sweden have had the lowest natural increase. In 2009, net migration contributed to population growth in all the Nordic countries with the exception of Greenland, Faroe Islands and Iceland. In 2009, after the economic crises, the population increase turned to negative

Ekstra Materiale

[Nordiske tabeller for fødsler og aborter](#)

Indledning

I dette kapitel gives der først en generel beskrivelse af befolkningen i de nordiske lande, efterfulgt af en nærmere beskrivelse af fertilitet, fødsler, spædbørnsdødelighed og prævention.

2.1 Befolkning og befolkningsudvikling

Sammensætningen af befolkningen er noget forskellig fra land til land. Sverige har den ældste og Grønland den yngste befolkning.

Udviklingen i befolkningstilvæksten varierer en del de nordiske lande imellem. Fødselsoverskuddet har gennem det seneste årti været størst i Island, Færøerne og Grønland. Danmark, Åland og Sverige har haft det laveste fødselsoverskud. I 2009 bidrager nettomigrationen til en befolkningsforøgelse med undtagelse af Grønland, Færøerne og Island. I 2009 blev befolkningstilvæksten negativ i Island efter den økonomiske krise. Desuden har

in Iceland. In addition, there is a large deficit of women of fertile age in the Faroe Islands.

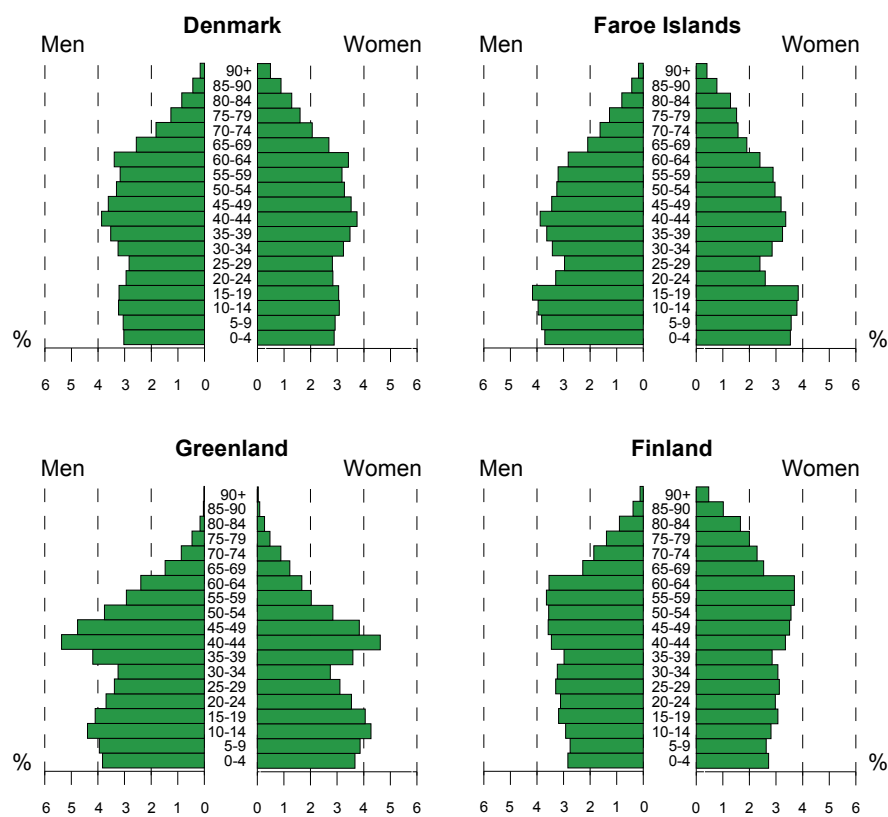
Life expectancy in the Nordic countries has increased significantly, and even though women live longer, the difference between the life expectancies of men and women has been reduced.

Færøerne et meget stort underskud af kvinder i den fertile alder.

Den forventede levetid i Norden er øget markant, og selv om kvinder generelt lever længst, er forskellene mellem mænds og kvinders forventede levetid blevet reduceret.

POPULATION AND FERTILITY

Figure 2.1.1 Mean population by sex and age as a percentage of the total population 2009¹⁾
Middelfolketallet efter køn og alder i pct. af hele befolkningen 2009¹⁾



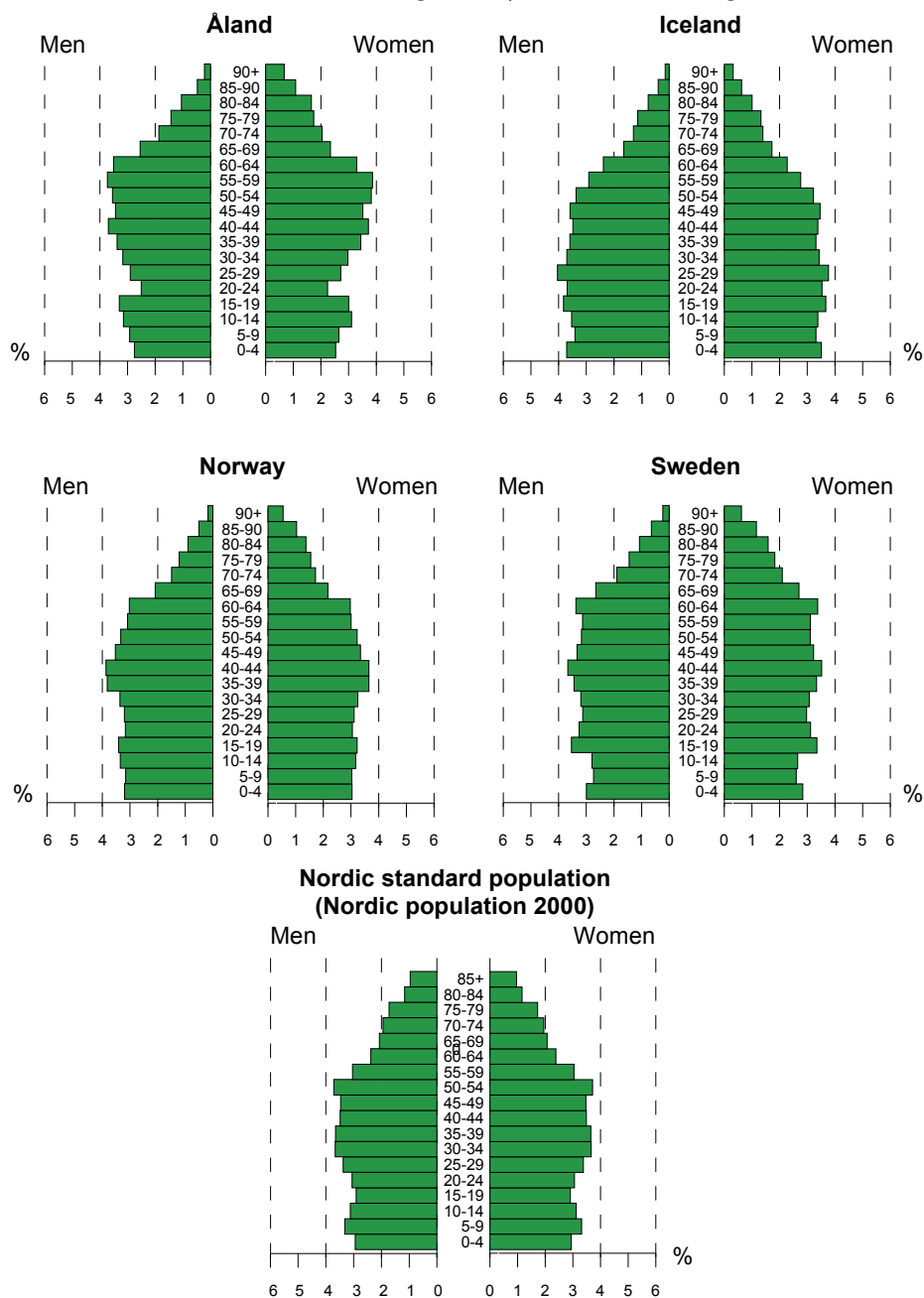
1 Faroe Islands, Greenland and Åland: 2005-09

1 Færøerne, Grønland og Åland: 2005-09

The figure continues..

Figure 2.1.1 Mean population by sex and age as a percentage of the total population 2009. Continued

Middelfolketallet efter køn og alder i pct. af hele befolkningen 2009. Fortsat



POPULATION AND FERTILITY

Figure 2.1.2 Mean population by age groups 2000-2010 per cent
Middelfolketallet fordelt på aldersgrupper 2000-2010 pct.

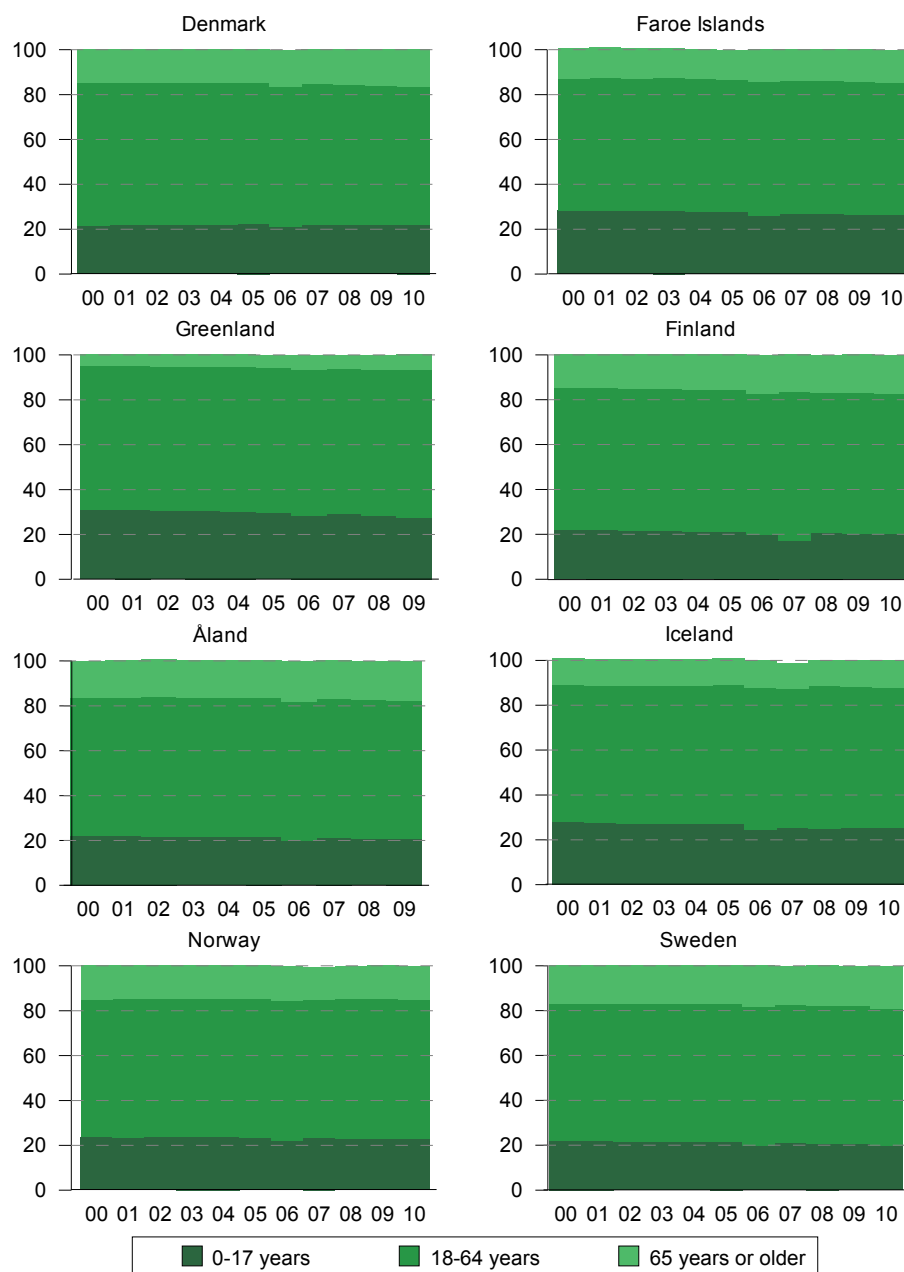


Table 2.1.1 Mean population 2000–2009
Middelfolketallet 2000–2009

	Denmark	Faroe Islands	Greenland	Finland	of which Åland	Iceland	Norway	Sweden
(1 000)								
<i>Men Mænd</i>								
2000	2 639	24	30	2 526	13	141	2 224	4 386
2005	2 680	25	30	2 567	13	148	2 293	4 487
2008	2 720	25	30	2 604	14	163	2 377	4 584
2009	2 735	25	30	2 625	14	162	2 411	4 626
<i>Women Kvinder</i>								
2000	2 700	22	26	2 650	13	140	2 267	4 486
2005	2 736	23	27	2 679	13	147	2 330	4 561
2008	2 769	23	27	2 709	14	156	2 391	4 636
2009	2 783	23	26	2 726	14	158	2 418	4 672
<i>Men and women Mænd og kvinder</i>								
2000	5 340	46	56	5 176	26	281	4 491	8 872
2005	5 416	48	57	5 246	27	296	4 623	9 048
2008	5 489	49	56	5 313	27	319	4 768	9 220
2009	5 519	49	56	5 351	28	319	4 829	9 298

Sources: The central statistical bureaus: D: Statistics Denmark; FI: Statistics Faroe Islands; G: Statistics Greenland; F & Å: Statistics Finland; I: Statistics Iceland; N: Statistics Norway; S: Statistics Sweden

Kilder: De statistiske centralbureauer: D: Danmarks Statistik; FI: Hagstova Føroya; G: Grønlands Statistik; F & Å: Statistikcentralen; I: Hagstofa Íslands; N: Statistisk sentralbyrå; S: Statistiska centralbyrån

POPULATION AND FERTILITY

Table 2.1.2 Vital statistics per 1 000 inhabitants 2000-2009

Befolkningens bevægelser pr. 1 000 indbyggere 2000-2009

	<i>Live births</i> Levendefødte	<i>Deaths</i> Døde	<i>Natural increase</i> Fødselsoverskud	<i>Net migration</i> Nettomigration	<i>Population increase</i> Befolkningstilvækst
Denmark					
2000	12.6	10.9	1.7	1.8	3.5
2005	11.9	10.2	1.7	1.2	2.9
2008	11.9	10.0	1.9	5.3	7.3
2009	11.4	10.0	1.4	4.0	5.5
Faroe Islands					
2000-04	14.1	8.5	5.5	25.5	10.5
2005-09	13.7	8.2	5.6	-4.1	1.4
Greenland					
2000-04	16.1	8.1	8.0	- 5.0	3.1
2005-09	15.2	7.9	7.4	-8.4	-1.0
Finland					
2000	11.0	9.5	1.4	0.5	1.9
2005	11.0	9.1	1.9	1.7	3.6
2008	11.2	9.2	2.0	2.9	4.9
2009	11.3	9.3	2.0	2.7	4.7
Åland					
2000-04	10.4	9.5	0.9	4.9	6.5
2005-09	10.4	9.3	1.1	5.2	6.8
Iceland					
2000	15.3	6.5	8.8	6.1	15.3
2005	14.5	6.2	8.3	13.0	21.3
2008	15.1	6.2	8.9	3.6	12.2
2009	15.7	6.3	9.5	-15.1	- 5.4
Norway					
2000	13.2	9.8	3.4	2.2	5.6
2005	12.3	8.9	3.4	4.0	7.3
2008	12.7	8.7	3.9	9.1	13.0
2009	12.8	8.6	4.2	8.0	12.2
Sweden					
2000	10.2	10.5	-0.3	2.8	2.4
2005	11.2	10.2	1.1	3.0	4.0
2008	11.9	9.9	1.9	6.1	8.0
2009	12.0	9.7	2.3	6.8	9.1

Sources: The central statistical bureaus
Kilder: De statistiske centralbureauer

Table 2.1.3 Average life expectancy 2000-2009
Middellevetiden 2000-2009

Age	Men					Women				
	0	15	45	65	80	0	15	45	65	80
Denmark										
2000-04	74.7	60.3	31.7	15.3	6.8	79.4	64.9	35.6	18.3	8.5
2006/07	75.9	61.4	32.8	16.2	7.1	80.5	65.9	36.6	19.1	8.8
2008/09	76.4	61.9	33.2	16.6	7.5	80.8	66.2	36.9	19.3	8.9
Faroe Islands										
2000-04	77.1	62.5	33.7	16.9	7.4	81.5	66.7	37.6	19.7	8.7
2005-09	76.9	62.9	34.1	16.9	7.5	82.5	68.0	38.4	20.2	9.0
Greenland										
2000-04	64.6	51.5	26.5	11.4	5.4	70.4	56.4	28.8	13.5	5.9
2005-09	..	..	..	..	..	..	..	..	..	..
Finland										
2000-04	74.8	60.2	32.1	15.9	6.9	81.6	67.0	37.8	19.8	8.5
2005	75.5	61.0	32.7	16.7	7.4	82.3	67.7	38.6	20.7	9.1
2009	76.5	61.8	33.5	17.2	7.6	83.1	68.5	39.2	21.2	9.4
Åland										
2000-04	77.7	63.4	34.7	17.5	7.5	83.9	69.4	39.9	21.3	9.4
2005-09	79.7	64.8	35.8	17.7	7.8	83.1	68.7	39.4	21.1	10.0
Iceland										
2000-04	78.5	63.9	35.1	17.6	7.7	82.3	67.6	38.3	20.3	9.0
2006/07	79.4	64.7	35.9	18.3	7.8	82.9	68.2	38.7	20.6	9.6
2009	79.7	65.0	36.1	18.3	8.1	83.3	68.5	39.0	20.6	9.3
Norway										
2000-04	76.6	62.1	33.7	16.5	7.0	81.7	67.2	37.9	20.0	8.8
2005	77.7	63.2	34.5	17.1	7.3	82.5	67.9	38.6	20.6	9.3
2009	78.6	64.0	35.3	17.8	7.7	83.1	68.4	39.0	20.9	9.4
Sweden										
2000-04	77.8	63.2	34.3	17.0	7.3	82.3	67.6	38.3	20.2	9.0
2005	78.4	63.8	34.9	17.4	7.4	82.8	68.1	38.7	20.6	9.3
2009	79.4	64.7	35.8	18.2	7.8	83.4	68.7	39.2	21.0	9.6

Sources: The central statistical bureaus
Kilder: De statistiske centralbureauer

POPULATION AND FERTILITY

Figure 2.1.3 Live births and natural increase per 1 000 inhabitants 2000-2009
 Levendefødte og fødselsoverskud per 1 000 indbyggere 2000-2009

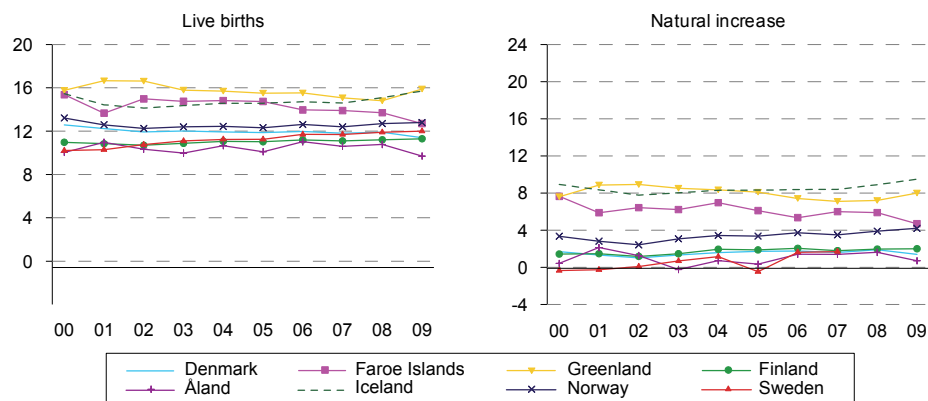
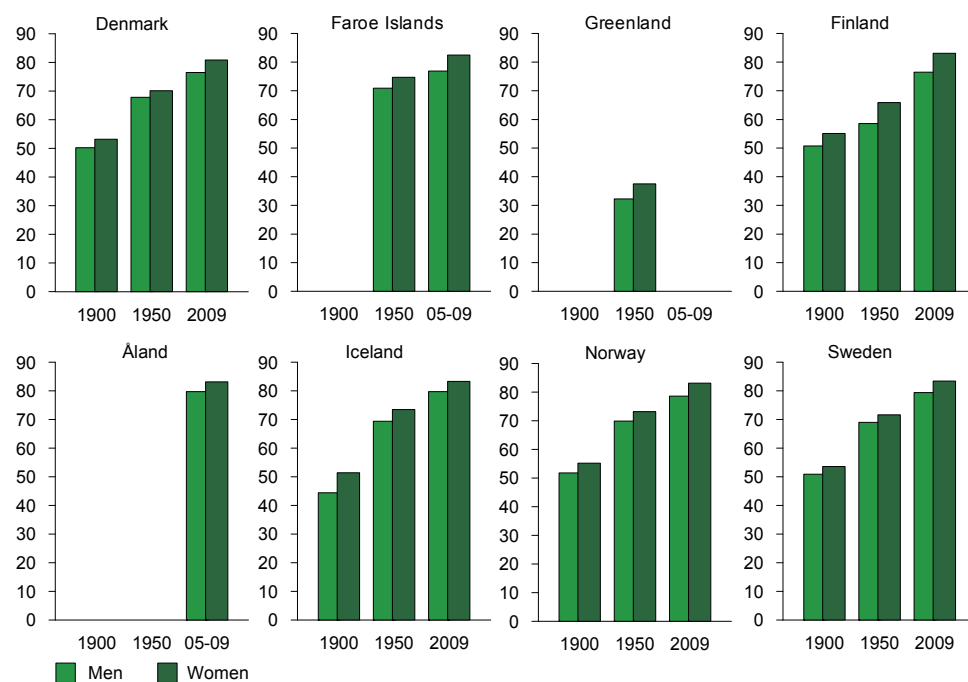


Figure 2.1.4 Life expectancy at birth 1900, 1950 and 2009
 Middellevetiden for nyfødte 1900, 1950 og 2009



2.2 Fertility, births, infant mortality and contraception

In recent years, the overall development in fertility has resulted in Denmark, Finland and Åland having the lowest fertility rates in the Nordic countries, while the rates remain high in the Faroe Islands, Greenland and Iceland, particularly for the youngest age groups.

In all the Nordic countries, it is possible to obtain treatment for infertility, paid for by the public health services (in Iceland and Norway there is, however, a higher user charge for IVF treatment than for other procedures). As shown in Table 2.2.2, more and more people are receiving such treatment, and a significant proportion of live births are the result of in vitro fertilization (IVF). A large number of births resulting from IVF are still multiple births.

Internationally, the Nordic countries are characterized by having very low perinatal mortality. Greenland has the highest among the Nordic countries. The other countries lie relatively close to each other. Changes in perinatal mortality during this period are the result of changes in the definition of gestational age. The time limit for spontaneous abortion and stillbirth is now 22 weeks in all Nordic countries excluding Faroe Islands and Greenland, where the limit is 28 weeks.

Greenland also has the highest mortality rate for the first year of life. Iceland had the lowest mortality rate for the first year of life in 2009.

The sale of hormonal contraceptives varies substantially between the Nordic

2.2 Fertilitet, fødsler, spædbørnsdødelighed og prævention

Udviklingen i den samlede fertilitet har i de seneste år ført til, at fertilitetsraterne i Danmark, Finland og Åland nu er de laveste i Norden, mens det fortsat er høje rater på Færøerne, Grønland og i Island, navnlig i de yngste aldersklasser.

I alle de nordiske lande er det muligt at blive behandlet for barnløshed, betalt af det offentlige (i Island og Norge er der en betydelig højere egenbetaling for IVF behandling end for andre former for behandling). Som det ses af tabel 2.2.2 modtager flere og flere behandling og en ikke ubetydelig del af de levendefødte er et resultat af en IVF behandling. For fødsler efter IVF behandling er der fortsat et stort antal flerbarnsfødsler.

Internationalt er de nordiske lande kendetegnet ved at have en meget lav perinatal mortalitet. Grønland ligger højest blandt de nordiske lande. De øvrige lande ligger relativt tæt. Ændringerne i den perinatale dødelighed i perioden skyldes ændringer i definitionen på gestationsalderne. Grænsen for spontan abort og dødfødte er 22 uger i alle de nordiske lande med undtagelse af Færøerne og Grønland, hvor grænsen er 28 uger.

Grønland har ligeledes den højeste dødelighed for det første leveår. Island havde den laveste dødelighed i det første leveår i 2009.

Omsætningen af hormonale præventionsmidler varierer væsentligt mellem de

POPULATION AND FERTILITY

countries, but these differences have become smaller over time.

The use of sterilization as a means of birth control also varies considerably between the Nordic countries. In most of the countries no permission for sterilization is required if the person is aged 25 or more.

There are no comparable Nordic statistics about the use of coils and condoms.

Use of emergency contraception is relatively widespread in the Nordic countries. Use is highest in Norway and lowest in the Faroe Islands, in Denmark and Greenland.

Since the middle of the 1970s, induced abortion has been available in most of the Nordic countries. In Sweden, it is a requirement that the abortion takes place before the end of the 18th week of gestation, while in the other Nordic countries it must be performed before the end of the 12th week of gestation. However, induced abortion can also be carried out after the 12th and 18th weeks of gestation, but only following special assessment and permission.

In Denmark, Greenland, Norway and Sweden, it is solely up to the pregnant woman herself to decide whether an abortion is to be performed, while in the Faroe Islands, Finland, Åland and Iceland permission is required. Such permission is given on the basis of social and/or medical criteria.

Abortion rates vary greatly in the Nordic countries.

nordiske lande, men der er med tiden sket en vis udligning af forskellene.

Anvendelse af sterilisation som præventionsmiddel varierer ligeledes betydeligt mellem de nordiske lande. I de fleste af landene behøver man ingen tilladelse til at lade sig sterilisere efter det fyldte 25. år.

Der findes ingen sammenlignelig nordisk statistik om brugen af spiraler og kondomer som præventionsmiddel.

Nødprævention er relativ udbredt i de nordiske lande hvor forbruget er højest i Norge og lavest på Færøerne, i Danmark og Grønland.

I de fleste af de nordiske lande har der siden midten af 1970'erne været adgang til svangerskabsafbrydelse. I Sverige er det en betingelse, at det sker før udgangen af den 18. graviditetsuge, mens svangerskabsafbrydelsen i de øvrige nordiske lande skal ske inden udgangen af den 12. svangerskabsuge. Fremkaldte aborter kan dog også foretages efter henholdsvis 12. og 18. svangerskabsuge; men da først efter særlig vurdering og tilladelse.

I Danmark, Grønland, Norge og Sverige er det alene op til den gravide kvinde at afgøre, om der skal foretages et abortindgreb, mens der på Færøerne, i Finland, Åland og Island kræves en tilladelse. En sådan gives ud fra sociale og/eller medicinske kriterier.

Der er betydelige forskelle mellem landene med hensyn til abortraterne.

Table 2.2.1 Live births and fertility rate 2000–2009
 Levendefødte og fertilitetsrate 2000–2009

	Number of live births Antal levende fødte	Live births per 1 000 women by age Levendefødte pr. 1 000 kvinder i alderen							Total fertility rate Samlet fertilitet
		15-19 ¹⁾	20-24	25-29	30-34	35-39	40-44	45-49 ²⁾	
<i>Denmark</i>									
2000-04	65 194	6.7	48.8	126.1	117.9	45.5	7.2	0.3	1 756
2005	64 282	5.7	43.2	123.9	127.4	48.5	8.4	0.3	1 802
2009	62 818	5.5	42.5	122.8	130.3	56.4	9.6	0.4	1 842
<i>Faroe Islands</i>									
2000-04	690	15.9	107.1	168.4	134.1	64.0	11.7	0.1	2 506
2005-09	665	14.9	87.4	171.2	143.1	70.5	12.4	0.6	2 501
<i>Greenland</i>									
2000-04	910	56.6	152.6	133.8	87.9	39.9	8.4	0.6	2 418
2005-09	862	44.2	100.4	107.7	69.8	32.4	7.3	0.1	2 277
<i>Finland</i>									
2000-04	56 575	10.5	58.5	114.8	105.2	48.4	10.1	0.5	1 747
2005	57 745	10.3	57.4	116.3	112.9	51.5	10.7	0.6	1 803
2009	60 430	8.5	59.4	115.7	119.5	56.5	11.9	0.4	1 864
<i>Åland</i>									
2000-04	271	5.0	46.5	102.1	114.0	53.7	10.6	0.2	1 665
2005-09	285	5.5	51.5	108.2	124.7	56.7	14.5	0.8	1 813
<i>Iceland</i>									
2000-04	4 166	17.8	79.0	127.9	110.6	52.9	10.7	0.4	1 996
2005	4 280	15.1	81.5	129.9	114.0	58.4	10.6	0.8	2 052
2008	4 835	14.6	76.8	134.2	120.6	67.1	13.7	0.9	2 140
2009	5 026	14.3	74.9	140.7	130.7	67.7	15.1	0.7	2 221
<i>Norway</i>									
2000-04	56 955	10.0	61.6	124.3	111.6	46.4	7.5	0.3	1 803
2005	56 756	8.0	58.6	124.4	118.6	48.6	8.6	0.4	1 836
2009	61 807	9.5	61.4	128.1	127.2	58.3	10.2	0.5	1 979
<i>Sweden</i>									
2000-04	95 561	6.4	47.2	108.7	110.4	47.8	9.0	0.3	1 648
2005	101 346	6.2	46.6	109.5	124.9	55.9	10.3	0.5	1 769
2009	111 801	5.8	51.0	115.0	134.9	66.7	13.0	0.7	1 935

1 Women under 15 years are included

2 Women over 49 years are included

1 Kvinder under 15 år er medregnet i raten

2 Kvinder over 49 år er medregnet i raten

Sources: The central statistical bureaus

Kilder: De statistiske centralbureauer

POPULATION AND FERTILITY

Table 2.2.2 In vitro fertilization 2000–2009¹⁾
IVF-behandling 2000–2009¹⁾

	Denmark	Finland	Iceland	Norway ²⁾	Sweden
<i>Treatments, IVF+ICSI</i>					
Behandlinger, IVF+ICSI					
2000–2004	7 487	4 448	301	4 309	7 447
2005	7 222	4 731	462	5 067	8 062
2008	10 209	4 952	502	6 046	..
2009	11 145	4 591	638	..	..
<i>Frozen embryo transfers, FET</i>					
Tilbageføring af nedfrosne æg, FET					
2000–2004	918	2 766	76	507	1 847
2005	1 500	2 960	161	1 698	3 458
2008	2 126	3 274	275	2 005	..
2009	2 574	3 245	288	..	..
<i>Number of live births, IVF+ ICSI + FET</i>					
Antal levendefødte, IVF+ ICSI + FET					
2000–2004	1 814	1 465	123	1 258	2 584
2005	1 786	1 534	167	1 521	2 874
2008	..	1 655	142	1 780	..
2009	..	1 717	149	..	..
<i>Treatments in 2009 per 1 000 women aged 15–49 years</i>					
Behandlinger i 2009 pr. 1 000 kvinder i alderen 15–49 år					
IVF + ICSI	8.9	3.9	8.1	5.4	..
FET	2.1	2.8	3.7	1.8	..
Total	11.0	6.8	11.8	7.3	..
<i>Multiple births, per cent of all births after IVF</i>					
Flerbarnsfødsler, procent af					
alle fødsler efter IVF-behandling	..	8.7	13.4	11.6	..
<i>Children born in multiple births,</i>					
<i>per cent of all children born after IVF</i>					
Børn født i flerbarnsfødsler, procent af					
alle børn født efter IVF-behandling	..	16.1	23.7	21.3	..
<i>IVF, ICSI and FET, per cent of all live births</i>					
IVF, ICSI and FET i procent af alle levendefødte	..	2.8	3.0	3.2	..

IVF = In vitro fertilization (reagensglasbefrugtning)

ICSI = Intracytoplasmic sperm injection (mikrobehandling)

FET = Frozen embryo transfer (tilbageføring af nedfrosne æg)

1 Based on the year of treatment not on the year of birth

1 Beregnet ud fra behandlingsår, ikke fødselsår

2 Figures include the number of live births for all births. 2009 refers to 2008

2 I Norge dækker antal levendefødte over alle fødsler. 2009 henfører til 2008-data

Source: D: National Board of Health; F: THL; I: Art Medica; N: Ministry of Health;

S: National Board of Health and Welfare

Table 2.2.3 Stillbirths and infant mortality¹⁾ 2000-2009
Dødfødte og dødelighed i første leveår¹⁾ 2000-2009

	<i>Number</i> Antal		<i>Per 1 000 births</i> Pr. 1 000 fødte		<i>Deaths per 1 000 live births</i> Døde pr. 1 000 levendefødte			
	<i>Stillbirths</i> Dødfødte	<i>Infant deaths</i> Døde i 1. leveår	<i>Stillbirths</i> Dødfødte	<i>Perinatal deaths</i> Perinatalt døde	<i>First 24 hours</i> Første 24 timer	<i>1-6 days</i> 1-6 dage	<i>7-27 days</i> 7-27 dage	<i>Total under 1 year</i> I alt under 1 år
Denmark								
2000-04	280	305	4.3	7.1	1.6	1.3	0.6	4.7
2008	310	252	4.7	7.2	1.7	0.8	0.5	3.9
2009	275	191	4.3	6.2	1.2	0.6	0.5	3.0
Faroe Islands								
2000-04	2.0	1.0	2.9	3.5	0.3	0.3	0.6	1.7
2005-09	1.6	3.6	3.0	5.7	1.2	2.1	-	5.4
Greenland								
2000-04	6.0	15.2	5.1	5.2	5.3	2.7	1.1	16.7
2005-09	4.8	13.8	5.6	15.3	6.4	4.3	1.6	16.1
Finland								
2000-04	191	187	3.4	5.2	1.0	0.7	0.5	3.3
2008	189	157	3.2	4.7	0.8	0.7	0.3	2.6
2009	205	158	3.4	4.9	0.8	0.7	0.4	2.6
Åland								
2000-04	1.0	1.2	3.7	7.4	1.5	2.2	-	4.4
2005-09	1.0	1.0	0.7	1.4	-	-	-	0.7
Iceland								
2000-04	10	11	2.4	4.0	0.9	0.6	0.3	2.6
2008	11	12	2.3	3.9	1.0	0.6	0.0	2.5
2009	12	9	2.4	3.2	0.6	0.2	0.2	1.8
Norway								
2000-04	217	205	3.8	5.7	1.0	1.0	0.6	3.6
2008	221	163	3.6	5.0	0.7	0.6	0.6	2.7
2009	215	196	3.5	5.2	0.7	1.0	0.6	3.2
Sweden								
2000-04	350	316	3.7	5.4	0.7	1.0	0.6	3.3
2008	396	272	3.6	4.9	0.7	0.6	0.5	2.5
2009	451	278	4.0	5.2	0.6	0.6	0.4	2.5

1 Calculated according to year of death

1 Opgjort efter dødsår

Sources: D: National Board of Health; FI: Chief Medical Officer in the Faroes; G: Chief Medical Officer; F & Å: Statistics Finland; I: Statistics Iceland; N: Statistics Norway; S: Statistics Sweden

Figure 2.2.1 Total fertility rate 2000-2009
Samlet fertilitetsrate 2000-2009

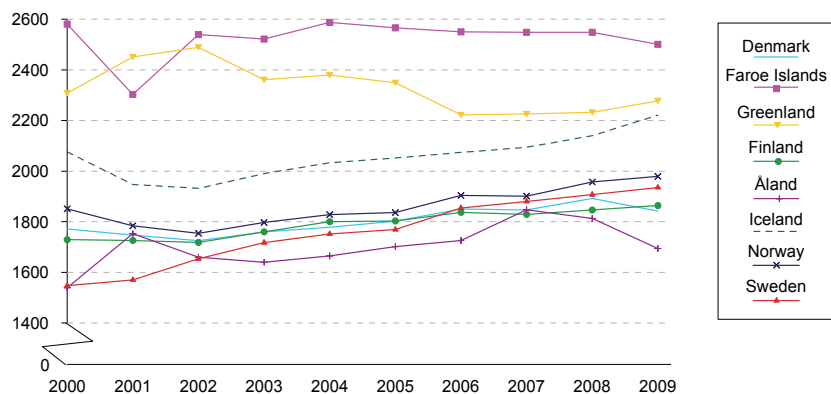
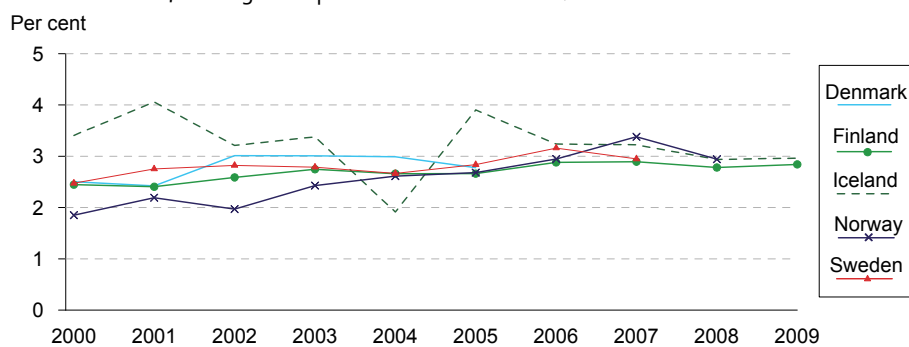


Figure 2.2.2 IVF, ICSI and FET, percentage of all live births 2000-2009
IVF, ICSI og FET i procent af alle levendefødte 2000-2009



Source: Tables 2.2.2

Kilde: Tabel 2.2.2

Figure 2.2.3 Perinatal deaths and infant mortality 2000-2009
Perinatal dødelighed og dødelighed i første leveår 2000-2009

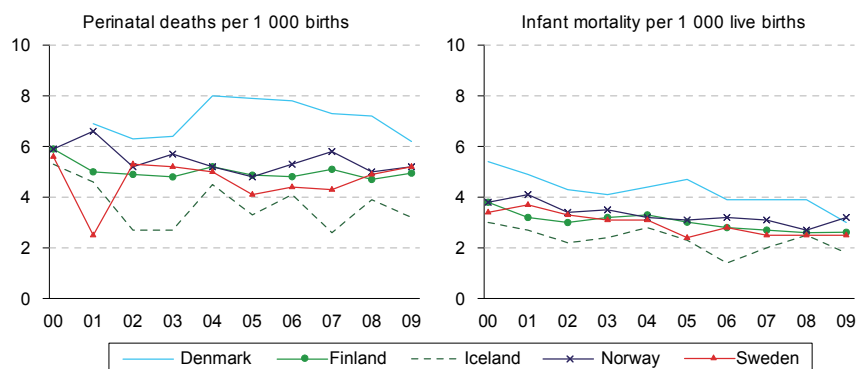


Table 2.2.4 Stillbirths and deaths during the first year of life per 1 000 births, with birthweight 1 000 grams and more, total figures and rates per 1 000 births¹⁾ 2000–2009

Dødfødte og døde i løbet af første leveår med en fødselsvægt på 1 000 gram og mere, i alt og pr. 1 000 fødte 2000–2009¹⁾

	Number Antal		Per 1 000 births Pr. 1 000 fødte		Deaths per 1 000 live births Døde pr. 1 000 levendefødte			
	Stillbirths Dødfødte	Infant deaths Døde i 1. leveår	Stillbirths Dødfødte	First 24 hours Første 24 timer	1–6 days 1–6 dage	7–27 days 7–27 dage	28 days to 1 year 28 dage til 1 år	Total under 1 year I alt under 1 år
Denmark								
2000	183	238	2.9	0.6	1.3	0.5	1.2	3.6
2005	123	174	1.9	0.8	0.7	0.5	0.8	2.7
2008	139	110	2.2	0.3	0.3	0.3	0.7	1.7
2009	109	79	1.7	0.2	0.2	0.3	0.5	1.3
Finland								
2000	149	150	2.6	0.5	0.5	0.5	1.1	2.7
2005	116	119	2.0	0.5	0.5	0.3	0.8	2.1
2008	117	98	2.0	0.4	0.5	0.3	0.5	1.6
2009	125	97	2.1	0.3	0.4	0.3	0.5	1.6
Iceland								
2000	13	5	3.0	0.0	0.2	0.2	0.7	1.2
2005	6	4	1.4	-	0.5	-	0.5	0.9
2008	11	5	2.3	-	0.2	-	0.8	1.0
2009	9	4	1.8	0.2	0.2	0.2	0.2	0.8
Norway								
2000	195	149	3.3	0.6	0.5	0.3	1.1	2.5
2005	142	104	2.5	0.5	0.4	0.3	0.6	1.8
2008	133	146	2.2	0.9	0.3	0.4	0.8	2.4
2009	122	138	1.9	0.8	0.3	0.3	0.8	2.2
Sweden								
2000	318	215	3.6	0.5	0.7	0.4	0.9	2.4
2005	263	182	2.6	0.4	0.4	0.2	0.9	1.8
2008	296	177	2.7	0.3	0.4	0.3	0.6	1.6
2009	..	..	..	..	..	..	..	..

1 Calculated according to year of birth

1 Opgjort efter fødselsår

Sources: D: National Board of Health F: Statistics Finland & THL; I: Medical Birth Registry of Iceland & Statistics Iceland; N: Medical Birth Registry of Norway; S: Medical Birth Registry, National Board of Health and Welfare

POPULATION AND FERTILITY

Table 2.2.5 Consumption of hormonal contraceptives: consumption per 1 000 women aged 15–49 years 2000–2009. DDD per 1 000 women 15–49 years/day¹⁾

Forbrug af hormonale præventionsmidler: forbrug pr. 1 000 kvinder i alderen 15–49 år 2000–2009. DDD pr. 1 000 kvinder i alderen 15–49 år/dag¹⁾

ATC-code G03A, incl. patches in G03AA13 and intravaginal contraceptives (G02BB)	Denmark ²⁾	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2000	315	258	186	224	281	265	225	296
2005	282	241	314	189	182	192	201	258
2008	284	236	200	204	171	161	212	253
2009	283	237	166	210	188	160	..	240

1 Excl. injections and implants

1 Ekskl. insprøjtninger og implantater.

2 Only prescription data

2 Kun data fra recepter.

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: Medical Officer; F & Å: FIMEA; I: Icelandic Medicines Agency; N: WHO Collaborating Centre for Drug Statistics Methodology; S: National Corporation of Swedish Pharmacies

Table 2.2.6 Emergency contraceptives: number of 1 000 sold packages 2000–2009
Nødprævention: antal 1 000 solgte forpakninger 2000–2009

ATC code G03A	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2000	30.5	0.1	–	42.7	0.2	2.0	27.7	10.9
2005	76.7	0.5	0.5	91.4	0.5	6.4	128.1	167.2
2008	103.2	0.9	0.7	101.3	0.5	8.5	159.5	206.1
2009	103.4	0.9	..	112.0	0.5	7.8	166.4	207.0
Per 1 000 women aged 15–49								
2000	28.5	12.2	–	41.9	36.0	31.6	30.2	6.4
2005	62.2	51.8	40.9	77.7	79.4	87.4	118.6	83.0
2008	82.9	89.1	58.5	86.5	93.2	109.3	144.5	99.7
2009	82.7	83.0	43.7	95.7	83.7	99.7	148.2	99.1

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: Medical Officer; F & Å: FIMEA; I: Icelandic Medicines Agency; N: WHO Collaborating Centre for Drug Statistics Methodology; S: National Corporation of Swedish Pharmacies

Table 2.2.7 Number of induced abortions 2000–2009
Antal fremkaldte aborter 2000–2009

	Number of abortions Antal aborter	Abortions per 1 000 women by age Aborter pr. 1 000 kvinder i alderen							Total abortion rate Samlet abortrate	Abortions per 1 000 live births Aborter pr. 1 000 levendefødte
		15-19 ¹⁾	20-24	25-29	30-34	35-39	40-44	45-49 ²⁾		
Denmark										
2000-04	15 365	14.5	20.4	17.7	17.0	13.0	4.8	0.4	439	237
2008	16 394	17.6	24.8	18.7	16.8	13.2	4.9	0.4	486	252
2009	16 205	16.4	24.8	18.7	16.9	12.9	5.0	0.5	477	258
Faroe Islands										
2000-04	43	4.6	6.6	6.6	4.1	5.3	2.2	0.4	149	61
2005-09	44	3.2	7.6	6.2	6.6	4.0	3.0	0.6	156	66
Greenland										
2000-04	870	116.2	146.9	91.2	58.6	27.6	10.0	1.1	2 262	542
2005-09	869	103.7	80.4	96.8	59.5	27.2	7.9	0.8	2 171	1 009
Finland										
2000-04	10 869	15.3	16.4	12.6	10.7	7.7	3.1	0.2	330	192
2008	10 443	12.7	18.0	12.8	9.9	7.4	3.2	0.4	322	175
2009	10 427	12.8	17.8	12.6	10.5	7.2	3.0	0.3	321	172
Åland										
2000-04	62	17.1	21.5	15.7	11.6	10.0	3.9	0.2	399	234
2005-09	66	15.0	27.0	21.8	11.4	8.3	4.0	0.2	439	238
Iceland										
2000-04	940	21.4	23.4	17.3	13.6	9.2	4.6	0.3	449	225
2008	957	15.2	20.9	18.2	14.0	10.2	5.3	0.8	423	198
2009	971	12.0	23.2	20.3	13.9	10.1	5.2	0.9	428	193
Norway										
2000-04	14 008	17.3	27.1	19.4	15.1	10.6	3.8	0.3	470	246
2008	16 073	18.0	30.6	23.0	16.8	11.6	4.5	0.4	525	265
2009	15 774	15.9	30.4	21.9	16.8	11.4	4.8	0.4	508	255
Sweden										
2000-04	33 009	22.6	29.4	23.3	19.8	15.2	6.3	0.6	586	345
2008	38 053	23.6	34.7	26.7	20.4	16.5	7.1	0.7	649	348
2009	37 524	22.0	33.4	26.3	21.1	16.1	6.9	0.7	633	335

1 Women under 15 years are included

2 Women over 49 years are included

1 Kvinder under 15 år er medregnet i raten

2 Kvinder over 49 år er medregnet i raten

Definition: The total abortion rate is the number of abortions per 1 000 women expected to live to be 50 years, calculated from the age specific abortion rates for the current period.

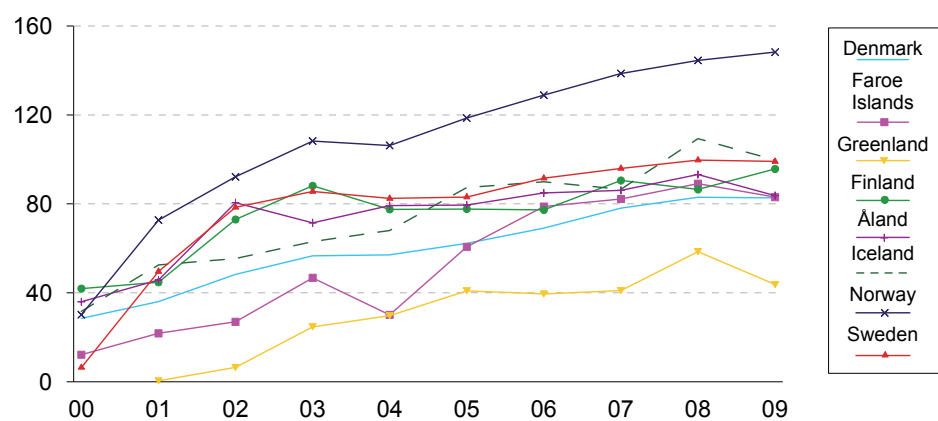
Definition: Den samlede abort rate er antallet af aborter pr. 1 000 kvinder, der forventes at leve til de bliver 50 år, udregnet fra den aldersspecifikke abort i den bestemte periode.

Sources: The national abortion registers

Kilder: De nationale abortregistre

**Figure 2.2.4 Sales of emergency prevention per 1 000 women
aged 15-49 years 2000-2009¹⁾**

Salg af nødprævention pr. 1 000 kvinder i alderen 15-49 år 2000-2009¹⁾

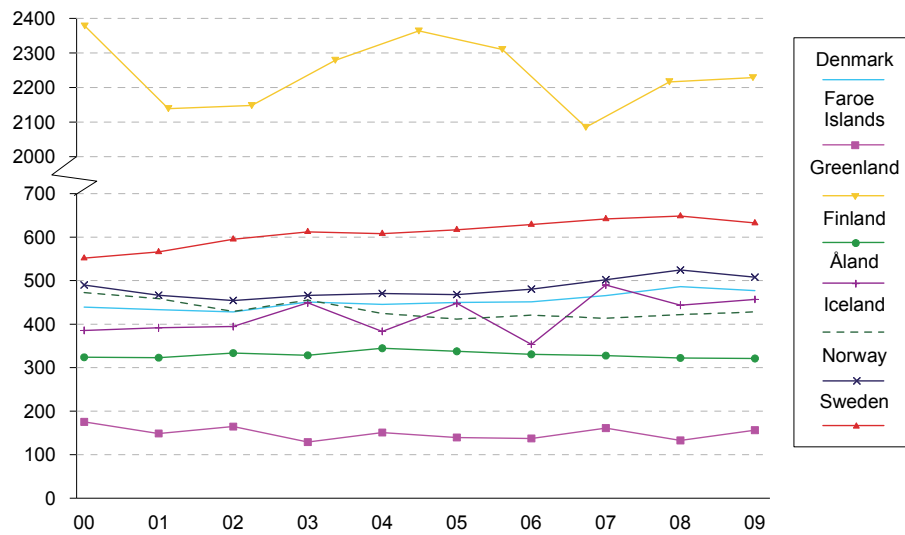


1 2000-03: 15-44 years

1 2000-03: 15-44 år

Source: Table 2.2.6
Kilde: Tabel 2.2.6

Figure 2.2.5 Total abortion rate 2000-2009
Samlet abortrate 2000-2009



Source: Table 2.2.7
Kilde: Tabel 2.2.7

Chapter III

Morbidity, medical treatment, accidents and medicinal products

Sygelighed, sygdomsbehandling, ulykker og medicin

Extra material

Reference group for Patient Statistics
 Discharge data
 ISHMT list of diagnoses
 Surgery data
 HDP2 list of procedures
 The Nordic Cancer Union

Supplerende materiale

Referencegruppe for patient statistik
 Data for udskrivningerne
 ISHMT-listen for diagnoser
 Data for kirugi
 HDP2-listen for procedurer
 Den nordiske cancerunion

Introduction

This chapter begins with a description of a number of diseases that can be related to the lifestyle and social behaviour of people in the population, followed by data on the incidence of cancer. This is followed by a presentation of data on treatment provided outside hospitals and in hospitals, according to diagnostic group and for common surgical procedures. Following this, data on discharges from hospitals due to accidents are presented. Finally data on consumption of medicinal products are presented.

Indledning

I dette kapitel omtales først et antal sygdomme der kan relateres til befolkningens livsstil/sociale adfærd, efterfulgt af forekomsten af nye tilfælde af cancer. Herefter belyses den behandling der gives uden for sygehusene, efterfulgt af en belysning af behandling ved sygehusene fordelt på diagnosegrupper og ved vigtige kirurgiske indgreb. Herefter omtales ulykkesforekomst og udskrivninger fra sygehuse på grund af ulykker. Til sidst omtales medicinforbruget.

3.1 Diseases related to lifestyle

This section deals with a number of diseases that can be related to the lifestyle and social behaviour of people in the population, and that can be treated either outside hospitals or in hospitals.

Although the number of smokers in the Nordic countries has been decreasing during recent years, there continues to be large differences in the number of smokers, both for men and for women and some differences between countries. Among other things, this pattern of behaviour is reflected in the incidence of lung cancer, as shown in Figure 3.1.1. The rates reflect behaviour several years previously.

The proportion of people who are overweight is an increasing problem in the Nordic countries. The proportion is highest in Iceland and lowest in Norway.

Table 3.1.3: Nicotine in various pharmaceutical formulations (N07BA01) is used to alleviate withdrawal symptoms and to help in smoking cessation. In all Nordic countries it belongs to the ten best selling substances calculated in terms of pharmacy retail prices. In Iceland the consumption is at least three times higher than in the other countries.

Bupropion (N06AX12), originally an antidepressant but introduced in 2000 to help smoking cessation, has a very small use in all countries.

With regard to alcohol consumption, the statistics are inadequate, as the available data are based on sales figures. These figures indicate that the largest consumption/sales are to be found in Denmark and Greenland, followed by Finland, whereas

3.1 Sygdomme relateret til livsstil

I dette afsnit belyses et antal sygdomme som kan henføres til befolkningernes livsstil/sociale adfærd og som enten behandles uden for sygehusene og/eller inden for sygehusene.

Selvom antallet af rygere i de senere år er faldende i de nordiske lande, er der dog fortsat store forskelle i antallet af rygere, både hos mænd og kvinder og en vis forskel mellem landene. Dette adfærdsmønster afspejler sig blandt andet i forekomsten af nye tilfælde af lungecancer som det fremgår af figur 3.1.1, hvor raterne dog afspejler adfærd flere år tilbage.

Andelen af personer der er overvægtige er et stigende problem i de nordiske lande. Der er flest overvægtige i Island og færrest i Norge.

Tabel 3.1.3 Nikotin i forskellige administrationsformer (N07BA01) bruges til at lindre abstinenser og til at hjælpe ved rygestop. I alle de nordiske lande ligger nikotin blandt de ti bedst sælgende stoffer opgjort i apotekernes udsalgspriser. I Island er forbruget mindst tre gange højere end i de andre lande.

Bupropion (N06AX12), der oprindeligt var et antidepressiva, blev i 2000 lanceret som hjælpemiddel ved rygestop. Lægemidlet bruges meget lidt i alle landene.

Når det gælder forbruget af alkohol er statistikken mangelfuld, idet de tilgængelige data er hentet fra varestatistikken. Heraf fremgår det at det største forbrug/salg findes i Danmark og Grønland efterfulgt af Finland mens forbruget nogenlunde er på

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

consumption/sales in the other countries is at about the same level. Accordingly, the number of treatment periods/discharges from hospital for alcoholic liver diseases is highest in Denmark and Finland.

This publication has previously included data on the occurrence of hepatitis B and C, but as the information from the different countries is not comparable, this table has been left out.

The number of diagnosed cases of tuberculosis is relatively stable in the Nordic Countries.

The incidence of HIV infection is relatively stable, with the highest incidence in Norway and the lowest in Finland. The trend is related to new methods of treatment. Because of these new methods, infected people have a longer period with HIV infection, and therefore a longer time before AIDS is established. This gives a greater number of potential carriers with the risk of infecting other people.

Without doubt, chlamidia infection is the most common sexually transmitted disease in the Nordic countries. It is also the most common cause of infertility among women. There are some differences between the countries, but Greenland is radically different. The disease is often without symptoms, and is therefore probably under-reported.

A marked fall in the incidence of the traditional sexually transmitted diseases, gonorrhoea and syphilis, has been seen in all countries over the last 20 years. However, there are certain notable exceptions, with Greenland being radically different from the other countries.

samme niveau i de øvrige lande. Tilsvarende findes der også fleste behandlingsperioder/udskrivelser for alkoholiske leversygdomme i Danmark og Finland.

Der er tidligere i denne publikation medtaget data for forekomst af hepatitis B og C, men da landenes oplysninger ikke er sammenlignelige udgår denne tabel.

Diagnosticerede tilfælde af tuberkulose er relativt stabil i de nordiske lande.

Forekomsten af HIV smitte ligger relativt stabil med de højeste forekomster i Norge og de laveste i Finland. Udviklingen skal ses i sammenhæng med de nye behandlingsmetoder der medfører en længere periode med HIV infektion og derfor længere tid inden der konstateres AIDS. Dette giver flere potentielle smittebærere med risiko for at smitte andre.

Chlamydiainfektion er helt givet den hyppigst forekommende blandt de seksuelt overførte sygdomme i de nordiske lande, og det er samtidig den almindeligste årsag til infertilitet hos kvinder. Der er en vis forskel mellem landene hvor Grønland dog skiller sig helt ud fra de øvrige lande. Sygdommen er ofte asymptomatisk, og derfor angiveligt underreporteret.

For de traditionelle kønssygdomme, gonorré og syfilis, er der – målt over en 20-års periode – sket en markant nedgang i alle lande. Der er dog visse iøjnefaldende forskelle, hvor Grønland skiller sig helt ud fra de øvrige lande.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.1.1 Overview of self-reported BMI (body mass index), obesity rate, population aged 15+

Oversigt over selvrapporteret BMI, fedmerate, indbyggere i alderen 15 år og derover

	Denmark	Faroe Islands	Finland	Iceland ¹⁾	Norway ²⁾	Sweden ²⁾
	2006	2009	2009	2007	2008	2009
Proportion of people with BMI > 30, men <i>Andel personer med BMI > 30, mænd</i>	12	22	16	19	11	12
Proportion of people with BMI > 30, women <i>Andel personer med BMI > 30, kvinder</i>	11	16	15	21	8	11
1 18-79 years old		1 18-79 år				
2 Aged 16+		2 I alderen 16 år og derover				

Source: National Boards of Health; I: The Public Health Institute of Iceland; FI: THL; S: Statistics Sweden

Table 3.1.2 Percentage of daily smokers by sex 2009

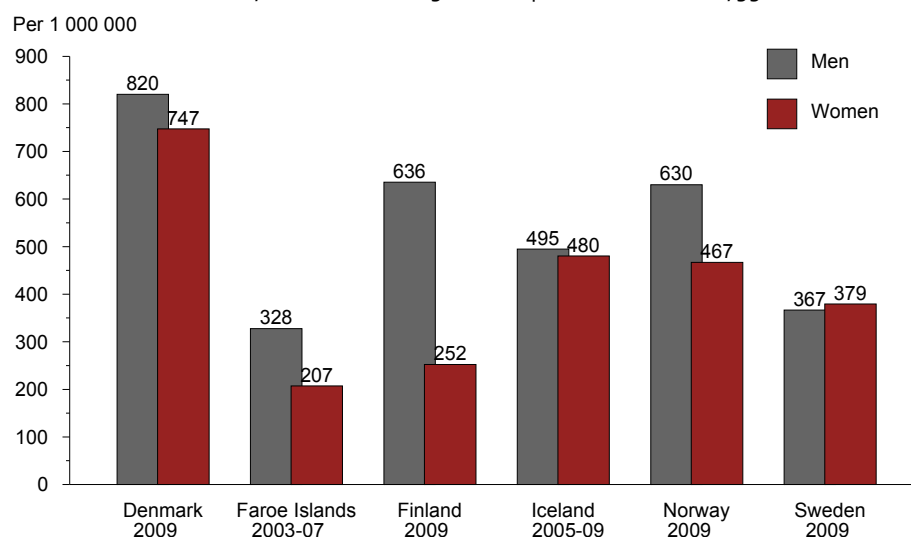
Daglige rygere procentvis efter køn 2009

	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
Age Alder	13+	15+	15-64	15-79	16-74	16-84
<i>Smoking men as a percentage of men in the age group</i> Mænd, rygere, I pct. af mænd i aldersgruppen	24	31	22	16	21	14
<i>Smoking women as a percentage of women in the age group</i> Kvinder, rygere, I pct. af kvinder I aldersgruppen	22	26	16	16	20	15

Sources: D: National Board of Health; FI: The National Council for Prevention; F: THL; I: Public Health Institute of Iceland; N: National Directorate for Health and Social Welfare; S: Statistics Sweden

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Figure 3.1.1 Rates for new cases of lung cancer per 1 000 000 inhabitants
Rater for nye tilfælde af lungecancer pr. 1 000 000 indbyggere



Source: Tables 3.2.1.a and 3.2.2.a

Kilde: Tabel 3.2.1.a og 3.2.2.a

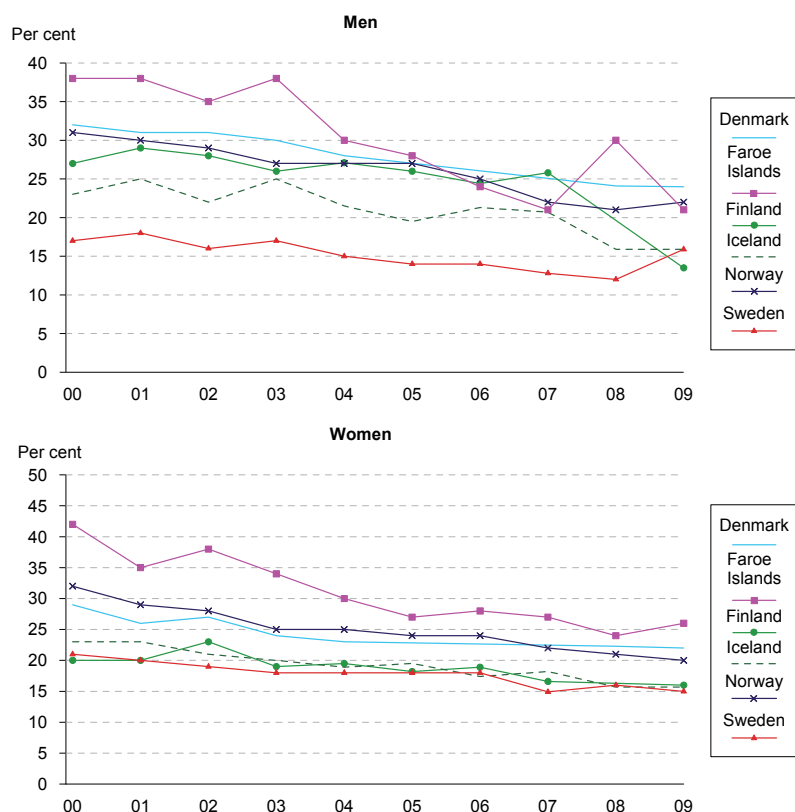
Table 3.1.3 Sales of drugs used for nicotine dependence (ATC-group N07BA), DDD/1 000 inhabitants/day, 2000-2009

Salg af midler mod nikotinafhængighed (ATC-gruppe N07BA), DDD/1 000 indbyggere/døgn 2000-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N07BA01								
<i>Nicotine</i>								
Nicotin								
2000	4.1	2.3	1.6	2.6	3.8	14.2	2.7	5.3
2005	7.6	3.7	1.7	5.3	5.6	19.4	3.7	6.7
2008	8.9	4.7	3.5	7.7	8.7	19.4	4.5	1.6
2009	7.9	4.1	3.0	8.0	8.7	17.6	4.8	6.6
N07BA03								
<i>Varenicline</i>								
Vareniclin								
2000	..	..	..	..	..	..	..	..
2005	-	-	-	-	-	-	-	-
2008	0.4	1.8	-	0.6	0.1	1.6	0.8	0.6
2009	0.4	1.6	-	0.5	0.2	1.2	0.9	0.4

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.1.2 Percentage of daily smokers by sex 2000-2009
Daglige rygere procentvis efter køn 2000-2009



Sources: OECD, for 2001, 2002 and 2003. Other years Table 3.1.1. Faroes Islands: Statistics Faroe Islands.

Table 3.1.4 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per capita aged 15 years and over 2000-2009

Salg af alkoholiske drikke I liter 100 pct. ren alkohol pr. indbygger 15 år og derover 2000-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland ¹⁾	Norway	Sweden
2000	13.0	6.8	13.6	8.6	6.1	6.1	5.6	6.2
2005	12.8	6.6	12.1	10.0	6.6	7.1	6.4	6.6
2008	11.6	7.0	10.3	10.3	6.9	7.3	6.8	6.9
2009	11.1	6.9	10.7	10.0	6.9	..	6.7	7.4

1 2008 preliminary data

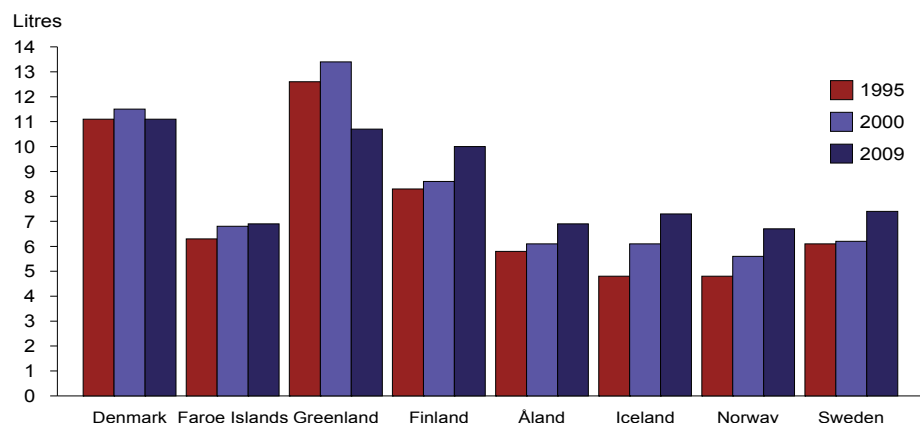
1 2008 foreløbige tal

Sources: D, FI, G, I, N: The central statistical bureaus
Kilder: D, FI, G, I, N: De statistiske centralbureauer
F & Å: THL; S: National Institute of Public Health

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Figure 3.1.3 Sales of alcoholic beverages in litres of 100 per cent pure alcohol per capita aged 15 years and over 1995, 2000, 2005 and 2009¹⁾

Salg af alkoholiske drikke I liter 100 pct. ren alkohol pr. indbygger 15 år, 1995, 2000, 2005 og 2009¹⁾



1 Iceland: 2009=2008

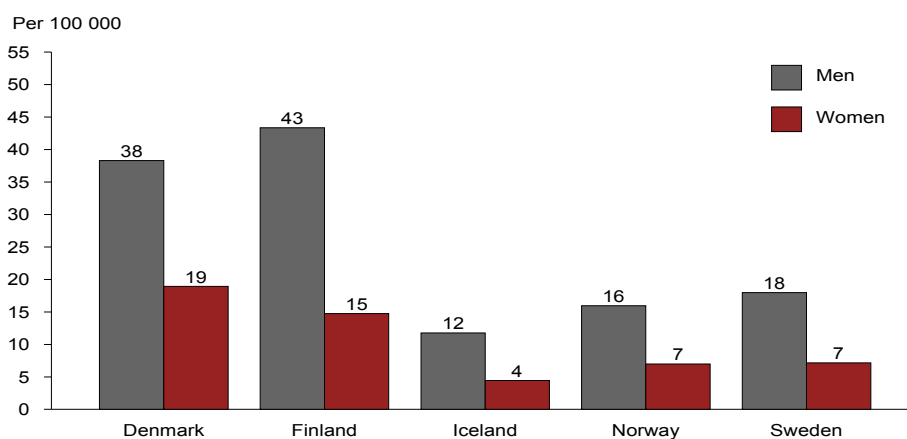
1 Island: 2009=2008

Sources: D, FI, G, I, N: The central statistical bureaus

Kilder: D, FI, G, I, N: De statistiske centralbureau; F & Å: THL; S: National Institute of Public Health

Figure 3.1.4 Patients treated in somatic hospitals for alcoholic liver disease per 100 000 inhabitants 2009¹⁾

Patienter behandlet på somatiske sygehuse for alkoholisk leversygdom pr. 100 000 indbyggere 2009



1 2006 for Denmark
2007 for Sweden

1 2006 for Denmark
2007 for Sweden

Sources:

D: National Board of Health; FI: Ministry of Health; F: THL; I: Directorate of Health;

Kilder:

N: Norwegian Patient Register; S: National Board of Health and Welfare

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.1.5 Diagnosed cases of tuberculosis per 100 000 inhabitants 2000-2009
 Diagnosticerede tilfælde af tuberkulose pr. 100 000 indbyggere 2000-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway ¹⁾	Sweden ¹⁾
<i>Men</i>								
Mænd					M+W			
2000	12.1	21.7	50.0	12.4	3.9	2.8	5.8	5.2
2005	9.5	-	178.1	8.0	3.8	5.4	6.2	6.8
2008	8.2	4.0	120.8	8.1	3.7	2.5	6.6	6.0
2009	7.1	4.0	137.5	9.4	-	3.1	8.8	7.3
<i>Women</i>								
Kvinder								
2000	8.5	4.5	111.0	8.5	.	6.4	6.2	5.2
2005	6.2	-	165.1	5.8	.	2.0	6.1	6.0
2008	5.3	4.3	87.2	4.9	.	1.3	6.7	6.1
2009	4.9	-	83.4	6.1	-	1.9	6.1	6.5

1 Including relapses

1 Inklusive tilbagefald

Sources: D: Statens Seruminstitut; FI: Chief Medical Officer; G: Chief Medical Officer; F & Å: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: Swedish Institute for Infectious Disease Control

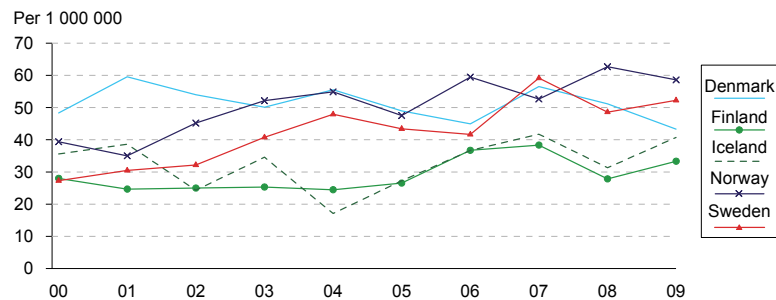
Table 3.1.6 Confirmed new cases of HIV 2000-2009
 Påviste nye tilfælde af HIV 2000-2009

	Denmark	Faroe Islands	Greenland	Finland	Of which Åland	Iceland	Norway	Sweden
<i>Men</i>								
Mænd								
2000-04	..	0.4	5	95	.	6	124	198
2005	193	-	4	96	.	5	122	228
2009	181	-	2	108	.	3	184	313
<i>Women</i>								
Kvinder								
2000-04	..	0.4	2	37	.	2	82	122
2005	71	-	2	35	.	3	97	163
2009	58	-	2	70	.	10	99	170
<i>Total</i>								
I alt								
2000-04	287	0.8	7	131	0.6	9	206	320
2005	264	-	6	131	1	8	219	391
2009	239	-	4	178	2	13	283	486

Sources: See Table 3.1.5

Kilder: Se tabel 3.1.5

Figure 3.1.5 Confirmed new cases of HIV per 1 000 000 inhabitants 2000–2009
Påviste nye tilfælde af HIV per 1 000 000 indbyggere 2000–2009



Sources: See Table 3.1.6
Kilder: Se tabel 3.1.6

Table 3.1.7 Notified cases of gonorrhoea and syphilis per 100 000 inhabitants aged 15 years and over 2009
Anmeldte tilfælde af gonorré og syfilis pr. 100 000 indbyggere 15 år og derover 2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
<i>Gonorrhoea</i>								
Gonorré								
Men	21	-	2 150.6	7.3	7.2	18.8	15.8	10.2
Women	6	4	3 032.3	2.4	-	18.4	1.9	3.0
Total	13	2	2 558.6	4.8	3.6	18.6	8.8	6.6
<i>Syphilis</i>								
Syfilis								
Men	12	-	-	5.1	-	1.6	3.7	3.0
Women	1	-	10	2.8	-	-	0.2	0.9
Total	6	-	4.6	3.9	-	0.8	2.0	1.9

Sources: See Table 3.1.5
Kilder: Se tabel 3.1.5

Table 3.1.8 Diagnosed cases of Chlamydia per 100 000 inhabitants 2000–2009
 Diagnosticerede tilfælde af chlamydia pr. 100 000 indbyggere 2000–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland ¹⁾	Norway	Sweden ^{2,3)}
<i>Men</i>								
Mænd								
2000	165	.	2 789	180	.	479	.	187
2005	324	.	3 852	197	.	412	330	317
2008	396	256	3 579	218	.	431	380	398
2009	414	333	3 955	210	.	553	356	353
<i>Women</i>								
Kvinder								
2000	384	.	4 802	272	.	781	.	246
2005	554	.	5 797	287	.	643	524	411
2008	664	544	5 480	304	.	691	600	502
2009	665	583	6 310	289	.	865	583	459
<i>Men and women</i>								
Mænd og kvinder								
2000	276	79	3 727	226	152	647	326	217
2005	440	231	4 762	242	362	548	434	366
2008	..	408	4 472	262	203	558	493	457
2009	541	455	5 061	249	226	707	471	405

1 Notified cases. Since 1997 cases verified by laboratories. The total includes those with missing data about gender

2 A mutant chlamydia gene, which is not detected in Abbot's test system, has been identified in the county of Halland, and has become distributed over a wide area. Cases in 2006 (and probably in 2005) are underreported in most of the counties because of problems associated with diagnosis of chlamydia. Source: Swedish Institute for Infectious Disease Control

3 For 2008, gender is not known for 8 people

1 Anmeldte tilfælde. Fra 1997 er det tilfælde der er verificeret via laboratorier. Totalen inkluderer dem med uoplyst køn

2 Et muteret klamydiagen, som ikke bliver opdaget i Abbots testsystem, er opdaget i landstinget i Halland og har formentligt større geografisk spredning. Det rapporterede antal i 2006 (og sandsynligvis også 2005) er underrapporteret i størstedelen af landstingene på grund af problemer med klamydiadiagnostikken. Kilde: Smittskyddsinstitutet

3 For 2008 er kønnet ukendt for 8 personer

Sources: See Table 3.1.5

Kilder: Se tabel 3.1.5

3.2 Cancer

The Nordic countries have population-based cancer registers with centralized coding and classification. However, the coding is not centralized in Sweden.

Both external and internal factors that produce changes in the DNA material can cause cancer. Stimulants, foodstuffs, exposure to occupational hazards and factors in the environment have been shown to be cancer inducing.

The incidence of cancer increases with increasing age. Cancer is rare before the age of 30, where the incidence is 300 cases per 1 000 000 inhabitants. At the age of 70, the incidence is approximately 10 000 cases per 1 000 000 inhabitants. The annual number of cases of cancer is increasing in all the Nordic countries, and this trend remains after adjusting for differences in the size and age structure of the population.

The trend for cancer diseases in the Nordic countries remains analogous for most forms of cancer, but there are interesting differences. In general, the number of cases has increased with time, with a few exceptions of decreasing incidence such as cancer of the stomach. The decrease in the incidence of cancer of the cervix in the Nordic countries is related to the public screening programmes to detect pre-cancerous lesions and early lesions, and the ensuing treatment.

The incidence of breast cancer, cancer of the prostate and colorectal cancer is increasing in almost all countries. Dietary factors are probably significant for this development, but for cancer of the breast and prostate, hormonal factors also play

3.2 Cancersygdomme

De nordiske lande har befolkningsbaserede cancerregistre med centraliseret kodning og klassifikation. Kodningen er dog ikke centraliseret i Sverige.

Årsagerne til kræft er både ydre og indre faktorer, som medfører ændringer i arvemassen. Nydelsesmidler, kostfaktorer og visse erhvervseksposeringer og faktorer i miljøet har vist sig at være kræftfremkaldende.

Kræftforekomsten øges med stigende alder, og kræft er en sjælden sygdom før 30-års-alderen, hvor incidensen når 300 tilfælde per 1 000 000 indbyggere. Ved 70-års-alderen er det tilsvarende tal omkring 10 000 tilfælde per 1 000 000 indbyggere. Det årlige antal kræfttilfælde øges i samtlige nordiske lande, og denne tendens er stadig til stede, når der korrigeres for forskelle i befolkningsstørrelserne og alderssammensætningen.

Udviklingen i kræftsygdommene i de nordiske lande er analog for de fleste kræftformer, men der er interessante forskelle. Generelt er antallet af kræfttilfælde gennem tiden øget, med få undtagelser hvor forekomsten er faldende. Det gælder blandt andet for kræft i mavesækken. Forekomsten af livmoderhalskræft i de nordiske lande, skal ses i sammenhæng med befolkningsbaseret screening for forstadier og tidlig kræft, og disses behandling.

Bryst- og prostatacancer samt colorektal cancer stiger i næsten alle lande. Kostfaktorer er formentlig af væsentlig betydning for denne udvikling, men for bryst- og prostatacancer spiller hormonelle faktorer også en vigtig rolle. Fore-

an important role. The incidence of cancer of the testis is again increasing in most of the countries. The incidence of tobacco-related cancers, such as lung cancer, is high in all the countries. However, the incidence of lung cancer among men is decreasing.

komsten af testikelkræft er igen stigende i de fleste af landene. Forekomsten af tobaksrelaterede kræftformer, såsom lungecancer er høje i alle landene. Det skal dog bemærkes, at lungekræft blandt mænd er faldende.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.2.1.a New cases of cancer per 1 000 000 inhabitants, men
 Nye tilfælde af cancer pr. 1 000 000 indbyggere, mænd

	<i>Total*</i> I alt*	<i>C62</i> <i>Testis</i> Testikler	<i>C61</i> <i>Prostate</i> Prostata	<i>C16</i> <i>Stomach</i> Mave	<i>C18-21</i> <i>Colon and</i> <i>rectum</i> Tyktarm og endetarm	<i>C25</i> <i>Pancreas</i> Pancreas	<i>C33-34</i> <i>Lungs</i> Lunger	<i>C43</i> <i>Melanoma</i> <i>of the skin</i> Melanom i hud
<i>Denmark</i>								
2000-04	4 978	103	880	121	713	141	794	186
2008	5 639	105	1 362	138	818	164	809	239
2009	5 923	117	1 425	144	848	171	820	310
<i>Faroe Islands ¹⁾</i>								
2000-04	2 475	41	319	147	384	82	351	25
2003-07	3 157	144	535	120	535	136	328	40
<i>Greenland ¹⁾</i>								
2000-04	3 246	46	119	192	345	126	888	13
2005-09	2 846	47	153	133	347	147	687	27
<i>Finland</i>								
2000-04	4 659	38	1 614	161	436	157	620	141
2005	5 282	53	2 076	152	495	165	628	160
2009	5 391	49	1 753	149	530	192	636	240
<i>Åland ¹⁾</i>								
2000-04	6 458	62	2 817	202	794	124	482	124
2005-09	6 939	45	3 008	194	551	283	670	238
<i>Iceland ¹⁾</i>								
2000-04	4 230	63	1 312	145	461	113	470	141
2005-09	4 329	66	1 399	125	474	78	495	135
<i>Norway</i>								
2000-04	5 072	108	1 423	156	738	131	606	212
2005	5 574	109	1 592	127	750	124	586	249
2009	6 135	133	1 783	108	740	142	630	287
<i>Sweden</i>								
2000-04	5 118	58	1 916	137	615	101	396	198
2005	6 016	63	2 207	129	635	100	405	242
2009	5 646	65	2 230	113	703	91	367	304

Numbers refer to ICD-10.

* The total covers chapter C, except C44 and C46.0. Including D09.0, D32, D33, D41.4, D42 and D43

Totalen dækker kapitel C, undtagen C44 og C46.0. Inkludere D09.0, D32, D33, D41.4, D42 og D43

1 Based on 5 year average

1 Baseret på 5 års gennemsnit

Sources: The cancer registers in the Nordic countries

Kilder: De nordiske cancerregistre

G: Danish Cancer Society

Table 3.2.1.b New cases of cancer, age standardized rates per 1 000 000 men (Nordic population 2000)

Nye tilfælde af cancer, alderstandardiserede rater pr. 1 000 000 mænd (Nordisk befolkning 2000)

	Total* I alt*	C62 Testis Testikler	C61 Prostate Prostata	C16 Stomach Mave	C18-21 Colon and rectum Tyktarm og endetarm	C25 Pancreas Pankreas	C33-34 Lungs Lunger	C43 Melanoma of the skin Melanom i hud
<i>Denmark</i>								
2000-04	5 765	100	1 083	141	844	163	914	198
2005	..	..	..	..	..	..	..	..
2009	5 966	119	1 395	149	877	171	836	311
<i>Faroe Islands ¹⁾</i>								
2000-04	4 103	108	544	225	553	183	532	28
2003-07	3 753	153	661	150	653	162	373	45
<i>Greenland ¹⁾</i>								
2000-04	6 219	41	259	373	666	211	2 033	19
2005-09	4 878	87	503	224	702	294	2 225	29
<i>Finland</i>								
2000-04	5 860	37	2 024	209	545	189	733	157
2005	5 842	53	2 282	178	552	186	706	170
2009	5 393	50	1 713	154	542	198	638	239
<i>Åland ¹⁾</i>								
2000-04	6 995	57	2 893	203	833	122	482	121
2005-09	6 578	47	2 782	157	519	274	613	228
<i>Iceland ¹⁾</i>								
2000-04	5 767	60	1 785	205	645	129	603	159
2005-09	5 533	63	1 838	160	608	101	654	159
<i>Norway</i>								
2000-04	6 059	105	1 741	193	897	159	724	240
2005	6 336	109	1 824	151	861	139	662	276
2009	6 766	132	1 943	123	833	158	697	309
<i>Sweden</i>								
2000-04	5 263	59	1 969	144	641	103	403	201
2005	5 362	64	2 101	126	618	97	391	236
2009	5 272	66	2 033	108	668	85	339	292

Numbers refer to ICD-10.

* The total covers chapter C, except C44 and C46.0. Including D09.0, D32, D33, D41.4, D42 and D43

Totalen dækker kapitel C, undtagen C44 og C46.0. Inkludere D09.0, D32, D33, D41.4, D42 og D43

1 Based on 5 year average

1 Baseret på 5 års gennemsnit

Sources: The cancer registers in the Nordic countries

Kilder: De nordiske cancerregistre

G: Danish Cancer Society

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.2.2.a New cases of cancer per 1 000 000 inhabitants, women
Nye tilfælde af cancer pr. 1 000 000 indbyggere, kvinder

	<i>Total*</i> I alt*	<i>C50</i> <i>Breast</i> Bryst	<i>C53</i> <i>Cervix uteri</i> Livmoderhals	<i>C16</i> <i>Stomach</i> Mave	<i>C18-21</i> <i>Colon and rectum</i> Tyktarm og endetarm	<i>C25</i> <i>Pancreas</i> Pancreas	<i>C33-34</i> <i>Lungs</i> Lunger	<i>C43</i> <i>Melanoma of the skin</i> Melanom i hud
<i>Denmark</i>								
2000-04	5 162	1 426	145	68	660	149	613	228
2008	5 785	1 720	130	67	753	164	709	300
2009	6 357	2 102	143	64	752	184	747	355
<i>Faroe Island</i> ¹⁾								
2000-04	3 027	897	176	123	414	141	150	97
2003-07	3 110	812	69	78	484	164	207	43
<i>Greenland</i> ¹⁾								
2000-04	3 100	515	220	53	432	197	622	8
2005-09	3 692	545	366	103	301	160	695	47
<i>Finland</i>								
2000-04	4 297	1 352	61	128	440	172	217	133
2005	4 449	1 505	47	101	452	176	225	140
2009	4 876	1 641	54	103	460	179	252	196
<i>Åland</i> ¹⁾								
2000-04	4 968	1 445	105	120	557	135	316	166
2005-09	5 243	1 509	44	161	571	249	395	395
<i>Iceland</i> ¹⁾								
2000-04	3 945	1 108	112	98	381	88	466	226
2005-09	4 075	1 276	89	77	418	89	480	194
<i>Norway</i>								
2000-04	4 666	1 163	128	99	738	146	368	237
2005	4 978	1 198	126	97	736	124	386	243
2009	5 264	1 135	122	89	761	144	467	298
<i>Sweden</i>								
2000-04	4 530	1 365	100	91	570	104	301	200
2005	5 213	1 529	94	74	647	97	330	228
2009	5 767	1 580	94	77	625	103	379	302

Numbers refer to ICD-10.

* The total covers chapter C, except C44 and C46.0. Including D09.0, D32, D33, D41.4, D42 and D43
Totalen dækker kapitel C, undtagen C44 og C46.0. Inkludere D09.0, D32, D33, D41.4, D42 og D43

1 Based on 5 year average

1 Baseret på 5 års gennemsnit

Sources: The cancer registers in the Nordic countries
Kilder: De nordiske cancerregistre
G: Danish Cancer Society

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.2.2.b New cases of cancer age, age standardized rates per 1 000 000 women (Nordic population 2000)

Nye tilfælde af cancer, alderstandardiserede rater pr. 1 000 000 kvinder
(Nordisk befolkning 2000)

	<i>Total*</i> I alt*	<i>C50</i> <i>Breast</i> Bryst	<i>C53</i> <i>Cervix uteri</i> Livmoderhals	<i>C16</i> <i>Stomach</i> Mave	<i>C18-21</i> <i>Colon and rectum</i> Tyktarm og endetarm	<i>C25</i> <i>Pancreas</i> Pancreas	<i>C33-34</i> <i>Lungs</i> Lunger	<i>C43</i> <i>Melanoma of the skin</i> Melanom i hud
<i>Denmark</i>								
2000-04	4 886	1 359	142	63	613	138	583	221
2005	..	..	..	..	..	..	..	..
2009	5 565	1 850	137	54	641	154	642	330
<i>Faroe Islands¹⁾</i>								
2000-04	4 234	1 230	161	123	603	184	257	66
2003-07	3 056	832	74	79	488	162	222	41
<i>Greenland¹⁾</i>								
2000-04	5 150	746	254	65	847	343	1198	12
2005-09	4 616	506	330	143	574	220	953	32
<i>Finland</i>								
2000-04	4 072	1 302	58	116	403	146	185	124
2005	3 864	1 347	45	86	379	146	185	127
2009	4 046	1 414	53	81	357	135	198	173
<i>Åland¹⁾</i>								
2000-04	4 138	1 288	103	84	470	93	252	160
2005-09	4 304	1 295	42	136	429	182	318	200
<i>Iceland¹⁾</i>								
2000-04	4 825	1 406	118	100	454	86	515	226
2005-09	4 485	1 418	92	83	456	98	541	200
<i>Norway</i>								
2000-04	4 521	1 170	129	90	686	132	368	235
2005	4 661	1 173	125	85	658	108	373	235
2009	4 888	1 096	123	76	683	128	439	287
<i>Sweden</i>								
2000-04	4 014	1 250	97	75	473	90	268	185
2005	4 957	1 358	90	58	518	81	281	205
2009	5 088	1 396	90	61	502	83	313	269

Numbers refer to ICD-10.

* The total covers chapter C, except C44 and C46.0. Including D09.0, D32, D33, D41.4, D42 and D43

Totalen dækker kapitel C, undtagen C44 og C46.0. Inkludere D09.0, D32, D33, D41.4, D42 og D43

1 Based on 5 year average

1 Baseret på 5 års gennemsnit

Sources: The cancer registers in the Nordic countries

Kilder: De nordiske cancerregistre

G: Danish Cancer Society

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.2.3 New cases of leukemia per 1 000 000 inhabitants, 0-14 year-olds
Nye tilfælde af leukæmi pr. 1 000 000 indbyggere, 0-14-årige

	Denmark ¹⁾	Finland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Boys Dreng</i>					
2000-04	59	55	30	52	51
2005	40	47	24	37	62
2009	41	64	42	53	37
<i>Girls Piger</i>					
2000-04	46	48	37	48	47
2005	41	56	31	32	44
2009	43	57	37	49	53
<i>Total I alt</i>					
2000-04	53	52	34	50	49
2005	40	51	27	34	53
2009	42	61	40	51	45

The table covers the numbers C91-C95 in ICD-10

Tabellen dækker numrene C91-C95 i ICD-10

1 2005=2003

1 2005=2003

2 2005= 2004 and 2009 = average 2005-2009

2 2005=2004 og 2009 = gennemsnit 2005-2009

3 Only five years average are presented, 2005 = average 2001-2005, 2009 = average 2005-2009

3 Kun femårs gennemsnit præsenteres, 2005 = gennemsnit 2001-05, 2009 = gennemsnit 2005-09

Sources:

The cancer registers in the Nordic countries

Kilder:

De nordiske cancerregistre

G: Danish Cancer Society

Table 3.2.4 New cases of cancer of the colon and rectum per 1 000 000 inhabitants
Nye tilfælde af cancer i tyktarm og endetarm pr. 1 000 000 indbyggere

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2009	2003-07	2005-2009	2009	2005-2009	2009	2009
<i>Men Mænd</i>							
<i>Age Alder</i>							
0-24	5	-	-	4	4	4	5
25-44	56	-	44	51	77	68	74
45-64	938	830	485	537	603	777	641
65-84	3 878	2 738	3 682	2 436	2 683	3 819	3 138
85+	5 487	3 683	-	3 789	5 415	5 817	3 799
<i>Women Kvinder</i>							
<i>Age Alder</i>							
0-24	9	-	18	1	-	4	7
25-44	74	34	101	47	78	59	65
45-64	707	522	477	407	577	705	539
65-84	2 815	2 339	1 239	1 485	1 941	3 128	2 316
85+	3 812	2 284	8 333	2 973	2 608	4 502	2 558

The table covers the numbers C18-21 in ICD-10

Tabellen dækker numrene C18-21 i ICD-10

Sources:

The cancer registers in the Nordic countries

Kilder:

De nordiske cancerregistre

G: Danish Cancer Society

Table 3.2.5 New cases of lung cancer per 1 000 000 inhabitants
 Nye tilfælde af lungecancer pr. 1 000 000 indbyggere

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2009	2003-07	2005-2009	2009	2005-2009	2009	2009
<i>Men Mænd</i>							
<i>Age Alder</i>							
0-24	1	-	-	-	4	3	3
25-44	32	-	-	16	13	22	12
45-64	900	598	689	659	501	737	374
65-84	3 987	1 628	8 314	3 043	3 708	3 348	1 714
85+	3 547	737	46 154	3 862	2 063	3 478	1 156
<i>Women Kvinder</i>							
<i>Age Alder</i>							
0-24	-	-	-	-	-	4	-
25-44	33	-	50	11	37	21	23
45-64	921	447	1 090	301	673	623	466
65-84	2 907	802	4 957	832	2 533	1 967	1 452
85+	1 530	-	-	898	1 884	1 178	503

The table covers the numbers C33-34 in ICD-10

Tabellen dækker numrene C33-34 i ICD-10

Sources: *The cancer registers in the Nordic countries*

Kilder: De nordiske cancerregistre

G: Danish Cancer Society

Table 3.2.6 New cases of cancer of the cervix uteri per 1 000 000 women
 Nye tilfælde af livmoderhalscancer pr. 1 000 000 kvinder

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2009	2003-07	2005-09	2009	2005-09	2009	2009
<i>Age Alder</i>							
0-24	7	-	-	8	4	7	3
25-44	214	34	653	92	198	203	135
45-64	173	186	375	53	91	165	107
65-84	221	134	248	62	83	143	163
85+	92	-	-	152	72	131	115

The table covers the number C53 in ICD-10

Tabellen dækker numrene C53 i ICD-10

Sources: *The cancer registers in the Nordic countries*

Kilder: De nordiske cancerregistre

G: Danish Cancer Society

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.2.7 New cases of cancer of the testis per 1 000 000 men
Nye tilfælde af testikelcancer pr. 1 000 000 mænd

	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2009	2003-07	2005-09	2009	2005-09	2009	2009
<i>Age</i>							
<i>Alder</i>							
0-24	54	22	-	28	32	57	37
25-44	265	263	65	124	146	296	148
45-64	87	199	51	24	37	97	43
65-84	31	148	238	9	27	33	18
85+	30	-	-	-	-	30	-

The table covers the number C62 in ICD-10
Tabellen dækker nummer C62 i ICD-10

Sources: *The cancer registers in the Nordic countries*
Kilder: De nordiske cancerregistre
G: Danish Cancer Society

Table 3.2.8 New cases of melanoma of the skin per 1 000 000 inhabitants
Nye tilfælde af melanom i hud pr. 1 000 000 indbyggere

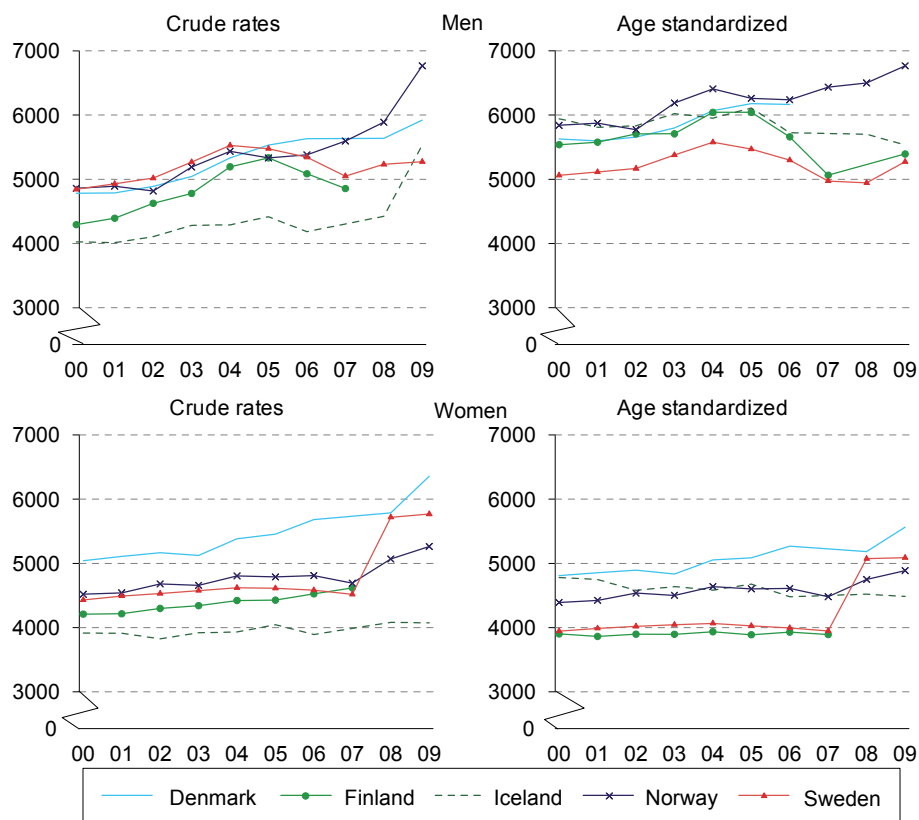
	Denmark	Faroe Islands	Greenland	Finland	Iceland	Norway	Sweden
	2009	2003-07	2005-09	2009	2005-09	2009	2009
<i>Men</i>							
<i>Mænd</i>							
<i>Age Alder</i>							
0-24	23	-	-	4	14	13	6
25-44	196	-	22	87	82	116	140
45-64	434	66	51	352	203	388	392
65-84	908	222	119	758	539	1 152	960
85+	1 000	-	-	1 361	645	1 229	1 426
<i>Women</i>							
<i>Kvinder</i>							
<i>Age Alder</i>							
0-24	52	-	-	20	33	13	11
25-44	386	68	50	119	277	220	208
45-64	460	-	68	257	255	425	407
65-84	601	200	-	425	308	729	693
85+	686	-	2 778	620	580	916	806

The table covers the number C43 in ICD-10
Tabellen dækker nummer C43 i ICD-10

Sources: *The cancer registers in the Nordic countries*
Kilder: De nordiske cancerregistre
G: Danish Cancer Society

Figure 3.2.1 New cases of cancer crude rates and age standardized rates per 1 000 000 inhabitants 2000-2009

Nye tilfælde af cancer summariske rater og aldersstandardiserede rater pr. 1 000 000 indbyggere 2000-2009



Age-standardized by the Nordic population 2000

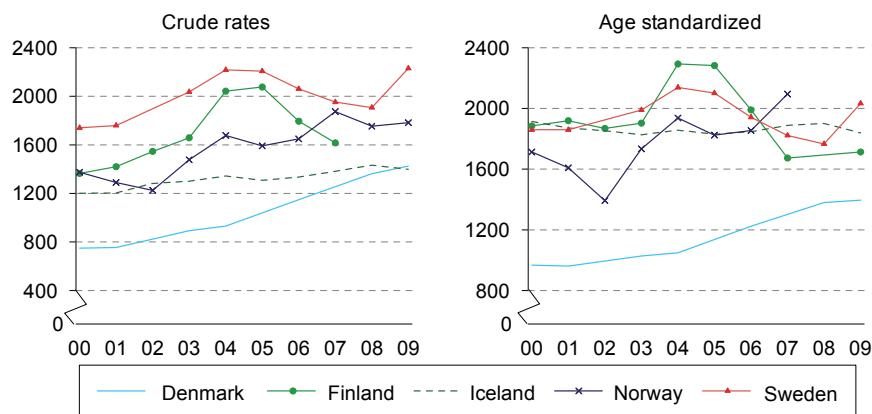
Aldersstandardiseret med den nordiske befolkning 2000

NB The figures for Iceland are 5-year averages
De islandske tal er femårs gennemsnit

Sources: The Nordic Cancer Union
Kilder: Den nordiske cancerunion

Figure 3.2.2 New cases of prostate cancer crude rates and age standardized rates per 1 000 000 inhabitants 2000-2009

Nye tilfælde af prostatacancer summariske rater og aldersstandardiserede rater pr. 1 000 000 indbyggere 2000-2009



Age-standardized by the Nordic population 2000

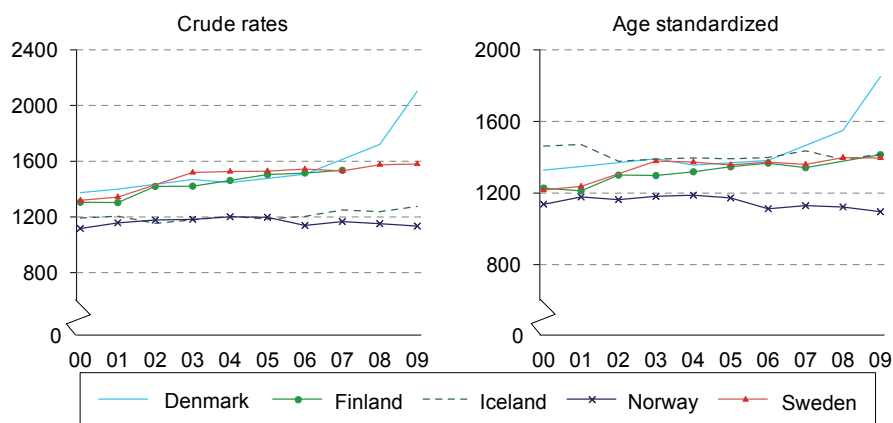
Aldersstandardiseret med den nordiske befolkning 2000

Sources: See Table 3.2.1.b
Kilder: Se tabel 3.2.1.b

The figures for Iceland are 5-year averages
De islandske tal er femårs gennemsnit

Figure 3.2.3 New cases of breast cancer crude rates and age standardized rates per 1 000 000 inhabitants 2000-2009

Nye tilfælde af brystcancer summariske rater og aldersstandardiserede rater pr. 1 000 000 indbyggere 2000-2009



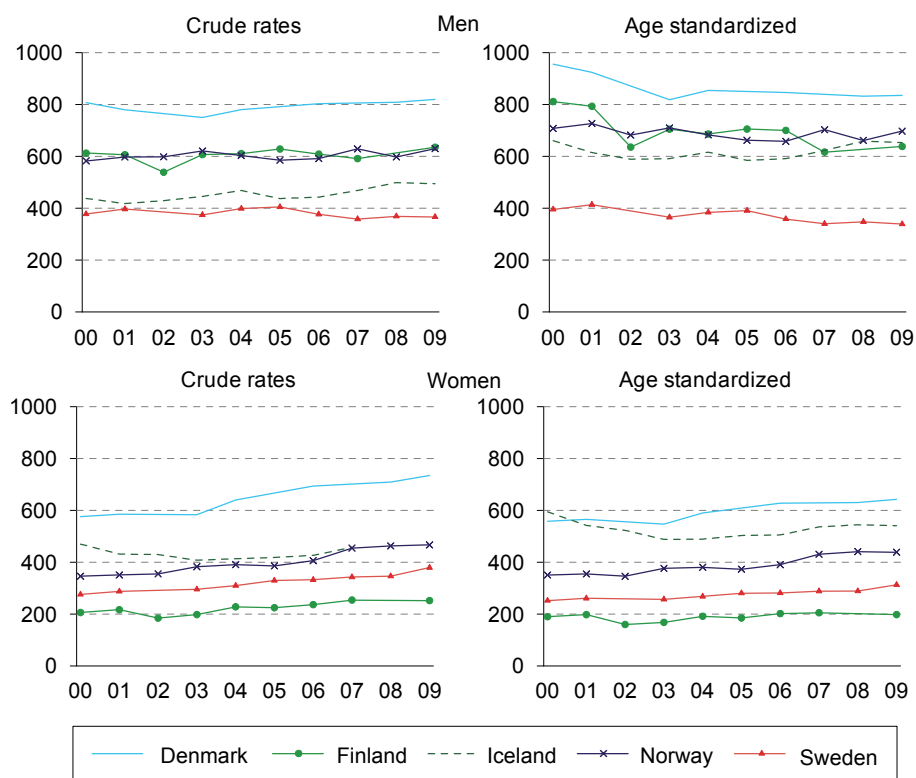
Age-standardized by the Nordic population 2000

Aldersstandardiseret med den nordiske befolkning 2000

Sources: See Table 3.2.2.b
Kilder: Se tabel 3.2.2.b

The figures for Iceland are 5-year averages
De islandske tal er femårs gennemsnit

Figure 3.2.4 New cases of lung cancer crude rates and age standardized rates per 1 000 000 inhabitants 2000-2009
Nye tilfælde af lungecancer summariske rater og aldersstandardiserte rater pr. 1 000 000 indbyggere 2000-2009



Age-standardized by the Nordic population 2000

Aldersstandardiseret med den nordiske befolkning 2000

NB The figures for Iceland are 5-year averages
De islandske tal er femårs gennemsnit

Sources: See Table 3.2.1.b and 3.2.2.b
Kilder: Se tabel 3.2.1.b og 3.2.2.b

3.3 Medical consultations and immunization schedules

In the Nordic countries, primary health services are organized and financed by the public sector.

However, the degree of decentralization varies, also regarding the relationship between private general practitioners and those publicly employed in the primary health care sector.

There are also differences in the level of integration of medical treatment, nursing, physiotherapy, etc. Similar differences are also found for home nursing and home help.

The registration practice for medical consultations differs substantially from country to country.

Normally, patients visit the physician in his/her practice. But in all countries consultations can also be telephone consultations, home visits by a physician, and treatment in emergency wards.

All contacts in Denmark are registered as medical contacts, because of the payment system, whereas some of the contacts in the other countries are registered or non-registered contacts with other health care personnel. In particular there are differences between the countries with regard to check-ups for mothers and infants. Along with other factors, this means that the statistics on medical consultations are not directly comparable between the Nordic countries.

Table 3.3.2 shows number of consultations with a physician according to age, for

84

3.3 Lægebesøg og vaccinationsprogrammer

I de nordiske lande er det primære sundhedsvæsen forankret og finansieret af den offentlige sektor.

Men graden af decentralisering varierer, hvilket også gælder for forholdet mellem privatpraktiserende og offentligt ansatte læger i det primære sundhedsvæsen.

Der er endvidere forskel på integrationsgraden af lægebehandling, sygepleje, fysioterapi m.v. Lignende forskelle findes også for hjemmesygeplejen og hjemme-hjælpen.

Registreringspraksis for lægebesøg er meget forskellig fra land til land.

Det er det mest almindelige, at patienterne opsøger lægen i lægekonsultationen, men i alle landene praktiseres der også via telefonkonsultationer, lægebesøg i hjemmet og skadestuebehandling.

Alle kontakter i Danmark registreres således som lægekontakter, på grund af betalingssystemet, mens en del af kontakterne i de andre lande er registrerede/ikke-registrerede kontakter med andet sundhedspersonale. Her er det især kontrol af mødre og spædbørn der er en stor forskel mellem landene. Blandt andet disse forhold gør, at statistikken om lægebesøg ikke er sammenlignelig mellem de nordiske lande.

Tabel 3.3.2 viser lægebesøg fordelt på alder hos almen læge, hvor det især er

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

general practitioners and specialists. Small children and elderly people are the largest groups. Reliable data for consultations with specialists is currently not available.

All Nordic countries have recommended immunization programmes with some differences in vaccination against tuberculosis and whooping cough, and the choice of vaccines against measles and rubella.

Collection of data on immunization varies a lot from country to country, and none of the countries except Norway have immunization registers covering the country as a whole.

mindre børn og den ældste del af befolkningen, der vejer tungest. Der findes ikke p.t. tilstrækkelige data for konsultationer hos speciallæger.

Alle nordiske lande har anbefalede vaccinationsprogrammer med visse forskelle i vaccination mod tuberkulose, kighoste og valget af vaccine mod henholdsvis mæslinger og røde hunde.

Dataindsamlingen for vaccinationerne varierer meget fra land til land, og ingen af landene, bortset fra Norge, har vaccinationsregistre, der dækker hele landet.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.3.1 Number of physicians in general practice 2009

Antal læger der arbejder i almen praksis 2009

	Denmark	Faroe Islands	Greenland ¹⁾	Finland ²⁾	Åland ³⁾	Iceland	Norway	Sweden ^{2,3)}
<i>Number of physicians in general practice</i>								
Antal alment praktiserende læger	5 194	28	49	5 453	20	190	5 564	5 897
<i>Number of inhabitants per physician in general practice</i>								
Antal indbyggere pr. alment praktiserende læge	1 063	1 739	1 154	981	1 380	1 672	868	1 563

1 The number is indicated for District Medical Officers

2 Municipals only

3 Refers to 2008

1 Tallet er opgivet for distriktslæger

2 Kun kommuner

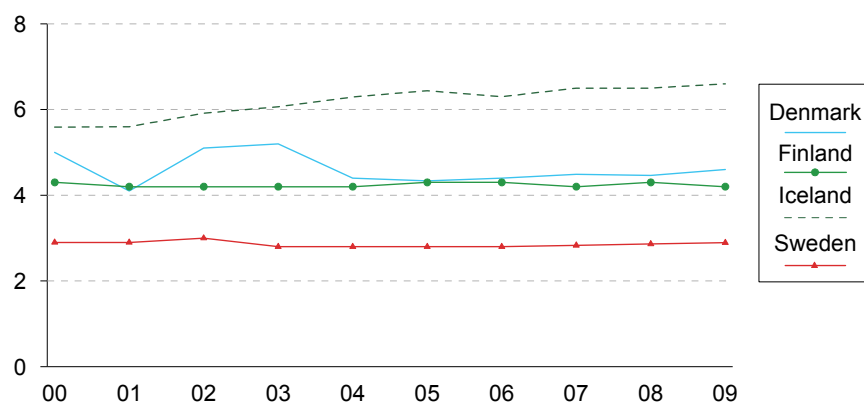
3 Tal vedrører 2008

Sources: D: National Board of Health; F: THL; I: Directorate of Health; S: National Board of Health and Welfare

Kilder: Å: Ålands landskapsregering

Figure 3.3.1 Consultations per capita 2000–2009

Konsultationer pr. person 2000–2009



Sources: See Table 3.3.1

Kilder: Se tabel 3.3.1

Table 3.3.2 Number of consultations with physicians in general practice, estimated for the whole country, per 1000 inhabitants in age group 2009

Konsultationer hos alment praktiserende læger, estimeret til nationalt niveau, pr 1 000 indbyggere i aldersgruppen 2009

	Denmark	Finland	Iceland ¹⁾
<1 year	4 578	2 713	7 166
1-4 year	3 308	2 125	3 998
5-14 year	1 860	1 296	1 806
15-24 year	2 922	1 261	2 407
25-44 year	3 251	1 261	2 338
45-64 year	4 013	1 350	2 746
65-74 year	6 038	2 058	3 909
75-84 year	7 410	2 651	4 746
85+	6 198	2 689	3 838
Total, per 1 000 inhabitants	3 785	1 529	2 761
Total number of consultations	20 888 618	8 128 326	881 479

1 Total numbers, all registered contacts with health care centres

1 Totalt antal. Alle registrerede kontakter til sundhedscentre

Sources: Denmark: National Board of Health; Finland: THL; Iceland: Directorate of Health
 Kilder: Danmark: Sundhedsstyrelsen; Finland: THL; Island: Medicinaldirektoratet

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.3.3 Recommended immunization schedules per 1 January, 2011

	Denmark	Greenland	Finland	Iceland	Norway	Sweden
Pneumo-coccus	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months + risk group children under 5 yrs	60+ years. Vaccination at 3, 5 and 12 months starts in April 2011	3, 5 and 12 months, 65+	..
BCG	-	At birth	Only for risk group children under 7 yrs since 9/2006	-	Risk groups	Risk groups
Pertussis	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 4 years and 14 years	3, 5 and 12 months, 7-8 years	3, 5 and 12 months, 5-6 years, 14-16 years
Tetanus	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 4 and 14 years	3, 5 and 12 months, 7-8 years, 15-16 years	3, 5 and 12 months, 5-6 years, 14-16 years
Diphtheria	3, 5 and 12 months and 5 years	3, 5 and 12 months and 5 years	3, 5 and 12 months, 4 and 14-15 years	3, 5, 12 months, 4 and 14 years	3, 5 and 12 months, 7-8 years, 15-16 years	3, 5 and 12 months, 5-6 years, 14-16 years
Polio	IPV: 3, 5, 12 months and 5 years	IPV: 3, 5, 12 months and 5 years	IPV: 3, 5 and 12 months, and 4 years	IPV: 3, 5, 12 months and 14 years	IPV: 3, 5 and 12 months, 7-8 years, 15-16 years	IPV: 3, 5 and 12 months, 5-6 years
Measles, Mumps, Rubella	15 months. 4 years	15 months. 4 years	14-18 months and 6 years	18 months and 12 years	15 months and 11-12 years	18 months and 6-8 years
Rubella, only	Women of fertile age	Women of fertile age	-	-	Seronegative women of fertile age	-
Haemophilus influenza b	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months	3, 5 and 12 months
Rotavirus	-	-	2, 3 and 5 months	-	-	-
HPV	12 years (girls only)	3 immunizations, girls at 12 years (0, 2 og 6 months)	-	-	12-13 years (girls only)	3 immunizations for girls born in 1999 or later (5-6 class) 2010
Meningococcal disease gr. C	-	-	-	6, 8 months	-	-
Influenza 65+	65+ and risk groups	65+ and risk groups	65+, 3-64 yrs risk groups and children 6-35 months.	60+ years	65+ and risk groups	65+ Risk groups

IPV = Inactivated polio vaccine
HPV= Human papilloma virus

The Faroe Islands and Åland have the same immunization schedules as Denmark and Finland respectively. In Åland TBE is included for children aged 7 years in 2006-2010

Sources: WHO/EPID: Statens seruminstitut; F: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: The National Board of Health and Welfare

Tabel 3.3.3 Anbefalede vaccinationsprogrammer pr. 1. januar 2011

	Danmark	Grønland	Finland	Island	Norge	Sverige
Pneumococcer	3, 5 og 12 måneder	3, 5 og 12 måneder	3, 5 og 12 måneder + børn i risikogrupper under 5 år	60+ år. Vaccination ved 3, 5 og 12 måneder begynder i april 2011	3, 5 og 12 mdr 65+ år	..
Tuberkulose	-	Ved fødslen	Kun for børn i risikogrupper under 7 år siden 9/2006	-	Risikogrupper	Risikogrupper
Kighoste	3, 5 og 12 måneder og 5 år	3, 5 og 12 måneder og 5 år	3, 5 og 12 måneder, 4 og 14-15 år	3, 4, 12 måneder, 4 og 14 år	3, 5 og 12 mdr 7-8 år	3, 5 og 12 måneder, 5-6 og 14-16 år
Stivkrampe	3, 5 og 12 måneder og 5 år	3, 5 og 12 måneder og 5 år	3, 5 og 12 måneder, 4 og 14-15 år	3, 4, 12 måneder, 4 og 14 år	3, 5 og 12 mdr, 7-8 år 15-16 år	3, 5 og 12 måneder, 5-6 og 14-16 år
Difteri	3, 5 og 12 måneder og 5 år	3, 5 og 12 måneder og 5 år	3, 5 og 12 måneder, 4 og 14-15 år	3, 4, 12 måneder, 4 og 14 år	3, 5 og 12 mdr, 7-8 år 15-16 år	3, 5 og 12 måneder, 5-6 og 14-16 år
Polio	IPV: 3, 5, 12 måneder og 5 år	IPV: 3, 5, 12 måneder og 5 år	IPV: 3, 5 og 12 måneder og 4 år	IPV: 3, 5, 12 måneder og 14 år	IPV: 3, 5 og 12 mdr, 7-8 år 15-16 år	IPV: 3, 5 og 12 måneder, 5-6 år
Mæslinger, fåresyge, røde hunde	15 måneder, 12 år	15 måneder, 12 år	14-18 måneder og 6 år	18 måneder og 12 år	15 mdr og 11-12 år	18 måneder og 6-8 år
Røde hunde, alene	Kvinder i den fertile alder	Kvinder i den fertile alder	-	-	Seronegative kvinder i fertil alder	-
Haemophilus influenzae b	3, 5 og 12 måneder	3, 5 og 12 måneder	3, 5 og 12 måneder	3, 5 og 12 måneder	3, 5 og 12 mdr	3, 5 og 12 måneder
Rotavirus	-		2, 3 og 5 måneder			
HPV	-	3 vacciner af piger ved det 12. år (0, 2 og 6 mdr.)	-	-	12-13 år (kun jenter)	3 vacciner til piger født i 1999 eller senere (5-6 klasse) 2010
Meningitis	-	-	-	6, 8 måneder	-	-
Influenza 65+	65+ og risikogrupper	65+ og risikogrupper	65+ og risikogrupper.	60 + år	65+ og risikogrupper	65+ og risikogrupper

IPV = Inaktiveret polio vaccine

Færøerne og Åland har de samme vaccinationsprogrammer som henholdsvis Danmark og Finland. I Åland er TBE inkluderet for børn 7 år samt HPV for piger 13-15 år (fra og med efteråret 2011)

Kilder: WHO/EPID: Statens Seruminstitut; F: THL; I: Landlæknisembættið; N: Nasjonalt folkehelseinstitutt; S: Socialstyrelsen

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.3.4 Children under the age of two immunized according to immunization schedules and elderly people vaccinated against influenza (per cent) 2009
Børn under to år vaccineret i henhold til det anbefalede vaccinationsprogram samt ældre vaccineret mod influenza (pct.) 2009

	Denmark	Faroe Islands	Greenland	Finland ¹⁾	Iceland	Norway ²⁾	Sweden ³⁾
<i>BCG</i>							
Tuberkulose	.	-	93	99	-	..	21
<i>Pertussis</i>							
Kighoste	89	95	91	99	95	94	98
<i>Tetanus</i>							
Stivkrampe	89	95	91	99	95	94	99
<i>Diphtheria</i>							
Difteri	89	95	91	99	95	94	98
<i>Polio</i>							
Polio	89	95	91	99	95	94	98
<i>Rubella</i>							
Røde hunde	84	86	80	99	94	93	97
<i>Measles</i>							
Mæslinger	84	86	80	99	94	93	97
<i>Influenza 65+</i>							
Influenza 65+	..	-	.	43	.	..	64

1 Based on random sample of children born in 2005

2 Numbers underestimated because of low reporting from certain municipalities

3 January 2009. Influenza 65+ is for 2008.

1 Baseret på en tilfældigt udvalgt population af børn i 2005

2 Tallene er underestimerede på grund af lav indberetning i nogle kommuner

3 Januar 2009. Influenza 65+ er for 2008

Sources: WHO/EPI; D: Statens Seruminstitut; FI: Ministry of Health and Social Affairs; F: THL; I: Directorate of Health; N: Norwegian Institute of Public Health; S: Swedish Institute for Infectious Disease Control

3.4 Discharges, bed days, average length of stay and patients treated

Outline of the section

In this section, diagnosis-related data on hospital use are presented according to the main diagnosis that has been registered for each hospital stay in the national patient registers of the Nordic countries. The presentation of diagnoses is more detailed than in NOMESCO publications from before 2010. It is now based on the new list of diagnoses developed by the EU Hospital Data Project. This list has been adopted by WHO as the International Shortlist for Hospital Morbidity Tabulation (ISHMT). It is used also by Eurostat, OECD and the WHO Regional Office for Europe.

The ISHMT list (see link [ISHMT list of diagnoses](#)) comprises 149 groups. Thus, it is relatively long for a traditional table presentation. Therefore, in this section we apply, as a trial, an abbreviated list with selected groups from the full ISHMT list, among them the ICD chapter-level groups that until now have been the principal grouping of diagnoses in the summary tables. Now 36 selected groups that are subgroups of the ICD chapters have been added. Several principles have guided the choice of these groups. They are selected mainly because they are relatively common and/or of special interest for inter-nordic comparison, e.g. because of new treatment possibilities. Some possible groups were not selected because hospital activities in these groups are better reflected in the statistics on procedures (see Section 3.5).

3.4 Udskrivninger, sengedage, gennemsnitlig liggetid og behandlede patienter

Hovedtrækkene i afsnittet

I dette afsnit belyses diagnoserelaterede data for hoveddiagnoser, der er registreret for alle indlæggelser i de nationale patientregistre i de nordiske lande. Belysningen af diagnoser er mere detaljeret end i NOMESCO-publikationer fra før 2010 og er nu baseret på den nye diagnoseliste, som er udviklet af EU's "Hospital Data Project", og som også er blevet indført af WHO som "The International Shortlist for Hospital Morbidity Tabulation (ISHMT)". Den anvendes også af Eurostat, OECD og WHO's Europakontor.

ISHMT-listen (se link [ISHMT-listen for diagnoser](#)) indeholder 149 grupper. Det er således en relativ lang liste til en traditionel tabelpræsentation. Derfor er der i dette afsnit forsøgsvis medtaget en forkortet liste med udvalgte grupper fra den komplette ISHMT-liste, herunder grupper på ICD-10-kapitelniveau, som hidtil har været den væsentligste inddeling af diagnoser for de summerede tabeller. Nu er der medtaget 36 udvalgte grupper, som er undergrupper af ICD-10-kapitlerne. Der er lagt adskillige principper til grund for denne udvælgelse. Grupperingerne er hovedsageligt valgt, fordi de er relativt alment forekommende og/eller af særlig interesse for sammenligningen mellem de nordiske lande, blandt andet på grund af nye behandlingsmuligheder. Nogle mulige grupper er ikke medtaget, fordi hospitalsbehandlingen af disse grupper afspejles bedre i statistikken over indgreb (se afsnit 3.5).

The diagnosis-related presentation starts with summary tables showing discharges (Table 3.4.1 and 3.4.2) and bed-days (Table 3.4.3 and 3.4.4) per 100 000 population. In addition to tables for both sexes, there are now also separate tables for men and women to make comparisons possible between sexes. There are no age-standardized tables, however, for diagnoses or for procedures (section 3.5).

While discharge rates illustrate how common certain groups of diagnoses are as reason for admission to hospital, bed-day rates illustrate better the load that these diagnoses imply on hospitals. The average length of stay for inpatients by diagnosis is tabulated in a third set of tables (Table 3.4.3). This is followed by figures that show the development over time of hospital use for three ICD chapters.

The section is concluded with ten tables with details showing not only age distribution but also the relationship between number of discharges and number of patients treated for certain diagnoses. Since the patient registers make it possible to link successive hospital spells with the same main diagnosis, it is possible to calculate, on a national level, the number of actual persons being treated over the year.

Quality and limitations of the data

The quality of the data in the patient registers, such as representativity, completeness and reliability, is important for these statistics.

In 2000 NOMESCO performed a validity study of the diagnosis-related patient statistics. The results were presented as a

Præsentationen af den diagnosereleterede statistik begynder med summerede tabeller over udskrivninger (tabel 3.4.1) og senge-dage (tabel 3.4.2) pr. 100.000 indbyggere. Ud over tabeller for begge køn, er der nu også medtaget separate tabeller for mænd og kvinder, som gør det muligt at foretage sammenligninger mellem de to køn. Der er imidlertid ikke medtaget aldersstandardiserede tabeller for udskrivninger og indgreb (afsnit 3.5).

Mens udskrivningsraterne viser, hvor almindelige visse diagnosegrupper er som grundlag for hospitalsindlæggelse, viser raterne for sengedage bedre disse gruppers belastning af hospitalet. Den gennemsnitlige liggetid for indlagte patienter efter diagnosegruppe vises i en tredje tabel (tabel 3.4.3). Derefter følger figurer, der viser udviklingen over tid for tre ICD-kapitler.

Afsnittet afsluttes med ti detaljerede tabeller, der ikke blot viser aldersfordelingen, men også forholdet mellem udskrivninger og antal behandlede patienter for visse diagnosegrupper. Da patientregistrene gør det muligt at følge patienter med den samme diagnose, er det muligt på nationalt niveau at beregne det samlede antal personer, der er blevet behandlet i løbet af et år.

Datakvalitet og begrænsningerne i data

Datakvaliteten i patientregistrene, såsom repræsentativitet, dækningsgrad og pålidelighed, er vigtig for denne statistik.

I 2000 gennemførte NOMESCO et validitetsstudie af diagnoser, der var relateret til patientstatistikken. Resultatet blev præsenteret

theme section in the 2000 version of this publication. The general picture is that Nordic hospital data have a high degree of coverage. Only a few private hospitals are not included in some of the countries. There are, however, organizational differences in the hospital systems that will influence the statistics.

In order to make the statistics as comparable as possible, the data presented in this section are from somatic hospital departments (wards) in general hospitals and specialized somatic hospitals. Still, it is not possible to get completely comparable sets of hospital data. For Norway discharges are not related to hospital departments (wards) but only to the hospital as a whole, which means that discharge rates are slightly underestimated compared to the other countries.

This does not influence the bed-day rates, however. It should also be mentioned that figures for the Faroe Islands are influenced by the fact that some hospital care is provided in Denmark and for Åland in Sweden.

The diagnosis-related statistics presented in this report are based on the main diagnosis for each hospital stay. The main diagnosis refers to the main condition treated or investigated during the hospital stay. According to ICD, it is defined as the condition, diagnosed at the end of the episode of health care, primarily responsible for the patient's need for treatment or investigation. This means that hospital statistics do not give a complete picture of the morbidity treated in hospital, since the secondary diagnoses that have been attended to during a hospital stay do not show up in the statistics. Hospital discharges, even when recalculated as pa-

teret i en temasektion i 2000-udgaven af denne publikation. Det generelle billede var, at nordiske hospitalsdata gav en høj dækningsgrad. Kun nogle få private hospitaler er ikke medtaget i nogle af landene. Der findes dog organisatoriske forskelle i hospitalsvæsenet, som påvirker statistikken.

For at gøre statistikken så sammenlignelig som muligt er de medtagne data i dette afsnit fra somatiske sygehusafdelinger samt specialiserede afdelinger. Dog er det ikke muligt at gøre statistikken helt sammenlignelig. I Norge er udskrivningerne ikke relateret til hospitalsafdelinger, men kun til hospitaler, hvilket betyder, at udskrivningerne er underestimeret sammenlignet med de andre lande.

Det får imidlertid ingen betydning for raterne for sengedage. Desuden er data for Færøerne påvirket af, at nogle behandlinger udføres i Danmark, og for Åland i Sverige.

Den diagnosebaserede statistik, der er præsenteret i denne rapport, er udarbejdet på grundlag af hoveddiagnosen for hvert enkelt ophold. Hoveddiagnosen er den væsentligste årsag til behandling eller undersøgelser for hvert ophold. Ifølge ICD defineres den som den tilstand, der diagnosticeres ved afslutningen af behandlingen, og som er den væsentligste årsag til patientens behov for behandling og undersøgelser. Det betyder, at statistikken ikke giver et komplet billede af de sygdomme, der behandles på hospitaler, da de sekundære diagnoser, som der behandles for i løbet af en indlæggelse, ikke figurerer i statistikken. Hospitalsudskrivninger svarer ik-

tients treated, do not correspond to true incidence figures for the population because all cases are not hospitalized. For certain diagnoses incidence figures are available from other sources. This is the case for malignant neoplasms reported to the national cancer registers (see Section 3.2). Hospital data for cancer diagnoses are complementary to these in the sense that they illustrate how cancer morbidity is reflected in the activity and workload of hospitals.

Comparisons between countries are also hampered by the fact that there are some differences in the way the WHO definition of main condition is interpreted in the Nordic countries. The introduction of Diagnosis Related Groups (DRG) has influenced the choice of main diagnosis in all the countries, but slightly differently.

There are also national differences in diagnostic tradition (as will be shown below) as well as differences in registration and coding of diagnoses that influence comparability.

Healthy newborn babies are counted differently in the Nordic countries. In ICD there is a category (Z38) and in the ISHMT list there is a group for healthy newborns. In some of the countries, however, these babies are not registered as patients in their own right and thus not included in the patient registers. Therefore, healthy newborn babies are excluded from the tables in this section.

Comments to the tables

The overall discharge rate (see Table 3.4.1.a) varies somewhat among the Nordic countries. Highest rates are found for Denmark, the Faroe Islands and Finland

ke til det reelle antal, når der beregnes patienter behandlet for hele befolkningen, da ikke alle tilfælde hospitalsbehandles. For visse diagnosegrupper er der andre kilder. Det er tilfældet for ondartede svulster i de nationale cancerregistre (se afsnit 3.2). Hospitalsdata vedrørende cancerdiagnoser supplerer dem, da de afspejler cancersygdommes betydning for arbejdsbyrden på hospitalerne.

Sammenligningen mellem landene er også præget af, at der er forskelle fra land til land med hensyn til, hvorledes WHO-definitionerne fortolkes i de nordiske lande. Indførelsen af Diagnoserelaterede Grupper (DRG) har haft indflydelse på valg af hoveddiagnose i alle landene, men på forskellig vis.

Der er også nationale forskelle i diagnosticeringen (som det vil fremgå nedenfor) og i registrering og kodning af diagnoser, som har indflydelse på sammenligneligheden.

Raske nyfødte tælles også forskelligt i de nordiske lande. I ICD findes der en kategori (Z38) og i ISHMT en gruppe for raske nyfødte. I nogle af landene bliver de raske nyfødte ikke registreret som patienter, og medtages derfor ikke i patientregistrene. Derfor er raske nyfødte ikke medtaget i dette afsnit.

Kommentarer til tabellerne

Udskrivningsraterne (se tabel 3.4.1.a) varierer noget i de forskellige nordiske lande. De højeste rater findes i Danmark, på Færøerne og i Finland og de laveste i Island.

and the lowest for Iceland with Norway and Sweden in between. There are marked differences, however, in hospital use between the countries for certain groups of diseases and specific diagnoses, both measured as rate of discharges and as rate of bed-days.

In all countries there are high discharge rates for diseases of the circulatory system (ICD Chapter IX), injuries (Chapter XIX) and neoplasms (Chapter II). In Iceland, however, pregnancy and childbirth (Chapter XV) accounts for the highest discharge rate and in Denmark discharges for factors influencing health status and contact with health services (Chapter XXI) is the one most common of all ICD chapters.

In all the countries the number of bed-days per 100 000 population (see Table 4.3.2.a) is high for diseases of the circulatory system, neoplasms and injuries. Exceptions are found for Denmark, where Chapter XXI has a very high rate, and Finland where mental disorders (Chapter V) accounts for more of the bed-days than any of the other ICD chapters.

The overall average length of stay (see Table 3.4.3.a) varies between countries from 4.6 days in Denmark and Norway to 9.4 days in Finland. For many diagnosis groups and for specific diagnoses there is also great similarity in average length of stay. There are, however, some greater differences between the countries such as for mental and behavioural disorders with long stays for the Faroe Islands, Finland and Åland. This reflects the fact that the somatic hospital data in these countries include some psychiatric patients. Long stays are also found for cerebrovascular diseases in the same

Norge og Sverige ligger midt imellem. Der er imidlertid betydelige forskelle for hospitalisering for visse grupper af sygdomme og specifikke diagnoser, både målt som rater i udskrivningsrater og som sengedage.

I alle landene er der høje udskrivningsrater for kredsløbssygdomme (ICD, kapitel IX), læsioner (kapitel XIX) og cancer (kapitel II). I Island står graviditet og fødsler (kapitel XV) dog for de højeste udskrivningsrater, og i Danmark er det faktorer, som har indflydelse på sundhedstilstanden og kontakt med sundhedsvæsenet (kapitel XXI), der er det mest almindelige af alle ICD-kapitler.

I alle landene er antallet af sengedage pr. 100.000 indbyggere (se tabel 4.3.2.a) højt for kredsløbssygdomme, svulster og læsioner. Danmark er dog en undtagelse, da kapitel XXI har en meget høj rate, og Finland, hvor psykiske sygdomme (kapitel V) tegner sig for flere sengedage end nogle af de andre ICD-kapitler.

Den gennemsnitlige liggetid (se tabel 3.4.3 a) varierer fra land til land fra 4,6 dage i Danmark og Norge til 9,4 i Finland.

Der er også en stor lighed i den gennemsnitlige liggetid for mange diagnosegrupper og specifikke diagnoser. Der er dog store forskelle fra land til land for psykiske sygdomme, hvor de længste ophold findes på Færøerne, i Finland og Åland. Det betyder, at somatiske hospitalssdata omfatter visse psykiatriske patienter. Lange liggetider findes også for cerebrovaskulære sygdomme i de samme lande, hvilket viser, at der foregår lang-

countries, indicating the occurrence of some long-term care cases in short-term hospitals in these countries.

While some of the differences in hospital use may be due to slightly different disease patterns in the Nordic countries, it is obvious that many of the statistical differences are attributable to organizational differences in the hospital systems and to differences in the registration and coding of diagnoses in hospital.

A clear example of this is the very high Danish discharge rate for Chapter XXI and especially for medical observation and evaluation for suspected diseases and conditions (code Z03). As can be seen from Table 3.4.1, there are great differences between the countries here. Apparently, cases with a suspected but not quite confirmed diagnosis are coded differently. While such a case may be coded as a symptom or as a definite disease in other countries, in Denmark they are often coded as an observation case (Z03). Other examples of differences in coding practice refer to the use in Denmark and Norway of a Chapter XXI code for rehabilitation cases (code Z50, not specified in the tables). In other countries rehabilitation cases seem to be coded to the underlying disorder to a greater extent.

The trends illustrated in Figures 3.4.1 – 3 do not show big changes in discharge rates over the years (except for the Faroe Islands and Åland, due to small numbers). The other countries retain their relative position between themselves over the period studied.

In Tables 3.4.4 – 13 the possibilities of linking successive hospital stays for the same main diagnosis and the same person

tidsbehandling på almindelige sygehuse i de pågældende lande.

Selvom nogle af forskellene i brugen af hospitalsbehandling skyldes forskellige sygdomsmønstre i de nordiske lande, er det indlysende, at mange af de statistiske forskelle skyldes forskelle i organiseringen af hospitalerne og forskelle i registreringen og kodningen af diagnoserne på hospitalerne.

Et klart eksempel på dette er den meget høje udskrivningsrate for kapitel XXI i Danmark og især for lægelig observation og vurdering af personer, der er mistænkt for sygdomme (Z03). Som det fremgår af tabel 3.4.1, er der store forskelle mellem landene på dette område, sandsynligvis fordi mistænkte, men ikke bekræftede, diagnoser kodes forskelligt. Mens sådanne tilfælde kodes som symptomer eller direkte som sygdomme i andre lande, bliver de i Danmark ofte kodet som observationer (Z03). Andre eksempler på forskelle i kodningspraksis er brugen i Danmark og Norge af en kapitel XXI-kode for revalidering (Z50 - ikke angivet i tabellerne). I andre lande bliver revalidering øjensynligt i højere grad kodet som den tilgrundliggende årsag til behandling.

Tendensen i figur 3.4.1-3 viser ikke de store forskelle i udskrivningsraterne over tid (med undtagelse af Færøerne og Åland på grund af de lave befolkningstal). De andre lande bevarer deres indbyrdes relative position i den undersøgte periode.

I tabel 3.4.4-13 er det muligt at sammenknytte de successive hospitalsforløb for den samme hoveddiagnose og en og sam-

are being used, thus calculating the number of actual persons being treated, here called patients treated. The Nordic countries are among the few countries in the world that can do this on a national level. As an example, from Table 3.4.4 on lung cancer it can be seen that for all countries and for both men and women the numbers of patients treated are about half the numbers of discharges.

It can also be noted that the age-specific rates for patients treated for lung cancer are at the same level for both sexes under the age of 65; men have higher rates only in the age group 65 and over.

The difference in the number of discharges and the number of patients treated varies by diagnosis. The difference is greatest for chronic conditions such as chronic obstructive pulmonary disease (Table 3.4.8) and alcoholic liver disease (Table 3.4.10).

In all countries the figure for patients treated amounts to about 60 per cent of the discharges for these two diseases. For most of the other diagnoses presented in the detailed tables, the reduced figures for patients treated correspond to 70-80 per cent of the number of discharges.

me person der er behandlet i løbet af et år, som her benævnes 'behandlede patienter'. De nordiske lande er nogle af de få lande i verden, der kan gøre dette på nationalt niveau. Et eksempel er tabel 3.4.4 for lungecancer, hvoraf det fremgår, at for alle lande og for både mænd og kvinder er antallet af behandlede patienter ca. halvt så stort som antallet af udskrivinger.

Det er også værd at bemærke, at de aldersspecifikke rater for lungecancer er på samme niveau for begge køn under 65 år; kun i aldersgruppen 65+ er der højere rater for mænd.

Forskellen i raterne for udskrivinger og antallet af behandlede patienter varierer fra diagnose til diagnose. Forskellen er størst for de kroniske tilstande såsom obstruktive lungesygdomme (tabel 3.4.8) og alkoholiske leversygdomme (tabel 3.4.10).

I alle lande er tallene for behandlede patienter ca. 60 pct. af udskrivingerne for disse to sygdomme. For de fleste af de øvrige diagnoser, der er præsenteret i tabellerne, svarer raterne til ca. 70-80 pct. af antallet af udskrivinger.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.a Discharges from hospitals per 100 000 population by main diagnosis.
Both sexes**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	Certain infectious and parasitic diseases	A00-B99	670	476	785	626
II	Neoplasms	C00-D48	1 532	1 827	2 222	2 018
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	311	463	208	143
IV	Endocrine, nutritional and metabolic diseases	E00-E90	699	458	381	380
V	Mental and behavioural disorders	F00-F99	1 105	944	1 365	420
VI	Diseases of the nervous system	G00-G99	575	642	1 016	800
VII	Diseases of the eye and adnexa	H00-H59	108	626	1 039	215
VIII	Diseases of the ear and mastoid process	H60-H95	125	312	311	307
IX	Diseases of the circulatory system	I00-I99	2 501	2 296	3 172	2 716
X	Diseases of the respiratory system	J00-J99	1 876	1 444	1 829	1 645
XI	Diseases of the digestive system	K00-K93	1 744	2 813	1 784	1 862
XII	Diseases of the skin and subcutaneous tissue	L00-L99	302	250	224	196
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	1 300	1 408	2 193	2 172
XIV	Diseases of the genitourinary system	N00-N99	1 205	978	1 277	1 623
XV	Pregnancy, childbirth and the puerperium	O00-O99	1 591	1 799	1 410	1 417
XVI	Certain conditions originating in the perinatal period	P00-P96	179	257	177	117
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	183	193	193	172
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	1 737	1 323	1 408	1 429
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	2 014	1 839	2 357	2 024
XXI	Factors influencing health status and contact with health services	Z00-Z99	3 088	3 507	517	1 045
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	23 194	23 374	23 869	21 328

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.a
hoveddiagnose. Begge køn

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
185	490	524	A00-B99	Visse infektions- og parasitære sygdomme	I
1 176	1 614	1 413	C00-D48	Svulster	II
140	156	160	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
283	307	400	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
213	252	1 132	F00-F99	Psyiske og adfærdsmæssige lidelser	V
318	729	488	G00-G99	Sygdomme i nervesystemet	VI
82	104	93	H00-H59	Sygdomme i øje og øjenomgivelser	VII
50	82	95	H60-H95	Sygdomme i øre og processus mastoideus	VIII
1 439	2 405	2 541	I00-I99	Sygdomme i kredsløbsorganer	IX
741	1 434	1 073	J00-J99	Sygdomme i åndedrætsorganer	X
1 146	1 232	1 231	K00-K93	Sygdomme i fordøjelsesorganer	XI
228	153	121	L00-L99	Sygdomme i hud og underhud	XII
896	1 101	978	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
700	941	746	N00-N99	Sygdomme i urin- og kønsorganer	XIV
1 836	734	1 474	O00-O99	Svangerskab, fødsel og barsel	XV
521	196	171	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
117	156	116	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
592	1 308	1 526	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
1 002	1 873	1 614	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
690	1 721	696	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontaktermid med sundhedsvæsenet	XXI
12 239	16 986	16 379	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days

1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistre

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.b Discharges from hospitals per 100 000 population by main diagnosis.
Men**

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
	Main diagnosis	ICD-10 code				
I	Certain infectious and parasitic diseases	A00-B99	710	497	765	625
II	Neoplasms	C00-D48	1 488	1 775	2 092	1 879
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	300	474	182	116
IV	Endocrine, nutritional and metabolic diseases	E00-E90	589	426	349	347
V	Mental and behavioural disorders	F00-F99	1 149	1 012	1 468	421
VI	Diseases of the nervous system	G00-G99	595	623	975	730
VII	Diseases of the eye and adnexa	H00-H59	105	586	812	180
VIII	Diseases of the ear and mastoid process	H60-H95	126	323	351	344
IX	Diseases of the circulatory system	I00-I99	2 951	2 648	3 291	2 808
X	Diseases of the respiratory system	J00-J99	1 952	1 494	2 054	1 784
XI	Diseases of the digestive system	K00-K93	1 755	2 828	1 972	1 931
XII	Diseases of the skin and subcutaneous tissue	L00-L99	339	294	251	192
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	1 176	1 361	1 860	1 838
XIV	Diseases of the genitourinary system	N00-N99	965	761	913	1 065
XVI	Certain conditions originating in the perinatal period	P00-P96	208	265	205	130
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	214	193	211	237
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	1 672	1 331	1 297	1 331
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	2 038	2 106	2 496	2 089
XXI	Factors influencing health status and contact with health services	Z00-Z99	2 826	2 757	436	995
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	21 436	21 254	21 978	19 043

¹ Only discharges with a length of stay less than 90 days ¹ Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.b
hoveddiagnose. Mænd**

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
178	511	542	A00-B99	Visse infektions- og parasitære sygdomme	I
1 129	1 599	1 343	C00-D48	Svulster	II
106	139	137	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
174	257	357	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
187	261	1 237	F00-F99	Psyriske og adfærdsmæssige lidelser	V
305	810	501	G00-G99	Sygdomme i nervesystemet	VI
79	103	95	H00-H59	Sygdomme i øje og øjenomgivelser	VII
50	78	87	H60-H95	Sygdomme i øre og processus mastoideus	VIII
1 740	2 849	2 880	I00-I99	Sygdomme i kredsløbsorganer	IX
695	1 507	1 103	J00-J99	Sygdomme i åndedrætsorganer	X
1 012	1 206	1 213	K00-K93	Sygdomme i fordøjelsesorganer	XI
220	164	126	L00-L99	Sygdomme i hud og underhud	XII
764	953	847	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
459	852	641	N00-N99	Sygdomme i urin- og kønsorganer	XIV
579	214	193	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
137	176	128	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
504	1 230	1 440	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
1 007	1 883	1 553	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
525	803	679	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
9 713	15 595	14 886	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistre

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.1.c Discharges from hospitals per 100 000 population by main diagnosis.
Women**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	Certain infectious and parasitic diseases	A00-B99	631	453	806	627
II	Neoplasms	C00-D48	1 575	1 884	2 348	2 155
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	321	452	234	170
IV	Endocrine, nutritional and metabolic diseases	E00-E90	808	493	411	412
V	Mental and behavioural disorders	F00-F99	1 062	870	1 265	419
VI	Diseases of the nervous system	G00-G99	556	662	1 055	870
VII	Diseases of the eye and adnexa	H00-H59	110	670	1 258	249
VIII	Diseases of the ear and mastoid process	H60-H95	124	300	273	271
IX	Diseases of the circulatory system	I00-I99	2 058	1 915	3 058	2 625
X	Diseases of the respiratory system	J00-J99	1 802	1 391	1 614	1 509
XI	Diseases of the digestive system	K00-K93	1 733	2 797	1 604	1 794
XII	Diseases of the skin and subcutaneous tissue	L00-L99	267	202	198	201
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	1 422	1 459	2 513	2 502
XIV	Diseases of the genitourinary system	N00-N99	1 441	1 212	1 628	2 172
XV	Pregnancy, childbirth and the puerperium	O00-O99	3 155	3 743	2 768	2 811
XVI	Certain conditions originating in the perinatal period	P00-P96	150	249	151	105
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	153	194	176	108
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	1 801	1 314	1 514	1 525
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	1 991	1 550	2 223	1 960
XXI	Factors influencing health status and contact with health services	Z00-Z99	3 346	4 318	594	1 094
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	24 923	25 664	25 689	23 577

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.c
hoveddiagnose. Kvinder

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
193	470	506	A00-B99	Visse infektions- og parasitære sygdomme	I
1 224	1 628	1 481	C00-D48	Svulster	II
176	173	183	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
395	356	442	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
240	242	1 028	F00-F99	Psyiske og adfærdsmæssige lidelser	V
330	649	476	G00-G99	Sygdomme i nervesystemet	VI
85	104	90	H00-H59	Sygdomme i øje og øjenomgivelser	VII
50	86	102	H60-H95	Sygdomme i øre og processus mastoideus	VIII
1 130	1 962	2 205	I00-I99	Sygdomme i kredsløbsorganer	IX
788	1 361	1 044	J00-J99	Sygdomme i åndedrætsorganer	X
1 284	1 258	1 248	K00-K93	Sygdomme i fordøjelsesorganer	XI
236	143	116	L00-L99	Sygdomme i hud og underhud	XII
1 032	1 248	1 108	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
947	1 029	850	N00-N99	Sygdomme i urin- og kønsorganer	XIV
3 716	1 466	2 933	O00-O99	Svangerskab, fødsel og barsel	XV
462	178	149	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
98	137	104	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
682	1385	1 611	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds.	XVIII
997	1 862	1 675	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
860	2 635	712	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
14 827	18 371	17 859	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.1.d Discharges from hospitals per 100 000 population by main diagnosis.
Both sexes**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	670	476	785	626
	Thereof:					
	Septicaemia	A40-A41	170	59	108	103
II	<i>Neoplasms</i>	<i>C00-D48</i>	1 532	1 827	2 222	2 018
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	155	275	163	138
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	143	209	135	131
	Malignant neoplasm of breast	C50	177	169	214	152
	Malignant neoplasm of prostate	C61	87	86	124	205
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	311	463	208	143
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	699	458	381	380
	Thereof:					
	Diabetes mellitus	E10-E14	174	213	193	155
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	1 105	944	1 365	420
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	284	251	324	142
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	575	642	1 016	800
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	89	59	123	89
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	108	626	1 039	215
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	125	312	311	307

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter hoveddiagnose. Begge køn Tabel 3.4.1.d

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
185	490	524	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
22	155	135	A40-A41	Blodforgiftning	
1 176	1 614	1 413	C00-D48	Svulster	II
				Heraf:	
98	156	118	C18-C21	Ondartede svulster i tyktarm og endetarm	
134	121	98	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
119	91	103	C50	Ondartet svulst i bryst	
78	106	111	C61	Ondartet svulst i prostata	
140	156	160	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
283	307	400	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
66	101	177	E10-E14	Sukkersyge	
213	252	1 132	F00-F99	Psyriske og adfærdsmæssige lidelser	V
				Heraf:	
30	89	327	F10	Alkoholbetingede psyriske lidelser og adfærdsförstyrrelser	
318	729	488	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
20	87	102	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
82	104	93	H00-H59	Sygdomme i øje og øjenomgivelser	VII
50	82	95	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.d Discharges from hospitals per 100 000 population by main diagnosis.
Both sexes. Continued**

		Denmark		Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	2 501	2 296	3 172	2 716
	Thereof:					
	Angina pectoris	I20	292	284	225	157
	Acute myocardial infarction	I21-I22	272	207	264	290
	Other ischaemic heart disease	I123-125	132	88	258	79
	Conduction disorders and cardiac arrhythmias	I44-I49	570	496	577	526
	Heart failure	I50	173	130	370	379
	Cerebrovascular diseases	I60-I69	358	331	593	471
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	1 876	1 444	1 829	1 645
	Thereof:					
	Pneumonia	J12-J18	600	386	678	374
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	313	201	172	271
	Asthma	J45-J46	119	219	105	76
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	1 744	2 813	1 784	1 862
	Thereof:					
	Diseases of appendix	K35-K38	111	106	122	138
	Alcoholic liver disease	K70	46	9	60	18
	Other diseases of liver	K71-K77	54	41	48	37
	Cholelithiasis	K80	209	225	235	275
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	302	250	224	196
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	1 300	1 408	2 193	2 172
	Thereof:					
	Systemic connective tissue disorders	M30-M36	48	61	53	66

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.d
hoveddiagnose. Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
1 439	2 405	2 541	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
237	240	247	I20	Brystkrampe	
166	429	350	I21-I22	Akut hjerteinfarkt	
122	244	69	I23-I25	Anden iskæmisk hjertesygdom	
263	401	526	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
142	192	343	I50	Hjertesvigt	
178	313	444	I60-I69	Karsygdomme i hjernen	
741	1 434	1 073	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
254	503	379	J12-J18	Lungebetændelse	
153	211	198	J40-J44; J45	Kronisk obstruktiv lungesygdom	
36	84	52	J45-J46	Astma	
1 146	1 232	1 231	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
139	110	113	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
13	18	18	K70	Alkoholisk leversygdom	
21	31	27	K71-K77	Andre leversygdomme	
227	163	184	K80	Galdesten	
228	153	121	L00-L99	Sygdomme i hud og underhud	XII
896	1 101	978	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
34	57	49	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.1.d Discharges from hospitals per 100 000 population by main diagnosis.
Both sexes. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	1 205	978	1 277	1 623
	Thereof:					
	Glomerular and renal tubulo-interstitial diseases	N00-N16	139	113	322	165
	Renal failure	N17-N19	156	31	73	68
	Hyperplasia of prostate	N40	50	68	80	125
XV	<i>Pregnancy, childbirth and the puerperium</i>	<i>O00-O99</i>	1 591	1 799	1 410	1 417
	Thereof:					
	Medical abortion	O04	92	73	72	118
	Single spontaneous delivery	O80	777	1 077	775	699
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	179	257	177	117
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	183	193	193	172
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	1 737	1 323	1 408	1 429
	Thereof:					
	Pain in throat and chest	R07	68	42	147	166
	Abdominal and pelvic pain	R10	469	450	252	303

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.d
hoveddiagnose. Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
700	941	746	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
69	124	118	N00-N16	Glomerære og tubulointerstitielle nyresygdomme	
81	155	98	N17-N19	Nyreinsufficiens	
51	77	48	N40	Forstørret blærehalskirtel	
1 836	734	1 474	<i>O00-O99</i>	<i>Svangerskab, fødsel og barsel</i>	XV
				Heraf:	
20	23	36	004	Legal abort	
1 017	-	866	080	Spontan fødsel (enkelfødsel)	
521	196	171	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
117	156	116	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
592	1 308	1 526	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds</i>	XVIII
				Heraf:	
87	328	348	R07	Smerter i hals og bryst	
148	321	319	R10	Smerter i mave og underliv	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.1.d Discharges from hospitals per 100 000 population by main diagnosis. Both sexes. Continued

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
Main diagnosis	ICD-10 code					
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	2 014	1 839	2 357	2 024
	Thereof:					
	Intracranial injury	S06	123	209	185	204
	Fracture of femur	S72	202	235	303	234
	Fracture of lower leg, including ankle	S82	113	179	225	183
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	224	88	115	50
	Complications of surgical and medical care, not elsewhere classified	T80-T88	271	93	241	245
XXI	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	3 088	3 507	517	1 045
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	1 893	1 085	31	165
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	31	22	28	2
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	23 194	23 374	23 869	21 328

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Udskrivninger fra sygehuse per 100.000 indbyggere efter hoveddiagnose. Begge køn. Fortsat Tabel 3.4.1.d

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
1 002	1 873	1 614	<i>S00-T98</i>	<i>Læsioner, forgiftninger og visse andre følger af ydre påvirkninger</i>	XIX
				Heraf:	
55	200	166	S06	Interkranielle skader	
159	235	266	S72	Brud på lårben	
116	135	126	S82	Brud på underben og ankel	
35	121	128	T36-T65	Forgiftning	
148	283	210	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	
690	1 721	696	<i>Z00-Z99</i>	<i>Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet</i>	XXI
				Heraf:	
221	78	204	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
10	145	151	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
12 239	16 986	16 379	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	<i>I alt</i>	All (except XX)

1 Only discharges with a length of stay less than 90 days

1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.e Discharges from hospitals per 100 000 population by main diagnosis.
Men**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	710	497	765	625
	Thereof:					
	Septicaemia	A40-A41	197	73	105	113
II	<i>Neoplasms</i>	<i>C00-D48</i>	1 488	1 775	2 092	1 879
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	166	285	173	130
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	151	252	186	152
	Malignant neoplasm of prostate	C61	175	165	252	414
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	300	474	182	116
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	589	426	349	347
	Thereof:					
	Diabetes mellitus	E10-E14	202	229	217	182
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	1 149	1 012	1 468	421
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	397	397	530	216
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	595	623	975	730
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	97	70	117	97
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	105	586	812	180
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	126	323	351	344

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.e
hoveddiagnose. Mænd

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
178	511	542	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
19	166	153	A40-A41	Blodforgiftning	
1 129	1 599	1 343	C00-D48	Svulster	II
				Heraf:	
107	158	123	C18-C21	Ondartede svulster i tyktarm, endetarm og anus	
125	138	98	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
154	213	223	C61	Ondartet svulst i prostata	
106	139	137	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
174	257	357	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
70	115	205	E10-E14	Sukkersyge	
187	261	1 237	F00-F99	Psyriske og adfærdsmæssige lidelser	V
				Heraf:	
47	123	494	F10	Alkoholbetingede psyriske lidelser og adfærdsförstyrrelser	
305	810	501	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
19	86	106	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
79	103	95	H00-H59	Sygdomme i øje og øjenomgivelser	VII
50	78	87	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.e Discharges from hospitals per 100 000 population by main diagnosis.
Men. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	2 951	2 648	3 291	2 808
	Thereof:					
	Angina pectoris	I20	378	380	294	192
	Acute myocardial infarction	I21-I22	366	273	315	359
	Other ischaemic heart disease	I23-I25	182	114	305	118
	Conduction disorders and cardiac arrhythmias	I44-I49	666	605	577	482
	Heart failure	I50	225	156	325	390
	Cerebrovascular diseases	I60-I69	380	393	610	494
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	1 952	1 494	2 054	1 784
	Thereof:					
	Pneumonia	J12-J18	625	392	779	407
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	279	177	237	289
	Asthma	J45-J46	128	237	81	73
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	1 755	2 828	1 972	1 931
	Thereof:					
	Diseases of appendix	K35-K38	116	113	131	161
	Alcoholic liver disease	K70	61	10	86	24
	Other diseases of liver	K71-K77	57	38	45	18
	Cholelithiasis	K80	132	126	172	225
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	339	294	251	192
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	1 176	1 361	1 860	1 838
	Thereof:					
	Systemic connective tissue disorders	M30-M36	33	48	33	36

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.e
hoveddiagnose. Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
1 740	2 849	2 880	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
342	301	322	I20	Brystkrampe	
214	557	435	I21-I22	Akut hjerteinfarkt	
159	353	97	I23-I25	Anden iskæmisk hjertesygdom	
301	468	575	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
175	209	382	I50	Hjertesvigt	
214	326	468	I60-I69	Karsygdomme i hjernen	
695	1 507	1 103	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
253	529	407	J12-J18	Lungebetændelse	
120	207	174	J40-J44; J47	Kronisk obstruktiv lungesygdom	
20	83	52	J45-J46	Astma	
1 012	1 206	1 213	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
149	120	125	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
19	25	25	K70	Alkoholisk leversygdom	
23	27	28	K71-K77	Andre leversygdomme	
148	117	139	K80	Galdesten	
220	164	126	L00-L99	Sygdomme i hud og underhud	XII
764	953	847	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
16	35	33	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.e Discharges from hospitals per 100 000 population by main diagnosis.
Men. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	965	761	913	1 065
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	112	117	252	122
	Renal failure	N17-N19	200	42	84	98
	Hyperplasia of prostate	N40	100	132	162	252
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	208	265	205	130
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	214	193	211	237
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	1 672	1 331	1 297	1 331
	Thereof:					
	Pain in throat and chest	R07	71	47	138	156
	Abdominal and pelvic pain	R10	330	348	193	232
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	2 038	2 106	2 496	2 089
	Thereof:					
	Intracranial injury	S06	152	277	231	287
	Fracture of femur	S72	131	173	201	182
	Fracture of lower leg, including ankle	S82	113	201	222	180
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	184	80	109	46
	Complications of surgical and medical care, not elsewhere classified	T80-T88	263	86	217	204

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.e
hoveddiagnose. Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
459	852	641	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
46	103	100	N00-N16	Glomerære og tubulointerstitielle nyresygdomme	
110	188	120	N17-N19	Nyreinsufficiens	
101	154	97	N40	Forstørret blærehalskirtel	
579	214	193	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
137	176	128	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
504	1 230	1 440	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds</i>	XVIII
				Heraf:	
85	344	355	R07	Smerter i hals og bryst	
70	225	233	R10	Smerter i mave og underliv	
1 007	1 883	1 553	<i>S00-T98</i>	<i>Læsioner, forgiftninger og visse andre følger af ydre påvirkninger</i>	XIX
				Heraf:	
71	246	201	S06	Interkranielle skader	
106	145	176	S72	Brud på lårben	
105	133	118	S82	Brud på underben og ankel	
27	105	101	T36-T65	Forgiftning	
144	260	210	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.1.e Discharges from hospitals per 100 000 population by main diagnosis.
Men. Continued**

			Denmark	Faroe Islands	Finland	Åland
Main diagnosis		ICD-10 code	2009	2003-07	2009	2005-09
XXI	<i>Factors influencing health status and contact with health services</i>	Z00-Z99	2 826	2 757	436	995
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	1 846	1 104	31	150
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	26	19	25	3
All (ex- cept XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	21 436	21 254	21 978	19 043

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: *The national in-patient registers*

Kilder: *Landspatientregistre*

Udskrivninger fra sygehuse per 100.000 indbyggere efter hoveddiagnose. Mænd. Fortsat Tabel 3.4.1.e

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
525	803	679	Z00-Z99	<i>Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet</i>	XXI
				Heraf:	
244	74	196	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
10	122	152	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
9 713	15 595	14 886	A00-Z99 (excluding V, W, X and Y codes)		<i>I alt</i> All (ex- cept XX)

1 Only discharges with a length of stay less than 90 days

1 Kun udskrivninger med en liggetid under 90 dage

Sources: *The national in-patient registers*

Kilder: *Landspatientregistrene*

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.1.f Discharges from hospitals per 100 000 population by main diagnosis.
Women**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	631	453	806	627
	Thereof:					
	Septicaemia	A40-A41	144	45	112	94
II	<i>Neoplasms</i>	<i>C00-D48</i>	1 575	1 884	2 348	2 155
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	143	264	154	146
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	136	163	86	110
	Malignant neoplasm of breast	C50	349	352	419	300
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	321	452	234	170
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	808	493	411	412
	Thereof:					
	Diabetes mellitus	E10-E14	147	195	171	129
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	1 062	870	1 265	419
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	173	93	125	69
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	556	662	1 055	870
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	80	48	129	82
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	110	670	1 258	249
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	124	300	273	271

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder Tabel 3.4.1.f

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
193	470	506	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
25	144	118	A40-A41	Blodforgiftning	
1 224	1 628	1 481	C00-D48	Svulster	II
				Heraf:	
89	154	112	C18-C21	Ondartede svulster i tyktarm, endetarm og anus	
143	105	97	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
238	180	204	C50	Ondartet svulst i bryst	
176	173	183	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
395	356	442	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
63	88	149	E10-E14	Sukkersyge	
240	242	1 028	F00-F99	Psyiske og adfærdsmæssige lidelser	V
				Heraf:	
13	55	162	F10	Alkoholbetingede psykiske lidelser og adfærdsforstyrrelser	
330	649	476	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
22	87	98	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
85	104	90	H00-H59	Sygdomme i øje og øjenomgivelser	VII
50	86	102	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.1.f Discharges from hospitals per 100 000 population by main diagnosis. Women. Continued

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	2 058	1 915	3 058	2 625
	Thereof:					
	Angina pectoris	I20	207	181	158	123
	Acute myocardial infarction	I21-I22	179	136	216	223
	Other ischaemic heart disease	I23-I25	83	59	212	41
	Conduction disorders and cardiac arrhythmias	I44-I49	475	378	577	568
	Heart failure	I50	122	102	412	368
	Cerebrovascular diseases	I60-I69	337	264	576	448
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	1 802	1 391	1 614	1 509
	Thereof:					
	Pneumonia	J12-J18	575	381	582	343
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	347	226	109	253
	Asthma	J45-J46	109	200	128	79
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	1 733	2 797	1 604	1 794
	Thereof:					
	Diseases of appendix	K35-K38	105	98	114	116
	Alcoholic liver disease	K70	32	70	34	12
	Other diseases of liver	K71-K77	51	43	51	56
	Cholelithiasis	K80	285	331	295	324
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	267	202	198	201
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	1 422	1 459	2 513	2 502
	Thereof:					
	Systemic connective tissue disorders	M30-M36	62	74	73	95

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter Tabel 3.4.1.f
hoveddiagnose. Kvinder. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009.	2009	ICD-10 kode	Hoveddiagnose	
1 130	1 962	2 205	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
130	180	172	I20	Brystkrampe	
117	301	265	I21-I22	Akut hjerteinfarkt	
83	135	41	I23-I25	Anden iskæmisk hjertesygdom	
224	333	477	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
109	175	305	I50	Hjertesvigt	
141	301	421	I60-I69	Karsygdomme i hjernen	
788	1 361	1 044	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
256	477	351	J12-J18	Lungebetændelse	
188	216	223	J40-J44, J47	Kronisk obstruktiv lungesygdom	
53	85	52	J45-J46	Astma	
1 284	1 258	1 248	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
129	100	101	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
6	11	11	K70	Alkoholisk leversygdom	
20	36	26	K71-K77	Andre leversygdomme	
309	210	228	K80	Galdesten	
236	143	116	L00-L99	Sygdomme i hud og underhud	XII
1 032	1 248	1 108	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
51	79	65	M30-M36	Generaliserede bindevævssygdomme	

1 Eurostat figure

1 Eurostat-uppgift

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.4.1.f Discharges from hospitals per 100 000 population by main diagnosis. Women. Continued

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	1 441	1 212	1 628	2 172
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	166	108	390	208
	Renal failure	N17-N19	113	20	63	38
XV	<i>Pregnancy, childbirth and the puerperium</i>	<i>O00-O99</i>	3 155	3 743	2 768	2 811
	Thereof:					
	Medical abortion	O04	183	151	142	234
	Single spontaneous delivery	O80	1 541	2 242	1 521	1 387
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	150	249	151	105
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	153	194	176	108
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	1 801	1 314	1 514	1 525
	Thereof:					
	Pain in throat and chest	R07	65	36	154	176
	Abdominal and pelvic pain	R10	606	559	308	373

The table continues

Udskrivninger fra sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder. Fortsat Tabel 3.4.1.f

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoved diagnose	
2009	2009	2009			
947	1 029	850	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
91	144	137	N00-N16	Glomerulære og tubulointerstitielle nyresygdomme	
50	121	76	N17-N19	Nyreinsufficiens	
3 716	1 466	2 933	<i>000-099</i>	<i>Svangerskab, fødsel og barsel</i>	XV
				Heraf:	
41	46	71	004	Legal abort	
2 058	-	1 723	080	Spontan fødsel (enkelfødsel)	
462	178	149	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
98	137	104	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
682	1385	1 611	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds.</i>	XVIII
				Heraf:	
89	313	342	R07	Smerter i hals og bryst	
229	418	405	R10	Smerter i mave og underliv	
1 Eurostat figure			1 Eurostat-uppgift		

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.1.f Discharges from hospitals per 100 000 population by main diagnosis. Women. Continued

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
	Main diagnosis	ICD-10 code				
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	1 991	1 550	2 223	1 960
	Thereof:					
	Intracranial injury	S06	95	136	142	122
	Fracture of femur	S72	272	301	400	286
	Fracture of lower leg, including ankle	S82	113	155	228	186
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	264	97	120	54
	Complications of surgical and medical care, not elsewhere classified	T80-T88	279	101	264	286
XXI	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	3 346	4 318	594	1 094
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	1 939	1 063	32	180
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	36	26	31	1
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	24 923	25 664	25 689	23 577

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Udskrivninger fra sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder. Fortsat Tabel 3.4.1.f

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoved diagnose	
2009	2009	2009			
997	1 862	1 675	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
				Heraf:	
39	155	131	S06	Interkranielle skader	
213	324	355	S72	Brud på lårben	
126	138	133	S82	Brud på underben og ankel	
43	137	155	T36-T65	Forgiftning	
152	305	210	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	
860	2 635	712	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
				Heraf:	
198	81	211	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
10	167	150	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
14 827	18 371	17 859	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days

1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistre

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.a Bed-days in hospitals per 100 000 population by main diagnosis.
Both sexes**

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
	Main diagnosis	ICD-10 code				
I	Certain infectious and parasitic diseases	A00-B99	3 254	2 514	3 056	1 816
II	Neoplasms	C00-D48	8 685	8 639	9 204	6 269
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	1 029	1 700	589	487
IV	Endocrine, nutritional and metabolic diseases	E00-E90	2 801	3 285	1 497	1 143
V	Mental and behavioural disorders	F00-F99	18 189	28 703	23 428	837
VI	Diseases of the nervous system	G00-G99	3 002	2 790	5 886	2 277
VII	Diseases of the eye and adnexa	H00-H59	223	659	1 191	749
VIII	Diseases of the ear and mastoid process	H60-H95	234	225	486	815
IX	Diseases of the circulatory system	I00-I99	10 546	21 690	17 116	7 363
X	Diseases of the respiratory system	J00-J99	2 445	7 626	7 753	4 306
XI	Diseases of the digestive system	K00-K93	229	7 046	5 649	5 281
XII	Diseases of the skin and subcutaneous tissue	L00-L99	656	1 183	961	580
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	1 196	6 961	6 342	7 363
XIV	Diseases of the genitourinary system	N00-N99	3 838	2 806	3 305	6 508
XV	Pregnancy, childbirth and the puerperium	O00-O99	4 116	7 948	4 560	8 502
XVI	Certain conditions originating in the perinatal period	P00-P96	1 711	1 215	1 374	319
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	598	814	767	328
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	4 405	4 262	2 970	4 541
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	7 667	8 340	9 880	5 525
XXI	Factors influencing health status and contact with health services	Z00-Z99	14 363	8 832	1 151	2 166
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	105 562	126 494	107 166	67 177

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.a
hoveddiagnose. Begge køn

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
1 063	3 158	3 048	A00-B99	Visse infektions- og parasitære sygdomme	I
8 955	10 576	10 248	C00-D48	Svulster	II
792	577	756	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
1 927	1 201	2 092	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
3 173	831	18 922	F00-F99	Psyriske og adfærdsmæssige lidelser	V
3 137	2 436	2 562	G00-G99	Sygdomme i nervesystemet	VI
225	366	229	H00-H59	Sygdomme i øje og øjenomgivelser	VII
133	197	209	H60-H95	Sygdomme i øre og processus mastoideus	VIII
10 979	11 282	14 293	I00-I99	Sygdomme i kredsløbsorganer	IX
5 207	8 571	5 522	J00-J99	Sygdomme i åndedrætsorganer	X
5 210	5 457	5 507	K00-K93	Sygdomme i fordøjelsesorganer	XI
1 416	921	752	L00-L99	Sygdomme i hud og underhud	XII
5 482	5 159	4 915	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
2 852	3 599	2 958	N00-N99	Sygdomme i urin- og kønsorganer	XIV
4 113	2 535	3 691	O00-O99	Svangerskab, fødsel og barsel	XV
2 341	1 954	1 788	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
444	704	609	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
2 474	2 361	3 875	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
6 550	8 266	8 373	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
4 668	8 644	3 486	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
70 698	78 792	93 019	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.2.b Bed-days in hospitals per 100 000 population by main diagnosis.
Men**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	Certain infectious and parasitic diseases	A00-B99	3 505	2 556	3 202	611
II	Neoplasms	C00-D48	8 757	8 727	8 973	2 107
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	981	2 182	540	164
IV	Endocrine, nutritional and metabolic diseases	E00-E90	2 501	3 405	1 448	384
V	Mental and behavioural disorders	F00-F99	17 506	23 757	20 689	281
VI	Diseases of the nervous system	G00-G99	3 118	3 377	5 284	765
VII	Diseases of the eye and adnexa	H00-H59	227	547	960	252
VIII	Diseases of the ear and mastoid process	H60-H95	224	212	612	274
IX	Diseases of the circulatory system	I00-I99	12 145	24 305	16 768	2 475
X	Diseases of the respiratory system	J00-J99	8 109	6 531	8 042	1 447
XI	Diseases of the digestive system	K00-K93	6 816	6 818	6 139	1 775
XII	Diseases of the skin and subcutaneous tissue	L00-L99	1 389	1 307	1 097	195
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	4 121	5 292	5 128	2 475
XIV	Diseases of the genitourinary system	N00-N99	3 335	2 745	2 712	2 187
XVI	Certain conditions originating in the perinatal period	P00-P96	1 961	1 264	1 519	107
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	683	830	833	110
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	4 263	4 171	2 888	1 526
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	7 281	7 113	11 029	1 857
XXI	Factors influencing health status and contact with health services	Z00-Z99	13 633	6 541	978	728
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	100 554	110 772	98 840	22 579

¹ Only discharges with a length of stay less than 90 days ¹ Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.b
hoveddiagnose. Mænd

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
1 159	3 371	3 168	A00-B99	Visse infektions- og parasitære sygdomme	I
9 175	10817	10 229	C00-D48	Svulster	II
630	524	658	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
1 284	1 058	1 972	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
2 527	741	21 594	F00-F99	Psyriske og adfærdsmæssige lidelser	V
3 212	2 533	2 596	G00-G99	Sygdomme i nervesystemet	VI
254	378	216	H00-H59	Sygdomme i øje og øjenomgivelser	VII
118	166	187	H60-H95	Sygdomme i øre og processus mastoideus	VIII
12 500	12 834	15 415	I00-I99	Sygdomme i kredsløbsorganer	IX
4 940	8 908	5 592	J00-J99	Sygdomme i åndedrætsorganer	X
4 412	5 212	5 284	K00-K93	Sygdomme i fordøjelsesorganer	XI
1 405	989	762	L00-L99	Sygdomme i hud og underhud	XII
4 137	4 292	3 967	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
2 480	3 495	2 829	N00-N99	Sygdomme i urin- og kønsorganer	XIV
2 656	2 121	2 008	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
469	796	674	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
2 082	2 183	3 555	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
6 278	7 561	7 176	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
3 756	5 805	3 406	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
63 006	73 785	90 426	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.2.c Bed-days in hospitals per 100 000 population by main diagnosis.
Women**

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
Main diagnosis	ICD-10 code					
I Certain infectious and parasitic diseases	A00-B99		3 008	2 468	2 916	3 003
II Neoplasms	C00-D48		8 615	8 545	9 426	10 362
III Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89		1 075	1 180	636	806
IV Endocrine, nutritional and metabolic diseases	E00-E90		3 096	3 155	1 545	1 889
V Mental and behavioural disorders	F00-F99		18 860	34 049	26 065	1 384
VI Diseases of the nervous system	G00-G99		2 887	2 155	6 466	3 764
VII Diseases of the eye and adnexa	H00-H59		219	779	1 413	1 238
VIII Diseases of the ear and mastoid process	H60-H95		244	239	365	1 347
IX Diseases of the circulatory system	I00-I99		8 974	18 864	17 451	12 171
X Diseases of the respiratory system	J00-J99		7 892	8 811	7 474	7 118
XI Diseases of the digestive system	K00-K93		7 204	7 292	5 178	8 729
XII Diseases of the skin and subcutaneous tissue	L00-L99		1 005	1 049	830	959
XIII Diseases of the musculoskeletal system and connective tissue	M00-M99		5 259	8 766	7 510	12 171
XIV Diseases of the genitourinary system	N00-N99		4 332	2 872	3 875	10 758
XV Pregnancy, childbirth and the puerperium	O00-O99		8 162	16 540	8 948	14 053
XVI Certain conditions originating in the perinatal period	P00-P96		515	1 163	1 234	527
XVII Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99		515	796	704	542
XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99		4 544	9 667	3 050	7 506
XIX Injury, poisoning and certain other consequences of external causes	S00-T98		8 045	4 360	8 773	9 132
XXI Factors influencing health status and contact with health services	Z00-Z99		15 080	11 309	1 319	3 581
All (except XX)	All causes A00-Z99 (excluding V, W, X and Y codes)		110 484	143 488	115 179	111 043

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistre

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.c
hoveddiagnose. Kvinder

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
965	2 945	2 930	A00-B99	Visse infektions- og parasitære sygdomme	I
8 729	10 336	10 267	C00-D48	Svulster	II
958	630	852	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
2 586	1 343	2 212	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
3 835	922	16 276	F00-F99	Psyiske og adfærdsmæssige lidelser	V
3 061	2 340	2 530	G00-G99	Sygdomme i nervesystemet	VI
194	355	242	H00-H59	Sygdomme i øje og øjenomgivelser	VII
149	227	231	H60-H95	Sygdomme i øre og processus mastoideus	VIII
9 421	9 736	13 182	I00-I99	Sygdomme i kredsløbsorganer	IX
5 481	8 235	5 453	J00-J99	Sygdomme i åndedrætsorganer	X
6 027	5 701	5 728	K00-K93	Sygdomme i fordøjelsesorganer	XI
1 427	853	743	L00-L99	Sygdomme i hud og underhud	XII
6 861	6 021	5 854	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
3 233	3 702	3 087	N00-N99	Sygdomme i urin- og kønsorganer	XIV
8 326	5 060	7 346	O00-O99	Svangerskab, fødsel og barsel	XV
2 019	1 787	1 571	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
420	612	544	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
2 874	2 537	4 192	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds.	XVIII
6 830	8 968	9 559	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
5 602	11 472	3 565	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
78 578	83 781	95 587	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistre

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.d Bed-days in hospitals per 100 000 population by main diagnosis.
Both sexes**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	3 254	2 514	5 584	5 894
	Thereof:					
	Septicaemia	A40-A41	1 337	591	1 208	1 415
II	<i>Neoplasms</i>	<i>C00-D48</i>	8 685	8 639	15 277	16 741
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	1 148	1 502	1 584	1 590
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	813	719	1 347	1 609
	Malignant neoplasm of breast	C50	501	949	1 285	906
	Malignant neoplasm of prostate	C61	382	796	1 065	1 546
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	1 029	1 700	979	1 042
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	2 801	3 285	3 368	6 163
	Thereof:					
	Diabetes mellitus	E10-E14	925	2 346	2 236	4 754
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	18 189	28 703	54 908	26 525
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	831	791	2 375	723
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	3 002	2 790	20 094	19 243
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	227	288	592	305
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	223	659	1 303	555
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	234	225	556	723

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.d
hoveddiagnose. Begge køn

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
1 063	3 158	3 048	<i>A00-B99</i>	<i>Visse infektions- og parasitære sygdomme</i>	I
				Heraf:	
296	1 604	1 160	<i>A40-A41</i>	Blodforgiftning	
8 955	10 576	10 248	<i>C00-D48</i>	<i>Svulster</i>	II
				Heraf:	
1 106	1 433	1 239	<i>C18-C21</i>	Ondartede svulster i tyktarm og endetarm	
1 184	991	983	<i>C33-C34</i>	Ondartede svulster i luftrør, bronkier og lunger	
624	391	459	<i>C50</i>	Ondartet svulst i bryst	
645	528	706	<i>C61</i>	Ondartet svulst i prostata	
792	577	756	<i>D50-D89</i>	<i>Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet</i>	III
1 927	1 201	2 092	<i>E00-E90</i>	<i>Endokrine, ernærings- og stofskiftesygdomme</i>	IV
				Heraf:	
700	467	1 109	<i>E10-E14</i>	Sukkersyge	
3 173	831	18 922	<i>F00-F99</i>	<i>Psyriske og adfærdsmæssige lidelser</i>	V
				Heraf:	
179	158	1 059	<i>F10</i>	Alkoholbetingede psykiske lidelser og adfærdsförstyrrelser	
3 137	2 436	2 562	<i>G00-G99</i>	<i>Sygdomme i nervesystemet</i>	VI
				Heraf:	
87	225	290	<i>G45</i>	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
225	366	229	<i>H00-H59</i>	<i>Sygdomme i øje og øjenomgivelser</i>	VII
133	197	209	<i>H60-H95</i>	<i>Sygdomme i øre og processus mastoideus</i>	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.2.d Bed-days in hospitals per 100 000 population by main diagnosis.
Both sexes. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	10 546	21 690	45 230	33 411
	Thereof:					
	Angina pectoris	I20	679	1 564	1 010	562
	Acute myocardial infarction	I21-I22	1 017	2 227	2 464	3 073
	Other ischaemic heart disease	I23-125	460	520	4 637	586
	Conduction disorders and cardiac arrhythmias	I44-I49	1 597	2 202	2 725	2 407
	Heart failure	I50	994	1 849	4 840	5 860
	Cerebrovascular diseases	I60-I69	2 445	10 234	21 099	13 854
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	2 445	7 626	17 029	17 415
	Thereof:					
	Pneumonia	J12-J18	8 000	3 194	10 867	8 658
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	3 445	1 627	1 730	2 862
	Asthma	J45-J46	1 481	668	671	1 202
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	229	7 046	7 989	8 027
	Thereof:		7 012			
	Diseases of appendix	K35-K38	338	374	369	382
	Alcoholic liver disease	K70	378	48	566	183
	Other diseases of liver	K71-K77	378	300	347	485
	Cholelithiasis	K80	369	744	879	1 023
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	656	1 183	1 549	1 073
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	1 196	6 961	10 162	13 111
	Thereof:		4 695			
	Systemic connective tissue disorders	M30-M36	283	354	408	1 238

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.d
hoveddiagnose. Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
10 979	11 282	14 293	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
1 109	676	789	I20	Brystkrampe	
1 127	1 779	1 583	I21-I22	Akut hjerteinfarkt	
1 057	690	248	I23-I25	Anden iskæmisk hjertesygdom	
1 342	1 080	1 407	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
1 288	1 141	2 226	I50	Hjertesvigt	
2 468	2 885	4 714	I60-I69	Karsygdomme i hjernen	
5 207	8 571	5 522	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
2 016	3 700	2 405	J12-J18	Lungebetændelse	
1 566	1 563	1 202	J40-J44; J47	Kronisk obstruktiv lungesygdom	
126	477	132	J45-J46	Astma	
5 210	5 457	5 507	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
348	324	298	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
113	144	150	K70	Alkoholisk leversygdom	
192	221	205	K71-K77	Andre leversygdomme	
686	582	640	K80	Galdesten	
1 416	921	752	L00-L99	Sygdomme i hud og underhud	XII
5 482	5 159	4 915	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
309	292	307	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.d Bed-days in hospitals per 100 000 population by main diagnosis.
Both sexes. Continued**

		Denmark		Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	3 838	2 806	6 497	5 517
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	559	438	2 669	885
	Renal failure	N17-N19	826	269	747	833
	Hyperplasia of prostate	N40	111	336	336	365
XV	<i>Pregnancy, childbirth and the puerperium</i>	<i>O00-O99</i>	4 116	7 948	4 561	5 136
	Thereof:					
	Medical abortion	O04	97	2	77	132
	Single spontaneous delivery	O80	1 815	5 158	2 442	2 815
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	1 711	1 215	1 375	916
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	598	814	875	2 253
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	4 405	4 262	5 921	6 981
	Thereof:					
	Pain in throat and chest	R07	98	93	306	278
	Abdominal and pelvic pain	R10	833	748	740	797

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.d
hoveddiagnose. Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
2 852	3 599	2 958	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
298	570	520	N00-N16	Glomerære og tubulointerstitielle nyresygdomme	
794	1 021	722	N17-N19	Nyreinsufficiens	
199	250	134	N40	Forstørret blærehalskirtel	
4 113	2 535	3 691	<i>O00-O99</i>	<i>Svangerskab, fødsel og barsel</i>	XV
				Heraf:	
29	17	29	004	Legal abort	
1 871	-	1 933	080	Spontan fødsel (enkelfødsel)	
2 341	1 954	1 788	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
444	704	609	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
2 474	2 361	3 875	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds</i>	XVIII
				Heraf:	
168	374	475	R07	Smerter i hals og bryst	
377	481	639	R10	Smerter i mave og underliv	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.d Bed-days in hospitals per 100 000 population by main diagnosis.
Both sexes. Continued**

			Denmark	Faroe Islands	Finland	Åland
Main diagnosis		ICD-10 code	2009	2003-07	2009	2005-09
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	7 667	8 340	19 138	17 930
	Thereof:					
	Intracranial injury	S06	398	392	1 871	3 021
	Fracture of femur	S72	1 599	2 996	5 605	5 470
	Fracture of lower leg, including ankle	S82	571	887	1 784	2 246
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	397	185	245	58
	Complications of surgical and medical care, not elsewhere classified	T80-T88	1 505	778	2 015	2 280
XXI	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	14 363	8 832	3 154	10 520
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	3 544	2 461	87	408
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	545	34	98	10
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	105 562	126 494	225 549	199 176

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.d
hoveddiagnose. Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
6 550	8 266	8 373	<i>S00-T98</i>	<i>Læsioner, forgiftninger og visse andre følger af ydre påvirkninger</i>	XIX
				Heraf:	
495	479	591	S06	Interkranielle skader	
1 718	2 043	2 581	S72	Brud på lårben	
440	701	645	S82	Brud på underben og ankel	
84	156	175	T36-T65	Forgiftning	
962	1 890	1 326	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	
4 668	8 644	3 486	<i>Z00-Z99</i>	<i>Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet</i>	XXI
				Heraf:	
365	124	491	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
42	346	891	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
70 698	78 792	93 019	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	<i>I alt</i>	All (except XX)

1 Only discharges with a length of stay less than 90 days

1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.e Bed-days in hospitals per 100 000 population by main diagnosis.
Men**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	3 505	2 556	5 287	5 644
	Thereof:					
	Septicaemia	A40-A41	1 530	724	1 235	1 170
II	<i>Neoplasms</i>	<i>C00-D48</i>	8 757	8 727	14 673	15 306
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	1 244	1 871	1 539	1 159
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	818	767	1 848	1 674
	Malignant neoplasm of prostate	C61	770	1 533	2 172	3 118
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	981	2 182	826	953
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	2 501	3 405	3 171	8 681
	Thereof:					
	Diabetes mellitus	E10-E14	1 100	2 720	2 241	7 663
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	17 506	23 757	40 756	9 021
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	1 158	1 213	3 782	748
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	3 118	3 377	15 592	12 997
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	246	322	459	255
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	227	547	1 076	518
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	224	212	650	535

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.e
hoveddiagnose. Mænd

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
1 159	3 371	3 168	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
396	1 739	1 292	A40-A41	Blodforgiftning	
9 175	10817	10 229	C00-D48	Svulster	II
				Heraf:	
1 176	1 469	1 296	C18-C21	Ondartede svulster i tyktarm, endetarm og anus	
1 062	1 149	939	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
1 275	1 058	1 419	C61	Ondartet svulst i prostata	
630	524	658	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
1 284	1 058	1 972	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
750	545	1 277	E10-E14	Sukkersyge	
2 527	741	21 594	F00-F99	Psyiske og adfærdsmæssige lidelser	V
				Heraf:	
209	243	1 626	F10	Alkoholbetingede psykiske lidelser og adfærdsforstyrrelser	
3 212	2 533	2 596	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
71	221	283	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
254	378	216	H00-H59	Sygdomme i øje og øjenomgivelser	VII
118	166	187	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.2.e Bed-days in hospitals per 100 000 population by main diagnosis. Men.
Continued

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	12 145	24 305	36 301	33 273
	Thereof:					
	Angina pectoris	I20	913	1 948	1 287	639
	Acute myocardial infarction	I21-I22	1 318	2 200	2 632	4 698
	Other ischaemic heart disease	I23-I25	635	642	3 075	709
	Conduction disorders and cardiac arrhythmias	I44-I49	1 779	2 533	2 313	1 861
	Heart failure	I50	1 253	2 705	3 199	4 662
	Cerebrovascular diseases	I60-I69	2 499	11 071	16 822	15 467
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	8 109	6 531	16 462	14 909
	Thereof:					
	Pneumonia	J12-J18	3 587	2 754	9 845	6 521
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	1 253	1 065	2 282	2 925
	Asthma	J45-J46	236	561	413	1 443
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	6 816	6 818	8 110	7 096
	Thereof:					
	Diseases of appendix	K35-K38	356	420	422	460
	Alcoholic liver disease	K70	486	66	812	271
	Other diseases of liver	K71-K77	408	297	354	258
	Cholelithiasis	K80	420	574	676	748
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	1 389	1 307	1 676	873
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	4 121	5 292	6 903	7 206
	Thereof:					
	Systemic connective tissue disorders	M30-M36	210	269	257	284

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.e
hoveddiagnose. Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
12 500	12 834	15 415	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
1 676	875	1 058	I20	Brystkrampe	
1 401	2 097	1 842	I21-I22	Akut hjerteinfarkt	
1 253	1 009	339	I23-I25	Anden iskæmisk hjertesygdom	
1 385	1 202	1 441	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
1 438	1 211	2 373	I50	Hjertesvigt	
2 946	2 994	4 862	I60-I69	Karsygdomme i hjernen	
4 940	8 908	5 592	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
2 004	3 864	2 577	J12-J18	Lungebetændelse	
1 340	1 486	971	J40-J44, J47	Kronisk obstruktiv lungesygdom	
58	404	110	J45-J46	Astma	
4 412	5 212	5 284	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
311	337	329	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
114	194	209	K70	Alkoholisk leversygdom	
229	208	213	K71-K77	Andre leversygdomme	
561	458	532	K80	Galdesten	
1 405	989	762	L00-L99	Sygdomme i hud og underhud	XII
4 137	4 292	3 967	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
190	183	226	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.2.e Bed-days in hospitals per 100 000 population by main diagnosis. Men.
Continued

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	3 335	2 745	4 536	4 175
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	498	436	1 801	560
	Renal failure	N17-N19	1 025	382	658	1 237
	Hyperplasia of prostate	N40	223	647	685	736
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	1 961	1 264	1 521	1 211
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	683	830	879	3 163
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	4 263	4 171	4 763	6 146
	Thereof:					
	Pain in throat and chest	R07	103	77	270	273
	Abdominal and pelvic pain	R10	603	583	538	785
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	7 281	7 113	17 425	17 969
	Thereof:					
	Intracranial injury	S06	528	581	2 501	5 772
	Fracture of femur	S72	1 021	1 839	3 267	4 448
	Fracture of lower leg, including ankle	S82	541	929	1 285	1 074
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	308	180	214	51
	Complications of surgical and medical care, not elsewhere classified	T80-T88	818	643	1 754	2 222

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.e
hoveddiagnose. Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
2 480	3 495	2 829	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
197	511	472	N00-N16	Glomerære og tubulointerstitielle nyresygdomme	
1 155	1 230	894	N17-N19	Nyreinsufficiens	
392	500	269	N40	Forstørret blærehalskirtel	
2 656	2 121	2 008	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
469	796	674	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
2 082	2 183	3 555	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds</i>	XVIII
				Heraf:	
136	385	464	R07	Smerter i hals og bryst	
177	312	432	R10	Smerter i mave og underliv	
6 278	7 561	7 176	<i>S00-T98</i>	<i>Læsioner, forgiftninger og visse andre følger af ydre påvirkninger</i>	XIX
				Heraf:	
672	615	747	S06	Interkranielle skader	
1 072	1 304	1 664	S72	Brud på lårben	
395	646	560	S82	Brud på underben og ankel	
62	137	142	T36-T65	Forgiftning	
1 075	1 757	1 310	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.2.e Bed-days in hospitals per 100 000 population by main diagnosis. Men.
Continued

			Denmark	Faroe Islands	Finland	Åland
Main diagnosis		ICD-10 code	2009	2003-07	2009	2005-09
XXI	<i>Factors influencing health status and contact with health services</i>	Z00-Z99	13 633	6 541	2 780	11 474
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	3 424	2 463	78	378
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	426	33	77	19
All (except XX)	<i>All causes</i>	A00-Z99 (excluding V, W, X and Y codes)	100 554	110 772	183 384	161 148

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: *The national in-patient registers*

Kilder: *Landspatientregistre*

Sengedage på sygehuse per 100.000 indbyggere efter Tabel 3.4.2.e
hoveddiagnose. Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>		
2009	2009	2009	ICD-10 kode	Hoveddiagnose
3 756	5 805	3 406	Z00-Z99	<i>Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet</i> XXI
				Heraf:
370	112	490	Z03	Medicinsk observation og vurdering for mistænkt sygdom
40	314	911	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)
63 006	73 785	90 426	A00-Z99 (excluding V, W, X and Y codes)	<i>I alt</i> All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.f Bed-days in hospital per 100 000 population by main diagnosis.
Women**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	3 008	2 468	5 869	6 140
	Thereof:					
	Septicaemia	A40-A41	1 147	448	1 181	1 655
II	<i>Neoplasms</i>	<i>C00-D48</i>	8 615	8 545	15 859	18 153
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	1 053	1 104	1 626	2 014
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	807	667	865	1 545
	Malignant neoplasm of breast	C50	990	1 974	2 511	1 793
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	1 075	1 180	1 127	1 129
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	3 096	3 155	3 557	3 687
	Thereof:					
	Diabetes mellitus	E10-E14	753	1 943	2 231	1 894
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	18 860	34 049	68 528	43 742
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	510	335	1 021	699
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	2 887	2 155	24 428	25 387
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	209	251	720	354
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	219	779	1 522	592
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	244	239	466	908

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder Tabel 3.4.2.f

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
965	2 945	2 930	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
195	1 470	1 030	A40-A41	Blodforgiftning	
8 729	10 336	10 267	C00-D48	Svulster	II
				Heraf:	
1 035	1 398	1 182	C18-C21	Ondartede svulster i tyktarm, endetarm og anus	
1 309	833	1 027	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
1 261	771	896	C50	Ondartet svulst i bryst	
958	630	852	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
2 586	1 343	2 212	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
648	389	942	E10-E14	Sukkersyge	
3 835	922	16 276	F00-F99	Psyiske og adfærdsmæssige lidelser	V
				Heraf:	
148	73	497	F10	Alkoholbetingede psykiske lidelser og adfærdsforstyrrelser	
3 061	2 340	2 530	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
105	229	297	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
194	355	242	H00-H59	Sygdomme i øje og øjenomgivelser	VII
149	227	231	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.2.f Bed-days in hospital per 100 000 population by main diagnosis.
Women. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	8 974	18 864	53 823	33 548
	Thereof:					
	Angina pectoris	I20	450	1 149	744	486
	Acute myocardial infarction	I21-I22	721	2 256	2 302	1 475
	Other ischaemic heart disease	I23-I25	288	389	6 140	466
	Conduction disorders and cardiac arrhythmias	I44-I49	1 418	1 844	3 120	2 944
	Heart failure	I50	739	924	6 420	7 038
	Cerebrovascular diseases	I60-I69	2 391	9 329	25 216	12 266
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	7 892	8 811	17 574	19 880
	Thereof:					
	Pneumonia	J12-J18	3 305	3 669	11 850	10 759
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	1 705	2 234	1 199	2 800
	Asthma	J45-J46	221	783	919	965
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	7 204	7 292	7 872	8 943
	Thereof:					
	Diseases of appendix	K35-K38	321	324	319	305
	Alcoholic liver disease	K70	273	29	328	97
	Other diseases of liver	K71-K77	330	302	341	709
	Cholelithiasis	K80	889	927	1 074	1 293
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	1 005	1 049	1 427	1 270
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	5 259	8 766	13 298	18 919
	Thereof:					
	Systemic connective tissue disorders	M30-M36	356	447	553	2 175

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder. Fortsat **Tabel 3.4.2.f**

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
9 421	9 736	13 182	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
528	477	522	I20	Brystkrampe	
846	1 461	1 327	I21-I22	Akut hjerteinfarkt	
856	372	160	I23-I25	Anden iskæmisk hjertesygdom	
1 297	958	1 374	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
1 135	1 071	2 081	I50	Hjertesvigt	
1 978	2 776	4 565	I60-I69	Karsygdomme i hjernen	
5 481	8 235	5 453	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
2 028	3 537	2 234	J12-J18	Lungebetændelse	
1 798	1 639	1 431	J40-J44, J47	Kronisk obstruktiv lungesygdom	
195	549	154	J45-J46	Astma	
6 027	5 701	5 728	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
386	311	267	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
112	94	92	K70	Alkoholisk leversygdom	
153	234	197	K71-K77	Andre leversygdomme	
814	705	748	K80	Galdesten	
1 427	853	743	L00-L99	Sygdomme i hud og underhud	XII
6 861	6 021	5 854	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
431	401	387	M30-M36	Generaliserede bindevævssygdomme	

1 Eurostat figure

1 Eurostat-uppgift

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.f Bed-days in hospital per 100 000 population by main diagnosis.
Women. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	4 332	2 872	8 384	6 837
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	618	441	3 505	1 205
	Renal failure	N17-N19	631	147	832	435
XV	<i>Pregnancy, childbirth and the puerperium</i>	<i>O00-O99</i>	8 162	16 540	8 951	10 188
	Thereof:		193			
	Medical abortion	O04	3 599	3	151	262
	Single spontaneous delivery	O80	1 466	10 733	4 792	5 583
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	515	1 163	1 235	625
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	515	796	871	1 358
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	4 544	4 360	7 037	7 802
	Thereof:					
	Pain in throat and chest	R07	93	111	339	284
	Abdominal and pelvic pain	R10	1 059	927	934	810

The table continues

Sengedage på sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder. Fortsat Tabel 3.4.2.f

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
3 233	3 702	3 087	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
401	629	568	N00-N16	Glomerulære og tubulointerstitielle nyresygdomme	
424	813	551	N17-N19	Nyreinsufficiens	
8 326	5 060	7 346	<i>000-099</i>	<i>Svangerskab, fødsel og barsel</i>	XV
				Heraf:	
58	33	85	004	Legal abort	
3 787	-	3 846	080	Spontan fødsel (enkelfødsel)	
2 019	1 787	1 571	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
420	612	544	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
2 874	2 537	4 192	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds.</i>	XVIII
				Heraf:	
200	363	485	R07	Smerter i hals og bryst	
583	650	844	R10	Smerter i mave og underliv	

1 Eurostat figure

1 Eurostat-uppgift

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.2.f Bed-days in hospital per 100 000 population by main diagnosis.
Women. Continued**

			Denmark	Faroe Islands	Finland	Åland
Main diagnosis		ICD-10 code	2009	2003-07	2009	2005-09
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	8 045	9 667	20 787	17 891
	Thereof:					
	Intracranial injury	S06	270	188	1 265	315
	Fracture of femur	S72	2 166	4 248	7 855	6 475
	Fracture of lower leg, including ankle	S82	601	841	2 264	3 399
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	486	191	276	66
	Complications of surgical and medical care, not elsewhere classified	T80-T88	1 544	923	2 266	2 338
XXI	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	15 080	11 309	3 514	9 582
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	3 662	2 459	96	436
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	662	35	117	1
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	110 484	143 488	266 130	236 580

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Sengedage på sygehuse per 100.000 indbyggere efter hoveddiagnose. Kvinder. Fortsat Tabel 3.4.2.f

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
6 830	8 968	9 559	<i>S00-T98</i>	<i>Læsioner, forgiftninger og visse andre følger af ydre påvirkninger</i>	XIX
				Heraf:	
314	343	437	S06	Interkranielle skader	
2 380	2 780	3 490	S72	Brud på lårben	
486	756	729	S82	Brud på underben og ankel	
106	175	209	T36-T65	Forgiftning	
847	2 023	1 341	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	
5 602	11 472	3 565	<i>Z00-Z99</i>	<i>Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet</i>	XXI
				Heraf:	
360	136	493	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
44	378	871	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
78 578	83 781	95 587	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	<i>I alt</i>	All (except XX)

1 Only discharges with a length of stay less than 90 days

1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.a Average length of stay per discharge (in days) by main diagnosis.
Both sexes**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	Certain infectious and parasitic diseases	A00-B99	4.9	5.3	3.9	2.9
II	Neoplasms	C00-D48	5.7	4.7	4.1	3.1
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	3.3	3.7	2.8	3.4
IV	Endocrine, nutritional and metabolic diseases	E00-E90	4.0	7.2	3.9	3.0
V	Mental and behavioural disorders	F00-F99	16.5	30.4	17.2	2.0
VI	Diseases of the nervous system	G00-G99	5.2	4.3	5.8	2.8
VII	Diseases of the eye and adnexa	H00-H59	2.1	1.1	1.1	3.5
VIII	Diseases of the ear and mastoid process	H60-H95	1.9	0.7	1.6	2.7
IX	Diseases of the circulatory system	I00-I99	4.9	9.4	5.4	2.7
X	Diseases of the respiratory system	J00-J99	5.7	5.3	4.2	2.6
XI	Diseases of the digestive system	K00-K93	3.3	2.5	3.2	2.8
XII	Diseases of the skin and subcutaneous tissue	L00-L99	4.0	4.7	4.3	3.0
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	16.5	4.9	2.9	3.4
XIV	Diseases of the genitourinary system	N00-N99	3.2	2.9	2.6	4.0
XV	Pregnancy, childbirth and the puerperium	O00-O99	2.6	4.4	3.2	6.0
XVI	Certain conditions originating in the perinatal period	P00-P96	3.3	4.7	7.7	2.7
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	2.5	4.2	4.0	1.9
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	2.5	3.2	2.1	3.2
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	3.8	4.5	4.2	2.7
XXI	Factors influencing health status and contact with health services	Z00-Z99	4.7	2.5	2.2	2.1
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	4.6	5.4	4.5	3.1

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.a
Begge køn

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
5.7	6.4	5.8	A00-B99	Visse infektions- og parasitære sygdomme	I
7.6	6.6	7.3	C00-D48	Svulster	II
5.6	3.7	4.7	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
6.8	3.9	5.2	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
14.9	3.3	16.7	F00-F99	Psykiske og adfærdsmæssige lidelser	V
9.9	3.3	5.2	G00-G99	Sygdomme i nervesystemet	VI
2.7	3.5	2.5	H00-H59	Sygdomme i øje og øjenomgivelser	VII
2.7	2.4	2.2	H60-H95	Sygdomme i øre og processus mastoideus	VIII
7.6	4.7	5.6	I00-I99	Sygdomme i kredsløbsorganer	IX
7.0	6.0	5.1	J00-J99	Sygdomme i åndedrætsorganer	X
4.5	4.4	4.5	K00-K93	Sygdomme i fordøjelsesorganer	XI
6.2	6.0	6.2	L00-L99	Sygdomme i hud og underhud	XII
6.1	4.7	5.0	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
4.1	3.8	4.0	N00-N99	Sygdomme i urin- og kønsorganer	XIV
2.2	3.5	2.5	O00-O99	Svangerskab, fødsel og barsel	XV
4.5	10	10.5	P00-P96	Visse tilstande med oprindelse i den perinatale periode	XVI
3.8	4.5	5.3	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
4.2	1.8	2.5	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
6.5	4.4	5.2	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
6.8	5.0	5.0	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
5.8	4.6	5.7	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistre

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.b Average length of stay per discharge (in days) by main diagnosis.
Men**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	Certain infectious and parasitic diseases	A00-B99	4.9	5.1	4.2	1.0
II	Neoplasms	C00-D48	5.9	4.9	4.3	1.1
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	3.3	4.6	3.0	1.4
IV	Endocrine, nutritional and metabolic diseases	E00-E90	4.2	8.0	4.1	1.1
V	Mental and behavioural disorders	F00-F99	15.2	23.5	14.1	0.7
VI	Diseases of the nervous system	G00-G99	5.2	5.4	5.4	1.0
VII	Diseases of the eye and adnexa	H00-H59	2.2	0.9	1.2	1.4
VIII	Diseases of the ear and mastoid process	H60-H95	1.8	0.7	1.7	0.8
IX	Diseases of the circulatory system	I00-I99	4.1	9.2	5.1	0.9
X	Diseases of the respiratory system	J00-J99	5.7	4.4	3.9	0.8
XI	Diseases of the digestive system	K00-K93	3.1	2.4	3.1	0.9
XII	Diseases of the skin and subcutaneous tissue	L00-L99	3.5	4.4	4.4	1.0
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	6.4	3.9	2.8	1.3
XIV	Diseases of the genitourinary system	N00-N99	4.5	3.6	3.0	2.1
XVI	Certain conditions originating in the perinatal period	P00-P96	3.2	4.8	7.4	0.8
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	2.5	4.3	3.9	0.5
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	1.4	3.1	2.2	1.1
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	3.6	3.4	4.4	0.9
XXI	Factors influencing health status and contact with health services	Z00-Z99	4.8	2.4	2.2	0.7
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	4.7	5.2	4.5	1.2

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistre

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose- Tabel 3.4.3.b
se. Mænd

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
6.5	6.6	5.8	A00-B99	Visse infektions- og parasitære sygdomme	I
8.1	6.8	7.6	C00-D48	Svulster	II
6.0	3.8	4.8	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
7.4	4.1	5.5	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
13.5	2.8	17.5	F00-F99	Psyriske og adfærdsmæssige lidelser	V
10.5	3.1	5.2	G00-G99	Sygdomme i nervesystemet	VI
3.2	3.7	2.3	H00-H59	Sygdomme i øje og øjenomgivelser	VII
2.4	2.1	2.1	H60-H95	Sygdomme i øre og processus mastoideus	VIII
7.2	4.5	5.4	I00-I99	Sygdomme i kredsløbsorganer	IX
7.1	5.9	5.1	J00-J99	Sygdomme i åndedrætsorganer	X
4.4	4.3	4.4	K00-K93	Sygdomme i fordøjelsesorganer	XI
6.4	6.0	6.1	L00-L99	Sygdomme i hud og underhud	XII
5.4	4.5	4.7	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
5.4	4.1	4.4	N00-N99	Sygdomme i urin- og kønsorganer	XIV
4.6	9.9	10.4	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
3.4	4.5	5.3	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
4.1	1.8	2.5	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
6.2	4.0	4.6	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
7.2	7.2	5.0	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
6.5	4.7	6.1	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistrene

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.3.c Average length of stay per discharge (in days) by main diagnosis.
Women**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	Certain infectious and parasitic diseases	A00-B99	4.8	5.5	3.6	4.8
II	Neoplasms	C00-D48	5.5	4.5	4.0	4.8
III	Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism	D50-D89	3.3	2.6	2.7	4.7
IV	Endocrine, nutritional and metabolic diseases	E00-E90	3.8	6.4	3.8	4.6
V	Mental and behavioural disorders	F00-F99	17.8	39.1	20.6	3.3
VI	Diseases of the nervous system	G00-G99	5.2	3.3	6.1	4.3
VII	Diseases of the eye and adnexa	H00-H59	2.0	1.2	1.1	5.0
VIII	Diseases of the ear and mastoid process	H60-H95	2.0	0.8	1.3	5.0
IX	Diseases of the circulatory system	I00-I99	4.4	9.8	5.7	4.6
X	Diseases of the respiratory system	J00-J99	4.4	6.3	4.6	4.7
XI	Diseases of the digestive system	K00-K93	4.2	2.6	3.2	4.9
XII	Diseases of the skin and subcutaneous tissue	L00-L99	3.8	5.2	4.2	4.8
XIII	Diseases of the musculoskeletal system and connective tissue	M00-M99	3.7	6.0	3.0	4.9
XIV	Diseases of the genitourinary system	N00-N99	3.0	2.4	2.4	5.0
XV	Pregnancy, childbirth and the puerperium	O00-O99	2.6	4.4	3.2	5.0
XVI	Certain conditions originating in the perinatal period	P00-P96	9.8	4.7	8.2	5.0
XVII	Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	3.4	4.1	4.0	5.0
XVIII	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	2.5	3.3	2.0	4.9
XIX	Injury, poisoning and certain other consequences of external causes	S00-T98	4.0	6.2	3.9	4.7
XXI	Factors influencing health status and contact with health services	Z00-Z99	4.5	2.6	2.2	3.3
All (except XX)	All causes	A00-Z99 (excluding V, W, X and Y codes)	4.4	5.6	4.5	4.7

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers

Kilder: Landspatientregistre

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.c
Kvinder

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
5.0	6.3	5.8	A00-B99	Visse infektions- og parasitære sygdomme	I
7.1	6.3	6.9	C00-D48	Svulster	II
5.5	3.7	4.6	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
6.5	3.8	5.0	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
16.0	3.8	15.8	F00-F99	Psyiske og adfærdsmæssige lidelser	V
9.3	3.6	5.3	G00-G99	Sygdomme i nervesystemet	VI
2.3	3.4	2.7	H00-H59	Sygdomme i øje og øjenomgivelser	VII
3.0	2.6	2.3	H60-H95	Sygdomme i øre og processus mastoideus	VIII
8.3	5.0	6.0	I00-I99	Sygdomme i kredsløbsorganer	IX
7.0	6.0	5.2	J00-J99	Sygdomme i åndedrætsorganer	X
4.7	4.5	4.6	K00-K93	Sygdomme i fordøjelsesorganer	XI
6.0	6.0	6.4	L00-L99	Sygdomme i hud og underhud	XII
6.6	4.8	5.3	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
3.4	3.6	3.6	N00-N99	Sygdomme i urin- og kønsorganer	XIV
2.2	3.5	2.5	O00-O99	Svangerskab, fødsel og barsel	XV
4.4	10.1	10.6	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
4.3	4.5	5.2	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
4.2	1.8	2.6	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds.	XVIII
6.9	4.8	5.7	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
6.5	4.4	5.0	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
5.3	4.6	5.4	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: The national in-patient registers
Kilder: Landspatientregistre

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.d Average length of stay per discharge (in days) by main diagnosis.
Both sexes**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	4.9	5.3	7.1	9.4
	Thereof:					
	Septicaemia	A40-A41	7.9	10.0	11.2	13.7
II	<i>Neoplasms</i>	<i>C00-D48</i>	5.7	4.7	6.9	8.3
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	7.4	5.5	9.7	11.5
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	5.7	3.4	10.0	12.3
	Malignant neoplasm of breast	C50	2.8	5.6	6.0	6.0
	Malignant neoplasm of prostate	C61	4.4	9.3	8.6	7.5
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	3.3	3.7	4.7	7.3
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	4.0	7.2	8.8	16.2
	Thereof:					
	Diabetes mellitus	E10-E14	5.3	11.0	11.6	30.7
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	16.5	30.4	40.2	63.1
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	2.9	3.2	7.3	5.1
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	5.2	4.3	19.8	24.0
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	2.6	4.9	4.8	3.4
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	2.1	1.1	1.3	2.6
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	1.9	0.7	1.8	2.4

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.d
Begge køn

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
5.7	6.4	5.8	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
13.5	10.3	8.6	A40-A41	Blodforgiftning	
7.6	6.6	7.3	C00-D48	Svulster	II
				Heraf:	
11.2	9.2	10.5	C18-C21	Ondartede svulster i tyktarm og endetarm	
8.8	8.2	10.1	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
5.2	4.3	4.4	C50	Ondartet svulst i bryst	
8.3	5.0	6.4	C61	Ondartet svulst i prostata	
5.6	3.7	4.7	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
6.8	3.9	5.2	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
10.5	4.6	6.3	E10-E14	Sukkersyge	
14.9	3.3	16.7	F00-F99	Psyriske og adfærdsmæssige lidelser	V
				Heraf:	
6.0	1.8	3.2	F10	Alkoholbetingede psyriske lidelser og adfærdsforyrrelser	
9.9	3.3	5.2	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
4.3	2.6	2.8	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
2.7	3.5	2.5	H00-H59	Sygdomme i øje og øjenomgivelser	VII
2.7	2.4	2.2	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.d Average length of stay per discharge (in days) by main diagnosis.
Both sexes. Continued**

		Denmark	Faroe Islands	Finland	Åland
		2009	2003-07	2009	2005-09
Main diagnosis	ICD-10 code				
IX <i>Diseases of the circulatory system</i>	<i>I00-I99</i>	4.2	9.4	14.3	12.3
Thereof:		2.3			
Angina pectoris	I20	3.7	5.5	4.5	3.6
Acute myocardial infarction	I21-I22	3.5	10.8	9.3	10.6
Other ischaemic heart disease	I23-I25	2.8	5.9	18.0	7.4
Conduction disorders and cardiac arrhythmias	I44-I49	5.8	4.4	4.7	4.6
Heart failure	I50	6.8	14.2	13.1	15.5
Cerebrovascular diseases	I60-I69	4.3	30.9	35.6	29.4
X <i>Diseases of the respiratory system</i>	<i>J00-J99</i>	4.3	5.3	9.3	10.6
Thereof:					
Pneumonia	J12-J18	5.7	8.3	16.0	23.1
Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	4.7	8.1	10.1	10.6
Asthma	J45-J46	1.9	3.0	6.4	15.8
XI <i>Diseases of the digestive system</i>	<i>K00-K93</i>	4.0	2.5	4.5	4.3
Thereof:					
Diseases of appendix	K35-K38	3.1	3.5	3.0	2.8
Alcoholic liver disease	K70	8.2	5.5	9.5	10.3
Other diseases of liver	K71-K77	6.8	7.4	7.2	13.1
Cholelithiasis	K80	3.1	3.3	3.7	3.7
XII <i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	4.0	4.7	6.9	5.5
XIII <i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	3.6	4.9	4.6	6.0
Thereof:					
Systemic connective tissue disorders	M30-M36	6.0	5.8	7.6	18.8

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.d
Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
7.6	4.7	5.6	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
4.7	2.8	3.2	I20	Brystkrampe	
6.8	4.1	4.5	I21-I22	Akut hjerteinfarkt	
8.7	2.8	3.6	I23-I25	Anden iskæmisk hjertesygdom	
5.1	2.7	2.7	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
9.1	5.9	6.5	I50	Hjertesvigt	
13.9	9.2	10.6	I60-I69	Karsygdomme i hjernen	
7.0	6.0	5.1	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
7.9	7.4	6.3	J12-J18	Lungebetændelse	
10.2	7.4	6.1	J40-J44;J47	Kronisk obstruktiv lungesygdom	
3.5	5.7	2.5	J45-J46	Astma	
4.5	4.4	4.5	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
2.5	2.9	2.6	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
9.0	8.0	8.3	K70	Alkoholisk leversygdom	
9.0	7.1	7.6	K71-K77	Andre leversygdomme	
3.0	3.6	3.5	K80	Galdesten	
6.2	6.0	6.2	L00-L99	Sygdomme i hud og underhud	XII
6.1	4.7	5.0	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
9.2	5.1	6.2	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.d Average length of stay per discharge (in days) by main diagnosis.
Both sexes. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	3.2	2.9	5.1	3.4
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	4.0	3.9	8.3	5.4
	Renal failure	N17-N19	5.3	8.6	10.2	12.3
	Hyperplasia of prostate	N40	2.2	4.9	4.2	2.9
XV	<i>Pregnancy, childbirth and the puerperium</i>	<i>O00-O99</i>	2.6	4.4	3.2	3.6
	Thereof:		1.1			
	Medical abortion	O04	2.6	0.0	1.1	1.1
	Single spontaneous delivery	O80	9.6	4.8	3.2	4.0
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	3.3	4.7	7.8	7.8
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	2.5	4.2	4.5	13.1
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	2.5	3.2	4.2	4.9
	Thereof:					
	Pain in throat and chest	R07	1.4	2.2	2.1	1.7
	Abdominal and pelvic pain	R10	1.8	1.7	2.9	2.6

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.d
Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
4.1	3.8	4.0	N00-N99	Sygdomme i urin- og kønsorganer	XIV
				Heraf:	
4.3	4.6	4.4	N00-N16	Glomerulære og tubulointerstitielle nyresygdomme	
9.9	6.6	7.4	N17-N19	Nyreinsufficiens	
3.9	3.3	2.8	N40	Forstørret blærehalskirtel	
2.2	3.5	2.5	O00-O99	Svangerskab, fødsel og barsel	XV
				Heraf:	
1.4	0.7	0.8	O04	Legal abort	
1.8	-	2.2	O80	Spontan fødsel (enkelfødsel)	
4.5	10	10.5	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
3.8	4.5	5.3	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
4.2	1.8	2.5	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
				Heraf:	
1.9	1.1	1.4	R07	Smerter i hals og bryst	
2.5	1.5	2.0	R10	Smerter i mave og underliv	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.d Average length of stay per discharge (in days) by main diagnosis.
Both sexes. Continued**

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
	Main diagnosis	ICD-10 code				
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	3.8	4.5	8.1	8.9
	Thereof:					
	Intracranial injury	S06	3.2	1.9	10.1	14.8
	Fracture of femur	S72	7.9	12.8	18.5	23.4
	Fracture of lower leg, including ankle	S82	5.1	4.9	7.9	12.3
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.8	2.1	2.1	1.2
	Complications of surgical and medical care, not elsewhere classified	T80-T88	5.5	8.3	8.4	9.3
XXI	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	4.7	2.5	6.1	10.1
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	1.9	2.3	2.8	2.5
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	17.4	1.5	3.5	4.7
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	4.6	5.4	9.4	9.3

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: Tables 3.4.1.a and 3.4.2.a

Kilder: Tabellerne 3.4.1.a og 3.4.2.a

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.d
Begge køn. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>			
2009	2009	2009	ICD-10 kode	Hoveddiagnose	
6.5	4.4	5.2	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
				Heraf:	
9.0	2.4	3.6	S06	Interkranielle skader	
10.8	8.7	9.7	S72	Brud på lårben	
3.8	5.2	5.1	S82	Brud på underben og ankel	
2.4	1.3	1.4	T36-T65	Forgiftning	
6.5	6.7	6.3	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	
6.8	5.0	5.0	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
				Heraf:	
1.7	1.6	2.4	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
4.3	2.4	5.9	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
5.8	4.6	5.7	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: Kilder:

Tables 3.4.1.a and 3.4.2.a

Tabellerne 3.4.1.a og 3.4.2.a

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.e Average length of stay per discharge (in days) by main diagnosis.
Men**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	4.9	5.1	6.9	9.0
	Thereof:					
	Septicaemia	A40-A41	7.8	10.0	11.8	10.3
II	<i>Neoplasms</i>	<i>C00-D48</i>	5.9	4.9	7.0	8.1
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	7.5	6.6	8.9	8.9
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	5.4	3.0	10.0	11.0
	Malignant neoplasm of prostate	C61	4.4	9.3	8.6	7.5
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	3.3	4.6	4.5	8.2
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	4.2	8.0	9.1	25.0
	Thereof:					
	Diabetes mellitus	E10-E14	5.5	11.9	10.3	42.2
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	15.2	23.5	27.8	21.4
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	2.9	3.1	7.1	3.5
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	5.2	5.4	16.0	17.8
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	2.5	4.6	3.9	2.6
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	2.2	0.9	1.3	2.9
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	1.8	0.7	1.9	1.6

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.e
Mænd

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
6.5	6.6	5.8	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
20.6	10.5	8.5	A40-A41	Blodforgiftning	
8.1	6.8	7.6	C00-D48	Svulster	II
				Heraf:	
11.0	9.3	10.5	C18-C21	Ondartede svulster i tyktarm, endetarm og anus	
8.5	8.3	9.6	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
8.3	5.0	6.4	C61	Ondartet svulst i prostata	
6.0	3.8	4.8	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
7.4	4.1	5.5	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
10.7	4.7	6.2	E10-E14	Sukkersyge	
13.5	2.8	17.5	F00-F99	Psyiske og adfærdsmæssige lidelser	V
				Heraf:	
4.4	2.0	3.3	F10	Alkoholbetingede psykiske lidelser og adfærdsforstyrrelser	
10.5	3.1	5.2	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
3.8	2.6	2.7	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
3.2	3.7	2.3	H00-H59	Sygdomme i øje og øjenomgivelser	VII
2.4	2.1	2.1	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.3.e Average length of stay per discharge (in days) by main diagnosis. Men
Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	4.1	9.2	11.0	11.8
	Thereof:					
	Angina pectoris	I20	2.4	5.1	4.4	3.3
	Acute myocardial infarction	I21-I22	3.6	8.1	8.4	13.1
	Other ischaemic heart disease	I23-I25	3.5	5.6	10.1	6.0
	Conduction disorders and cardiac arrhythmias	I44-I49	2.7	4.2	4.0	3.9
	Heart failure	I50	5.6	17.4	9.8	12.0
	Cerebrovascular diseases	I60-I69	6.6	28.2	27.6	31.3
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	5.7	4.4	8.0	8.4
	Thereof:					
	Pneumonia	J12-J18	4.5	7.0	12.6	16.0
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	1.8	6.0	9.6	10.1
	Asthma	J45-J46	3.9	2.4	5.1	19.8
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	3.1	2.4	4.1	3.7
	Thereof:					
	Diseases of appendix	K35-K38	7.9	3.7	3.2	2.9
	Alcoholic liver disease	K70	7.2	6.3	9.4	11.4
	Other diseases of liver	K71-K77	3.2	7.8	7.8	14.4
	Cholelithiasis	K80	4.1	4.5	3.9	3.3
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	3.5	4.4	6.7	4.5
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	6.4	3.9	3.7	3.9
	Thereof:					
	Systemic connective tissue disorders	M30-M36	3.5	5.6	7.7	8.0

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.e
Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
7.2	4.5	5.4	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
4.9	2.9	3.3	I20	Brystkrampe	
6.6	3.8	4.2	I21-I22	Akut hjerteinfarkt	
7.9	2.9	3.5	I23-I25	Anden iskæmisk hjertesygdom	
4.6	2.6	2.5	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
8.2	5.8	6.2	I50	Hjertesvigt	
13.8	9.2	10.4	I60-I69	Karsygdomme i hjernen	
7.1	5.9	5.1	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
7.9	7.3	6.3	J12-J18	Lungebetændelse	
11.2	7.2	5.6	J40-J44, J47	Kronisk obstruktiv lungesygdom	
2.9	4.9	2.1	J45-J46	Astma	
4.4	4.3	4.4	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
2.1	2.8	2.6	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
5.9	7.7	8.3	K70	Alkoholisk leversygdom	
10.0	7.8	7.6	K71-K77	Andre leversygdomme	
3.8	3.9	3.8	K80	Galdesten	
6.4	6.0	6.1	L00-L99	Sygdomme i hud og underhud	XII
5.4	4.5	4.7	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
11.8	5.2	6.8	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.3.e Average length of stay per discharge (in days) by main diagnosis. Men
Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
XIV	<i>Diseases of the genitourinary system</i>	<i>N00-N99</i>	4.5	3.6	5.0	3.9
	Thereof:					
	Glomerular and renal tubulointerstitial diseases	N00-N16	5.1	3.7	7.2	4.6
	Renal failure	N17-N19	2.2	9.2	7.9	12.6
	Hyperplasia of prostate	N40	9.4	4.9	4.2	2.9
XVI	<i>Certain conditions originating in the perinatal period</i>	<i>P00-P96</i>	3.2	4.8	7.4	9.3
XVII	<i>Congenital malformations, deformations and chromosomal abnormalities</i>	<i>Q00-Q99</i>	2.5	4.3	4.2	13.4
XVIII	<i>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</i>	<i>R00-R99</i>	1.4	3.1	3.7	4.6
	Thereof:					
	Pain in throat and chest	R07	1.8	1.6	2.0	1.7
	Abdominal and pelvic pain	R10	3.6	1.7	2.8	3.4
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	3.6	3.4	7.0	8.6
	Thereof:					
	Intracranial injury	S06	3.5	2.1	10.8	20.1
	Fracture of femur	S72	7.8	10.7	16.3	24.5
	Fracture of lower leg, including ankle	S82	4.8	4.6	5.8	6.0
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.7	2.3	2.0	1.1
	Complications of surgical and medical care, not elsewhere classified	T80-T88	3.1	7.5	8.1	10.9

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.e
Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
5.4	4.1	4.4	N00-N99	Sygdomme i urin- og kønsorganer	XIV
				Heraf:	
4.3	4.9	4.7	N00-N16	Glomerulære og tubulointerstitielle nyresygdomme	
10.5	6.5	7.4	N17-N19	Nyreinsufficiens	
3.9	3.3	2.8	N40	Forstørret blærehalskirtel	
4.6	9.9	10.4	P00-P96	Visse tilstande med oprindelese i den perinatale periode	XVI
3.4	4.5	5.3	Q00-Q99	Medfødte misdannelser og kromosomanomalier	XVII
4.1	1.8	2.5	R00-R99	Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds	XVIII
				Heraf:	
1.6	1.1	1.3	R07	Smerter i hals og bryst	
2.5	1.4	1.9	R10	Smerter i mave og underliv	
6.2	4.0	4.6	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
				Heraf:	
9.5	2.5	3.7	S06	Interkranielle skader	
10.1	9.0	9.4	S72	Brud på lårben	
3.8	4.9	4.7	S82	Brud på underben og ankel	
2.3	1.3	1.4	T36-T65	Forgiftning	
7.5	6.7	6.2	T80-T88	Komplikationer i forbindelse med behandling som ikke er klassificeret andetsteds	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.3.e Average length of stay per discharge (in days) by main diagnosis. Men
Continued

			Denmark	Faroe Islands	Finland	Åland
		ICD-10 code	2009	2003-07	2009	2005-09
XXI	Main diagnosis					
	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	4.8	2.4	6.4	11.5
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	1.9	2.2	2.5	2.5
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	16.1	1.7	3.1	6.5
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	4.7	5.2	8.3	8.5

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: Tables 3.4.1.b and 3.4.2.b

Kilder: Tabellerne 3.4.1.b og 3.4.2.b

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.e
Mænd. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
7.2	7.2	5.0	Z00-Z99	<i>Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet</i>	XXI
				Heraf:	
1.5	1.5	2.5	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
4.0	2.6	6.0	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
6.5	4.7	6.1	A00-Z99 (excluding V, W, X and Y codes)		<i>I alt</i> All (ex-cept XX)

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: Tables 3.4.1.b and 3.4.2.b

Kilder: Tabellerne 3.4.1.b og 3.4.2.b

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
**Table 3.4.3.f Average length of stay per discharge (in days) by main diagnosis.
Women**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
I	<i>Certain infectious and parasitic diseases</i>	<i>A00-B99</i>	4.8	5.5	7.3	9.8
	Thereof:					
	Septicaemia	A40-A41	8.0	10.0	10.6	17.7
II	<i>Neoplasms</i>	<i>C00-D48</i>	5.5	4.5	6.8	8.4
	Thereof:					
	Malignant neoplasm of colon, rectum and anus	C18-C21	7.3	4.2	10.6	13.8
	Malignant neoplasms of trachea, bronchus and lung	C33-C34	6.0	4.1	10.0	14.1
	Malignant neoplasm of breast	C50	2.8	5.6	6.0	6.0
III	<i>Diseases of the blood and bloodforming organs and certain disorders involving the immune mechanism</i>	<i>D50-D89</i>	3.3	2.6	4.8	6.6
IV	<i>Endocrine, nutritional and metabolic diseases</i>	<i>E00-E90</i>	3.8	6.4	8.7	9.0
	Thereof:					
	Diabetes mellitus	E10-E14	5.1	10.0	13.0	14.7
V	<i>Mental and behavioural disorders</i>	<i>F00-F99</i>	17.8	39.1	54.2	104.4
	Thereof:					
	Mental and behavioural disorders due to alcohol	F10	2.9	3.6	8.2	10.1
VI	<i>Diseases of the nervous system</i>	<i>G00-G99</i>	5.2	3.3	23.2	29.2
	Thereof:					
	Transient cerebral ischaemic attacks and related syndromes	G45	2.6	5.3	5.6	4.3
VII	<i>Diseases of the eye and adnexa</i>	<i>H00-H59</i>	2.0	1.2	1.2	2.4
VIII	<i>Diseases of the ear and mastoid process</i>	<i>H60-H95</i>	2.0	0.8	1.7	3.4

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.f
Kvinder

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
5.0	6.3	5.8	A00-B99	Visse infektions- og parasitære sygdomme	I
				Heraf:	
7.9	10.2	8.7	A40-A41	Blodforgiftning	
7.1	6.3	6.9	C00-D48	Svulster	II
				Heraf:	
11.6	9.1	10.5	C18-C21	Ondartede svulster i tyktarm, endetarm og anus	
9.1	7.9	10.6	C33-C34	Ondartede svulster i luftrør, bronkier og lunger	
5.3	4.3	4.4	C50	Ondartet svulst i bryst	
5.5	3.7	4.6	D50-D89	Sygdomme i blod og bloddannende organer og visse lidelser i forbindelse med immunsystemet	III
6.5	3.8	5.0	E00-E90	Endokrine, ernærings- og stofskiftesygdomme	IV
				Heraf:	
10.3	4.4	6.3	E10-E14	Sukkersyge	
16.0	3.8	15.8	F00-F99	Psyiske og adfærdsmæssige lidelser	V
				Heraf:	
11.7	1.3	3.1	F10	Alkoholbetingede psykiske lidelser og adfærdsforstyrrelser	
9.3	3.6	5.3	G00-G99	Sygdomme i nervesystemet	VI
				Heraf:	
4.7	2.6	3.0	G45	Forbigående utilstrækkelig blodforsyning til hjernen og beslægtede syndromer	
2.3	3.4	2.7	H00-H59	Sygdomme i øje og øjenomgivelser	VII
3.0	2.6	2.3	H60-H95	Sygdomme i øre og processus mastoideus	VIII

Tabellen fortsætter

**Table 3.4.3.f Average length of stay per discharge (in days) by main diagnosis.
Women. Continued**

			Denmark	Faroe Islands	Finland	Åland
	Main diagnosis	ICD-10 code	2009	2003-07	2009	2005-09
IX	<i>Diseases of the circulatory system</i>	<i>I00-I99</i>	4.4	9.8	17.6	12.8
	Thereof:					
	Angina pectoris	I20	5.7	6.4	4.7	4.0
	Acute myocardial infarction	I21-I22	4.9	16.5	10.7	6.6
	Other ischaemic heart disease	I23-I25	2.0	6.6	28.9	11.4
	Conduction disorders and cardiac arrhythmias	I44-I49	4.2	4.9	5.4	5.2
	Heart failure	I50	3.0	9.1	15.6	19.1
	Cerebrovascular diseases	I60-I69	8.7	35.3	43.8	27.4
X	<i>Diseases of the respiratory system</i>	<i>J00-J99</i>	4.4	6.3	10.9	13.2
	Thereof:					
	Pneumonia	J12-J18	5.7	9.6	20.4	31.4
	Chronic obstructive pulmonary disease and bronchiectasis	J40-J44, J47	4.9	9.9	11.0	11.1
	Asthma	J45-J46	2.0	3.9	7.2	12.2
XI	<i>Diseases of the digestive system</i>	<i>K00-K93</i>	4.2	2.6	4.9	5.0
	Thereof:					
	Diseases of appendix	K35-K38	3.0	3.3	2.8	2.6
	Alcoholic liver disease	K70	8.7	4.1	9.6	8.3
	Other diseases of liver	K71-K77	6.4	7.0	6.7	12.7
	Cholelithiasis	K80	3.1	2.8	3.6	4.0
XII	<i>Diseases of the skin and subcutaneous tissue</i>	<i>L00-L99</i>	3.8	5.2	7.2	6.3
XIII	<i>Diseases of the musculoskeletal system and connective tissue</i>	<i>M00-M99</i>	3.7	6.0	5.3	7.6
	Thereof:					
	Systemic connective tissue disorders	M30-M36	5.7	6.0	7.6	22.8

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.f
Kvinder. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
8.3	5.0	6.0	I00-I99	Sygdomme i kredsløbsorganer	IX
				Heraf:	
4.1	2.7	3.0	I20	Brystkrampe	
7.3	4.9	5.0	I21-I22	Akut hjerteinfarkt	
10.3	2.7	3.9	I23-I25	Anden iskæmisk hjertesygdom	
5.8	2.9	2.9	I44-I49	Ledningsforstyrrelser i hjertet og hjerterytmeforstyrrelser	
10.4	6.1	6.8	I50	Hjertesvigt	
14.0	9.2	10.8	I60-I69	Karsygdomme i hjernen	
7.0	6.0	5.2	J00-J99	Sygdomme i åndedrætsorganer	X
				Heraf:	
7.9	7.4	6.4	J12-J18	Lungebetændelse	
9.6	7.6	6.4	J40-J44, J47	Kronisk obstruktiv lungesygdom	
3.7	6.4	2.9	J45-J46	Astma	
4.7	4.5	4.6	K00-K93	Sygdomme i fordøjelsesorganer	XI
				Heraf:	
3.0	3.1	2.6	K35-K38	Blindtarmsbetændelse og andre sygdomme i blindtarm	
19.7	8.9	8.3	K70	Alkoholisk leversygdom	
7.8	6.5	7.6	K71-K77	Andre leversygdomme	
2.6	3.4	3.3	K80	Galdesten	
6.0	6.0	6.4	L00-L99	Sygdomme i hud og underhud	XII
6.6	4.8	5.3	M00-M99	Sygdomme i knogler, bevægelsessystem og bindevæv	XIII
				Heraf:	
8.4	5.1	5.9	M30-M36	Generaliserede bindevævssygdomme	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.f Average length of stay per discharge (in days) by main diagnosis.
Women. Continued**

		Denmark	Faroe Islands	Finland	Åland
		2009	2003-07	2009	2005-09
Main diagnosis	ICD-10 code				
XIV Diseases of the genitourinary system	N00-N99	3.0	2.4	5.2	3.1
Thereof:					
Glomerular and renal tubulo-interstitial diseases	N00-N16	3.7	4.1	9.0	5.8
Renal failure	N17-N19	5.6	7.4	13.3	11.4
XV Pregnancy, childbirth and the puerperium	O00-O99	2.6	4.4	3.2	3.6
Thereof:					
Medical abortion	O04	1.1	-	1.1	1.1
Single spontaneous delivery	O80	2.3	4.8	3.2	4.0
XVI Certain conditions originating in the perinatal period	P00-P96	9.8	4.7	8.2	5.9
XVII Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	3.4	4.1	5.0	12.5
XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	R00-R99	2.5	3.3	4.6	5.1
Thereof:					
Pain in throat and chest	R07	1.4	3.0	2.2	1.6
Abdominal and pelvic pain	R10	1.7	1.7	3.0	2.2

The table continues

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.f
Kvinder. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
3.4	3.6	3.6	<i>N00-N99</i>	<i>Sygdomme i urin- og kønsorganer</i>	XIV
				Heraf:	
4.4	4.4	4.2	N00-N16	Glomerære og tubulointerstitielle nyresygdomme	
8.5	6.7	7.3	N17-N19	Nyreinsufficiens	
2.2	3.5	2.5	<i>O00-O99</i>	<i>Svangerskab, fødsel og barsel</i>	XV
				Heraf:	
1.4	0.7	0.8	004	Legal abort	
1.8	-	2.2	080	Spontan fødsel (enkelfødsel)	
4.4	10.1	10.6	<i>P00-P96</i>	<i>Visse tilstande med oprindelese i den perinatale periode</i>	XVI
4.3	4.5	5.2	<i>Q00-Q99</i>	<i>Medfødte misdannelser og kromosomanomalier</i>	XVII
4.2	1.8	2.6	<i>R00-R99</i>	<i>Symptomer, tegn og anormale kliniske og laboratoriske fund som ikke er klassificeret andetsteds.</i>	XVIII
				Heraf:	
2.2	1.2	1.4	R07	Smerter i hals og bryst	
2.5	1.6	2.1	R10	Smerter i mave og underliv	

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.4.3.f Average length of stay per discharge (in days) by main diagnosis.
Women. Continued**

			Denmark	Faroe Islands	Finland	Åland
			2009	2003-07	2009	2005-09
Main diagnosis	ICD-10 code					
XIX	<i>Injury, poisoning and certain other consequences of external causes</i>	<i>S00-T98</i>	4.0	6.2	9.4	9.1
	Thereof:					
	Intracranial injury	S06	2.8	1.4	8.9	2.6
	Fracture of femur	S72	8.0	14.1	19.6	22.7
	Fracture of lower leg, including ankle	S82	5.3	5.4	9.9	18.3
	Poisonings by drugs, medicaments and biological substances and toxic effects of substances chiefly nonmedicinal as to source	T36-T65	1.8	2.0	2.3	1.2
	Complications of surgical and medical care, not elsewhere classified	T80-T88	5.5	9.1	8.6	8.2
XXI	<i>Factors influencing health status and contact with health services</i>	<i>Z00-Z99</i>	4.5	2.6	5.9	8.8
	Thereof:					
	Medical observation and evaluation for suspected diseases and conditions	Z03	1.9	2.3	3.0	2.4
	Other medical care (including radiotherapy and chemotherapy sessions)	Z51	18.4	1.3	3.8	1.0
All (except XX)	<i>All causes</i>	<i>A00-Z99 (excluding V, W, X and Y codes)</i>	4.4	5.6	10.4	10.0

1 Only discharges with a length of stay less than 90 days 1 Kun udskrivninger med en liggetid under 90 dage

Sources: Tables 3.4.1.c and 3.4.2.c

Kilder: Tabellerne 3.4.1.c og 3.4.2.c

Gennemsnitlig liggetid per udskrivning (i dage) efter hoveddiagnose. Tabel 3.4.3.f
Kvinder. Fortsat

<i>Iceland¹⁾</i>	<i>Norway</i>	<i>Sweden</i>	ICD-10 kode	Hoveddiagnose	
2009	2009	2009			
6.9	4.8	5.7	S00-T98	Læsioner, forgiftninger og visse andre følger af ydre påvirkninger	XIX
				Heraf:	
8.1	2.2	3.3	S06	Interkranielle skader	
11.2	8.6	9.8	S72	Brud på lårben	
3.8	5.5	5.5	S82	Brud på underben og ankel	
2.5	1.3	1.3	T36-T65	Forgiftning	
5.6	6.6	6.4	T80-T88	Komplikationer i forbindelse med behandling som ikke klassificeres andetsteds	
6.5	4.4	5.0	Z00-Z99	Faktorer af betydning for sundhedstilstand og kontakter med sundhedsvæsenet	XXI
				Heraf:	
1.8	1.7	2.3	Z03	Medicinsk observation og vurdering for mistænkt sygdom	
4.7	2.3	5.8	Z51	Anden medicinsk behandling (inkl. radioterapi og kemoterapi)	
5.3	4.6	5.4	A00-Z99 (excluding V, W, X and Y codes)	I alt	All (except XX)

1 Only discharges with a length of stay less than 90 days

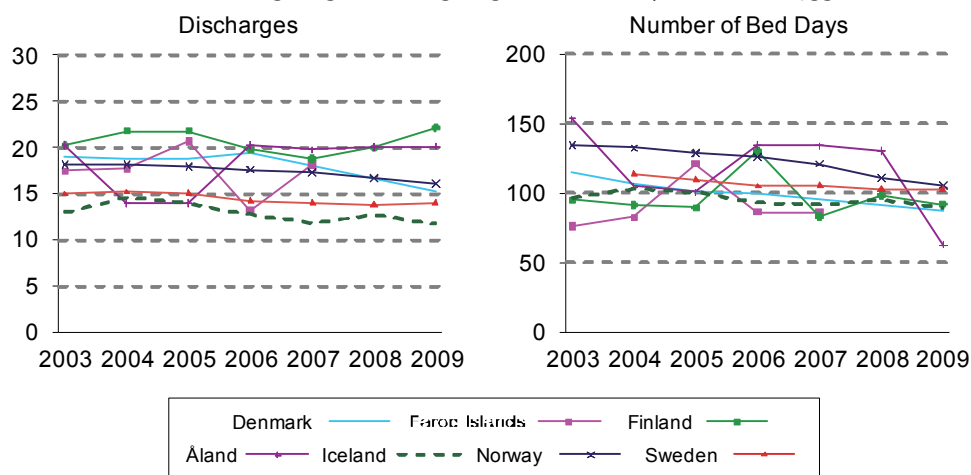
1 Kun udskrivninger med en liggetid under 90 dage

Sources: Tables 3.4.1.c and 3.4.2.c

Kilder: Tabellerne 3.4.1.c og 3.4.2.c

Figure 3.4.1 Discharges and number of bed days during the year for neoplasms, per 1 000 inhabitants 2003-2009

Udskrivninger og antal sengedage for svulster, pr. 1 000 indbyggere 2003-09



1 Iceland: Only discharges with a length of stay less than 90 days

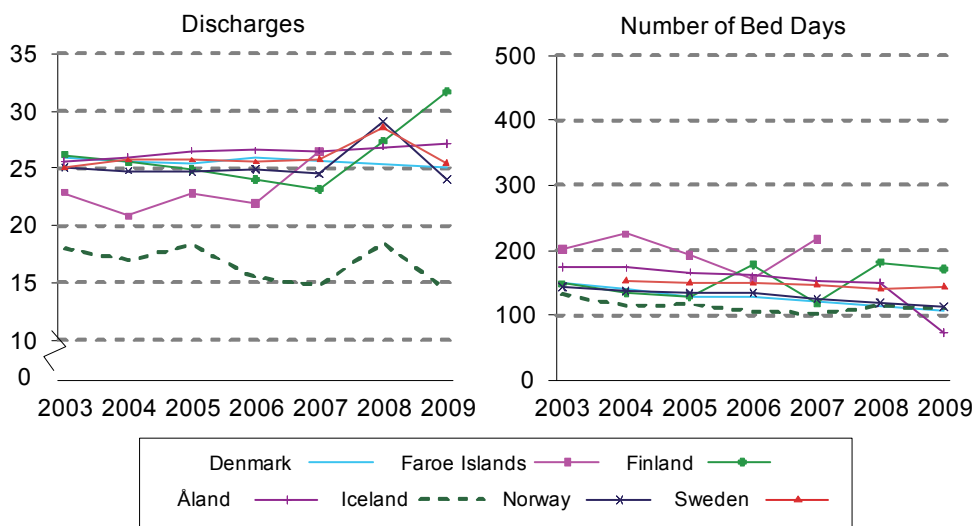
Sources: See Tables 3.4.1.a and 3.4.2.a
Kilder: Se tabel 3.4.1.a og 3.4.2.a

1 Island: Kun udskrivninger med en liggetid under 90 dage

ICD-10 codes included: C00-D48
Inkluderer ICD-10 koder: C00-D48

Figure 3.4.2 Discharges and number of bed days during the year for diseases of the circulatory system, per 1 000 inhabitants 2004–2009

Udskrivninger og antal sengedage i løbet af året for sygdomme i kredsløbsorganer, pr. 1 000 indbyggere 2004–2009



1 Iceland: Only discharges with a length of stay less than 90 days

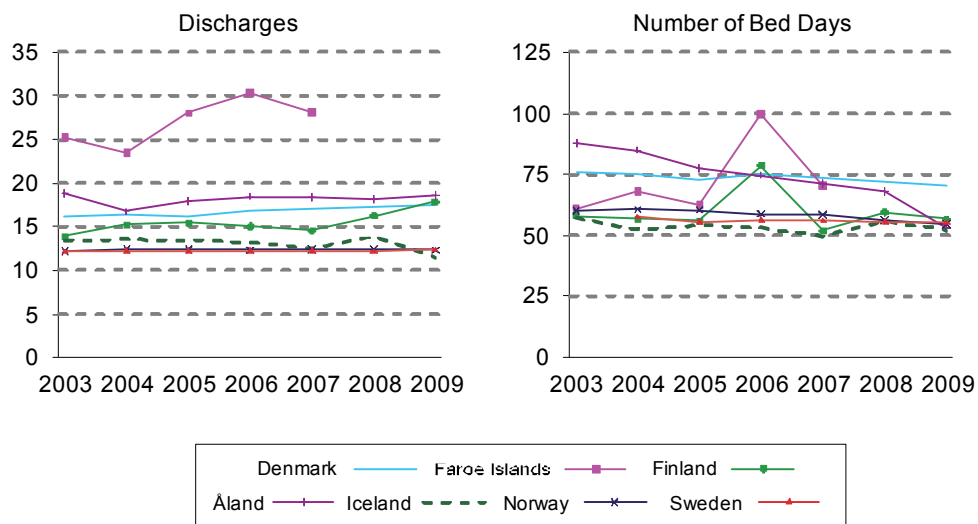
1 Island: Kun udskrivninger med en liggetid under 90 dage

Sources: See Tables 3.4.1.a and 3.4.2.a
Kilder: Se tabel 3.4.1.a og 3.4.2.a

ICD-10 codes included: I00-I99
Inkluderer ICD-10 koder: I00-I99

Figure 3.4.3 Discharges and bed days during the year for diseases of the digestive system, per 1 000 inhabitants 2004–2009¹⁾

Udskrivninger og antal sengedage for sygdomme i fordøjelsessystemet, pr. 1 000 indbyggere 2004–2009¹⁾



1 Iceland: Only discharges with a length of stay less than 90 days

1 Island: Kun udskrivninger med en liggetid under 90 dage

Sources: See Tables 3.4.1.a and 3.4.2.a
Kilder: Se tabel 3.4.1.a og 3.4.2.a

ICD-10 codes included: K00-K93
Inkluderer ICD-10 koder: K00-K93

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.4 Discharges, patients treated and average length of stay in hospital for malignant neoplasm of trachea, bronchus and lung 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for ondartede svulster i luftrør, bronkier og lunger 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	4 125	63	4 860	20	202	3 298	4 541
<i>Women, total</i>	<i>Kvinder, i alt</i>	3 772	38	2 343	15	226	2 533	4 529
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	2 163	13	2 009	9	110	1 650	2 416
<i>Women, total</i>	<i>Kvinder, i alt</i>	2 024	7	921	6	117	1 218	2 407
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	25-44	4	-	3	6	4	3	2
	45-64	95	76	86	83	87	80	52
	65+	370	276	371	292	431	373	237
	<i>Total rate</i>							
	<i>Samlet rate</i>	79	51	77	68	68	69	52
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	25-44	4	-	2	0	7	2	4
	45-64	103	63	45	107	104	72	63
	65+	257	108	111	85	368	192	173
	<i>Total rate</i>							
	<i>Samlet rate</i>	73	31	34	41	74	51	52
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>		5.7	3.4	5.3	2.2	8.8	8.2	10.1

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: C33-C34

Tabellen omfatter ICD-10: C33-C34

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.5 Discharges, patients treated and average length of stay in hospital for malignant neoplasm of breast, women 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for ondartet svulst i bryst, kvinder 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges, total</i>	<i>Udskrivninger i alt</i>	9 718	82	11 388	41	376	4 326	9 532
<i>Patients treated, total</i>	<i>Patienter behandlet, i alt</i>	6 603	29	7 174	26	282	3 046	7 651
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
25-44		69	38	82	63	72	41	58
45-64		477	250	513	387	356	248	284
65+		530	375	519	418	574	321	385
<i>Total rate</i>								
Samlet rate		237	124	264	190	179	127	164
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		2.8	5.6	3.3	4.9	5.3	4.3	4.4

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: C50

Tabellen omfatter ICD-10: C50

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.6 Discharges, patients treated and average length of stay in hospital for acute myocardial infarction 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for akut hjerteinfarkt 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	10 012	68	8 241	48	345	13 345	20 108
<i>Women, total</i>	<i>Kvinder, i alt</i>	4 980	32	5 874	30	184	7 238	12 403
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	6 074	58	5 972	32	305	7 566	13 596
<i>Women, total</i>	<i>Kvinder, i alt</i>	3 233	26	4 236	23	159	4 616	8 836
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	0-44	19	20	11	16	13	25	11
	45-64	303	352	252	234	307	450	325
	65+	899	1 116	1 054	1 090	996	1 449	1 264
	<i>Total rate</i>							
	<i>Samlet rate</i>	222	230	228	241	189	316	294
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	0-44	7	-	2	0	7	6	4
	45-64	93	82	61	61	96	118	105
	65+	492	620	706	806	569	953	807
	<i>Total rate</i>							
	<i>Samlet rate</i>	116	113	156	167	101	192	189
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>		3.7	10.8	4.8	2.2	6.8	4.1	4.5

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1a

The Table includes ICD-10: I21-I22

Tabellen omfatter ICD-10: I21-I22

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.4.7 Discharges, patients treated and average length of stay in hospital for cerebrovascular diseases 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for karsygdomme i hjerne 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	10 388	98	15 974	66	346	7 801	21 653
<i>Women, total</i>	<i>Kvinder, i alt</i>	9 392	61	15 672	61	222	7 244	19 675
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	7 794	78	9 260	31	251	6 418	15 537
<i>Women, total</i>	<i>Kvinder, i alt</i>	7 083	51	9 521	36	183	6 049	14 509
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	0-44	27	30	26	16	18	20	19
	45-64	323	316	367	213	156	264	277
	65-79	1 024	1 465	1 347	733	845	1 105	1 164
	80+	1 442	2 163	1 866	1 103	1 468	1 553	1 717
	<i>Total rate</i>							
	<i>Samlet rate</i>	285	313	354	234	155	268	336
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	0-44	41	6	27	25	13	17	16
	45-64	219	142	216	188	104	159	172
	65-79	693	890	876	687	409	689	766
	80+	1 030	1 445	1 366	1 060	1 176	1 086	1 228
	<i>Total rate</i>							
	<i>Samlet rate</i>	254	219	350	262	116	252	311
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		6.8	30.9	10.4	2.4	13.9	9.2	10.6

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: I60-I69

Tabellen omfatter ICD-10: I60-I69

Table 3.4.8 Discharges, patients treated and average length of stay in hospital for chronic obstructive pulmonary disease and bronchiectasis 2009
 Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for kronisk obstruktiv lungesygdom 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges, total</i>	<i>Udskrivninger i alt</i>	17 284	97	9 170	73	490	10 134	18 446
<i>Patients treated, total</i>	<i>Patienter behandlet, i alt</i>	10 902	64	5 253	31	331	6 609	10 740
<i>Per 100 000 in the age group</i>								
<i>Pr. 100 000 i alderen</i>								
0-4		45	341	3	-	4	12	4
5-14		3	8	1	-	-	5	1
15-24		3	3	2	-	-	3	2
25-64		90	57	40	49	42	70	37
65-74		633	478	329	437	471	542	355
75+		1 315	673	620	825	922	797	725
<i>Total rate</i>								
<i>Samlet rate</i>		198	132	98	113	104	138	116
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		4.7	8.1	4.3	2.6	10.2	7.4	6.1

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: J40-J44, J47

Tabellen omfatter ICD-10: J40-J44, J47

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.9 Discharges, patients treated and average length of stay in hospital for asthma 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for astma 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges, total</i>	<i>Udskrivninger i alt</i>	6 548	106	5 609	21	115	4 041	4 873
<i>Patients treated, total</i>	<i>Patienter behandlet, i alt</i>	5 160	82	4 292	15	82	3 473	4 039
<i>Per 100 000 in the age group</i>								
<i>Pr. 100 000 i alderen</i>								
0-4		701	1 224	251	432	69	416	363
5-14		138	279	42	75	18	86	27
15-24		52	55	21	33	6	36	12
25-64		43	38	43	12	15	40	17
65-74		37	48	121	84	36	58	33
75+		43	121	326	106	121	69	69
<i>Total rate</i>								
Samlet rate		93	171	80	56	26	72	43
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		1.9	3.0	3.4	3.1	3.5	5.7	2.5

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: J45-J46

Tabellen omfatter ICD-10: J45-J46

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.10 Discharges, patients treated and average length of stay in hospital for alcoholic liver disease 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for alkoholisk leversygdom 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	1 680	3	2 252	3	31	605	1 172
<i>Women, total</i>	<i>Kvinder, i alt</i>	877	2	929	2	9	256	513
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	1 048	2	1 135	2	19	382	743
<i>Women, total</i>	<i>Kvinder, i alt</i>	527	2	401	1	7	168	309
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	0-44	6	-	10	-	3	2	2
	45-64	100	20	101	42	20	42	38
	65+	58	34	64	29	47	29	31
	<i>Total rate</i>							
	<i>Samlet rate</i>	38	9	43	16	12	16	16
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	0-44	2	1	3	-	1	1	1
	45-64	51	7	40	36	13	17	16
	65+	26	28	12	-	5	14	10
	<i>Total rate</i>							
	<i>Samlet rate</i>	19	7	15	10	4	7	7
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		8.2	5.5	5.1	2.0	9.0	8.0	8.3

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: K70

Tabellen omfatter ICD-10: K70

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.11 Discharges, patients treated and average length of stay in hospital for other diseases of liver 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for anden leversygdom 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	1 561	10	1 187	2	37	639	1 306
<i>Women, total</i>	<i>Kvinder, i alt</i>	1 431	10	1 384	8	31	863	1 213
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	983	6	708	1	30	449	896
<i>Women, total</i>	<i>Kvinder, i alt</i>	953	8	856	3	28	616	882
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	0-44	10	14	8	11	7	9	7
	45-64	72	27	44	5	41	31	33
	65+	76	67	69	19	41	42	44
	<i>Total rate</i>							
	<i>Samlet rate</i>	36	23	27	10	19	19	19
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	0-44	11	10	12	8	6	10	7
	45-64	66	71	45	20	32	42	26
	65+	60	74	65	54	49	57	42
	<i>Total rate</i>							
	<i>Samlet rate</i>	34	34	31	19	18	26	19
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		6.8	7.4	5.1	3.2	9.0	7.1	7.6

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: K71-K77

Tabellen omfatter ICD-10: K71-K77

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.12 Discharges, patients treated and average length of stay in hospital for intervertebral disc disorders 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for sygdom i bruskskiver mellem halsens og andre ryghvirvler 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	3 975	18	3 543	17.4	272	3 143	2 469
<i>Women, total</i>	<i>Kvinder, i alt</i>	3 783	16	3 105	17	187	2 582	2 301
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	<i>Mænd, i alt</i>	3 283	15	2 916	13	253	2 481	2 010
<i>Women, total</i>	<i>Kvinder, i alt</i>	3 089	11	2 507	11.6	171	2 052	1 859
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	0-24	11	4	14	10	17	8	4
	25-44	167	111	176	208	241	148	66
	45-64	209	80	170	125	269	182	73
	65+	105	74	82	58	140	87	33
	<i>Total rate</i>							
	<i>Samlet rate</i>	120	60	111	97	157	104	43
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	0-24	8	2	11	16	11	9	4
	25-44	163	62	135	75	189	131	65
	45-64	183	101	147	173	174	135	62
	65+	100	63	76	70	78	77	31
	<i>Total rate</i>							
	<i>Samlet rate</i>	111	49	92	85	108	85	40
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
<i>Men</i>	<i>Mænd</i>	3.8	7.0	3.8	1.3	1.7	4.4	5.2
<i>Women</i>	<i>Kvinder</i>	4.3	8.6	4.1	7.3	2.2	5.1	5.8

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

The Table includes ICD-10: M50-M51

Tabellen omfatter ICD-10: M50-M51

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.4.13 Discharges, patients treated and average length of stay in hospital for fracture of femur 2009

Udskrivninger, patienter behandlet og gennemsnitlig liggetid ved sygehuse for brud på lårben 2009

		Denmark	Faroe Islands ¹⁾	Finland	Åland ²⁾	Iceland ³⁾	Norway	Sweden
<i>Discharges</i>	<i>Udskrivninger</i>							
<i>Men, total</i>	Mænd, i alt	3 571	43	5 263	24	172	3 479	8 156
<i>Women, total</i>	Kvinder, i alt	7 564	70	10 889	39	336	7 788	16 607
<i>Patients treated</i>	<i>Patienter behandlet</i>							
<i>Men, total</i>	Mænd, i alt	3 123	33	2 997	15	136	3 231	6 404
<i>Women, total</i>	Kvinder, i alt	6 716	53	5 897	28	259	7 190	12 997
<i>Patients treated per 100 000 men in the age group</i>								
<i>Patienter behandlet pr. 100 000 mænd i alderen</i>								
	0-44	23	44	32	35	28	25	21
	45-64	76	103	78	52	46	73	59
	65-74	225	326	237	151	170	264	222
	75-79	586	474	516	670	193	651	612
	80+	1 546	1 682	1 414	1 396	1 564	2 051	1 857
	<i>Total rate</i>							
	Samlet rate	114	131	114	112	84	135	138
<i>Patients treated per 100 000 women in the age group</i>								
<i>Patienter behandlet pr. 100 000 kvinder i alderen</i>								
	0-44	9	11	14	8	2	9	8
	45-64	83	67	62	71	59	86	64
	65-74	362	455	275	337	362	437	343
	75-79	103	1 139	723	679	969	1 152	961
	80+	2 802	2 782	2 279	1 907	2 545	3 409	2 840
	<i>Total rate</i>							
	Samlet rate	241	228	217	205	164	299	278
<i>Average length of stay per discharge</i>								
<i>Gennemsnitlig liggetid pr. udskrivning</i>								
		7.9	12.8	6.7	2.9	10.8	8.7	9.7

1 Average 2003-07

2 Average 2005-09

3 Only discharges with a length of stay less than 90 days

Sources: see Table 3.4.1a

Kilder: se tabel 3.4.1.a

1 Gennemsnit for årene 2003-07

2 Gennemsnit for årene 2005-09

3 Kun udskrivninger med en liggetid under 90 dage

The Table includes ICD-10: S72

Tabellen omfatter ICD-10: S72

3.5 Surgical procedures

A new list of procedures

In this section, data on selected surgical procedures performed at short-term somatic hospitals are presented. The presentation differs somewhat from those in NOMESCO publications from before 2010. The selected list of procedures used here was developed for international comparison by the EU Hospital Data Project (HDP2) and published in its final report 2008 after being tested in a pilot study with data from some 15 countries. It has then been proposed for use by Eurostat, OECD and the WHO Regional Office for Europe. Recognizing the value of standardization in international reporting, NOMESCO has decided to use the HDP2 list for its annual statistical report. The list may be modified in the future due to experience from its use and changing treatment methods and surgical techniques.

The HDP2 list consists of 30 selected procedures or procedure groups (with six subgroups) within a broad range of medical specialities.

Several criteria were combined for the selection of procedures, such as how common a procedure is, its potential for day surgery, changing technique over time, cost, public health importance and continuity with existing statistics. The complete list with verbal definitions of the procedures, the main reasons for selection of the different procedures and some caveats for the interpretation of the statistics is presented in one document (See link [HDP2 list of procedures](#)).

All the procedures are also defined with codes from the NOMESCO Classifica-

3.5 Kirurgiske indgreb

En ny liste over indgreb

I dette afsnit præsenteres data for udvalgte kirurgiske indgreb, der udføres på somatiske hospitaler. Præsentationen afviger noget fra præsentationerne i NOMESCO-publikationer fra før 2010.

Den liste over udvalgte indgreb, der vises her, blev udarbejdet til brug for international sammenligning af EU's "Hospital Data Project" (HDP2) og offentliggjort i dets endelige rapport i 2008 efter at være blevet afprøvet i et forsøg med data fra omkring 15 lande. Den foreslås brugt af Eurostat, OECD og WHO's Europakontor. Da NOMESCO anerkender værdien af standardisering af international rapportering, har man besluttet at anvende HDP2-listen til den statistiske årsberetning. Listen ændres måske senere på grundlag af erfaringer med brugen af listen og ændrede behandlingsmetoder og kirurgiske fremgangsmåder.

HDP2-listen består af 30 udvalgte indgreb eller indgrebsgrupper (med seks undergrupper) inden for et bredt udvalg af medicinske specialer. Der blev anvendt flere kriterier for udvælgelsen af indgrebene, som f.eks. hvor almindeligt et indgreb er, dets anvendelighed i forbindelse med ambulant kirurgi, ændrede fremgangsmåder over tid, omkostninger, betydning for almensundheden og sammenhæng med allerede eksisterende statistik. Den komplette liste over definitioner på indgrebene, de vigtigste årsager til udvælgelse af de forskellige indgreb og et par påmindelser med hensyn til fortolkningen af statistikken er samlet i ét dokument (Se link [HDP2-listen for procedurer](#)). Alle indgrebene defineres også med koder fra NOMESCO's "Classi-

tion of Surgical Procedures (NCSP-E), which is the common English language version of NCSP.

Many of the procedures that NOMESCO has reported on earlier are included in the new list. Some are defined slightly differently, however, but continuity of the NOMESCO statistics has most often been kept.

Outline of the section

The presentation starts with a summary table (Table 3.5.1) showing the number per 100 000 population for each procedure on the selected list, performed on male and female inpatients. Laparoscopic techniques are increasingly being used for five procedures on the list. Table 3.5.3 shows which proportions of these are performed laparoscopically and also the relative frequency of secondary hip replacements. Two figures (Figure 3.5.1 and 3.5.2) show the development over time for three common procedures (for technical reasons placed before Table 3.5.1). Eight of the procedures on the list that are often performed as day surgery are presented in Table 3.5.2, showing which proportions day surgery constitutes of the total number of these procedures.

Finally, in a series of tables (3.5.4 – 3.5.17) data on some of the procedures are presented in greater detail, showing number of operations and population rates with age distributions for males and females, similar to what NOMESCO has presented in earlier Health Statistics reports. In these tables it is the total number of procedures that are reported, both inpatient surgery and day surgery taken together.

fication of Surgical Procedures" (NCSP-E), som er den fælles engelsksprogede udgave af NCSP.

Mange af de procedurer, som NOMESCO tidligere har fremlagt, er medtaget på den nye liste. Nogle af dem defineres imidlertid lidt anderledes, men sammenhængen med NOMESCO's tidligere statistik er som oftest bevaret.

Hovedtrækkene i afsnittet

Præsentationen begynder med en summeret tabel (tabel 3.5.1), der angiver antallet pr. 100.000 indbyggere for hvert enkelt indgreb på listen, der er foretaget på mandlige og kvindelige indlagte patienter. Kikkertkirurgi anvendes i stigende grad i forbindelse med fem af indgrebene på listen. Tabel 3.5.3 viser, hvor stor en del af disse, der udføres ved hjælp af kikkertkirurgi, og også den relative hyppighed af sekundære indsættelser af ledproteser i hofteled. To figurer (Figur 3.5.1 og 3.5.2) viser udviklingen over tid for tre gængse indgreb (af tekniske årsager er figurerne placeret før tabel 3.5.1). Otte af indgrebene på listen, som ofte udføres som ambulant kirurgi, vises i tabel 3.5.2, der angiver, hvor stor en del ambulant kirurgi udgør af det samlede antal af disse indgreb.

Til sidst vises mere detaljerede data for nogle af indgrebene i en række tabeller (3.5.4–3.5.17). Her angives antallet af operationer og befolkningstal med aldersfordelingen for mænd og kvinder i lighed med det, NOMESCO har bragt i tidligere sundhedsstatistiske rapporter. I disse tabeller angives det samlede antal indgreb, som indberettes, både for indlagte patienter og for ambulant kirurgi som helhed.

Quality and limitations of the data

In its annual report in 2002, NOMESCO presented a theme section dealing with validity and comparability of Nordic hospital statistics on surgical procedures, and in 2003 a corresponding report on day surgery statistics. Based on the recommendations of these studies, some changes were made in the reporting, aiming at better comparability. The EU Hospital Data Project (HDP2) in its report also made a thorough analysis of the methodological difficulties involved in achieving valid and comparable data on hospital procedures.

How procedures should be counted is one such problem. In the Nordic countries there is no common concept such as a principal procedure, if more than one procedure is performed during the same hospital stay (corresponding to a main diagnosis as the basis for diagnosis-related statistics). Procedure statistics are therefore based on any procedure registered during a hospital stay and reported to the national patient register. This could result in counting a hospital stay twice, if more than one procedure on the list is performed during the same stay, e.g. a colonoscopy that is followed by a colectomy. Since both are on the selected list, both will be counted.

The fact that the Nordic countries use the same procedure classification makes comparisons easier. The relevant NCSP-E codes for each procedure are listed in all tables.

Datakvalitet og begrænsninger i dataene

I sin årsberetning i 2002 præsenterede NOMESKO en temasektion om validitet og sammenlignelighed af nordiske hospitalsstatistikker over kirurgiske indgreb, og i 2003 præsenteredes en tilsvarende rapport om statistikken for dagkirurgi. På baggrund af forslagene i disse undersøgelser blev der foretaget visse ændringer i indberetningen for at opnå en bedre sammenlignelighed. EU's "Hospital Data Project" (HDP2) foretog også gennemgribende undersøgelser i sin rapport af de metodologiske vanskeligheder i forbindelse med at nå frem til gyldige og sammenlignelige data vedrørende hospitalsindgreb.

Et af problemerne er, hvordan indgrebene skal tælles. I de nordiske lande findes der ikke noget fælles koncept, som en hovedprocedure, hvis der foretages mere end ét indgreb i løbet af en og samme hospitalsindlæggelse (svarende til en hoveddiagnose som grundlag for diagnoserelateret statistik). Indgrebsstatistik baseres derfor på alle de indgreb, der registreres under en hospitalsindlæggelse og indberettes til det nationale patientregister. Det kan medføre, at en hospitalsindlæggelse rapporteres to gange, hvis der foretages mere end ét af indgrebene på listen i løbet af en og samme indlæggelse, som f.eks. en koloskopi, som følges op af en fjernelse af tyktarmen. Da begge dele findes på listen, vil de begge blive talt med.

Da de nordiske lande anvender den samme operationsklassifikation, bliver det lettere at foretage sammenligninger. De relevante NCSP-E-koder for hvert enkelt indgreb angives i alle tabellerne.

In order to describe surgical activities at hospitals it is necessary to include both inpatient surgery and day surgery, which constitutes an increasing part. The HDP2 list includes both procedures mainly performed on inpatients and procedures often done as day surgery. Formal definitions of day care and day surgery differ somewhat between countries. Day care involves patients who are formally admitted to the hospital for investigation or treatment and discharged the same day and thus do not stay overnight. Without strict definitions of day care it may be necessary to approximate and count as day care all stays with date of admission and date of discharge being the same. Some of these stays may, however, refer to patients who were discharged to another hospital or who died, and thus not day patients in a real sense. There is also a blurred border between day care and outpatient care provided at the hospital. Furthermore, some of the procedures on the list are also performed outside of hospitals at specialist centres and private clinics and these may not be reported to the national patient registers.

These difficulties are reflected in the Nordic statistics. While Iceland has not been able to report on day surgery at all for 2009, Denmark and Finland have had some difficulties to separate day care and outpatient care. Known under-reporting in the national patient registers is also caused by some private hospitals not reporting centrally.

Thus organizational differences may influence the reporting. There are also different rules for reporting to national reg-

Når kirurgisk virksomhed på hospitaler skal beskrives, er det nødvendigt at medtage både kirurgi på indlagte patienter og dagkirurgi, som udgør en stadig større del. HDP2-listen omfatter både indgreb, der hovedsageligt foretages på indlagte patienter, samt indgreb, der ofte foretages som dagkirurgi. De formelle definitioner på dagbehandling og dagkirurgi afviger noget fra land til land. Dagbehandling omfatter patienter, som formelt er indlagt på hospitalet til undersøgelse eller behandling og som udskrives igen samme dag. Uden nøjagtige definitioner på dagbehandling kan det være nødvendigt at tilnærme og tælle alle indlæggelser som dagkirurgi, hvor datoen for indlæggelse og datoen for udskrivning er den samme. Nogle af disse indlæggelser kan imidlertid henvise til patienter, som blev overført til et andet hospital, eller som døde, og derfor ikke til dagpatienter i den reelle betydning. Der er heller ikke nogen skarp grænse mellem dagbehandling og ambulant behandling, der udføres på hospitalet. Desuden foretages nogle af indgrebene på listen også uden for hospitalerne på specialklinikker og private klinikker, og de indberettes måske ikke til de nationale patientregistre.

Disse problemer afspejles i de nordiske statistikker. Island har ikke været i stand til at indberette dagkirurgiske indgreb for 2009 overhovedet, mens Danmark og Finland har haft problemer med at adskille dagbehandling og ambulant behandling. Den manglende indberetning til de nationale patientregistre skyldes også, at nogle private hospitaler ikke indberetter centralt.

Organisatoriske forskelle kan derfor påvirke indberetningen. Der findes ligeledes forskellige regler for indberetning til nati-

isters, e.g. for minor procedures such as diagnostic colonoscopy, not necessary to report in Finland. Some of these problems are reflected in the caveats that are given in the HDP2 list.

Comments to the tables

Table 3.5.1 shows rates per 100 000 population for males and females for all the procedures on the new list. It covers only inpatients, however, and thus does not give a complete picture of the procedures often done as day surgery, such as cataract operations, colonoscopy, and hernia repair. Several of the common inpatient procedures tend to have about the same rates in all the countries (except Åland with small numbers), such as transluminal coronary angioplasty, appendectomy and hysterectomy. Well known sex differences are found in all countries with higher rates for males for heart operations and hernia repair and higher female rates for thyroidectomy, cholecystectomy and hip replacement. The low rates for discectomy in Sweden are explained to some extent by under-reporting from three specialized private hospitals. Some strikingly high rates are found for hernia repair on men in Finland and cholecystectomy on women in Iceland.

The use of laparoscopic methods is illustrated in Table 3.5.3. Laparoscopic cholecystectomy is very common in all countries and almost all cholecystectomies in Iceland are laparoscopic. Finland has the highest proportion of laparoscopic colectomy and hysterectomy but the lowest proportion of laparoscopic

onale registre, som f.eks. i Finland, hvor det ikke er nødvendigt at indberette mindre indgreb såsom diagnostisk koloskopi. Nogle af disse problemer afspejles i de forbehold, der gives i HDP2-listen.

Bemærkninger til tabellerne

Tabel 3.5.1 viser raterne pr. 100.000 indbyggere for mænd og kvinder for alle indgrebene på den nye liste. Den dækker imidlertid kun indlagte patienter og giver derfor ikke et fuldstændigt billede af de indgreb, der ofte foretages ambulant, som f.eks. kataraktoperationer, koloskopi og hernieoperationer. Flere af de mere almindelige indgreb, der foretages på indlagte patienter, tenderer mod at udvise nogenlunde de samme rater i alle landene (med undtagelse af Åland, der har små befolkningstal), som f.eks. transluminal koronar angioplasti og hysterektomi. Forskelle mellem kønnene kendes allerede i alle landene, hvor tallene for mænd er højere for hjerteoperationer og hernieoperationer og højere for kvinder for tyroidektomi, kolecystektomi og indsættelse af ledprotese i hoftelid. De lave rater for dekompression af rygmarg og nerverødder i Sverige kan i nogen grad skyldes manglende indberetning fra tre private specialhospitaler. Der ses påfaldende høje rater for brokoperationer hos mænd i Finland og for kolecystektomi for kvinder i Island.

Anvendelsen af laparoskopiske metoder fremgår af tabel 3.5.3. Laparoskopisk kolecystektomi er meget almindelig i alle landene, og næsten alle kolecystektomier i Island er laparoskopiske. Finland har den højeste andel af laparoskopisk kolektomi og hysterektomi, men den laveste andel af laparoskopisk appendektomi,

appendectomy, for which Sweden also shows low percentages. Such differences call for further study and considerations about why this relatively new surgical approach has been adopted so differently among the Nordic countries. Of course, it is of special interest to follow the development over time. Table 3.5.3 also shows that the proportion of secondary hip replacements is similar in all countries. It should be noted that the secondary replacements reported here are not secondary to primary replacements carried out in 2009 but, mostly, to those performed many years earlier.

Of the procedures reported in Table 3.5.2, cataract operations show the highest percentage of day surgery in all the countries (96-98 per cent). The variation in the overall population rate of cataract surgery is mainly due to the fact that under-reporting is a fact in all the countries. There are definition problems regarding day surgery and difficulties with reporting from private hospitals and clinics. This can be illustrated from Sweden where the number of cataract operations in the national patient register in 2008 constitutes only 82 per cent of the actual number according to figures from the specialized national cataract register.

Tonsillectomies are performed as day surgery to a varying extent and also with different overall population rates, which is of interest with regard to clinical controversies about the indications for this operation and the need for post-surgical supervision. The very low population rates in Finland for bronchoscopy and colonoscopy are due to the fact that these proce-

hver Sverige ligeledes har lave procent-andele. Sådanne forskelle kræver nærmere undersøgelser og overvejelser med hensyn til, hvorfor denne forholdsvis nye kirurgiske metode er blevet taget i brug i så forskellig grad i de nordiske lande. Det vil naturligvis være særlig interessant at følge udviklingen over tid. Tabel 3.5.3 viser ligeledes, at andelen af sekundær indsættelse af ledprotese i hofted er den samme i alle lande. Det bør bemærkes, at de sekundære indsættelser, der er indberettet her ikke er sekundære til primære indsættelser, der blev udført i 2009, men for det meste sekundære til de indgreb, der blev foretaget mange år tidligere.

Af de indgreb, der vises i tabel 3.5.2, udviser kataraktoperationer den højeste procentandel af dagkirurgi i alle landene (96-98 pct.). Forskellen i de samlede rater pr. indbygger for kataraktoperationer skyldes navnlig manglende indberetning i alle landene. Der er definitionsproblemer med hensyn til dagkirurgi og problemer med indberetning fra private hospitaler og klinikker. Dette kan belyses af Sverige, hvor antallet af kataraktoperationer i det nationale patientregister i 2008 kun udgør 82 pct. af det faktiske antal i henhold til tal fra det særlige nationale register over kataraktoperationer.

Tonsillektomi foretages som dagkirurgi i forskelligt omfang og ligeledes med forskellige samlede befolkningstal, som er interessante i forbindelse med klinisk polemik om indikationerne for denne operation samt behovet for tilsyn efter operationen. De meget lave befolkningstal i Finland for bronkoskopi og koloskopi skyldes, at disse indgreb ikke skal indbe-

dures do not have to be reported nationally. The proportion of day surgery varies somewhat between countries for laparoscopic cholecystectomy with higher figures in Denmark and with lower figures in Finland for hernia repair. For excision of mammary gland Norway and Sweden show higher proportions of day surgery.

The trends illustrated in Figure 3.5.1 show increasing rates for transluminal coronary angioplasty (PTCA) and slightly decreasing rates for coronary anastomosis surgery for the time period 2003-2009. The countries mainly retain their relative position over time. The HDP2 list defines coronary anastomosis surgery slightly narrower than NOMESCO's earlier statistics but this does not explain the lower 2008 and 2009 figures.

The detailed Tables 3.5.4 – 3.5.17 include both inpatient surgery and day surgery which explains the higher rates reported here in relation to the population rates presented in Table 3.5.1, which only includes procedures on inpatients.

From the age distributions shown in these tables, some diversity can be noted. Table 3.5.7 shows that the highest rates for transluminal coronary angioplasty are found for both men and women in the age group 75-84 in all countries, while coronary artery bypass graft (Table 3.5.8) show approximately the same rates for men at the age of 65-74 and 75-84, with slightly higher rates for women aged 75-84. The somewhat higher overall rates in Iceland for appendectomy seem to be explained mainly by the higher operation rates in the youngest age

rettes nationalt. Andelen af dagkirurgi varierer en del fra land til land med højere rater i Danmark for laparaskopisk kolecystektomi og med lavere rater i Finland for brokoperationer. Norge og Sverige viser højere andele af dagkirurgi i forbindelse med partiel resektion af bryst.

Den tendens, der fremgår af figur 3.5.1, viser stigende rater for perkutan transluminal plastik på koronararterie (PTCA) og let faldende rater for koronare anastomoseoperationer for perioden 2003-2009. Landene bevarer stort set deres relative position over tid. HDP2-listen definerer koronar anastomoseoperation lidt snævrere end NOMESCO's tidligere statistikker, men det forklarer ikke de lavere rater for 2008 og 2009.

De detaljerede tabeller 3.5.4-3.5.17 omfatter både indgreb på indlagte patienter og dagkirurgi, hvilket er forklaringen på de højere rater, der er indberettet her i forhold til befolkningstallene, der fremgår af tabel 3.5.1, som kun omfatter indgreb på indlagte patienter.

Der fremgår visse forskelle i aldersfordelingen, der er vist i disse tabeller. Tabel 3.5.7 viser, at de højeste rater for perkutan transluminal plastik på koronararterie findes for både mænd og kvinder i aldersgruppen 75-84 år i alle lande, mens raterne for aortokoronar bypassoperationer (tabel 3.5.8) er omtrent de samme for 65-74-årige og 75-84-årige mænd og en smule højere for 75-84-årige kvinder. De noget højere samlede rater i Island for appendektomi kan øjensynlig navnlig forklares af de højere operationsrater i den yngste aldersgruppe

group (Table 3.5.9). The highest rates for cholecystectomy among men is found in the age group 65 and over, while it among women is highest in the age group 45-64 and in Denmark already in the age of 25-44 (Table 3.5.10).

In almost all countries kidney transplantation is performed more often on men than on women (Table 3.5.11). This seems to be true also within almost all age groups. If this reflects morbidity differences between men and women or a possible effect of gender discrimination in the health services ought to be discussed.

Table 3.5.12 shows that open prostatectomy is most common in the age group 65-74 while the transurethral procedure shows higher rates in the two oldest age groups (Table 3.5.13).

In Table 3.5.15 Caesarean section is related to the number of deliveries. Denmark shows the highest overall proportion of deliveries by Caesarean section (22 per cent) and also has the highest figure in every age group. Iceland, with the highest population rate for Caesarean section (cf Table 3.5.1), has the lowest proportion of Caesarean section (13 per cent). This is caused by the high fertility in Iceland.

Norway has not only the highest overall rate for hip replacement for women (Table 3.5.16b) but also the highest rate in every age group over 45, while Finland has the highest overall rate for total knee replacement (Table 3.5.17) and the highest rate for this operation in every age group over 45 years.

(tabel 3.5.9). De højeste rater for kolecystektomi for mænd ses i aldersgruppen 65+ år, mens de for kvinder er højere i aldersgruppen 45-64 år og i Danmark allerede i alderen 25-44 år (tabel 3.5.10).

I næsten alle lande foretages nyretransplantationer oftere på mænd end på kvinder (Tabel 3.5.11). Det gælder øjensynlig også for alle aldersgrupper. Hvorvidt dette afspejler forskelle i sygelighed blandt mænd og kvinder, eller en mulig virkning af kønsdiskrimination bør tages op til debat.

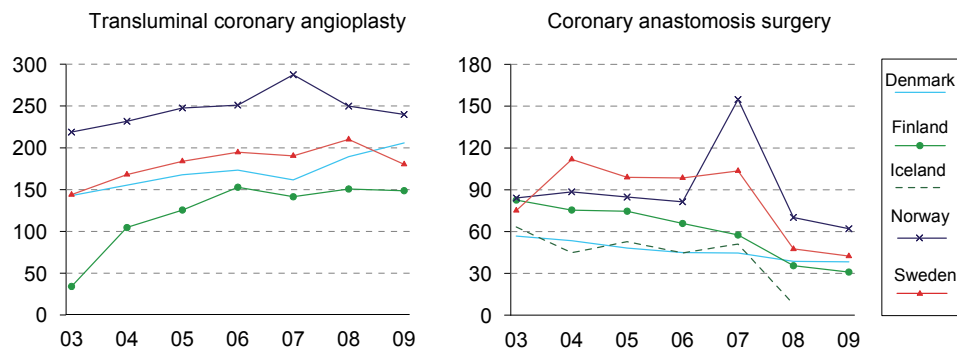
Tabel 3.5.12 viser, at åben prostatektomi er mest almindelig i aldersgruppen 65-74 år, hvorimod transuretrale operationer viser højere rater i de to ældste grupper (tabel 3.5.13).

I tabel 3.5.15 forbindes kejsersnit med antallet af fødsler. Danmark har den højeste samlede andel af fødsler ved kejsersnit (22 pct.) og også den højeste rate i hver enkelt aldersgruppe. Island, der har det højeste indbyggertal for kejsersnit (jf. tabel 3.5.1), har den laveste andel af kejsersnit (13 pct.). Dette skyldes den høje fertilitet på Island.

Norge har ikke blot den højeste samlede rate for indsættelse af ledprotese i hofteled for kvinder (tabel 3.5.16b), men også det højeste tal i alle aldersgrupper over 45 år, mens Finland har den højeste samlede rate for indsættelse af totalproteser i knæled (tabel 3.5.17) og den højeste rate for denne operation i alle aldersgrupper over 45 år.

Figure 3.5.1 Transluminal coronary angioplasty and coronary anastomosis surgery, total rates per 100 000 inhabitants 2003-2009

Perkutan transluminal plastik på koronararterie og koronar anastomoseoperation; rater i alt per 100.000 indbyggere 2003-2009



Sources: See Tables 3.5.1

Kilder: Se tabel 3.5.1

Figure 3.5.2 Hip replacement per 100 000 inhabitants 2000-2009

Indsættelse af ledprotese i hoftelæd, per 100.000 indbyggere 2000-2009



Sources: See Tables 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.5.1 Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures and sex¹⁾

Procedure (NCSP-E codes in paranthesis)	Denmark		Faroe Islands		Finland		Åland	
	2009				2009		2005-09	
	M	W	M	W	M	W	M	W
1 Extirpation, excision and destruction of intra-cranial lesion (AAB00-AAB20, AAB99)	18.9	19.4	..	..	19.1	24.0	6.0	8.8
2 Evacuation of subdural haematoma and intra-cranial haemorrhage (AAB30, AAD05-AAD15)	18.3	9.6	..	..	31.0	15.0	20.8	10.3
3 Discectomy (ABC)	168.8	163.9	..	..	125.2	114.6	117.6	73.2
4 Thyroidectomy (BAA20-BAA60)	15.9	59.1	..	..	12.3	56.8	8.9	46.9
5 Cataract surgery (CJC, CJD, CJE, CJF)	14.4	17.5	..	..	16.2	22.2	47.7	136.2
6 Cochlear implantation (DFE00)	3.8	4.3	..	..	1.3	2.2	1.5	-
7 Tonsillectomy (EMB10-EMB20)	107.6	123.6	..	..	65.1	64.8	175.7	194.8
8 Pulmectomy (GDB20-21, GDC, GDD)	17.0	15.6	..	..	8.7	4.7	6.0	4.4
9 Diagnostic bronchoscopy with or without biopsy (UGC)	108.3	76.0	..	..	47.9	27.8	50.6	13.2
10 Transluminal coronary angioplasty (FNG02, FNG05)	271.0	97.5	..	..	211.1	84.2	6.0	-
11 Coronary artery bypass graft (FNC, FND, FNE)	61.3	15.2	..	..	47.7	14.6	-	1.5
12 Carotid endarterectomy (PAF20-PAF22)	11.7	5.4	..	..	14.9	6.4	6.0	2.9
13 Infrarenal aortic aneurysm repair (PDG10-PDG24, PDQ10)	24.2	4.5	..	..	16.2	2.1	7.4	1.5
14 Femoropopliteal bypass (PEH)	11.7	7.9	..	..	14.1	9.8	16.4	17.6
15 Stem cell transplantation (Not included ²⁾)	4.4	2.2	..	..	2.4	2.4	-	-

The table continues

Kirurgiske indgreb udført under indlæggelse per 100.000 indbyggere efter liste med udvalgte indgreb og køn¹⁾ Tabel 3.5.1

<i>Iceland</i>		<i>Norway</i>		<i>Sweden</i>		Kirurgisk indgreb (NCSP-E koder i parentes)	
2009 M	2009 W	2009 M	2009 W	2009 M	2009 W		
17.3	14.6	15.6	16.6	16.5	17.5	Excision og destruktion af interkranielt patologisk væv (AAB00-AAB20, AAB99)	1
12.4	3.2	21.5	9.2	23.3	9.4	Fjernelse af subduralt hæmatom og af intrakranielt spontant hæmatom (AAB30, AAD05-AAD15)	2
193.8	165.5	133.7	117.4	69.6	70.3	Dekompression af rygmarg og nerverødder (ABC)	3
9.3	60.2	9.9	47.9	11.2	44.4	Tyroidektomi (BAA20-BAA60)	4
11.8	6.3	14.1	15.4	19.2	19.6	Kataraktoperation (CJC, CJD, CJE, CJF)	5
0.6	0.0	1.7	2.5	2.3	2.8	Indsættelse af implantat i cochlea (DFE00)	6
47.0	53.3	94.0	87.5	55.6	67.7	Tonsillektomi (EMB10-EMB20)	7
14.2	15.9	10.4	7.9	8.0	9.2	Lungeresektion og pneumonektomi (GDB20-21, GDC, GDD)	8
61.9	64.0	109.5	74.1	48.5	37.7	Diagnostisk bronkoskopi med eller uden biopsi (UGC)	9
290.9	102.7	295.1	102.5	255.9	95.5	Perkutan transluminal plastik på koronararterie (FNG02, FNG05)	10
96.6	16.5	97.6	26.3	67.2	17.7	Aortokoronar bypass-operation (FNC, FND, FNE)	11
9.9	3.2	13.5	6.2	16.1	7.8	Trombendarterektomi i karotisarterie (PAF20-PAF22)	12
12.4	2.5	23.6	6.7	15.0	3.9	Aneurismeoperation på infrarenale aorta (PDG10-PDG24, PDQ10)	13
2.5	1.9	8.1	4.7	6.2	5.2	Bypass-operation fra a. femoralis og dens grene (PEH)	14
-	-	-	-	-	-	Stamcelletransplantation (Not included ²⁾)	15

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.5.1 Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures and sex¹⁾. Continued

		<i>Denmark</i>		<i>Faroe Islands</i>		<i>Finland</i>		<i>Åland</i>	
Procedure (NCSP-E codes in paranthesis)		2009				2009		2005-09	
		M	W	M	W	M	W	M	W
16	Colonoscopy with or without biopsy (JFA15, UJF32, UJF35, UJF42, UJF45)	289.6	298.7	..	..	53.9	53.5	46.2	76.2
17	Colectomy (JFB20-JFB64, JFH)	131.8	135.7	..	..	57.1	63.8	49.1	70.3
	Of which:								
17A	Laparoscopic colectomy (JFB21, JFB31, JFB34, JFB41, JFB44, JFB47, JFB51, JFB61, JFB64, JFH01, JFH11)	19.0	21.5	..	..	13.9	17.8	1.5	-
18	Appendectomy (JEA)	102.2	104.9	..	..	125.5	127.6	150.4	115.7
	Of which:								
18A	Laparoscopic appendectomy (JEA01)	69.6	67.3	..	..	11.3	39.8	-	14.6
19	Cholecystectomy (JKA20, JKA21)	52.7	112.5	..	..	86.8	142.2	107.2	169.9
	Of which:								
19A	Laparoscopic cholecystectomy (JKA21)	39.9	98.4	..	..	61.7	121.1	81.9	155.3
20	Repair of inguinal hernia (JAB)	96.0	12.2	..	..	160.7	20.3	192.1	14.6
	Of which:								
20A	Laparoscopic repair of inguinal hernia (JAB11, JAB97)	27.3	4.9	..	..	21.8	2.9	8.9	-
21	Transplantation of kidney (KAS00-KAS20)	5.2	2.8	..	..	4.4	2.0	1.5	2.9
22	Open prostatectomy (KEC, KED00, KED96)	41.3	0.1	..	..	39.9	.	77.4	.

The table continues

Kirurgiske indgreb udført under indlæggelse per 100.000 indbyggere Tabel 3.5.1
efter liste med udvalgte indgreb og køn. Fortsat

<i>Iceland</i>		<i>Norway</i>		<i>Sweden</i>		Kirurgisk indgreb (NCSP-E koder i parentes)	
2009 M	2009 W	2009 M	2009 W	2009 M	2009 W		
180.8	249.2	172.4	195.9	119.5	134.4	Koloskopi med eller uden biopsi (JFA15, UJF32, UJF35, UJF42, UJF45)	16
48.9	57.1	73.4	90.8	122.6	139.0	Tyktarmresektion og kolektomi (JFB20-JFB64, JFH)	17
11.8	12.0	17.6	22.4	2.2	2.7	Heraf: Laparoskopisk tyktarmsresektion og kolektomi (JFB21, JFB31, JFB34, JFB41, JFB44, JFB47, JFB51, JFB61, JFB64, JFH01, JFH11)	17A
154.8	137.6	119.1	113.1	118.5	110.1	Appendektomi (JEA)	18
65.0	82.4	70.1	69.8	25.0	38.1	Heraf: Laparoskopisk appendektomi (JEA01)	18A
93.5	253.6	42.5	91.8	81.9	147.6	Kolecystektomi (JKA20. JKA21)	19
87.3	244.8	34.9	84.7	56.0	121.6	Heraf: Laparoskopisk kolecystektomi (JKA21)	19A
50.1	3.2	76.6	10.6	77.0	9.3	Operation for ingvinalhernie (JAB)	20
5.0	0.6	10.4	1.2	7.0	1.2	Heraf: Laparoskopisk operation for ingvinalhernie (JAB11. JAB97)	20A
1.9	2.5	8.4	4.2	5.5	3.0	Nyretransplantation (KAS00-KAS20)	21
37.8	.	55.5	.	61.6	.	Åben prostatektomi (KEC. KED00. KED96)	22

Tabellen fortsætter

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.1 Surgical procedures performed on in-patients per 100 000 inhabitants by list of selected procedures and sex¹). Continued

	Procedure (NCSP-E codes in paranthesis)	Denmark		Faroe Islands		Finland		Åland	
		2009				2009		2005-09	
		M	W	M	W	M	W	M	W
23	Transurethral prostatectomy (KED22. KED52-KED72. KED98)	115.6	.	..	..	129.7	.	239.7	.
24	Hysterectomy (LCC. LCD)	.	223.0	..	..	.	207.8	.	338.3
	Of which:								
24A	Laparoscopic hysterectomy (LCC01. LCC11. LCC97. LCD01. LCD04. LCD11. LCD31. LCD40. LCD97)	.	19.0	..	..	.	80.0	.	19.0
25	Caesarean section (MCA)	.	482.5	..	..	.	344.0	.	437.9
26	Arthroscopic excision of meniscus of knee (NGD01. NGD11)	18.1	18.0	..	..	45.5	34.9	46.2	41.0
27	Hip replacement (NFB. NFC)	188.2	279.8	..	..	175.7	257.0	187.6	253.4
	Of which:								
27A	Secondary hip replacement (NFC)	23.4	29.6	..	..	20.5	32.0	23.8	16.1
28	Total knee replacement (NGB20-NGB40)	107.6	164.8	..	..	115.1	226.0	64.0	98.1
29	Partial excision of mammary gland (HAB00. HAB30. HAB40. AB99)	0.6	140.3	..	..	1.2	95.1	-	52.7
30	Total mastectomy (HAC10-HAC25. HAC99)	5.6	89.6	..	..	2.2	100.9	3.0	123.0

1 The NCSP codes refer to NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009
NOMESCO 83:2008

2 Not included in NCSP-E but can be defined through other non-surgical national classifications

1 NCSP-koderne refererer til NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NO-MESCO 83:2008

2 Ikke inkluderet i NCSP-E men kan defineres ud fra andre ikke-kirurgiske nationale klassifikationer

Sources: The national in-patient registers

Kilder: Landspatientregistrene

Kirurgiske indgreb udført under indlæggelse per 100.000 indbyggere **Tabel 3.5.1**
efter liste med udvalgte indgreb og køn. Fortsat

<i>Iceland</i>		<i>Norway</i>		<i>Sweden</i>		Kirurgisk indgreb (NCSP-E koder i parentes)	
2009 M	2009 W	2009 M	2009 W	2009 M	2009 W		
103.4	.	166.4	.	119.1	.	Transurethral prostataresektion (KED22. KED52-KED72. KED98)	23
.	276.5	.	189.0	.	178.4	Hysterektomi (LCC. LCD)	24
.	43.1	.	37.3	.	11.0	Heraf: Laparoskopisk hysterektomi (LCC01. LCC11. LCC97. LCD01. LCD04. LCD11. LCD31. LCD40. LCD97)	24A
.	502.2	.	417.2	.	410.0	Kejsersnit (MCA)	25
0.6	1.3	25.8	18.0	6.0	3.6	Artroskopisk resektion af menisk i knæled (NGD01. NGD11)	26
133.7	212.4	159.7	325.8	169.4	256.0	Indsættelse af ledprotese i hoftelæd (NFB. NFC)	27
15.5	18.4	20.3	33.2	20.1	22.5	Heraf: Sekundær indsættelse af ledprotese i hoftelæd (NFC)	27A
69.9	112.9	62.3	105.9	91.8	131.0	Indsættelse af totalprotese i knæled (NGB20-NGB40)	28
1.2	95.1	0.1	53.1	0.8	73.0	Partiel resektion af bryst (HAB00. HAB30. HAB40. HAB99)	29
3.1	76.7	1.5	64.8	2.2	53.2	Total mastektomi (HAC10-HAC25. HAC99)	30

1 The NCSP codes refer to NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

2 Not included in NCSP-E but can be defined through other non-surgical national classifications

1 NCSP-koderne refererer til NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

2 Ikke inkluderet i NCSP-E men kan defineres ud fra andre ikke-kirurgiske nationale klassifikationer

Sources: *The national in-patient registers*
 Kilder: *Landspatientregistrene*

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Tabel 3.5.2 Eight surgical procedures often carried out as day surgery; total rate and day surgery rate per 100 000 inhabitants and day surgery as per cent of all procedures 2009 by sex¹⁾

Procedure	Denmark		Finland	
	M	W	M	W
5 <i>Cataract surgery</i> (CJC. CJD. CJE. CJF)				
Total rate per 100 000 population	641.2	964.5	564.9	938.1
Of which day surgery	626.9	947.0	548.7	915.8
Day surgery as per cent of total	97.8	98.2	97.1	97.6
7 <i>Tonsillectomy</i> (EMB10-20)				
Total rate per 100 000 population	143.8	182.3	157.9	172.1
Of which day surgery	36.3	58.7	92.8	107.3
Day surgery as per cent of total	25.2	32.2	58.8	62.3
9 <i>Diagnostic bronchoscopy with or without biopsy</i> (UGC)				
Total rate per 100 000 population	238.4	183.7	48.5	28.5
Of which day surgery	130.0	107.7	0.5	0.7
Day surgery as per cent of total	54.6	58.6	1.1	2.5
16 <i>Colonoscopy with or without biopsy</i> (JFA15. UJF32. UJF35. UJF42. UJF45)				
Total rate per 100 000 population	1679.4	1828.8	56.1	58.4
Of which day surgery	1389.8	1530.2	2.1	4.9
Day surgery as per cent of total	82.8	83.7	3.8	8.4
19A <i>Laparoscopic cholecystectomy</i> (JKA 21)				
Total rate per 100 000 population	64.4	177.3	77.5	167.7
Of which day surgery	24.6	78.9	15.8	46.5
Day surgery as per cent of total	38.1	44.5	20.4	27.8
20 <i>Repair of inguinal hernia</i> (JAB)				
Total rate per 100 000 population	358.0	38.8	378.5	42.8
Of which day surgery	262.0	26.6	217.8	22.5
Day surgery as per cent of total	73.2	68.6	57.5	52.7
26 <i>Arthroscopic excision of meniscus of knee</i> (NGD01. NGD11)				
Total rate per 100 000 population	325.9	220.3	301.9	205.0
Of which day surgery	307.8	202.3	256.4	170.2
Day surgery as per cent of total	94.4	91.8	84.9	83.0
29 <i>Excision of mammary gland (women only)</i> (HAB)				
Total rate per 100 000 women	.	230.2	.	131.0
Of which day surgery	.	89.9	.	35.9
Day surgery as per cent of total	.	39.0	.	27.4

Sources: See table 3.5.1

Kilder: Se tabel 3.5.1

Otte kirurgiske indgreb ofte udført som dagkirurgi; Tabel 3.5.2
Samlet rate og rate for dagkirurgi pr. 100.000 indbyggere
samt den procentvise andel af dagkirurgi 2009 efter køn¹⁾

Norway		Sweden		Kirurgisk indgreb	
M	W	M	W		
367.3	561.5	486.0	734.6	<i>Kataraktoperation</i> (CJC. CJD. CJE. CJF)	5
353.3	546.1	466.8	715.0	I alt per 100 000 indbyggere	
96.2	97.3	96.1	97.3	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
191.6	194.6	86.1	102.8	<i>Tonsillektomi</i> (EMB10-20)	7
97.6	107.1	30.5	35.1	I alt per 100 000 indbyggere	
50.9	55.0	35.4	34.2	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
131.5	89.8	121.7	98.5	<i>Diagnostisk bronkoskopi med eller uden biopsi</i> (UGC)	9
22.0	15.7	73.2	60.8	I alt per 100 000 indbyggere	
16.7	17.5	60.2	61.7	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
185.0	209.3	708.1	795.1	<i>Koloskopi med eller uden biopsi</i> (JFA15. UJF32. UJF35. UJF42. UJF45)	16
12.7	13.4	588.7	660.7	I alt per 100 000 indbyggere	
6.9	6.4	83.1	83.1	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
45.8	121.4	65.6	148.8	<i>Laparoskopisk kolecystektomi</i> (JKA 21)	19A
10.8	36.7	9.5	27.2	I alt per 100 000 indbyggere	
23.6	30.2	14.5	18.3	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
256.5	30.6	296.5	28.8	<i>Operation for ingvinalhernie</i> (JAB)	20
179.9	20.0	219.4	19.5	I alt per 100 000 indbyggere	
70.1	65.4	74.0	67.7	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
385.6	245.3	151.8	86.8	<i>Artroskopisk resektion af menisk i knæled</i> (NGD01. NGD11)	26
359.8	227.3	145.9	83.2	I alt per 100 000 indbyggere	
93.3	92.7	96.1	95.9	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	
.	111.8	.	131.8	<i>Partiel resektion af bryst (kun kvinder)</i> (HAB)	29
.	58.7	.	58.8	I alt per 100 000 kvinder	
.	52.5	.	44.6	Heraf dagkirurgi	
				Dagkirurgi som procent af alle indgreb	

¹ The NCSP codes refer to NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

¹ NCSP-koderne refererer til NOMESCO Classification of Surgical Procedures. NCSP-E-version 1.13:2009 NOMESCO 83:2008

Tabel 3.5.3 Proportion of laparoscopic procedures and secondary hip replacements on in-patients 2009 by sex

Andel laparoskopiske indgreb og andel sekundære hofteproteser på indlagte patienter 2009 efter køn

Procedure	Denmark		Finland		Åland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
<i>Per cent laparoscopic</i>												
17 <i>C colectomy</i> Tyktarmresektion og kolektomi	14	16	24	28	3	-	24	21	24	25	2	2
18 <i>Appendectomy</i> Appendektomi	68	64	9	31	-	13	42	60	59	62	21	35
19 <i>Cholecystectomy</i> Kolecystektomi	76	87	71	85	76	91	93	97	82	92	68	82
20 <i>Repair of inguinal hernia</i> Operation for ingvinalhernie	28	40	14	15	5	-	10	20	14	12	9	13
24 <i>Hysterectomy</i> Hysterektomi	.	9	.	38	.	6	.	16	.	20	.	6
<i>Per cent secondary</i>												
27 <i>Hip replacement</i> Indsættelse af ledprotese i hofteled	12	11	12	12	13	6	12	9	13	10	12	9

Sources: Table 3.5.1

Kilder: Tabel 3.5.1

Table 3.5.4 Discectomy by sex and age 2009

Dekompression af rygmær og nerverødder efter køn og alder 2009

	Denmark		Faroe Islands		Finland		Åland ¹⁾		Iceland		Norway		Sweden	
Age Alder	M	W	M	W	M	W	M	W	M	W	M	W	M	W
<i>Total number of procedures</i>														
<i>Antal indgreb i alt</i>														
<15	5	4	..	..	4	2	-	-	..	..	2	7	1	12
15-24	94	52	..	..	98	69	-	0	..	..	93	63	51	63
25-44	1 143	1 042	..	..	1 002	683	4	1	..	..	1 102	901	803	734
45-64	2 139	1 867	..	..	1 473	1 271	6	6	..	..	1 536	1 161	1 363	1 211
65+	1 370	1 701	..	..	821	1 195	6	3	..	..	746	860	1 110	1 362
Total i alt	4 751	4 666	..	..	3 398	3 220	16	10	..	..	3 479	2 992	3 355	3 382
<i>Per 100 000 in the age group</i>														
<i>Pr. 100 000 i alderen</i>														
< 15	1	1	..	..	1	-	-	-	..	..	-	2	-	2
15-24	28	16	..	..	29	21	-	28	..	..	30	21	8	10
25-44	154	142	..	..	145	103	101	23	..	..	160	137	64	61
45-64	287	253	..	..	193	165	161	158	..	..	247	193	113	102
65+	349	342	..	..	222	225	292	101	..	..	245	215	150	147
Total i alt	819	754	..	..	130	118	118	73	..	..	145	124	73	72

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: ABC

Sources: See Table 3.5.1

Kilder: Se table 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.5 Thyroidectomy by sex and age 2009

Tyroidektomi. efter køn og alder 2009

	Denmark		Finland		Åland ¹⁾		Iceland		Norway		Sweden	
Age Alder	M	W	M	W	M	W	M	W	M	W	M	W
<i>Total number of procedures</i>												
<i>Antal indgreb i alt</i>												
<15	1	3	6	4	-	-	..	..	-	2	1	8
15-24	10	45	11	52	-	-	..	..	7	40	14	116
25-44	106	560	71	413	-	2	..	..	67	435	124	735
45-54	111	461	56	356	-	1	..	..	56	298	103	411
55-64	113	320	107	402	-	2	..	..	63	266	128	396
65-74	79	207	48	215	-	-	..	..	43	123	109	257
75-84	18	79	23	106	-	1	..	..	16	42	35	169
85+	4	8	2	15	-	-	..	..	-	9	2	21
<i>Total i alt</i>	442	1 683	324	1 563	1	6	..	..	252	1 215	532	2 113
<i>Per 100 000 in the age group</i>												
<i>Pr. 100 000 i alderen</i>												
< 15	0	1	1	1	-	-	..	..	-	0	0	1
15-24	3	14	3	16	-	-	..	..	2	13	2	19
25-44	14	76	10	62	-	52	..	..	10	66	10	61
45-54	29	123	15	94	21	60	..	..	17	95	17	70
55-64	31	88	28	102	10	114	..	..	21	93	21	66
65-74	33	79	22	84	17	34	..	..	26	67	26	58
75-84	15	50	19	54	60	65	..	..	16	30	15	53
85+	12	11	7	19	-	42	..	..	-	12	3	12
<i>Total i alt</i>	16	60	12	57	9	47	..	..	11	51	12	45

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: BAA 20-60

Sources: See Table 3.5.1

Kilder: Se table 3.5.1

Table 3.5.6 Cataract surgery by sex and age 2009
Kataraktoperation. efter køn og alder 2009

	Denmark		Faroe Islands		Finland		Åland ¹⁾		Norway		Sweden	
Age Alder	M	W	M	W	M	W	M	W	M	W	M	W
<i>Total number of procedures</i>												
<i>Antal indgreb i alt</i>												
< 45	401	339	..	..	253	238	-	1	255	202	354	352
45-64	3 527	3 954	..	..	3 112	3 634	1	1	1 443	1 469	4 058	4 399
65-74	5 439	8 622	..	..	4 207	7 217	1	4	2 151	3 205	6 502	9 805
75-84	6 487	10 646	..	..	5 840	11 605	3	9	3 573	5 969	8 522	14 712
85+	1 690	3 285	..	..	1 378	2 826	3	6	1 376	2 654	2 964	5 055
<i>Total i alt</i>	17 544	26 846	..	..	14 790	25 520	8	20	8 798	13 499	22 484	34 323
<i>Per 100 000 in the age group</i>												
<i>Pr. 100 000 i alderen</i>												
< 45	25	22	..	..	17	17	3	8	17	14	13	14
45-64	474	535	..	..	407	471	26	20	232	244	335	369
65-74	2 248	3 296	..	..	1 904	2 807	100	320	1 281	1 755	1 534	2 200
75-84	5 537	6 679	..	..	4 781	5 958	387	958	3 461	4 194	3 619	4 649
85+	5 123	4 332	..	..	5 069	3 575	1 699	1 178	4 197	3 498	3 644	3 064
<i>Total i alt</i>	641	964	..	..	565	938	61	144	367	561	486	735

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: CJC. CJD. CJE. CJF

Sources: See Table 3.5.1

Kilder: Se table 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.7.a Transluminal coronary angioplasty (PTCA; PCI) by age, men 2009

Perkutan transluminal plastik på koronararterie (PTCA; PCI) efter alder, mænd 2009

Age	Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>								
<i>Antal indgreb i alt</i>								
<45		424	..	188	-	..	435	357
45-54		1 263	..	794	0.2	..	1 499	1 549
55-64		2 668	..	1 762	0.2	..	2 749	3 589
65-74		2 520	..	1 728	0.2	..	2 236	3 891
75-84		1 258	..	1 021	0.2	..	1 409	2 397
85+		185	..	132	-	..	221	389
<i>Total i alt</i>		8 318	..	5 625	0.8	..	8 549	12 180
<i>Per 100 000 in the age group</i>								
<i>Pr. 100 000 i alderen</i>								
< 45		27	..	13	-	..	30	13
45-54		330	..	208	11	..	456	256
55-64		736	..	459	10	..	935	593
65-74		1 041	..	782	17	..	1 331	918
75-84		1 074	..	836	30	..	1 365	1 018
85+		561	..	486	-	..	674	478
<i>Total i alt</i>		304	..	215	6	..	357	263

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: FNG 02; FNG 05

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.7.b Transluminal coronary angioplasty (PTCA; PCI) by age, women 2009
Perkutan transluminal plastik på koronararterie (PTCA; PCI) efter alder, kvinder 2009

Age	Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>								
<i>Antal indgreb i alt</i>								
<45		132	..	38	-	..	107	83
45-54		320	..	151	-	..	281	357
55-64		648	..	455	-	..	692	935
65-74		986	..	703	-	..	859	1 438
75-84		744	..	820	-	..	812	1 458
85+		214	..	148	-	..	209	317
Total i alt		3 044	..	2 315	-	..	2 960	4 588
<i>Per 100 000 in the age group</i>								
<i>Pr. 100 000 i alderen</i>								
< 45		9	..	3	-	..	8	3
45-54		85	..	40	-	..	89	61
55-64		178	..	116	-	..	241	155
65-74		377	..	273	-	..	470	323
75-84		467	..	421	-	..	570	461
85+		282	..	187	-	..	275	192
Total i alt		109	..	85	-	..	123	98

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: FNG 02; FNG 05

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.8.a Coronary artery bypass graft by age, men 2009
Aortokoronar bypass-operation efter alder, mænd 2009

Age Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
< 45	31	..	7	-	..	55	28
45-54	135	..	102	-	..	270	264
55-64	473	..	388	-	..	709	853
65-74	685	..	481	-	..	815	1 258
75-84	346	..	261	-	..	454	676
85+	15	..	14	-	..	39	34
<i>Total i alt</i>	1 685	..	1 253	-	..	2 342	3 113
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 45	2	..	0	-	..	4	1
45-54	35	..	27	-	..	82	44
55-64	131	..	101	-	..	241	141
65-74	283	..	218	-	..	485	297
75-84	295	..	214	-	..	440	287
85+	45	..	51	-	..	119	42
<i>Total i alt</i>	62	..	48	-	..	98	67

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: FNC. FND. FNE

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.8.b Coronary artery bypass graft by age, women 2009
Aortokoronar bypass-operation efter alder, kvinder 2009

Age Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
< 45	6	..	1	-	..	11	13
45-54	27	..	18	-	..	42	37
55-64	78	..	63	0.2	..	101	153
65-74	184	..	163	-	..	226	302
75-84	124	..	144	-	..	227	309
85+	7	..	9	-	..	25	14
<i>Total i alt</i>	426	..	398	0.2	..	632	828
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 45	0.4	..	0.1	-	..	1	1
45-54	7	..	0.1	-	..	13	6
55-64	21	..	16	10.3	..	35	25
65-74	70	..	63	-	..	124	68
75-84	78	..	74	-	..	159	98
85+	9	..	11	-	..	33	8
<i>Total i alt</i>	15	..	15	1.5	..	26	18

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: FNC . FND. FNE

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.9.a Appendectomy by age, men 2009
 Appendektomi efter alder, mænd 2009

Age Alder	Denmark	Faroe Is- lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
Antal indgreb i alt							
<15	649	..	442	2	..	459	43
15-24	633	..	720	5	..	788	603
25-44	783	..	1 062	7	..	960	1 680
45-64	501	..	830	5	..	477	979
65+	303	..	288	2	..	251	508
Total i alt	2 869	..	3 342	20	..	2 935	5 607
<i>Per 100 000 in the age group</i>					..		
Pr. 100 000 i alderen							
<15	126	..	97	75	..	98	5
15-24	186	..	214	330	..	251	95
25-44	105	..	153	185	..	140	134
45-64	67	..	109	125	..	77	81
65+	77	..	78	97	..	83	69
Total i alt	105	..	128	152	..	123	121

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: JEA

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.9.b Appendectomy by age, women 2009
 Appendektomi efter alder, kvinder 2009

Age Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
Antal indgreb i alt							
<15	506	..	310	3	..	344	698
15-24	574	..	774	4	..	725	1 270
25-44	802	..	1 156	5	..	812	1 523
45-64	683	..	918	3	..	609	1 144
65+	420	..	395	1	..	308	603
Total i alt	2 985	..	3 553	16	..	2 798	5 238
<i>Per 100 000 in the age group</i>							
Pr. 100 000 i alderen							
<15	103	..	71	134	..	77	93
15-24	177	..	240	253	..	242	211
25-44	109	..	175	155	..	124	127
45-64	92	..	119	76	..	101	96
65+	85	..	74	31	..	77	65
Total i alt	107	..	131	116	..	116	112

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: JEA

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.10.a Cholesystectomy by age, men 2009
Kolecystektomi efter alder, mænd 2009

Age Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<25	65	..	35	0.2	..	45	81
25-44	568	..	448	3	..	331	1 033
45-64	950	..	1 169	6	..	540	1 746
65+	551	..	998	5	..	365	1 360
<i>Total i alt</i>	2 134	..	2 650	14	..	1 281	4 273
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
<25	8	..	4	5	..	6	6
25-44	76	..	65	79	..	48	83
45-64	128	..	154	159	..	87	144
65+	141	..	277	263	..	120	184
<i>Total i alt</i>	78	..	102	107	..	53	92

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: JKA 20-21

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.10.b Cholesystectomy by age, women 2009
Kolecystektomi efter alder, kvinder 2009

Age Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<25	388	..	261	1	..	231	570
25-44	2 064	..	1 476	9	..	1 196	2 942
45-64	1 986	..	2 364	9	..	1 142	3 117
65+	914	..	1 353	4	..	531	1 644
<i>Total i alt</i>	5 352	..	5 454	23	..	3 100	8 273
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
<25	48	..	34	22	..	31	42
25-44	282	..	223	259	..	182	245
45-64	269	..	309	234	..	190	261
65+	184	..	259	163	..	132	177
<i>Total i alt</i>	192	..	201	170	..	129	177

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: JKA 20; JKA21

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.11 Transplantation of kidney by sex and age 2009
 Nyretransplantation. efter køn og alder 2009

	Denmark		Finland		Åland ¹⁾		Iceland		Norway		Sweden	
Age Alder	M	W	M	W	M	W	M	W	M	W	M	W
<i>Total number of procedures</i>												
<i>Antal indgreb i alt</i>												
<15	7	7	6	4	-	-	..	..	3	3.0	1	2
15-24	16	4	2	1	-	-	..	..	7	3	10	5
25-44	45	33	26	9	-	-	..	..	42	21	57	50
45-54	27	11	25	11	-	-	..	..	37	28	63	24
55-64	38	18	25	12	0.2	0.4	..	..	59	21	70	42
65+	11	6	12	6	-	-	..	..	54	25	45	17
Total i alt	144	79	96	43	0.2	0.4	..	..	202	101	256	140
<i>Per 100 000 in the age group</i>												
<i>Pr. 100 000 i alderen</i>												
< 15	1.4	1.4	1.3	0.9	-	-	..	..	0.6	0.7	0.1	0.3
15-24	4.7	1.2	0.6	0.3	-	-	..	..	2.2	1.0	1.6	0.8
25-44	6.0	4.5	3.8	1.4	-	-	..	..	6.1	3.2	4.6	4.2
45-54	7.1	2.9	6.5	2.9	-	-	..	..	11.3	8.9	10.4	4.1
55-64	10.5	4.9	6.6	3.1	10.2	20.6	..	..	20.1	7.3	11.6	7.0
65+	2.8	1.2	3.3	1.1	-	-	..	..	17.8	6.2	6.1	1.8
Total i alt	5.3	2.8	3.7	1.6	1.5	2.9	..	..	8.4	4.2	5.5	3.0

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: KAS 00-KAS20

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.12 Open prostatectomy. men by age 2009
 Åben prostatektomi. mænd efter alder 2009

Age Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<45	0	..	5	-	..	6	12
45-64	609	..	560	5	..	717	1 512
65-74	518	..	259	5	..	542	1 236
75-84	7	..	27	-	..	59	92
85+	4	..	4	-	..	11	4
Total i alt	1 138	..	855	10	..	1 335	2 856
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 45	0	..	0.3	-	..	0.4	0.4
45-64	8.2	..	74	125	..	115	125
65-74	214	..	120	435	..	323	292
75-84	6	..	23	59	..	57	39
85+	12	..	16	-	..	34	5
Total i alt	42	..	33	77	..	56	62

1 Average 2005-09

NCSP codes covered: KEC; KED 00; KED96

1 Gennemsnit for årene 2005-09

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.13 Transurethral prostatectomy. men by age 2009
Transuretral prostatektomi. mænd efter alder 2009

Age Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<45	20	..	5	-	..	5	12
45-64	967	..	820	2	..	882	1 123
65-74	1 444	..	1 320	10	..	1 479	2 142
75-84	1 024	..	1 143	10	..	1 393	2 039
85+	194	..	250	9	..	396	488
<i>Total i alt</i>	3 649	..	3 538	32	..	4 155	5 804
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 45	1	..	0.3	-	..	0.3	0.4
45-64	130	..	108	62	..	142	93
65-74	597	..	613	854	..	881	505
75-84	874	..	955	1 546	..	1 349	866
85+	588	..	986	4 883	..	1 208	600
<i>Total i alt</i>	133	..	136	240	..	173	125

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: KED 22; KED52-KED 72; KED98

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.14 Hysterectomy. women by age 2009
 Hysterektomi. kvinder efter alder 2009

Age Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i> Antal indgreb i alt							
< 25	5	..	8	-	..	9	25
25-44	1 928	..	1 470	10	..	1 475	2 061
45-64	3 264	..	3 460	29	..	2 478	4 225
65+	1 209	..	1 088	7	..	887	2 115
<i>Total i alt</i>	6 406	..	6 026	46	..	4 849	8 426
<i>Per 100 000 in the age group</i> Pr. 100 000 i alderen							
< 25	1	..	1.05	-	..	1	2
25-44	263	..	221.82	299	..	224	172
45-64	441	..	452.86	733	..	412	354
65+	243	..	207.93	279	..	221	228
<i>Total i alt</i>	230	..	222.43	340	..	202	180

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: LCC; LCD

Sources: See Table 3.5.1

Kilder: Se table 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.15 Caesarean section. by age. women 2009
Kejsersnit. kvinder efter alder 2009

Age Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<15	2	..	1	-	..	-	7
15-24	1 232	..	1 327	5	..	1 093	1 898
25-34	8 799	..	5 764	37	..	6 069	11 186
35-44	3 515	..	2 341	18	..	3 052	5 982
45+	35	..	25	0.6	..	43	91
<i>Total i alt</i>	13 853	..	9 358	61	..	10 257	19 164
<i>Per 1 000 deliveries</i>							
<i>Pr. 1 000 fødsler</i>							
< 15	1 000	..	250	-	..	-	2 333
15-24	163	..	126	157	..	105	115
25-34	208	..	151	199	..	157	159
35-44	275	..	202	287	..	259	240
45+	402	..	305	750	..	589	431
<i>Total i alt</i>	216	..	156	215	..	168	171

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: MCA

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.16.a Hip replacement by age, men 2009

Indsættelse af ledprotese i hofteled efter alder, mænd 2009

Age Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<25	13	..	9	-	..	10	5
25-44	167	..	125	-	..	134	170
45-64	1 722	..	1 593	4	..	1 029	2 241
65-74	1 776	..	1 435	8	..	1 082	2 450
75+	1 509	..	1 438	12	..	1 584	2 995
Total i alt	5 187	..	4 600	25	..	3 839	7 867
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 25	2	..	1	-	..	1	0.4
25-44	22	..	18	6	..	20	14
45-64	231	..	208	114	..	165	185
65-74	734	..	649	686	..	644	578
75+	1 005	..	963	1 440	..	1 164	945
Total i alt	190	..	176	188	..	160	170

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: NFB; NFC

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.5.16.b Hip replacement by age, women 2009

Indsættelse af ledprotese i hofteled efter alder, kvinder 2009

Age Alder	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
<25	16	..	8	-	..	25	16
25-44	119	..	122	1	..	138	185
45-64	1 754	..	1 609	7	..	1 606	2 462
65-74	2 388	..	1 858	12	..	2 038	3 374
75+	3 552	..	3 399	15	..	4 058	5 967
<i>Total i alt</i>	7 829	..	6 996	35	..	7 865	12 004
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 25	2	..	1	-	..	3	1.2
25-44	16	..	18	29	..	21	15
45-64	237	..	209	178	..	267	207
65-74	913	..	723	1 011	..	1 116	757
75+	1 510	..	1 241	1 047	..	1 860	1 239
<i>Total i alt</i>	281	..	257	253	..	327	257

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: NFB; NFC

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

Table 3.5.17.a Total knee replacement by age, men 2009

Indsættelse af totalprotese i knæled efter på alder, mænd 2009

Age Alder	Denmark	Faroe Is- lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
< 25	1	..	2	-	..	4	1
25-44	47	..	32	-	..	30	27
45-64	1 093	..	1 050	1	..	514	1 357
65-74	1 182	..	1 108	3	..	562	1 704
75+	656	..	824	5	..	392	1 170
<i>Total i alt</i>	2 979	..	3 016	9	..	1 502	4 259
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 25	0.1	..	-	-	..	0.5	0.1
25-44	6	..	5	-	..	4	2,2
45-64	147	..	137	31	..	83	112
65-74	488	..	501	234	..	335	402
75+	437	..	552	534	..	288	369
<i>Total i alt</i>	109	..	115	64	..	63	92

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: NGB 20; NGB 30; NGB 40

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.5.17.b Total knee replacement by age, women 2009

Indsættelse af totalprotese i knæled efter alder, kvinder 2009

Age Alder	Denmark	Faroe Is-lands	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Total number of procedures</i>							
<i>Antal indgreb i alt</i>							
< 25	4	..	0	-	..	1	1
25-44	64	..	38	0.2	..	42	34
45-64	1 568	..	1 856	5	..	752	1 819
65-74	1 687	..	2 191	4	..	928	2 302
75+	1 302	..	2 070	4	..	837	1 979
Total i alt	4 625	..	6 155	13	..	2 560	6 135
<i>Per 100 000 in the age group</i>							
<i>Pr. 100 000 i alderen</i>							
< 25	0	..	0	-	..	0.1	0.1
25-44	9	..	6	6	..	6	3
45-64	212	..	241	117	..	125	153
65-74	645	..	852	354	..	508	516
75+	554	..	756	316	..	384	411
Total i alt	166	..	226	98	..	106	131

1 Average 2005-09

1 Gennemsnit for årene 2005-09

NCSP codes covered: NGB 20; NGB 30; NGB 40

Sources: See Table 3.5.1

Kilder: Se tabel 3.5.1

3.6 Accidents and self-inflicted injury

Patients admitted to hospital because of accidents occupy a substantial part of the capacity in hospitals.

While statistics on causes of death are highly developed in the Nordic countries, registration of survivors following accidents is still incomplete, and the available data are difficult to compare. Since only Denmark and Iceland have comparable statistics on external causes of accidents, it is not possible to present Nordic statistics on this.

Therefore statistics are presented for hospital discharges for the most common serious accidents that usually require admission. The statistics show marked differences, both between countries and for men and women.

3.6 Ulykker og villet egenskade

Patienter indlagt på grund af ulykker udnytter en væsentlig del af kapaciteten ved sygehusene.

Mens statistikken over dødsårsager er veludbygget i de nordiske lande er registreringen af overlevende efter ulykker stadigvæk mangelfuld, og de tilgængelige data er vanskelige at sammenligne. Da kun Danmark og Island har sammenlignelig statistik for de ydre årsager ved ulykker er det ikke muligt at bringe nordisk statistik vedrørende dette.

Det er derfor valgt at medtage statistik over udskrivelser for de mest almindelige alvorlige ulykker som oftest vil kræve indlæggelse. Her ser man markante forskelle, både mellem landene og mænd og kvinder.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.6.1 Discharges from hospitals after treatment for injuries per 100 000 inhabitants by sex 2009¹⁾

Udskrivninger fra indlæggelser fra sygehuse efter behandling for skader per 100 000 indbygger og efter køn 2009¹⁾

	Denmark		Faroe Islands ²⁾		Greenland		Finland		Åland		Iceland		Norway		Sweden ³⁾	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
<i>Fracture of skull and intracranial injury</i> Kraniebrud og intrakraniel læsion ICD10: S02; S06	201	112	323	142	125	69	203	122	216	141	111	56	259	159	219	143
<i>Fracture at wrist and hand level</i> Brud i handled og hand ICD10: S62	68	27	88	30	22	9	54	20	39	19	25	7	46	15	24	9
<i>Injury of lower leg</i> Læsion af knæ og underben ICD10: S80-S89	245	203	443	211	120	112	432	320	348	299	128	133	189	171	144	147
<i>Injury of hip and thigh</i> Læsion af hofte og lår ICD10: S70-S79	159	312	175	229	55	75	150	258	171	277	124	230	171	347	190	384
<i>Poisoning</i> Forgiftning ICD10: T36-T65	192	271	76	82	46	71	92	102	48	51	27	44	95	112	86	150
<i>Burn and corrosion</i> Forbrænding og ætsning ICD10: T20-T32	17	8	44	17	6	5	28	11	22	6	20	8	27	12	21	10

1 Including violence and self-inflicted injury

2 Average 2002-06

3 Refers to 2007

1 Inklusiv vold og villet egenskade

2 Gennemsnit 2002-06

3 Tal vedrører 2007

Source: *The Inpatient Registers of the Nordic Countries*

Kilde: Patientregistre i de nordiske lande

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.6.2 Discharges from hospitals after treatment for injuries
per 100 000 inhabitants by sex and age 2009¹⁾**

Udskrivninger fra indlæggelse på sygehuse efter behandling for skader.
pr. 100 000 indbyggere efter køn og alder 2009¹⁾

	Denmark		Faroe Islands ²⁾		Finland		Iceland		Norway		Sweden ³⁾	
Age Alder	M	W	M	W	M	M	W	W	M	W	M	W
0-14	94	76	705	502	919	624	456	350	1 019	692	1 219	876
15-24	139	120	1 343	1 074	1 882	975	892	553	1 874	1 159	1 507	1 169
25-64	439	325	1 217	391	1 906	1 206	914	639	1 410	1 017	1 282	1 046
65+	210	412	1 532	1 784	2 828	3 664	2 731	4 003	3 108	4 667	4 412	5 662
Total I alt	882	932	1 165	722	1 860	1 563	1 008	1 001	1 610	1 583	1 782	1 933

1 Including violence and self-inflicted injury

2 Average 2002-06

3 Refers to 2007

ICD-10: S00-T98

1 Inklusiv vold og villet egenskade

2 Gennemsnit 2002-06

3 Tal vedrører 2007

Sources: *The Inpatient Registers of the Nordic Countries*

Kilde: Patientregistrene i de nordiske lande

3.7 Development in consumption of medicinal products

Table 3.7.1 presents total sales of medicinal products in the Nordic countries, by ATC main group. Sales of medicinal products are highest in Sweden and Finland, while Norway, Iceland, Åland and Denmark have slightly lower sales. Sales in the Faroe Islands are slightly lower than in Iceland, while sales in Greenland are substantially lower than in the other countries.

Apart from this in this issue includes tables without commentary. For a broader perspective on the consumption of medicinal products see the NOMESCO publication *Medicines Consumption in the Nordic Countries 2004-2008*.

3.7 Udvikling i lægemiddelforbrug

I tabel 3.7.1 ses det samlede lægemiddelforbrug i de nordiske lande fordelt på ATC-hovedgrupper. Forbruget af lægemidler er højest i Sverige og Finland, mens Norge, Island, Åland og Danmark har et lidt lavere forbrug. Forbruget på Færøerne er lidt lavere end i Island, mens forbruget i Grønland er markant lavere end i de øvrige lande.

I denne udgave medtages derudover kun tabeller uden kommentar. For et bredere perspektiv på lægemiddelforbruget henvises til NOMESCO's publikation *Legemiddelforbruget i de nordiske land 2004-2008*.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.7.1 Sales of medicinal products in total. DDD/1 000 inhabitants/day by ATC-group 2009

Salg af lægemidler i alt i DDD/1 000 indbyggere/døgn fordelt på ATC-grupper 2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
<i>A Alimentary tract and metabolism</i>								
Fordøjelse og stoffskifte	150	176	67	237	185	135	199	217
<i>B Blood and blood-forming organs</i>								
Blod og bloddannende organer	118	118	51	145	139	103	124	339
<i>C Cardiovascular system</i>								
Hjerte og kretsløb	488	491	205	510	407	370	400	442
<i>G Genito-urinary system and sex hormones</i>								
Kjønshormoner m.m.	101	84	89	134	111	122	96	101
<i>H Systemic hormonal preparations. excl. sex hormones and insulins</i>								
Hormoner til systemisk brug	30	27	11	45	50	32	43	42
<i>J Anti-infectives for systemic use</i>								
Midler mot infeksjoner	20	19	21	23	20	23	23	18
<i>L Antineoplastic and immunomodulating agents</i>								
Antineoplastiske og immunmodulerende midler	13	12	6	15	17	12	15	15
<i>M Musculo-skeletal system</i>								
Muskler og skelett	70	48	27	104	70	84	59	70
<i>N Nervous system</i>								
Nervesystemet	266	199	99	261	190	319	226	256
<i>P Antiparasitic products. insecticides and repellents</i>								
Parasitmidler. insekticider og insektmidler	1	1	3	2	2	1	1	1
<i>R Respiratory system</i>								
Åndedretsorganer	123	105	49	139	125	109	183	147
<i>S Sensory organs</i>								
Sanseorganer	11	9	2	17	17	11	20	22
Total	1 394	1 288	629	1 631	1 332	1 321	1 389	1 670

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Note: Sales of B05 and D are excluded from this table because no official DDDs are assigned in these groups. A11 is excluded because of differences in the definitions of medicinal and non-medicinal products. In group S only S01E is included.

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.7.2 Sales of reimbursed medicines by sex and age 2009, DDD/1 000 inhabitants/day

Salg af lægemidler hvor der gives refundering fordelt på køn og alder 2009. DDD/1 000 innbyggere/døgn

Sex	Køn	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
		M	W	M	W	M	W	M	W	M	W	M	W
Age	Alder												
0-14		71	48	57	42	.	.	14.4	10.2	.	.	85	66
15-24		126	170	104	133	.	.	16.9	42.4	.	.	172	579
25-44		326	426	260	303	.	.	60.4	113.1	.	.	375	738
45-64		1 413	1 470	1 166	1 078	.	.	176.5	217.1	.	.	1 510	1 765
65-74		3 088	2 991	3 017	2 375	.	.	95.2	104.3	.	.	3 603	3 546
75+		4 060	4 146	4 164	3 680	.	.	88.8	113.9	.	.	5 668	5 686

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.7.3 Sales of drugs for acid related disorders (ATC group A02), DDD/1 000 inhabitants/day 2005–2009

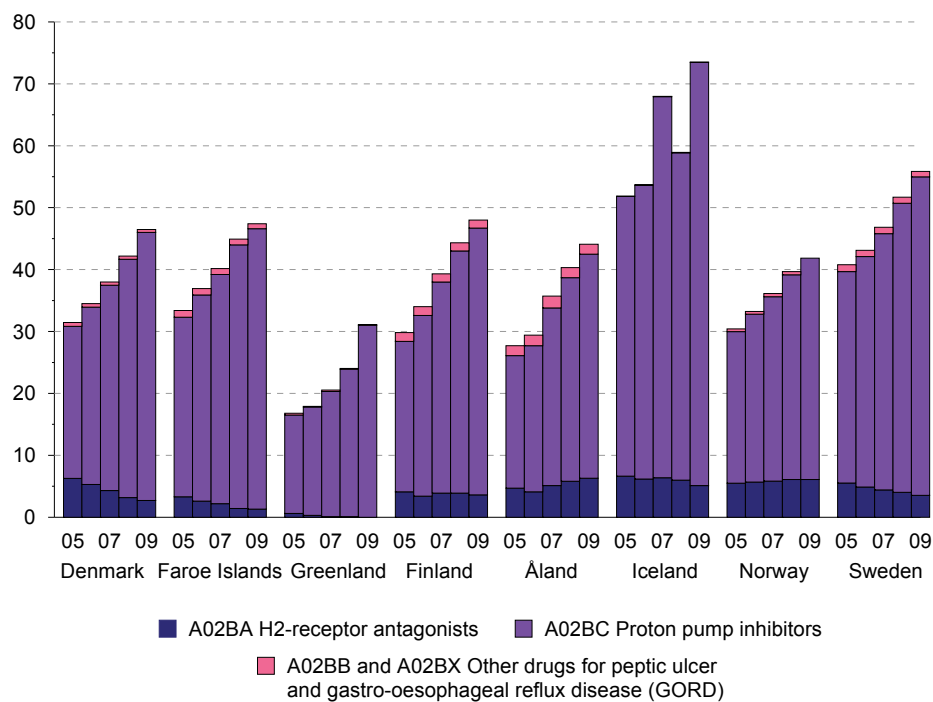
Salg af lægemidler mod mavesyre relaterede forstyrrelser (ATC-gruppe A02).
DDD/1 000 indbyggere/døgn 2005–2009

	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A02								
<i>Drugs for acid related disorders</i>								
Midler mod mavesyre relaterede forstyrrelser								
2005	38.7	37.6	18.9	32.7	30.5	54.2	32.5	43.4
2008	49.6	48.5	25.6	46.9	42.8	61.2	41.3	53.5
2009	53.6	50.9	33.0	50.5	46.4	75.7	43.8	57.7
A02A								
<i>Antacids</i>								
Syreneutraliserende midler								
2005	7.3	4.2	2.1	2.8	2.7	2.4	2.1	2.6
2008	7.5	3.6	1.5	2.5	2.3	2.2	1.7	1.8
2009	7.2	3.4	1.9	2.4	2.3	2.1	1.5	1.8
A02B								
<i>Drugs for peptic ulcer and gastro-oesophageal reflux disease (GORD)</i>								
Midler mod ulcus (mavesår) og gastroøsofageal reflux								
2005	31.4	33.4	16.8	29.9	27.8	51.9	30.4	40.8
2008	42.2	44.9	24.1	44.4	40.5	59.0	39.7	51.7
2009	46.5	47.4	31.1	48.1	44.1	73.5	42.3	55.9
A02BA								
<i>H2-receptor antagonists</i>								
H2-receptor antagonist								
2005	6.3	3.3	0.6	4.1	4.7	6.6	5.5	5.5
2008	3.2	1.4	0.1	3.9	5.8	6.0	6.1	4.0
2009	2.7	1.3	–	3.6	6.3	5.1	6.1	3.5
A02BC								
<i>Proton pump inhibitors</i>								
Protonpumpe-hæmmere								
2005	24.6	29.0	15.9	24.3	21.4	45.2	24.5	34.2
2008	38.5	42.6	23.8	39.1	32.9	52.9	33.1	46.7
2009	43.3	45.3	31.0	43.1	36.2	68.3	35.7	51.4
A02BX								
<i>Other drugs for peptic ulcer and gastrooesophageal reflux disease (GORD)</i>								
Andre midler mod mavesår og gastroøsofageal reflux								
2005	0.6	1.1	0.3	1.4	1.6	0.0	0.4	1.1
2008	0.5	0.9	0.1	1.3	1.6	0.0	0.5	0.9
2009	0.4	0.8	0.1	1.2	1.6	0.0	0.4	0.9

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.7.1 Sales of drugs for treatment of peptic ulcer and gastro-oesophageal reflux disease, DDD/1000 inhabitants/day, 2005-2009

Salg af lægemidler mod ulcus (mavesår) og gastroøsofageal refluks.
DDD/1 000 indbyggere/døgn. 2005-2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.4 One-year prevalence (per 1 000 inhabitants) of prescriptions of drugs for treatment of peptic ulcer and gastro-oesophageal reflux disease (ATC-group A02B) by sex and age 2009

Etårs prævalens (pr. 1 000 indbyggere) af recepter for midler mod mavesår, spiserørsbetændelse og halsbrand (ATC-gruppe A02B) fordelt på køn og alder 2009

Age	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14	4.4	5.6	5.5	4.6	4.0	4.2	20.5	18.6	6.1	5.2	5.4	6.2
15-24	19.7	37.7	17.1	31.3	15.8	27.2	30.9	51.7	14.2	22.4	14.4	33.8
25-44	48.8	62.3	43.0	51.0	61.5	79.5	66.7	76.4	43.9	42.7	36.2	56.7
45-64	101.3	123.4	106.5	132.8	119.9	160.5	145.8	189.4	92.0	100.7	92.5	126.8
65-74	164.8	188.1	208.3	240.3	174.7	220.3	254.0	320.3	141.6	162.0	167.2	207.9
75+	227.2	247.9	294.8	356.1	228.4	271.0	274.9	329.6	169.8	175.1	234.0	258.3

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Note: Only prescribed medicines

Table 3.7.5 Sales of antiobesity preparations excl. dietary products (ATC-group A08), DDD/1 000 inhabitants/day 2005-2009

Salg af appetitnedsættende midler (slankemidler) (ATC-gruppe A08) i DDD/1 000 indbyggere/døgn 2005-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	0.6	0.4	0.0	0.6	0.3	1.3	2.6	2.3
2008	1.2	0.5	0.1	1.2	0.4	2.0	3.0	2.9
2009	2.0	1.4	0.1	1.7	0.4	1.7	..	3.0

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.7.6 Sales of medicines used in diabetes (ATC-group A10), DDD/1 000 inhabitants/day 2005–2009

Salg af midler mod diabetes (ATC-gruppe A10) i DDD/1 000 indbyggere/døgn 2005–2009

	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A10								
<i>Drugs used in diabetes</i>								
<i>Midler mod diabetes</i>								
2005	33.8	32.9	10.3	66.4	38.6	24.0	39.3	44.6
2008	42.5	41.5	13.3	77.5	45.2	26.8	46.3	49.5
2009	45.1	46.2	14.6	79.9	47.9	28.9	47.1	50.9
A10A								
<i>Insulins and analogues</i>								
<i>Insulin</i>								
2005	13.2	10.4	2.7	21.7	15.1	6.5	17.4	22.6
2008	16.2	14.0	3.7	27.1	18.4	8.6	18.9	25.3
2009	16.8	14.7	4.6	28.6	19.4	9.1	18.9	25.9
A10B								
<i>Blood glucose lowering drugs.</i>								
<i>excl. Insulins</i>								
<i>Perorale midler</i>								
2005	20.5	22.5	7.6	44.7	23.5	17.5	21.9	22.0
2008	27.0	27.5	9.7	50.4	26.8	18.2	27.4	24.2
2009	28.3	31.5	10.0	51.3	28.6	19.8	28.2	25.0
A10BA								
<i>Biguanides</i>								
<i>Biguanider</i>								
2005	7.9	6.7	4.3	18.5	10.1	7.7	9.7	11.8
2008	12.4	9.2	6.3	26.9	14.9	9.1	13.3	15.4
2009	13.8	10.2	7.0	30.0	16.9	9.9	14.0	16.6
A10BB								
<i>Sulfonamides, urea</i>								
<i>derivatives</i>								
<i>Sulfonamider, urinstof-</i>								
<i>derivater</i>								
2005	12.0	15.7	3.3	24.1	13.1	7.2	11.1	7.7
2008	12.0	18.0	3.3	18.4	10.3	6.8	12.3	5.6
2009	12.0	20.7	3.0	15.3	9.4	7.5	12.1	5.1
A10BD								
<i>Combinations of oral blood</i>								
<i>glucose lowering drugs</i>								
<i>Kombinationer af blodsuk-</i>								
<i>ker-sænkende stoffer</i>								
2005	0.2	„	-	0.8	0.1	0.5	0.1	0.2
2008	0.5	-	-	2.1	0.2	0.6	0.5	0.4
2009	0.8	-	-	2.2	0.2	0.4	0.6	0.4

The table continues

Table 3.7.6 Sales of medicines used in diabetes (ATC-group A10), DDD/1 000 inhabitants/day 2005–2009. Continued

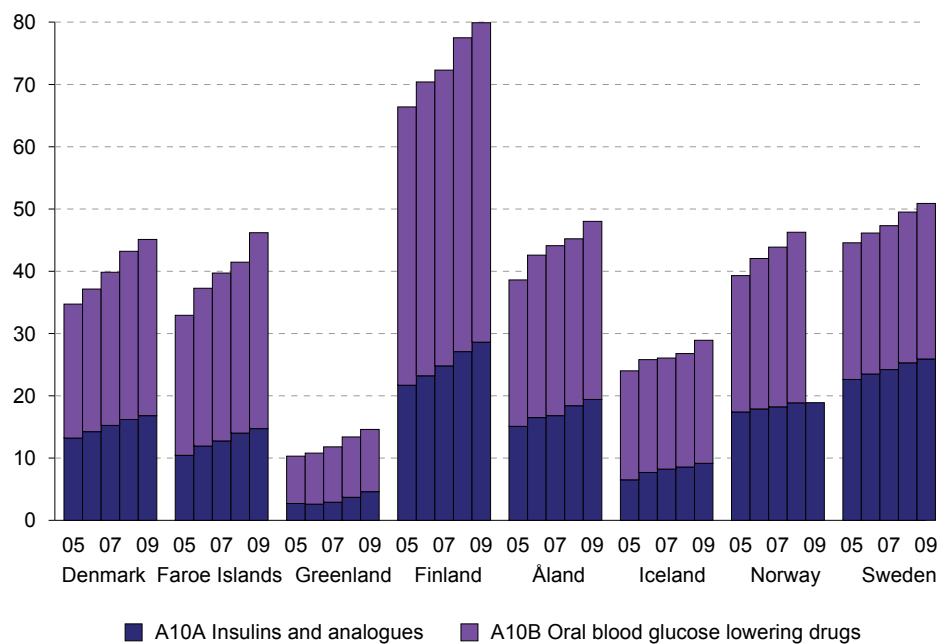
Salg af midler mod diabetes (ATC-gruppe A10) i DDD/1 000 indbyggere/døgn 2005–2009. Fortsat

	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
A10BF								
<i>Alpha glucosidase inhibitors</i>								
Alfa-glucosidase hæmmere								
2005	0.1	-	-	..	..	0.1	0.2	0.1
2008	-	-	-	-	..	0.1	0.1	0.1
2009	-	-	-	-	-	0.1	0.1	0.1
A10BG								
<i>Thiazolidinediones</i>								
Thiazolindioner								
2005	0.1	0.1	-	1.1	0.1	1.7	0.8	1.0
2008	0.2	0.1	-	2.0	1.1	1.4	1.0	0.9
2009	0.2	-	-	2.0	1.6	1.1	1.0	0.8
A10BH								
<i>Dipeptidyl peptidase 4</i>								
(DPP-4) inhibitors								
2005	-	..	-	..	..	-	..	..
2008	0.7	-	-	0.7	-	-	0.1	0.4
2009	1.0	0.2	-	1.3	0.3	0.5	0.2	0.6
A10BX								
<i>Other oral blood glucose</i>								
<i>lowering drugs. excl. insulins</i>								
Andre perorale antidiabetika								
2005	0.3	-	-	0.2	0.2	0.4	0.1	1.2
2008	0.4	0.2	-	0.4	0.2	0.3	0.1	1.4
2009	0.5	0.3	-	0.4	0.2	0.3	0.1	1.3

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: Na-
 tional Corporation of Swedish Pharmacies

Figure 3.7.2 Sales of insulins and blood glucose lowering drugs, (ATC-group A10A and A10B), DDD/1000 inhabitants/day, 2005-2009

Salg af insulin og perorale lægemidler (ATC-gruppe A10A og A10B).
DDD/1 000 indbyggere/døgn. 2005-2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.7 One-year prevalence (per 1000 inhabitants) of prescriptions of insulins and analogues (ATC group A10A) 2009

Etårs prævalens (pr. 1 000 indbyggere) af recepter på insulin (ATC-gruppe A10A) fordelt på køn og alder 2009

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14 years	1.6	1.8	1.5	2.1	.	.	1.2	1.4	2.1	2.0	2.7	2.5
15-24 years	4.4	3.7	3.8	4.4	.	.	4.3	3.2	5.7	4.6	6.9	5.9
25-44 years	8.4	6.5	7.8	4.8	.	.	5.8	5.1	8.6	6.9	9.2	7.6
45-64 years	21.4	14.1	18.4	9.0	.	.	12.4	7.6	17.5	11.4	28.5	17.7
65-74 years	35.7	23.8	43.8	25.1	.	.	24.1	14.3	30.6	21.1	62.1	38.5
75+ years	33.5	25.4	54.8	28.3	.	.	19.9	10.5	30.5	23.0	70.4	52.1

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.8 One-year prevalence (per 1000 inhabitants) of prescriptions of blood glucose lowering drugs, excl insulins (ATC-group A10B) by sex and age 2009

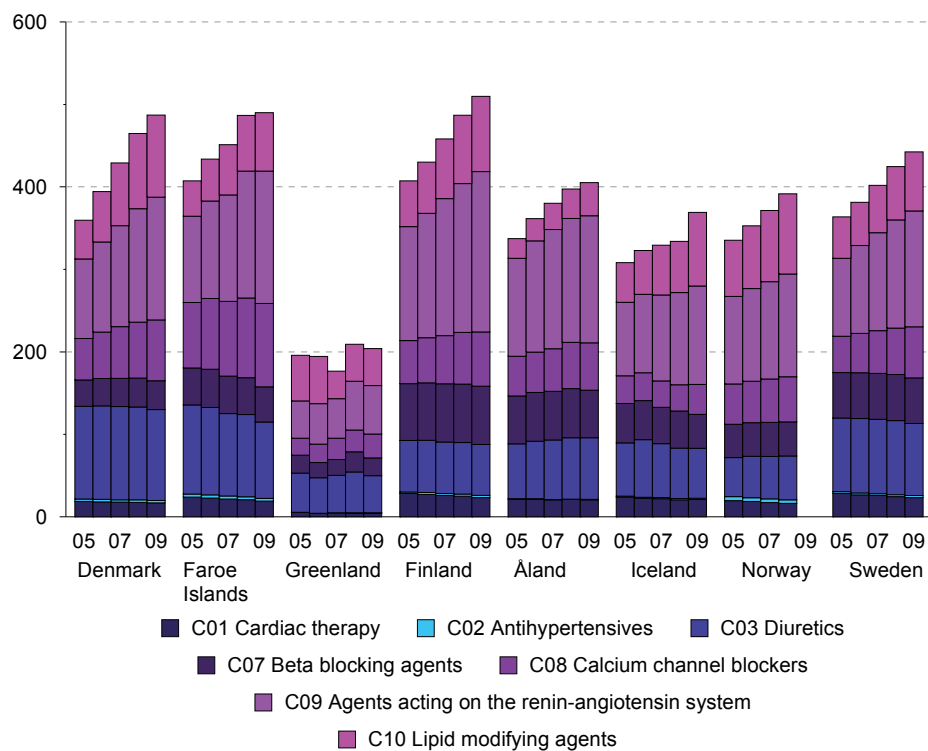
Etårs prævalens (pr. 1 000 indbyggere) af recepter på perorale midler (ATC-gruppe A10B) fordelt på køn og alder 2009

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14 years	-	0.1	-	-	0.1	0.1	0.1	0.4	-	-	-	-
15-24 years	0.3	2.8	-	2.2	0.5	1.1	0.5	5.0	0.4	1.7	0.2	0.7
25-44 years	6.6	10.3	5.1	4.6	8.0	8.0	5.6	12.5	6.1	8.0	4.7	4.3
45-64 years	49.3	31.2	51.5	26.6	75.5	48.7	41.8	27.7	43.4	28.8	47.2	28.3
65-74 years	98.4	66.7	128.2	68.5	158.0	111.1	116.5	73.0	89.2	62.0	110.8	72.4
75+ years	92.6	69.0	133.5	92.5	158.9	136.3	106.6	67.7	89.1	69.6	105.7	81.1

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.7.3 Sales of cardiovascular drugs (ATC-group C), DDD/1 000 inhabitants/day. 2005-2009

Salg af lægemidler til hjerte og kredsløb (ATC-gruppe C). DDD/1 000 indbyggere/døgn. 2005-2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.9 Sales of platelet aggregation inhibitors excl heparin (ATC-group B01AC), DDD/1 000 inhabitants/day 2005-2009

Salg af blodplade-aggregations-hæmmere ekskl. heparin (ATC-gruppe B01AC) i DDD/1 000 indbyggere/døgn 2005-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	76.8	45.5	31.8	110.7	65.1	60.3	66.5	74.4
2008	86.9	61.9	43.4	103.7	70.5	68.1	76.0	79.8
2009	88.2	65.9	35.7	106.6	69.6	68.1	77.8	80.3

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.10 Sales of drugs for cardiac therapy (ATC group C01), DDD/1 000 inhabitants/day. 2005-2009

Salg af midler til hjerteterapi (ATC-gruppe C01) i DDD/1 000 indbyggere/døgn 2005-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C01								
<i>Cardiac therapy</i>								
<i>Hjerteterapi</i>								
2005	18.7	23.9	5.3	28.3	21.6	23.7	19.6	28.3
2008	17.5	20.8	4.7	25.0	21.1	20.6	16.3	24.5
2009	16.9	19.0	4.8	23.3	20.7	21.0	14.8	23.3
C01A								
<i>Cardiac glycosides</i>								
<i>Hjerteglukosider</i>								
2005	6.0	3.7	1.9	6.0	5.4	3.0	4.1	5.9
2008	5.2	3.2	1.5	4.8	4.7	2.6	3.1	4.2
2009	4.9	2.8	1.3	4.4	4.6	2.6	2.5	3.8
C01D								
<i>Vasodilators used</i>								
<i>in cardiac diseases</i>								
<i>Midler mod angina pectoris (hjertekrampe)</i>								
2005	10.4	18.6	2.8	19.5	13.1	17.2	14.0	20.9
2008	10.0	16.2	2.6	17.2	12.8	14.8	11.4	18.8
2009	9.6	14.7	2.9	16.1	12.6	15.0	10.3	17.9

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.7.11 Sales of cardiovascular drugs (ATC-group C02, C03, C07, C08, C09), DDD/1 000 inhabitants/day. 2005–2009

Salg af midler til hjerte og kredsløb (ATC-gruppe C02, C03, C07, C08, C09) i DDD/
1 000 indbyggere/døgn 2005–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C02								
<i>Antihypertensives</i>								
Midler mod forhøjet blodtryk								
2005	2.9	3.6	0.1	1.9	0.3	1.4	4.9	2.1
2008	3.1	3.6	0.2	2.6	0.3	1.6	4.3	2.3
2009	3.0	3.3	0.2	2.8	0.4	1.7	4.4	2.4
C03								
<i>Diuretics</i>								
Vanddrivende midler (diuretika)								
2005	112.4	108.0	47.5	62.5	66.5	64.5	47.4	89.4
2008	112.6	99.7	49.5	62.5	74.6	61.2	53.1	89.8
2009	110.1	92.5	49.5	61.7	74.8	60.3	52.8	87.6
C03A								
<i>Low-ceiling diuretics. thiazides</i>								
Thiazider								
2005	48.8	53.6	29.5	5.6	4.4	8.8	9.0	19.4
2008	50.9	50.8	34.4	6.6	8.3	7.6	15.4	24.7
2009	49.8	46.0	34.4	6.8	8.5	7.0	16.2	25.4
C03C								
<i>High-ceiling diuretics</i>								
Loop-diuretika								
2005	53.3	39.6	15.9	33.5	25.9	21.2	30.1	50.7
2008	52.6	36.8	13.2	36.4	29.9	23.3	29.3	46.7
2009	51.6	35.6	13.2	36.8	31.3	23.4	28.7	44.8
C03E								
<i>Diuretics and potassium-sparing agents in combination</i>								
Kaliumbesparende i kombination med andre diuretika								
2005	5.5	1.0	0.1	20.7	33.3	32.6	6.7	13.5
2008	4.7	0.7	0.3	16.6	33.6	28.2	6.8	13.2
2009	4.3	0.6	0.3	15.2	32.0	27.6	6.3	12.5

The table continues

Table 3.7.11 Sales of cardiovascular drugs (ATC-group C02, C03, C07, C08, C09), DDD/1 000 inhabitants/day, 2005–2009, continued

Salg af midler til hjerte og kredsløb (ATC-gruppe C02, C03, C07, C08, C09) i
DDD/
1 000 indbyggere/døgn 2005–2009, fortsat

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C07								
<i>Beta blocking agents</i>								
Beta-receptorblokkerende midler								
2005	31.9	44.9	22.0	68.9	58.1	47.8	40.4	55.1
2008	35.1	44.7	24.3	70.9	59.6	44.9	41.4	55.8
2009	35.0	42.8	24.3	70.6	57.6	41.2	40.4	55.1
C08								
<i>Calcium channel blockers</i>								
Calciumantagonister (midler mod forhøjet blodtryk)								
2005	50.4	79.3	20.5	52.2	48.1	33.6	48.9	44.0
2008	67.7	96.5	26.4	62.5	55.8	31.8	54.7	56.5
2009	73.8	101.1	26.4	65.9	57.5	36.3	55.2	62.0
C08C								
<i>Selective calcium channel blockers with mainly vascular effects</i>								
Selektive calciumantagonister med effect på karrene								
2005	43.6	75.8	19.3	47.6	46.4	27.4	43.8	39.8
2008	61.8	93.8	25.6	59.1	54.1	26.3	50.4	53.3
2009	68.4	98.5	25.6	62.9	55.8	31.2	51.3	59.0
C08D								
<i>Selective calcium channel blockers with direct cardiac effects</i>								
Selektive calciumantagonister med effekt på hjertet								
2005	6.8	3.5	1.2	4.6	1.7	6.2	5.1	4.1
2008	5.8	2.7	0.8	3.4	1.7	5.5	4.2	3.2
2009	5.4	2.6	0.8	3.1	1.7	5.1	3.9	2.9
C09								
<i>Agents acting on the reninangiotensin system</i>								
Midler med virkning på reninangiotensin systemet (midler mod forhøjet blodtryk m.m.)								
2005	96.3	104.7	45.2	137.9	118.6	89.2	106.2	94.7
2008	137.6	153.9	59.3	180.4	150.4	111.8	124.6	131.1
2009	148.8	160.4	59.3	194.2	154.0	119.2	128.7	140.4

The table continues

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.7.11 Sales of cardiovascular drugs (ATC-group C02, C03, C07, C08, C09), DDD/1 000 inhabitants/day, 2005–2009, continued

Salg af midler til hjerte og kredsløb (ATC-gruppe C02, C03, C07, C08, C09) i DDD/1 000 indbyggere/døgn 2005–2009, fortsat

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C09A <i>ACE-inhibitors, plain</i> ACE-hæmmere, eksklusiv kombinationer								
2005	55.1	68.2	41.3	75.3	79.9	32.2	42.9	57.3
2008	74.6	93.5	50.3	93.9	88.3	32.3	44.7	74.7
2009	83.9	101.3	50.3	100.5	86.9	35.2	45.0	80.2
C09B <i>ACE-inhibitors, Combinations</i> ACE-hæmmere i kombination med diuretika								
2006	6.7	5.3	0.1	14.7	4.2	7.7	7.3	3.6
2008	13.2	9.9	0.1	15.5	4.4	8.3	6.9	6.5
2009	16.8	10.2	0.1	16.0	4.8	9.7	6.7	7.6
C09C <i>Angiotensin II antagonists</i> Angiotensin II antagonist-ster eksklusiv kombinationer								
2005	22.0	20.7	3.8	31.0	27.8	23.8	30.6	24.6
2008	31.0	37.1	8.8	47.2	46.5	33.1	39.5	36.4
2009	30.1	36.7	8.8	50.8	49.2	33.6	41.8	38.9
C09D <i>Angiotensin II antagonists, Combinations</i> Angiotensin II antagonist-ter i kombination								
2005	12.5	10.5	0.1	16.8	6.7	25.5	25.4	9.1
2008	18.4	13.2	0.2	25.2	11.3	38.1	33.5	13.4
2009	17.2	11.9	..	27.0	13.0	40.6	35.2	13.7
C09X <i>Other agents acting on the rennin-angiotensin system</i>								
2005	..	..	..	..	..	..	..	..
2008	0.3	0.2	-	-	..	-	-	-
2009	0.8	0.4	0.2	-	-	0.2	-	..

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.12 Sales of serum lipid modifying agents (ATC-group C10), DDD/1 000 inhabitants/day 2005–2009

Salg af lipid-modificerende midler (ATC-gruppe C10) i DDD/1 000 indbyggere/døgn 2005–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
C10								
<i>Lipid modifying agents</i>								
Lipid-modificerende midler								
2005	46.9	51.1	55.1	55.7	23.9	88.2	67.9	50.1
2008	91.2	67.6	44.9	83.0	35.6	127.4	97.2	64.6
2009	99.4	70.8	44.9	91.2	40.2	89.5	104.0	71.5
C10AA								
<i>HMG CoA reductase inhibitors (statins)</i>								
HMG CoA reductase-hæmmere								
2005	46.2	42.3	55.0	53.9	23.1	87.3	67.2	47.8
2008	89.5	66.4	44.8	79.8	34.1	123.5	95.0	61.4
2009	97.3	69.3	44.8	87.9	38.5	87.2	101.5	68.3

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen

Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.13 One year prevalence (per 1000 women aged 15–49 years) of prescriptions of hormonal contraceptives and intravaginal contraceptives (ATC-group G03A and G02BB) 2009

Etårs prævalens (pr. 1 000 kvinder i alderen 15–49 år) af recepter på p-piller og intravaginale antikonceptionelle midler (ATC-gruppe G03A og G02BB) fordelt på alder i 2009

Age	Denmark	Faroe Islands	Finland	Iceland	Norway	Sweden
15–19	582.2	474.1	.	528.0	446.4	396.1
20–24	639.2	566.3	.	526.0	583.5	507.0
25–29	487.5	411.8	.	357.2	417.3	385.4
30–34	345.9	336.3	.	268.4	275.3	278.5
35–39	248.7	243.8	.	197.5	173.9	230.4
40–44	158.0	171.8	.	132.0	98.7	174.5
45–49	88.0	106.0	.	60.6	48.8	125.4

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen

Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.14 Sales of estrogens and estrogen-progesteron combinations (ATC group G03C and G03F), DDD/1 000 inhabitants/day 2005–2009

Salg af østrogener og af gestagener og østrogener i kombination (ATC-gruppe G03C og G03F) i DDD/1 000 indbyggere/døgn 2005–2009

	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
G03C								
<i>Estrogens</i>								
Østrogener								
2005	11.4	9.8	3.8	29.7	26.7	23.8	14.6	16.1
2008	10.6	9.6	2.9	28.8	28.1	20.3	12.5	16.8
2009	10.4	9.5	2.8	28.4	27.9	19.1	12.1	16.1
G03F								
<i>Progestogens and es- trogens in combination</i>								
Gestagener og østroge- ner i kombination								
2005	7.0	8.7	2.0	15.0	7.1	10.5	10.2	7.6
2008	5.2	6.8	1.4	12.7	5.1	8.0	7.2	5.1
2009	4.7	6.3	1.0	11.9	5.1	7.5	6.8	4.5

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: Na-
 tional Corporation of Swedish Pharmacies

Table 3.7.15 Sales of drugs used in erectile dysfunction (ATC-group G04BE), DDD/1 000 men/year, 2005–2009

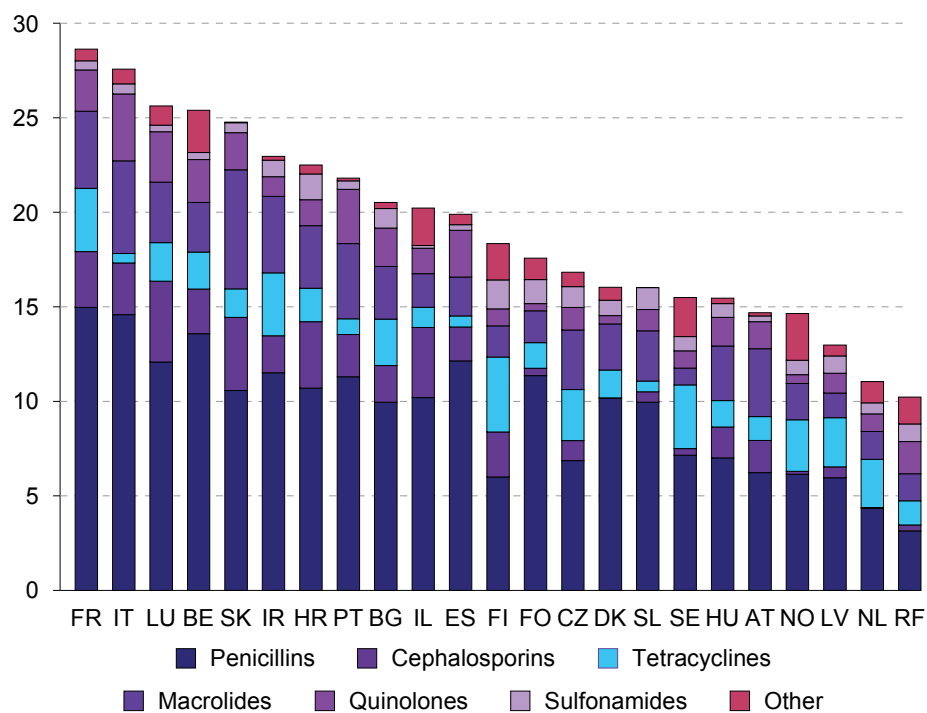
Salg af midler anvendt ved erektionsforstyrrelser (ATC-gruppe G04BE) i DDD/1 000 indbyggere/år 2005–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	763.3	438.0	255.5	1 460.0	511.0	1 081.0	943.4	839.1
2008	943.7	597.3	352.1	1 752.0	730.0	1 224.3	1 200.4	961.2
2009	990.9	554.1	451.7	1 856.0	730.7	974.3	1 254.0	977.6

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: Na-
 tional Corporation of Swedish Pharmacies

Figure 3.7.4 Sales of antimicrobials in Europe, DDD/1 000 inhabitants/day, 2008 (ESAC)

Salg af antibakterielle lægemidler i Europa, DDD/1 000 indbyggere/døgn 2008 (ESAC)



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.7.16 Sales of antimicrobial agents for systemic use (ATC-group J01),
DDD/1 000 inhabitants/day 2005-2009**

Salg af antibakterielle midler til systemisk brug (ATC-gruppe J01) i DDD/1 000
indbyggere/døgn 2005-2009

	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01								
<i>Antibacterials for systemic use</i>								
Antibakterielle midler til systemisk brug								
2005	16.3	18.0	20.4	21.6	22.1	23.0	18.2	16.6
2008	17.8	18.6	17.1	21.7	23.2	23.0	19.7	15.2
2009	17.8	17.6	16.5	21.6	19.4	21.7	..	14.4
J01A								
<i>Tetracyclines</i>								
Tetracykliner								
2005	1.3	1.2	3.1	4.2	3.4	5.4	3.1	3.5
2008	1.6	1.5	1.1	4.2	3.3	5.1	3.2	3.6
2009	1.6	1.4	1.3	4.3	3.1	5.3	..	3.3
J01C								
<i>Beta-lactam antibacterials. Penicil- lins</i>								
Penicilliner								
2005	10.0	11.5	11.8	6.3	7.9	11.8	7.6	7.3
2008	10.9	11.9	10.5	6.7	8.3	12.2	8.6	8.3
2009	10.9	11.4	10.9	6.8	7.6	11.6	..	7.9
J01CA								
<i>Penicillins with ex- tended Spectrum</i>								
Penicilliner med udvi- det spectrum								
2005	3.1	3.0	4.0	3.4	5.0	4.3	2.5	1.6
2008	3.6	3.3	4.1	3.6	5.3	4.0	3.1	1.8
2009	3.6	3.3	4.3	3.8	4.6	3.9	..	1.7
J01CE								
<i>Beta-lactamase sensitive penicillins</i>								
Beta-lactamase følsomme penicilliner								
2005	5.6	7.2	6.9	1.7	2.2	3.0	4.5	4.1
2008	5.6	7.1	5.3	1.7	2.2	2.9	4.7	4.5
2009	5.4	6.6	5.1	1.6	2.0	2.5	..	4.2

The table continues

**Table 3.7.16 Sales of antimicrobial agents for systemic use (ATC-group J01),
DDD/1 000 inhabitants/day, 2005–2009, continued**

Salg af antibakterielle midler til systemisk brug (ATC-gruppe J01) i DDD/1 000
indbyggere/døgn 2005–2009, fortsat

	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01CF								
<i>Beta-lactamase resistant penicillins</i>								
Beta-lactamase resistente penicilliner								
2005	1.2	1.2	0.9	0.1	0.4	1.4	0.5	1.4
2008	1.3	1.3	1.0	0.1	0.3	1.3	0.8	1.7
2009	1.3	1.3	1.2	0.1	0.4	1.3	0.8	1.7
J01CR								
<i>Combinations of penicillins. incl. beta-lactamase inhibitors</i>								
Kombination af penicilliner. inklusiv beta-lactamase hæmmere								
2005	0.1	0.1	–	1.1	0.4	3.2	–	0.2
2008	0.4	0.1	0.1	1.3	0.6	4.0	–	0.3
2009	0.6	0.2	0.2	1.4	0.6	4.1	–	0.3
J01D								
<i>Other beta-lactam antibacterials. cephalosporins</i>								
Cefalosporiner								
2005	0.3	0.5	0.2	3.1	1.7	0.5	0.6	0.7
2008	0.4	0.5	0.3	3.3	2.1	0.6	0.6	0.6
2009	0.4	0.4	0.2	3.3	1.6	0.5	0.6	0.5
J01E								
<i>Sulfonamides and Trimethoprim</i>								
Sulfonamider og tri- methoprim								
2005	0.9	1.0	0.6	1.9	1.0	1.9	1.1	0.8
2008	0.9	1.2	0.4	1.7	0.8	1.6	1.0	0.7
2009	0.8	1.3	0.5	1.6	0.7	1.1	0.9	0.6

The table continues

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

**Table 3.7.16 Sales of antimicrobial agents for systemic use (ATC-group J01),
DDD/1 000 inhabitants/day, 2005–2009, continued**

Salg af antibakterielle midler til systemisk brug (ATC-gruppe J01) i DDD/1 000
indbyggere/døgn 2005–2009, fortsat

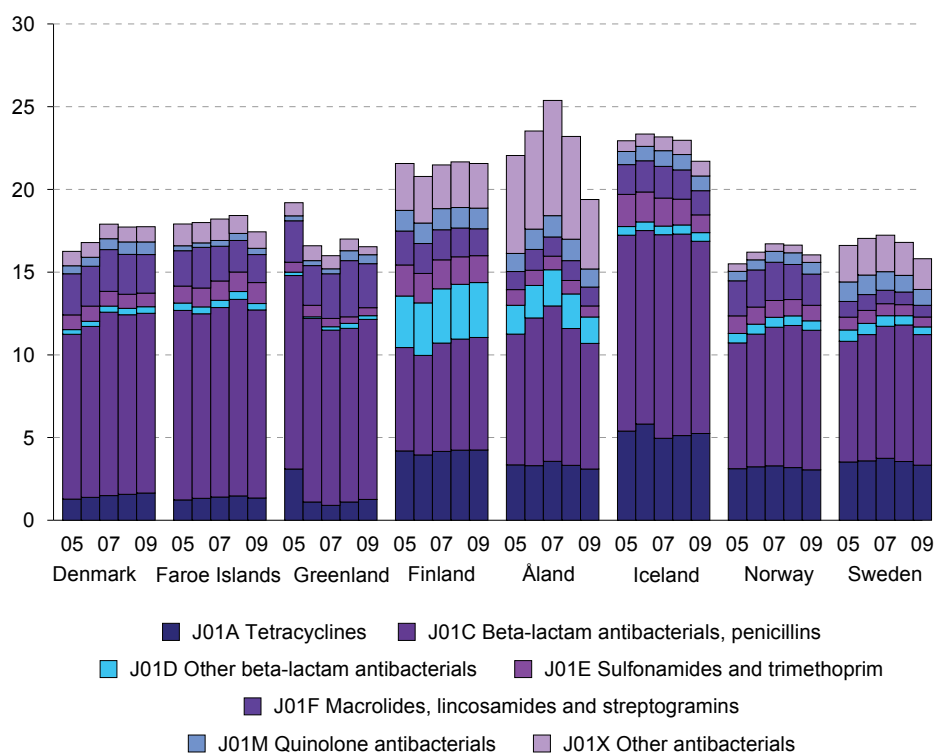
	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J01F								
<i>Macrolides. lincosamides and streptogramins</i>								
Makrolider. lincosamider. streptograminer								
2005	2.5	2.1	3.6	2.1	1.1	1.8	2.1	0.9
2008	2.4	1.9	3.4	1.7	1.2	1.8	2.1	0.8
2009	2.3	1.7	2.7	1.6	1.1	1.5	1.9	0.7
J01M								
<i>Quinolone antibacterials</i>								
Quinoloner								
2005	0.5	0.3	0.2	1.3	1.1	0.8	0.6	1.2
2008	0.8	0.4	0.6	1.2	1.3	0.9	0.7	1.0
2009	0.8	0.4	0.5	1.3	1.1	0.9	0.7	1.0
J01X								
<i>Other antibacterials</i>								
Andre antibakterielle midler								
2005	0.5	0.9	0.8	2.8	5.9	0.7	0.5	2.2
2008	0.5	0.9	0.7	2.8	6.2	0.9	0.5	0.4
2009	0.5	0.9	0.4	2.7	4.2	0.9	0.5	0.4

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Note: J01XX05 methenamine is not included

Figure 3.7.5 Sales of antimicrobials agents for systemic use (ATC-group J01), DDD/1 000 inhabitants/day, 2005–2009

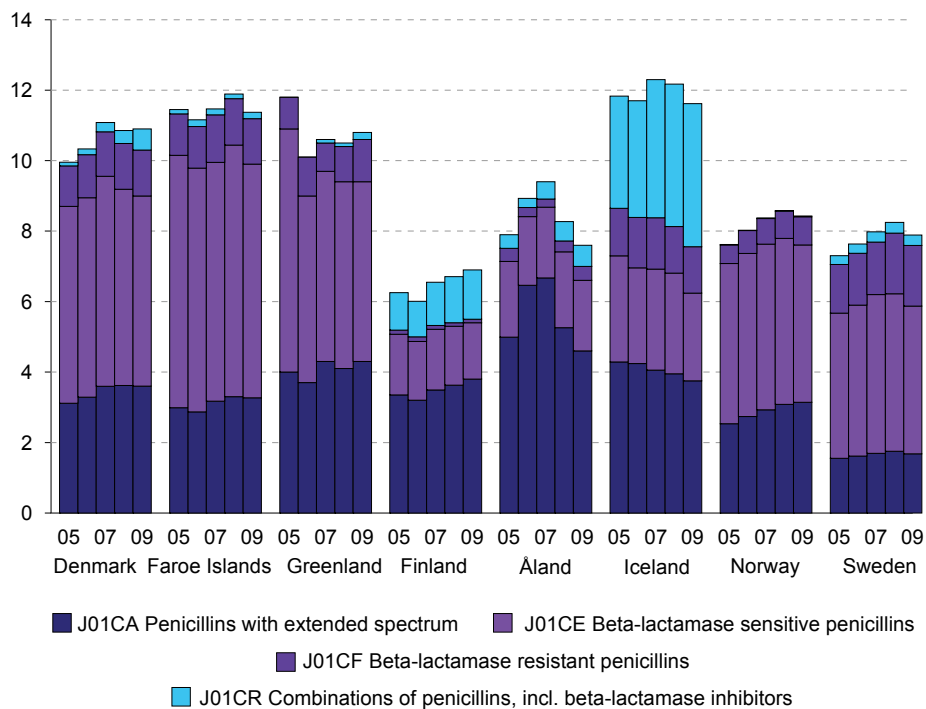
Salg af antibakterielle lægemidler (ATC-gruppe J01). DDD/1 000 indbyggere/døgn. 2005–2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.7.6 Sales of penicillins (ATC-group J01C), DDD/1 000 inhabitants/day, 2005–2009

Salg af peniciliner (ATC-gruppe J01C) . DDD/1 000 indbyggere/døgn. 2005–2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.17 One-year prevalence (per 1000 inhabitants) of prescriptions of penicillins (ATC-group J01C) by sex and age 2009

Etårs prævalens (pr. 1 000 indbyggere) af recepter på peniciliner (ATC-gruppe J01C) fordelt på køn og alder 2009

Age	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14	237.0	235.6	229.0	227.5	247.7	232.3	298.8	296.1	123.1	123.3	204.5	196.2
15-24	148.4	259.8	180.5	252.8	126.0	213.2	189.5	285.4	97.8	193.5	106.2	185.0
25-44	173.5	276.2	184.6	296.1	120.5	204.8	179.0	262.0	111.1	197.3	104.1	173.6
45-64	201.5	258.0	200.0	273.7	112.7	179.8	190.9	271.9	121.4	182.2	115.3	170.4
65-74	256.6	285.9	258.4	287.7	115.6	173.1	225.2	285.1	159.2	211.6	152.6	204.3
75+	335.5	354.3	290.3	316.5	125.1	211.6	205.1	239.4	207.3	236.2	179.3	232.3

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.18 Sales of antimycotics (J02) and antivirals for systemic use (J05) in mill euro and DDD/1 000 inhabitants/year. 2005-2009

Salg af svampemidler til systemisk brug og antivirale midler til systemisk brug (ATC-gruppe J02 og J05) i euro/1 000 indbyggere/år og DDD/1 000 indbyggere/år. 2005-2009

		Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
J02									
<i>Antimycotics</i>									
<i>Svampemidler</i>									
2005	€	14.3	0.1	0.0	9.0	0.0	0.5	5.2	10.3
	DDD	188.1	166.1	118.5	161.8	138.2	116.2	58.9	88.6
2008	€	22.2	0.1	0.0	11.2	0.0	0.8	6.5	14.9
	DDD	234.6	157.3	99.3	157.8	148.3	128.1	75.1	95.7
2009	€	24.3	0.1	0.0	..	..	0.7	..	16.9
	DDD	249.1	149.2	84.9	..	..	125.8	..	96.2
J05									
<i>Antivirals</i>									
<i>Antivirale midler</i>									
2005	€	35.6	0.0	0.4	17.5	0.1	1.3	21.2	36.6
	DDD	481.9	66.5	683.0	250.8	123.0	326.9	323.4	389.8
2008	€	54.4	0.0	0.5	23.3	0.1	2.1	30.4	51.2
	DDD	588.0	68.9	582.8	267.6	137.9	233.6	341.0	451.3
2009	€	61.8	0.1	0.8	..	..	2.3	..	60.7
	DDD	644.9	96.1	724.9	..	..	325.0	..	521.7

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.7.19 Sales of antineoplastic and immunomodulating agents (ATC-group L) including tumor necrosis factor alpha (TNF- α) inhibitors (L04AB) in euro/1000 inhabitant/year. 2005–2009

Salg af cancermidler og lægemidler til immunsystemet (ATC-gruppe L) inklusiv tumornekrosefaktor alpha (TNF- α)-hæmmere, i euro/1 000 indbyggere/år. 2005–2009

	Denmark	Faroe Is-lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
L01								
<i>Antineoplastic agents</i>								
<i>Cytostatika</i>								
2005	17 609	6 611	4 060	14 037	25 132	18 546	11 294	11 554
2008	35 815	9 360	8 408	22 717	28 242	29 227	19 116	19 996
2009	39 261	8 548	11 049	19 649	27 540	28 717	..	21.611
L02								
<i>Endocrine therapy</i>								
<i>Hormonterapi</i>								
2005	5 653	3 892	266	5 848	7 435	9 151	7 943	5 831
2008	7 578	5 336	811	6 888	9 064	9 060	8 465	6 780
2009	6 748	5 283	1 089	5 233	7 008	6 996	..	5 594
L03								
<i>Immunostimulants</i>								
<i>Immunsystemstimulerende midler</i>								
2005	8 938	2 478	87	7 786	6 983	9 408	7 505	6 855
2008	12 223	4 867	657	9 679	5 299	9 695	9 325	7 791
2009	13 151	6 685	393	10 300	3 268	9 342	..	8 393
L04								
<i>Immunosuppressants</i>								
<i>Immunsystemhæmmende midler</i>								
2005	12 933	14 222	5 238	10 220	27 440	14 694	23 963	12 127
2008	28 787	32 025	7 608	16 914	42 674	33 267	36 724	21 650
2009	34 137	31 962	14 798	19 649	45 407	36 752	..	25 641
L04AB								
<i>Tumor necrosis factor alpha (TNF-α) inhibitors</i>								
<i>Tumornekrosefaktor alpha (TNF-α) - hæmmere</i>								
2005	8 805	8 338	4 408	6 650	24 725	11 060	18 566	8 766
2008	20 983	27 542	5 538	12 586	38 057	26 400	28 572	15 490
2009	25 047	26 896	12 384	14 360	38 759	28 717	..	17 841

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS

Table 3.7.20 Sales of analgesics (ATC-group M01A, N02A and N02B). DDD/1 000 inhabitants/day. 2005-2009

Salg af bedøvelsesmidler (ATC-gruppe M01A, N02A og N02B) i DDD/1 000 indbyggere/døgn. 2005-2009

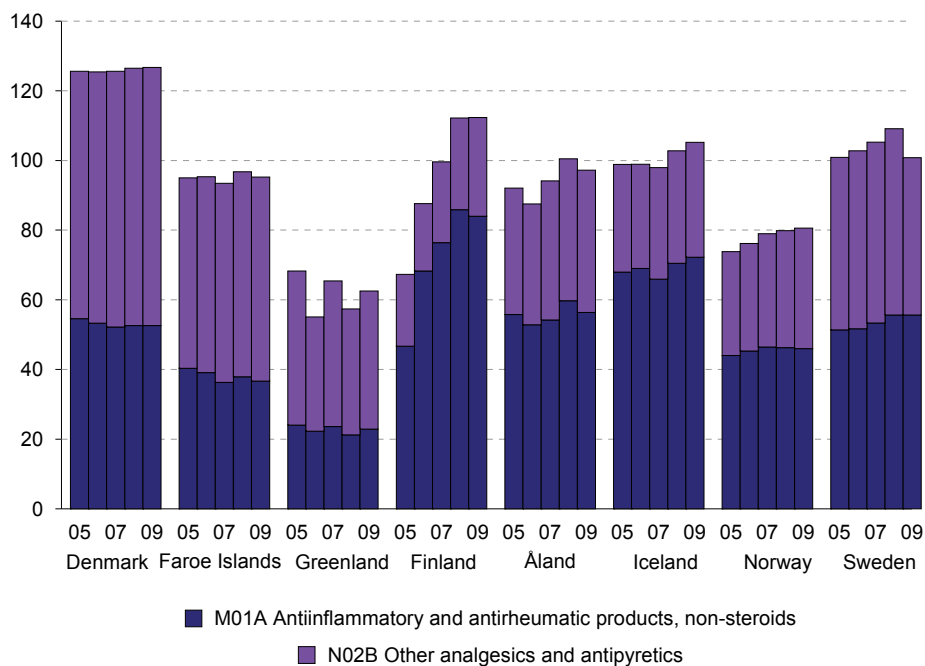
	Denmark	Faroe Is-lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
M01A								
<i>Antiinflammatory and antirheumatic products. non-steroids</i>								
Midler mod gigt (NSAID)								
2005	54.6	40.3	24.0	76.7	55.8	68.0	44.0	51.4
2008	52.6	37.9	21.2	85.9	59.7	70.5	46.3	55.4
2009	52.6	36.7	22.9	84.0	56.4	72.2	46.0	55.6
N02A								
<i>Opioids</i>								
Stærke smertestillende midler (opioider)								
2005	18.5	6.9	4.5	15.1	9.1	17.4	19.5	20.8
2008	20.0	7.9	6.6	16.2	8.2	20.3	20.4	20.5
2009	19.8	7.5	4.7	16.6	9.2	20.4	20.6	20.3
N02B								
<i>Other analgesics and Antipyretics</i>								
Svage smertestillende midler								
2005	71.0	54.7	44.3	20.6	36.3	30.9	29.8	49.5
2008	73.9	58.9	36.2	26.3	40.8	32.3	33.5	46.1
2009	74.1	58.6	39.6	28.3	40.8	33.0	34.6	45.2
N02BA								
<i>Salicylic acid and derivatives</i>								
Salicylsyre-derivater								
2005	12.9	14.3	0.8	5.5	9.9	3.5	0.5	9.8
2008	10.8	12.6	0.2	5.2	8.8	3.2	0.4	1.6
2009	10.1	11.9	0.2	4.7	8.1	2.6	0.3	1.0
N02BB								
<i>Pyrazolones</i>								
Pyrazoloner								
2005	0.6	-	-	-	-	-	3.2	0.1
2008	0.4	-	-	-	-	-	2.7	0.1
2009	0.3	-	-	-	-	-	2.5	0.1
N02BE								
<i>Anilides</i>								
Anilider								
2005	57.5	40.3	24.6	15.1	26.4	27.4	26.0	39.7
2008	62.6	46.3	36.0	21.1	32.0	29.1	30.5	44.5
2009	63.6	46.7	39.4	23.6	32.7	30.4	31.8	44.1

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Note: Sales of OTC medicines in N02BE for 2005 and 2006 in Greenland is not available.

Figure 3.7.7 Sales of non-opioid analgesics (ATC-group M01A and N02B), DDD/1 000 inhabitants/day, 2005–2009

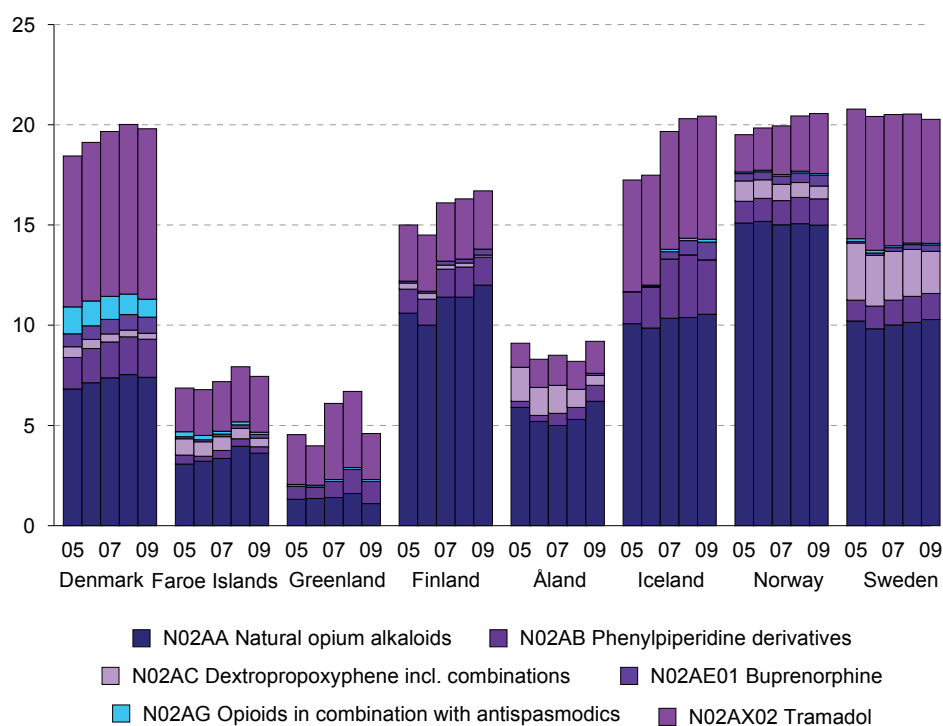
Salg af non-opioide bedøvelsesmidler (ATC-gruppe M01A og N02B), DDD/1 000 indbyggere/døgn, 2005–2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.7.8 Sales of opioid analgesics (ATC-group N02A), DDD/1 000 inhabitants/day, 2005–2009

Salg af opioide bedøvelsesmidler (ATC-gruppe N02A), DDD/1 000 indbyggere/døgn, 2005–2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.7.21 Sales of antipsychotics (ATC-group N05A). DDD/1 000 inhabitants/day. 2005–2009

Salg af antipsykotiske midler (ATC-gruppe N05A) i DDD/1 000 indbyggere/døgn 2005–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	12.9	10.4	14.6	17.4	9.3	11.5	10.6	9.2
2008	13.2	13.4	16.6	19.8	9.3	11.3	10.8	9.4
2009	13.5	13.2	15.3	20.3	8.9	10.9	10.7	9.5

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.22 Sales of anxiolytics (ATC-group N05B). DDD/1 000 inhabitants/day 2005–2009

Salg af angstdæmpende midler (ATC-gruppe N05B) i DDD/1 000 indbyggere/døgn. 2005–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N05B								
<i>anxiolytics</i>								
Angstdæmpende midler								
2005	19.6	17.1	5.3	31.2	9.9	25.8	21.3	16.4
2008	15.9	13.7	3.8	30.8	10.4	24.7	20.9	16.5
2009	13.1	12.3	2.8	29.2	10.8	24.2	20.4	16.2
N05BA								
<i>Benzodiazepine derivatives</i>								
Benzodiazepin-derivater								
2005	19.4	17.0	5.3	29.5	8.0	24.6	20.1	13.6
2008	15.6	13.4	3.5	29.1	8.7	23.4	19.4	13.2
2009	12.8	12.1	2.7	27.6	8.8	22.8	18.9	12.9

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.23 Sales of hypnotics and sedatives (ATC-group N05C). DDD/1 000 inhabitants/day 2005–2009

Salg af sovemidler og beroligende midler (ATC-gruppe N05C) i DDD/1 000 indbyggere/døgn. 2005–2009

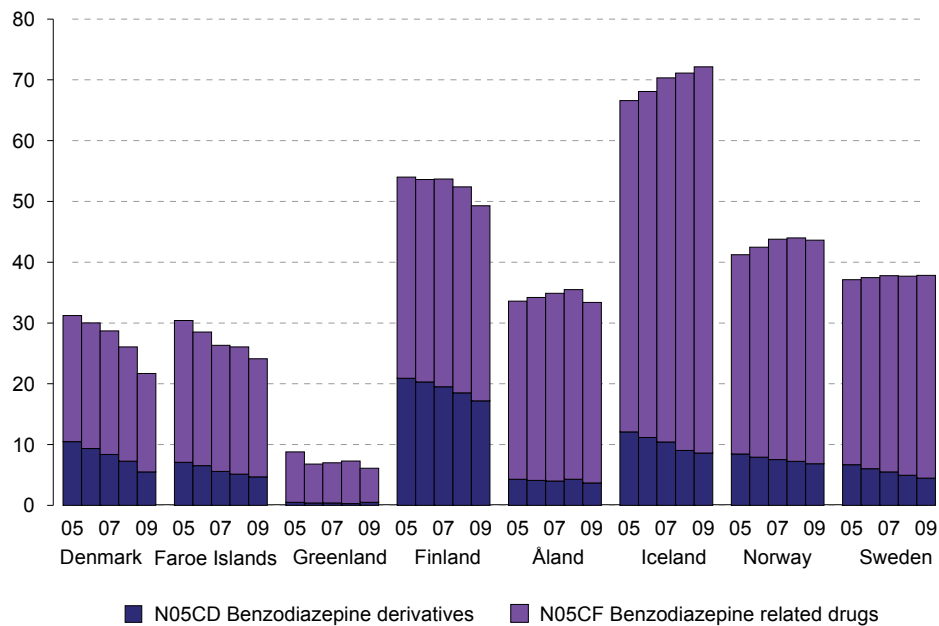
	Denmark	Faroe Is- lands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N05C								
<i>Hypnotics and sedatives</i>								
Sovemidler								
2005	31.2	31.0	8.8	54.4	34.2	66.7	41.4	51.6
2008	26.1	26.6	7.3	53.0	35.9	71.3	44.2	52.0
2009	21.8	24.8	6.1	49.8	34.7	72.7	43.9	51.9
N05CD								
<i>Benzodiazepine derivatives</i>								
Benzodiazepin-derivater								
2005	10.5	7.1	0.5	20.9	4.3	12.1	8.5	6.7
2008	7.3	5.2	0.3	18.5	4.3	9.0	7.2	5.0
2009	5.5	4.7	0.5	17.2	3.7	8.6	6.9	4.5
N05CF								
<i>Benzodiazepine related drugs</i>								
Cyclopyrroloner								
2005	20.7	23.4	8.3	33.1	29.3	54.5	32.8	30.4
2008	18.8	20.9	7.0	33.9	31.2	62.1	36.8	32.7
2009	16.2	19.4	5.6	32.1	29.7	63.5	36.8	33.4

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: Na-
 tional Corporation of Swedish Pharmacies

Note: Sales excluding melatonin (N05CH01)

Figure 3.7.9 Sales of hypnotics and sedatives (ATC-group N05C), DDD/1 000 inhabitants/day, 2005–2009

Salg af sovemidler og beroligende midler (ATC-gruppe N05C), DDD/1 000 indbyggere/døgn, 2005–2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.24 Sales of antidepressants (ATC-group N06A), DDD/1 000 inhabitants/day. 2005-2008

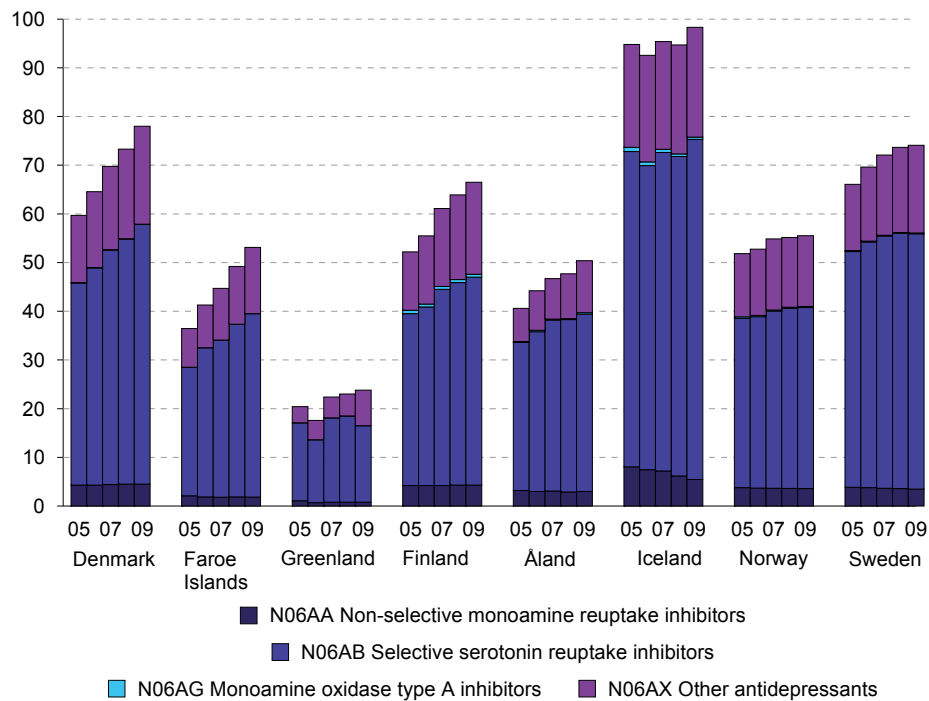
Salg af antidepressive midler (ATC-gruppe N06A) i DDD/1 000 indbyggere/døgn. 2005-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
N06A								
<i>Antidepressants</i>								
<i>Antidepressive midler</i>								
2005	59.9	36.5	20.4	52.1	40.7	94.8	51.8	66.1
2008	73.4	49.3	23.1	63.9	47.7	94.7	55.1	73.7
2009	78.2	53.2	23.8	66.4	50.4	98.3	55.5	74.1
N06AA								
<i>Non-selective monoamine reuptake inhibitors</i>								
<i>Non-selektive monoamine genoptagelses hæmmere</i>								
2005	4.3	2.1	1.1	4.2	3.2	8.1	3.8	3.8
2008	4.5	1.9	0.8	4.3	2.9	6.2	3.6	3.6
2009	4.5	1.9	0.8	4.3	3.0	5.5	3.6	3.5
N06AB								
<i>Selective serotonin reuptake inhibitors</i>								
<i>Selektive serotonin genoptagelses hæmmere</i>								
2005	41.5	26.4	16.0	35.3	30.4	64.8	34.8	48.4
2008	50.3	35.5	17.7	41.6	35.4	65.6	37.0	52.4
2009	53.4	37.6	15.7	42.7	36.4	69.8	37.2	52.4
N06AG								
<i>Monoamine oxidase type A inhibitors</i>								
<i>Monoamin-oxidase type A hæmmere</i>								
2005	0.1	-	-	0.7	0.2	0.8	0.3	0.2
2008	0.1	-	-	0.6	0.2	0.5	0.2	0.2
2009	0.0	-	-	0.6	0.3	0.5	0.2	0.2
N06AX								
<i>Other antidepressants</i>								
<i>Andre antidepressiva</i>								
2005	13.8	8.0	3.3	12.0	6.8	21.2	13.0	13.6
2008	18.4	11.9	4.5	17.4	9.2	22.4	14.3	17.5
2009	20.1	13.6	7.3	18.9	10.7	22.6	14.5	18.0

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.7.10 Sales of antidepressants (ATC-group N06A). DDD/1 000 inhabitants/day 2005–2009

Salg af antidepressiver (ATC-gruppe N06A). DDD/1 000 innbyggere/døgn 2005–2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.25 One year prevalence (per 1000 inhabitants) of prescriptions of anti-depressants (ATC-group N06A) by sex and age 2009

Etårs prævalens (pr. 1 000 indbyggere) af recepter på antidepressiver (ATC-gruppe N06A) fordelt på køn og alder 2009

Age	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14	1.5	1.6	1.5	1.9	1.6	1.4	21.6	14.1	0.8	0.5	1.3	1.1
15-24	26.7	58.2	28.8	41.0	30.7	60.4	59.7	88.7	17.5	32.1	23.2	46.1
25-44	58.4	101.0	41.1	73.0	69.5	107.7	82.2	153.2	45.6	74.5	53.8	99.3
45-64	78.8	131.0	56.9	108.3	82.0	133.4	119.7	231.1	63.3	120.2	74.0	141.1
65-74	92.7	149.3	83.9	115.9	71.5	113.7	157.6	289.4	64.0	130.5	79.8	144.5
75+	154.1	237.4	138.8	223.5	103.5	158.8	188.7	274.6	87.8	150.3	142.9	231.7

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.26 Sales of anti-dementia drugs (ATC-group N06D). DDD/1 000 inhabitants/day 2005-2009

Salg af midler mod demens (ATC-gruppe N06D) i DDD/1 000 indbyggere/døgn. 2005-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	2.0	1.1	0.1	6.5	2.5	2.7	3.1	3.0
2008	2.5	1.9	0.2	9.7	4.5	2.7	2.7	3.4
2009	2.7	2.0	0.1	9.9	4.8	2.8	3.0	3.5

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

MORBIDITY, MEDICAL TREATMENT, ACCIDENTS AND MEDICINAL PRODUCTS
Table 3.7.27 Sales of anti-asthmatics (ATC-group R03). DDD/1 000 inhabitants/day. 2005–2009

Salg af midler mod obstruktive luftvejssygdomme (ATC-gruppe R03) i DDD/1 000 indbyggere/døgn. 2005–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
R03								
<i>Drugs for obstructive airway diseases</i>								
Midler til obstruktive luftvejssygdomme								
2005	61.0	38.1	37.4	51.8	50.6	45.0	61.0	50.4
2008	59.6	35.4	33.7	56.5	51.1	41.7	61.3	48.8
2009	60.0	36.2	30.8	58.3	51.7	40.6	62.6	50.2
R03A								
<i>Adrenergics, inhalants</i>								
Adrenerge til inhalation								
2005	36.5	21.4	17.6	28.4	28.7	31.2	36.5	27.4
2008	36.3	20.0	15.9	31.2	32.2	30.3	36.1	27.2
2009	36.4	20.4	14.3	32.5	32.3	30.3	37.1	28.4
R03AC								
<i>Selective beta-2-adrenoceptor agonists</i>								
Selektive beta-2-adrenoceptor agonister								
2005	22.1	18.3	17.1	11.3	9.4	13.2	18.0	16.5
2008	19.4	14.3	15.3	11.3	8.2	10.9	17.2	14.2
2009	19.1	14.0	13.6	11.6	8.2	10.9	17.2	14.3
R03AK								
<i>Adrenergics and other drugs for obstructive airway diseases</i>								
Adrenergika og andre lægemiddelstoffer til obstruktive luftvejssygdomme								
2005	14.4	3.1	0.5	17.1	19.3	18.0	18.6	10.9
2008	16.9	5.7	0.5	20.0	24.0	19.4	18.9	13.1
2009	17.3	6.4	0.7	20.9	24.0	19.4	19.9	14.1
R03B								
<i>Other drugs for obstructive airway diseases, inhalants</i>								
Andre midler til obstruktive luftvejssygdomme til inhalation								
2005	19.9	15.5	18.0	17.3	16.4	11.3	18.5	19.6
2008	19.5	14.4	16.3	17.9	14.4	9.4	19.1	18.5
2009	19.7	14.8	15.4	18.5	15.1	8.7	19.6	18.7

The table continues

Table 3.7.27 Sales of anti-asthmatics (ATC-group R03). DDD/1 000 inhabitants/day. 2005–2009. Continued

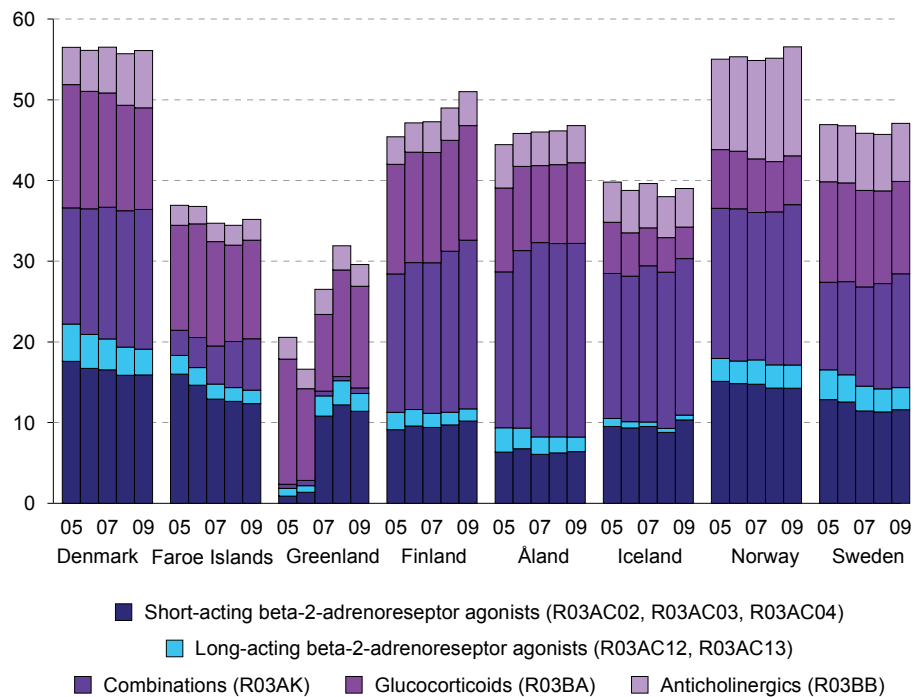
Salg af midler mod obstruktive luftvejssygdomme (ATC-gruppe R03) i DDD/1 000 indbyggere/døgn. 2005–2009. Fortsat

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
R03C								
<i>Adrenergics for systemic use</i>								
Adrenerge midler til systemisk brug								
2005	1.4	0.7	0.9	0.3	0.4	0.1	0.5	0.7
2008	0.9	0.4	0.5	0.2	0.2	0.1	0.4	0.5
2009	0.7	0.4	0.3	0.2	0.2	0.1	0.3	0.5
R03D								
<i>Other systemic drugs for obstructive airway diseases</i>								
Andre midler til obstruktive luftvejssygdomme til systemisk brug								
2005	3.1	0.5	1.0	5.9	5.2	2.4	5.4	2.7
2008	3.1	0.6	1.1	7.1	4.3	2.0	5.8	2.6
2009	3.1	0.6	0.9	7.2	4.2	1.5	5.7	2.6

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Figure 3.7.11 Sales of anti-asthmatics (ATC-Group R03), DDD/1 000 inhabitants/day 2005-2009

Salg af midler til obstruktive luftvejssygdomme (ATC-gruppe R03).
DDD/1 000 innbyggere/døgn 2005-2009



Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.28 One-year prevalence (per 1000 inhabitants) of prescriptions of anti-asthmatic inhalants (ATC-groups R03A and R03B) by sex and age 2009

Etårs prævalens (pr. 1 000 indbyggere) af recepter på midler mod obstruktive luftvejssygdomme til inhalation (ATC-gruppe R03A og R03B) fordelt på køn og alder 2009

	Denmark		Faroe Islands		Finland		Iceland		Norway		Sweden	
	M	W	M	W	M	W	M	W	M	W	M	W
0-14 years	90.6	63.2	105.9	77.8	83.7	54.1	176.5	134.8	89.5	61.0	79.1	53.4
15-24 years	42.8	52.4	45.7	68.0	49.7	61.8	60.6	85.0	45.8	56.2	45.3	58.3
25-44 years	47.9	59.3	36.3	57.9	50.4	82.9	52.6	85.7	44.1	60.5	43.5	61.5
45-64 years	63.2	90.9	49.2	76.2	69.2	110.4	82.6	150.3	66.7	98.3	57.8	92.7
65-74 years	107.6	133.2	74.9	94.2	109.4	133.1	161.8	245.7	112.3	136.0	93.9	133.7
75+ years	150.1	129.3	90.8	100.7	143.5	122.6	180.9	187.4	133.7	109.9	124.1	122.4

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

Table 3.7.29 Sales of antihistamines (ATC-group R06A), DDD/1 000 inhabitants/day 2005-2009

Salg af antihistaminer til systemisk brug (ATC-gruppe R06A) i DDD/1 000 indbyggere/døgn. 2005-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
2005	20.2	20.7	7.5	31.2	24.8	30.0	54.8	30.8
2008	25.2	24.4	7.9	38.2	31.0	35.0	59.8	35.8
2009	26.7	25.4	10.6	39.5	30.2	36.5	59.9	37.5

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen
 Kilder: County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

CHAPTER IV

Mortality and causes of death

Dødelighed og dødsårsager

Extra material

[European short list for causes of death](#)

[Data from the European short list for causes of death](#)

EUROSTAT:
www.eurostat.eu

Supplerende materiale

[Den forkortede europæiske dødsårsagsliste](#)

[Data fra den europæiske forkortede dødsårsagsliste](#)

The International Classification of Diseases (ICD)

The main use of the International Classification of Diseases (ICD), developed by the World Health Organization (WHO), is as an instrument for statistical description of morbidity and mortality. The ICD is a system that groups diseases and causes of death in a meaningful way, in order to provide statistical overviews and analyses, such as comparisons between countries over a period of time. The history of the ICD goes back more than a hundred years, and the classification has been revised approximately every ten years in order to reflect developments within medicine. The most recent revision, the tenth (ICD-10), was adopted by WHO in 1990 but was implemented in most countries several years later. The Nordic countries began to use ICD-10 for registration of mortality in the following years: Denmark in 1994, Finland, Iceland and Norway in 1996 and Sweden in 1997. ICD-10 is continually revised, through WHO's revision

Den internationale sygdomsklassifikation (ICD)

Den internationale sygdomsklassifikation (ICD), som udarbejdes af Verdenssundhedsorganisationen (WHO), har som sin vigtigste anvendelse at være instrument for statistiske beskrivelser af sygelighed og dødelighed. Det er et system som på meningsfuld måde grupperer sygdomme og dødsårsager, så der kan gives overskuelige statistiske opstillinger og analyser, som for eksempel sammenligninger mellem forskellige lande over en tidsperiode. ICD's historie er over 100 år, og klassifikationen er blevet revideret ca. hvert tiende år for at den kan afspejle den medicinske udvikling. Den seneste, tiende revision (ICD-10) blev godkendt af WHO i 1990, men blev først taget i brug i de fleste lande adskillige år senere. I de nordiske lande blev ICD-10 taget i brug til dødsårsagsregistrering i 1994 i Danmark, i Finland, Island og Norge i 1996, og i Sverige i 1997. Der foretages en fortløbende revision af ICD-10, via WHO's opdateringsprocedurer, og en re-

sion procedures, and a revised version of ICD-10 was published in 2004.

Revisions of the classification make statistical comparisons of countries over time difficult, when different versions of ICD are used at the same time. It is therefore important to have an understanding of the possible sources of error that a change in classification introduces in the morbidity and mortality statistics, and how to handle these problems. The most recent revision has above all meant an increase in the level of detail in ICD. Many new diagnoses have been added as a result of developments in medicine. Also, certain diseases or groups of diseases have been transferred to other chapters in order to reflect new medical knowledge.

Sources of error

Statistical analyses are carried out on aggregated data, for example at the level of the chapter. There are 21 chapters in ICD-10. The basic structure of ICD has generally remained the same through the revisions and most chapters have the same name. However, it is important to realize that even if the name of a chapter is the same in ICD-10 as in ICD-9 differences in content may exist due to the transfer of diagnostic codes from one chapter to another. For example, HIV and AIDS were originally placed among diseases of the immune system in ICD-9 but were moved to the chapter for infectious diseases in ICD-10. Another example is the transfer of transitory ischemic attacks from the chapter for circulatory diseases in ICD-9 to the chapter for nervous system diseases in ICD-10. Certain symptoms have also been moved from the chapter for symptoms to the system chapters.

videret version af ICD-10 blev udgivet i 2004.

Revision af klassifikationen vanskeliggør statistiske sammenligninger over tid mellem lande, når de på samme tid anvender forskellige versioner af ICD. Det er derfor vigtigt at forsøge at forstå hvilke fejlkilder et klassifikationsskifte kan medføre for analysen af morbiditets- og mortalitetsstatistikken samt hvorledes problemet kan håndteres. Det seneste klassifikationsskifte har frem for alt medført en større detaljeringsgrad i ICD. Der er medtaget et stort antal nye diagnoser som følge af den medicinske udvikling. Samtidig er enkelte sygdomme og sygdomsgrupperinger flyttet til andre kapitler for at det bedre kan afspejle det medicinske vidensniveau.

Fejlkilder

Statistiske analyser foretages på et aggregeret niveau. Dette niveau kan være kapitelinddelingen i ICD-10, som i alt består af 21 kapitler. Grundstrukturen i ICD er dog i det store og hele blevet bevaret uforandret igennem de forskellige revisioner og de fleste kapitler har beholdt det samme navn. Det er imidlertid vigtigt at indse, at selvom et kapitel hedder det samme i ICD-10 som i ICD-9, kan der findes forskelle ved at diagnoser er flyttet fra et kapitel til et andet. Et eksempel i nogle lande er HIV og AIDS som præliminært blev placeret blandt immunsygdommene i ICD-9 men blev placeret under infektionssygdomme i ICD-10. Et andet eksempel er flytningen af cerebral transitorisk iskæmi fra cirkulationssystemets sygdomme i ICD-9 til nervesystemets sygdomme i ICD-10. Visse symptomer er også blevet flyttet mellem symptomkapitlet og de såkaldte organkapitler.

Another potential source of error is that certain rules and guidelines for the use of ICD have been changed in connection with the new revision. With reference to mortality statistics, certain rules for the selection of underlying cause of death have been altered, which may, for example, affect the frequency of pneumonia as a cause of death. Beside changes in the international rules, national rules for applying the classification may also be modified in connection with a classification change, which will affect both comparisons over time within a country and comparisons between countries.

It is commonly believed that a direct translation of codes in different versions of ICD can solve the problem of changes in classification. However, this is not so simple. A direct, unambiguous translation is possible only for about one third of the codes in ICD-9 and ICD-10. Instead, an attempt must be made to make the aggregated groups of codes used for statistical presentations as comparable as possible, so as to eliminate some of the effects of the changes in classification. The so-called short lists used in this publication for mortality statistics have been defined both according to ICD-9 and ICD-10 with comparability in mind.

Change in classification

However, one must always be aware of the fact that an observed difference over time or between countries may be the result of a change in classification or other methodological issues. One way of quantifying the effect of a classification change is so-called bridge coding. In such studies

En anden fejlkilde er at visse regler og anvisninger for brugen af ICD er ændret i forbindelse med klassifikationsskiftet. Inden for dødsårsagsstatistikken er for eksempel visse regler for valg af den tilgrundliggende dødsårsag blevet ændret, hvilket for eksempel kan påvirke frekvensen af pneumoni som dødsårsag. Ved siden af de internationale regelændringer kan de nationale tilpasninger ændres i forbindelse med et klassifikationsskifte, hvilket både påvirker sammenligningerne over tid i det samme land og sammenligninger mellem flere lande.

Det er ikke usædvanligt at tro, at en automatisk oversættelse af koderne i forskellige ICD versioner kan løse problemerne ved et klassifikationsskifte. Dette er imidlertid ikke en nemt fremkommelig vej. Kun for en tredjedel af koderne i ICD-9 og ICD-10 er der en direkte og entydig oversættelse mellem koderne. I stedet for bør man stræbe efter, at de aggregerede grupper man anvender til statistiske sammenligninger konstrueres så det er muligt at eliminere nogle af de problemer, klassifikationsændringerne har skabt. De såkaldte kortlister som anvendes i denne publikation for mortalitet er defineret både i relation til ICD-9 og ICD-10 ud fra tanken om sammenlignelighed.

Klassifikationsskifte

Man må imidlertid altid være klar over at en observeret forskel over tid eller mellem lande kan være effekten af et klassifikationsskifte samt andre metodologiske problemstillinger. En måde hvorpå man kan kvantificere betydningen af et klassifikationsskifte er den såkaldte "bridge kodning".

the same material, such as death certificates or hospital records, is coded twice independently, first according to the previous classification and then according to the new classification. The differences observed when comparing the two sets of statistics give an indication of how much a certain group of diseases (e.g. the ICD chapter for circulatory diseases) has increased or decreased as a result of the change in classification itself. This type of study demands a great deal of resources and only a few, limited bridge-coding studies have been carried out on the change from ICD-9 to ICD-10.

Dette indebærer at man koder samme materiale, så som dødsattester og sygehusjournaler, to gange, uafhængig af hinanden, først efter den tidligere klassifikation og derefter efter den nye. De forskelle som fremkommer når man siden hen sammenligner de statistiske grupperinger baseret på de to kodninger, giver en opfattelse af hvor meget en vis sygdomsgruppe (eksempelvis ICD-kapitlet om cirkulationsorganernes sygdomme) stiger eller falder som en direkte følge af klassifikationsskiftet. Denne type studier er dog ressourcekrævende og der er kun gennemført et fåtal begrænsede bridgekodnings-studier i forbindelse med overgangen fra ICD-9 til ICD-10.

Coding practice

Differences in the national coding practices is another factor of importance to the comparability of causes of death between countries. What is shown in the statistics is the underlying cause of death. WHO has drawn up guidelines for the choice of the underlying cause of death, i.e. the disease or injury that initiated the chain of morbid events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury. The problem in connection with comparability is that, in some cases where two or more causes of death have been recorded on the death certificate, the choice of the underlying cause of death will differ from country to country, since the rules can be interpreted differently.

Apart from the fact that the ICD rules governing mortality coding give room for interpretation, different national traditions for the choice of underlying cause

Kodningspraksis

Et andet forhold af stor betydning for sammenligneligheden af dødsårsagerne mellem flere lande, er den kodningspraksis, der er etableret i de enkelte lande. Det som vises i statistikken er den tilgrundliggende dødsårsag, hvor WHO har udarbejdet retningslinier for valget af den tilgrundliggende dødsårsag, hvilket vil sige den sygdom eller skade som starter rækken af sygelige tilstande der leder direkte til døden, eller ydre omstændigheder ved en ulykke eller voldshandling som var årsag til den dødelige skade. Det problematiske for sammenligneligheden er, at i nogle tilfælde, hvor der er opført to eller flere dødsårsager på dødsattesten, bliver valget af den tilgrundliggende dødsårsag forskellig fra land til land, fordi reglerne giver mulighed for forskellig fortolkning.

Udover at ICD's regler for mortalitetskodning giver plads for fortolkning kan der også være tale om udvikling af nationale traditioner for valget af den

of death may also develop. An example of this is the use of the diagnostic group "insufficiently defined conditions" (codes I469, I959, I99; J960, J969; P285.0; R000-R948; R96-99). The use of these codes as underlying causes of death is more widespread in Denmark than in the other Nordic countries, in situations where more specific causes of death are also recorded on the death certificate (See Table 4.1.11).

However, several other factors also influence comparability, such as the type of information the statistics producer has access to and the quality of that material (death certificates, etc.).

In order to support the choice of the underlying cause of death, the American programme, ACME (Automated Classification of Medical Entities) has been developed. This system is used in most of the Nordic countries, Denmark has used ACME from the data year 2002, Iceland has used ACME for a few years to check manual coding, and Norway and Finland have used ACME from the data year 2005. Otherwise, computer-aided coding has been used. Automatic coding does not necessarily result in a more correct picture of the pattern of causes of death than does manual coding, but it does give more consistency in the coding and thus contributes to better comparability between more countries.

Since 2001, the Nordic Classification Centre has carried out annual comparisons of how the countries classify a sample of causes of death. The sample is relatively small (200-250 death certificates per year), but the results still give an in-

tilgrundliggende dødsårsag. Som eksempel kan nævnes brugen af diagnosegruppen "mangelfuldt definerede tilstande" (koderne I469, I959, I99; J960, J969; P285.0; R000-R948; R96-99). Anvendelsen af disse koder som tilgrundliggende dødsårsag er mere udbredt i Danmark end i de andre nordiske lande i situationer hvor der også er oplyst mere specifikke dødsårsager på dødsattesten (Jfr. tabel 4.1.11).

Men der er også flere andre forhold der påvirker sammenligneligheden, blandt andet hvilken type af information statistikproducenten har tilgang til, herunder kvaliteten på dette materiale (dødsattester og andre oplysninger).

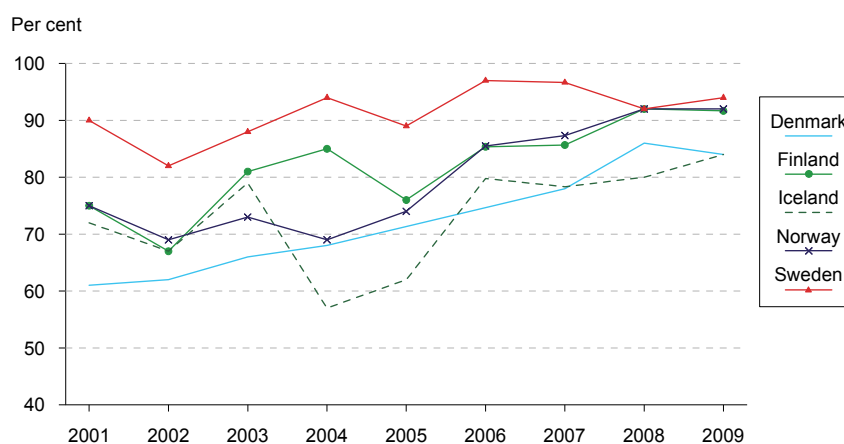
For at støtte valget af den tilgrundliggende dødsårsag, er der udviklet et amerikansk program ACME (Automated Classification of Medical Entities). Systemet anvendes af de fleste af de nordiske lande, Danmark fra dataåret 2002, Island har anvendt ACME til kontrol med manuel kodning i nogle år og Norge og Finland har anvendt ACME fra dataåret 2005. Indtil da anvendes edb-støttet kodning. Automatisk kodning giver ikke nødvendigvis et mere korrekt billede af dødsårsagsmønsteret end manuel kodning. Derimod vil automatisk kodning give en bedre stabilitet i kodningen og dermed bidrage til en bedre sammenlignelighed mellem flere lande.

Siden 2001 har det nordiske klassifikationscenter foretaget årlige sammenligninger af hvorledes landene klassificerer et udvalg af dødsårsager. Udvalget er relativt lille (200-250 dødsattester per år) men resultatet giver dog et fingerpeg af

dication of how comparable the statistics are (see Figure 4.1). When making comparisons, the ACME classification system is used as the standard.

hvorledes sammenligningen er (jfr. nedenstående figur). Ved sammenligningen er det den klassificering som ACME systemet giver, der anvendes som standard.

Figure 4.1.1 National coding compared to ACME 2001-2009
National kodning sammenlignet med ACME 2001-2009



This comparison, and Nordic coding practice in general, is discussed in annual meetings. As seen in Figure 4.1.1., the coding in the different countries is not only getting closer to ACME's coding, but the differences in coding between the countries are also getting smaller. This indicates that the use of automatic coding, and cooperation between the Nordic countries, leads to a higher degree of comparability of mortality statistics.

Denne sammenligning, samt den nordiske kodningspraksis generelt, diskuteres på årlige møder. Som det vil ses af Figur 4.1.1, nærmer landene sig over tid ikke bare ACMEs kodning, men også dermed hinandens kodning. Dette indikerer at både anvendelsen af automatisk kodning, og det nordiske samarbejde, fører til en højere grad af sammenlignelighed af statistikken for dødsårsager.

Cultural differences in the reporting of certain conditions may also influence comparability. For example, if doctors in one country are far more reluctant to register suicide on the death certificate than are doctors in other countries, this can

Kulturelle forskelle i rapporteringen af bestemte tilstande kan også påvirke sammenligneligheden. Hvis læger i et land er langt mere tilbageholdende med at anvende for eksempel selvmord på dødsattesten, end læger i andre lande, kan det

make comparisons difficult. However, in several of the Nordic countries, there are routines for contacting the doctor or the hospital in cases where the external cause of an injury is unclear. Such quality-control practices help to compensate for lack of information on the death certificate.

vanskeliggøre sammenligneligheden. I flere af de nordiske lande findes der imidlertid rutiner for at kontakte lægen eller sygehuset i de tilfælde hvor de ydre årsager til skaden er uklar. Sådanne kvalitetssikringsrutiner er med til at kompensere for de manglende informationer på dødsattesten.

Autopsy rate

Another factor influencing the quality of the statistics on causes of death is the decreasing autopsy rate (in 2008) 5 per cent in Denmark as the lowest and 31 per cent in Finland as the highest). The autopsy rate has been more than halved in the Nordic countries over the last few decades. Studies have shown that in about 30 per cent of cases, the result of the autopsy has caused the underlying cause of death to be altered.

Obduktioner

En yderligere faktor der spiller ind på dødsårsagsstatistikens kvalitet er de faldende rater for obduktion (i 2009) 5 pct. i Danmark som det laveste og 31 pct. i Finland som det højeste). Anvendelsen af obduktion ved dødsfald er mere end halveret i de nordiske lande over de seneste årtier. Studier har vist, at i ca. 30 pct. af tilfældene med obduktion, har obduktionen medført at den tilgrundliggende dødsårsag er blevet ændret.

The reliability of the statistics

Considering the reservations in relation to the comparability of causes of death over time and between countries, the data presented here should be interpreted with caution. This is especially the case for small diagnostic groups in the European short list that is used in the present publication. The picture is more stable for the large groups, such as cardiovascular diseases and cancer. This also applies to alcohol and drug-related deaths, for which it is well known that the pattern is heterogeneous. The dramatic fall in the number of deaths from AIDS is related to new, life-prolonging medication. However, there has been a slight increase in the number of new cases in all the Nordic countries. The high incidence of cancer

Statistikens pålidelighed

Det er klart, at med de forbehold der er taget her over for sammenligneligheden af dødsårsagerne over tid og mellem landene, må de præsenterede data fortolkes med forsigtighed. Det vil især dreje sig om mindre diagnosegrupper i den europæiske forkortede liste, der anvendes i denne publikation. Når det drejer sig om de helt store grupper, hjerte-karsygdomme for sig og cancer for sig, tegner der sig dog et noget mere stabilt billede. Tilsvarende gælder også de alkohol og narkotikarelaterede dødsårsager hvor der er et velkendt uensartet mønster. For dødsfald af AIDS skyldes de dramatiske fald ny livsforlængende medicin, hvor der til gengæld er en svag stigning af nye tilfælde i alle de nordiske lande. De større

as an underlying cause of death in Denmark, is also partly the result of coding practice.

Falls are recoded much more often in Denmark than in Sweden. This makes comparison of death statistics for accidents unreliable. The incidence of accidents in total is highest in Finland.

For insufficiently defined conditions, Finland and Iceland are atypical compared to the other Nordic countries, because there are only a few cases of insufficiently defined conditions.

forekomster af cancer som tilgrundliggende dødsårsag i Danmark skyldes dog også til en vis grad kodningspraksis.

En anden forekomst er faldulykker der i langt højere grad kodes i Danmark end i Sverige og derfor er med til at gøre sammenligningen af dødsårsagsstatistikken vedrørende ulykker ringe. Når det gælder alle ulykker er forekomsten størst i Finland.

For de mangelfuldt definerede tilstande er det især Finland og Island der adskiller sig fra de øvrige nordiske lande, fordi der kun er få tilfælde af mangelfulgt definerede tilstande.

MORTALITY AND CAUSES OF DEATH

Table 4.1.1 Deaths by sex and age per 100 000 inhabitants 2000–2009
Døde efter køn og alder pr. 100 000 indbyggere 2000–2009

Age	Alder	Total I alt		Under 1 year ¹⁾ Under 1 år		1–14 years 1–14 år		15–24 years 15–24 år		25–64 years 25–64 år		65+ years 65+ år	
Sex	Køn	M	W	M	W	M	W	M	W	M	W	M	W
<i>Denmark</i>													
	2000	1 069	1 099	607	456	17	12	79	30	444	294	6 368	5 455
	2005	1 001	1 030	509	359	14	9	58	19	425	275	5 761	5 131
	2008	..	..	..	..	16	9	70	21	441	277	5 369	4 886
	2009	985	807	163	143	9	12	6	8	431	265	5 152	3 693
<i>Faroe Islands</i>													
	2000–04	800	809	348	237	15	8	83	35	348	204	5 192	4 582
	2005–09	852	785	673	358	42	24	34	25	340	176	5 388	4 469
<i>Greenland</i>													
	2000–04	811	692	.	.	99	31	504	190	683	485	7 569	6 788
	2005–09	802	685	.	.	74	67	340	163	613	470	7 100	6 155
<i>Finland</i>													
	2000	952	954	424	324	14	14	96	34	504	222	5 545	4 606
	2005	934	888	333	286	18	13	69	29	517	229	4 838	4 045
	2008	939	910	309	223	15	10	79	28	506	221	4 628	4 068
	2009	961	910	253	277	10	10	79	29	489	222	4 764	4 024
<i>Åland</i>													
	2000–04	933	970	579	331	26	28	80	-	363	153	5 062	4 679
	2005–09	938	962	194	152	19	30	41	20	288	159	5 167	4 602
<i>Iceland</i>													
	2000	644	653	456	141	13	10	120	43	272	187	4 591	4 317
	2005	636	606	275	191	6	10	77	19	241	150	4 659	4 051
	2008	602	643	283	211	16	10	70	4	202	150	4 622	4 378
	2009	639	614	195	162	13	-	33	26	257	133	4 623	4 170
<i>Norway</i>													
	2000	974	985	427	329	18	15	93	33	339	201	6 052	4 965
	2005	877	906	329	283	18	11	73	31	307	198	5 533	4 846
	2008	855	895	328	208	13	11	69	25	301	189	5 334	4 729
	2009	824	888	374	262	12	11	62	26	301	187	5 022	4 677
<i>Sweden</i>													
	2000	1 041	1 065	399	281	15	12	59	24	305	200	5 829	4 854
	2005	996	1 026	215	206	17	13	48	21	298	195	5 420	4 725
	2008	962	1 023	252	248	11	10	54	22	301	194	5 043	4 670
	2009	946	994	259	242	16	10	50	21	290	190	4 863	4 480

1 Per 100 000 live births

1 Pr. 100 000 levendefødte

Sources: The national central statistical bureaus

Kilder: De nationale centrale statistikbureauer

Table 4.1.2 Death rates from malignant neoplasms per 100 000 by age 2000–2009
Dødeligheden af ondartede svulster pr. 100 000 efter alder 2000–2009

		Denmark	Faroe Islands ^{1,2)}	Greenland	Finland	Åland ^{1,2)}	Iceland	Norway	Sweden
<i>Men</i>	<i>Mænd</i>								
<i>Age</i>	<i>Alder</i>								
0–14	2000	3	.	–	2	.	3	3	3
	2005	3	7	14	3	–	–	3	4
	2009	2	7	15	2	–	6	2	4
15–34	2000	9	.	11	6	.	7	7	8
	2005	6	3	12	6	19	–	5	5
	2009	6	3	0	7	6	6	5	6
35–44	2000	33	.	51	22	.	38	32	20
	2005	29	12	50	23	–	9	20	20
	2009	24	27	41	18	31	27	26	21
45–54	2000	145	.	230	105	.	102	127	91
	2005	121	107	267	97	103	84	94	77
	2009	103	74	175	75	21	122	79	74
55–64	2000	462	.	985	320	.	227	348	294
	2005	424	362	617	323	347	346	324	281
	2009	386	362	517	304	347	267	309	260
65–74	2000	1 189	.	1 525	902	.	900	953	826
	2005	1 071	775	1 715	752	910	844	861	811
	2009	940	949	1 517	758	1 021	703	790	695
75+	2000	2 440	.	3 113	1 947	.	1 888	2 142	1 935
	2005	2 454	1 817	3 313	1 808	2 443	2 083	2 239	1 973
	2009	2 306	1 893	2 857	1 716	1 998	2 067	2 173	1 937
<i>Women</i>	<i>Kvinder</i>								
<i>Age</i>	<i>Alder</i>								
0–14	2000	2	.	–	2	.	3	4	3
	2005	1	–	14	4	9	6	1	2
	2009	3	11	0	3	9	–	2	3
15–34	2000	9	.	13	7	.	2	6	9
	2005	7	11	14	6	–	5	4	5
	2009	6	–	26	3	7	7	5	5
35–44	2000	41	.	104	36	.	19	39	21
	2005	39	39	77	27	21	19	35	30
	2009	32	6	24	26	21	33	28	29
45–54	2000	164	.	109	106	.	113	126	94
	2005	149	85	177	99	147	108	120	105
	2009	122	68	291	85	91	80	109	94
55–64	2000	425	.	542	237	.	396	319	296
	2005	372	364	710	236	171	247	300	291
	2009	347	335	781	238	278	224	266	261
65–74	2000	905	.	1 427	505	.	775	600	719
	2005	828	731	1 695	457	405	648	569	586
	2009	721	548	1 263	455	623	633	547	577
75+	2000	1 460	.	2 600	1 077	.	1 285	1 184	1 210
	2005	1 492	1 132	2 863	1 004	1 065	1 045	1 214	1 112
	2009	1 454	1 227	1 866	966	1 262	1 207	1 208	1 125
1	2005=2000-04				1	2005=2000-04			
2	2009=2005-09				2	2009=2005-09			

ICD-9: 140–208 and ICD-10: C00–C97

Sources: The national registers for causes of death

Kilder: De nationale dødsårsagsregistre

MORTALITY AND CAUSES OF DEATH

Table 4.1.3 Death rates from circulatory diseases per 100 000 by age 2000–2009
Dødeligheden af kredsløbssygdomme per 100 000 efter alder 2000–2009

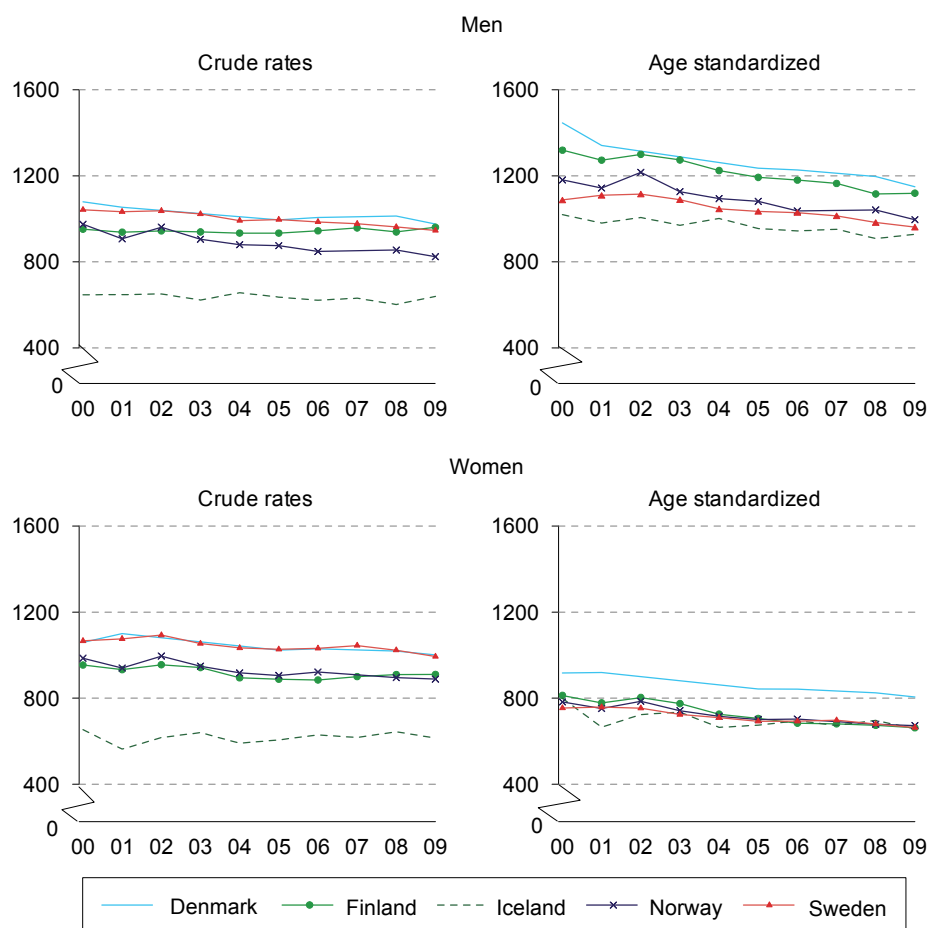
		Denmark	Faroe Islands ^{1,2)}	Greenland	Finland	Åland ^{1,2)}	Iceland	Norway	Sweden
Men	Mænd								
Age	Alder								
0-34	2000	3	.	6	5	.	3	3	3
	2005	4	5	-	3	-	3	3	3
	2009	2	3	7	3	-	8	2	2
35-44	2000	23	.	51	44	.	38	25	21
	2005	21	29	33	39	22	14	25	18
	2009	19	33	20	33	10	22	17	16
45-54	2000	95	.	179	184	.	113	93	104
	2005	83	88	134	144	164	55	77	79
	2009	75	50	39	127	42	81	63	71
55-64	2000	326	.	473	481	.	209	282	303
	2005	233	345	274	403	252	254	211	243
	2009	211	251	194	367	143	154	185	220
65-74	2000	1 095	.	1 049	1 378	.	877	1 065	1 101
	2005	831	972	1 544	1 046	771	627	706	794
	2009	552	709	1 172	972	670	586	563	637
75+	2000	4 467	.	5 058	4 766	.	3 963	4 681	4 851
	2005	3 871	4 456	6 627	3 917	3 879	3 290	3 653	4 397
	2009	3 055	3 957	2 857	3 796	3 810	3 467	3 220	4 009
Women	Kvinder								
Age	Alder								
0-34	2000	2	.	7	3	.	1	2	1
	2005	2	7	7	2	-	4	1	1
	2009	2	13	0	3	8	1	1	1
35-44	2000	14	.	42	17	.	10	11	11
	2005	11	13	58	10	-	5	9	6
	2009	13	-	0	12	-	9	6	7
45-54	2000	41	.	109	48	.	24	36	34
	2005	39	14	266	37	10	15	23	28
	2009	30	14	97	30	10	5	22	26
55-64	2000	131	.	271	129	.	198	102	112
	2005	100	153	304	92	79	36	69	84
	2009	78	72	276	90	62	19	60	86
65-74	2000	561	.	1 427	551	.	419	471	469
	2005	409	443	1 427	404	313	340	311	346
	2009	286	304	631	323	270	251	247	292
75+	2000	3 722	.	8 038	4 090	.	3 421	3 794	4 059
	2005	3 211	3 542	2 863	3 463	4 017	2 885	3 085	3 648
	2009	2 693	2 780	2 799	3 337	3 557	3 027	3 014	3 485
1	2005=2000-04				1	2005=2000-04			
2	2009=2005-09				2	2009=2005-09			

ICD-9: 390-459 and ICD-10: I00-I99

Sources: The national registers for causes of death

Kilder: De nationale dødsårsagsregistre

Figure 4.1.2 Deaths per 100 000 inhabitants by sex 2000-2009
 Døde per 100 000 indbyggere efter køn 2000-2009



Age-standardized by the Nordic population 2000

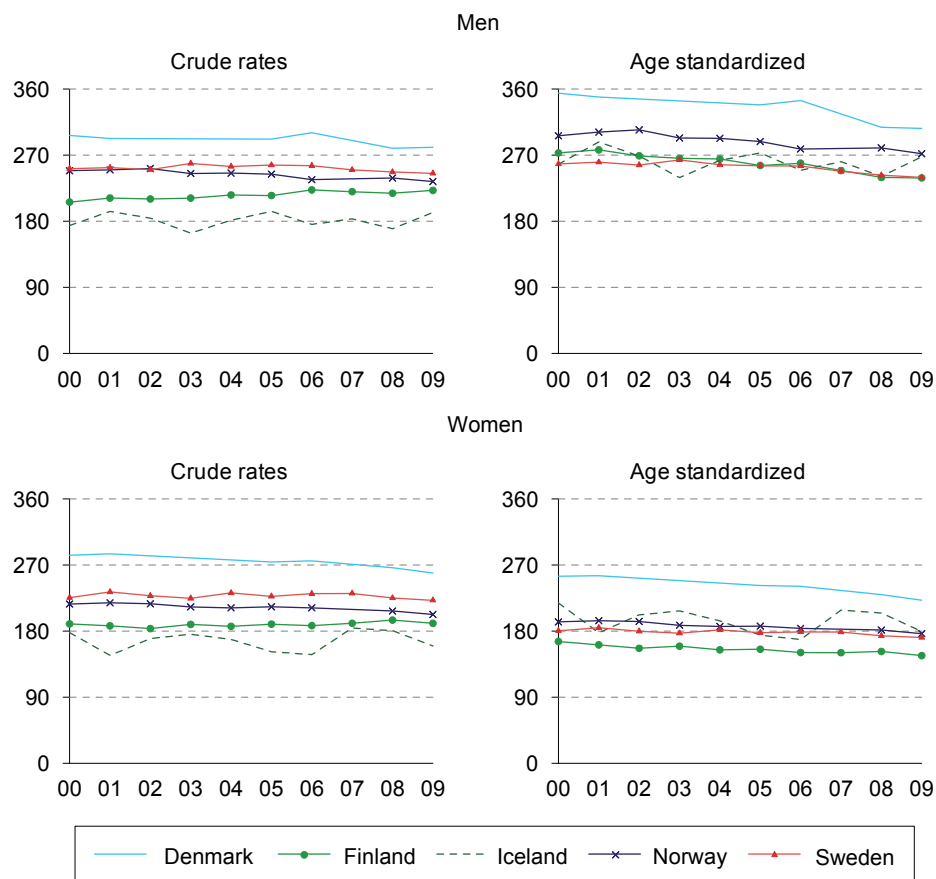
Aldersstandardiseret med den nordiske befolkning 2000

Source: Table 4.1.1
 Kilde: Tabel 4.1.1

MORTALITY AND CAUSES OF DEATH

Figure 4.1.3 Deaths from malignant neoplasms per 100 000 inhabitants by sex 2000-2009

Døde som følge af ondartede svulster pr. 100 000 indbyggere efter køn
2000-2009



Age-standardized by the Nordic population 2000

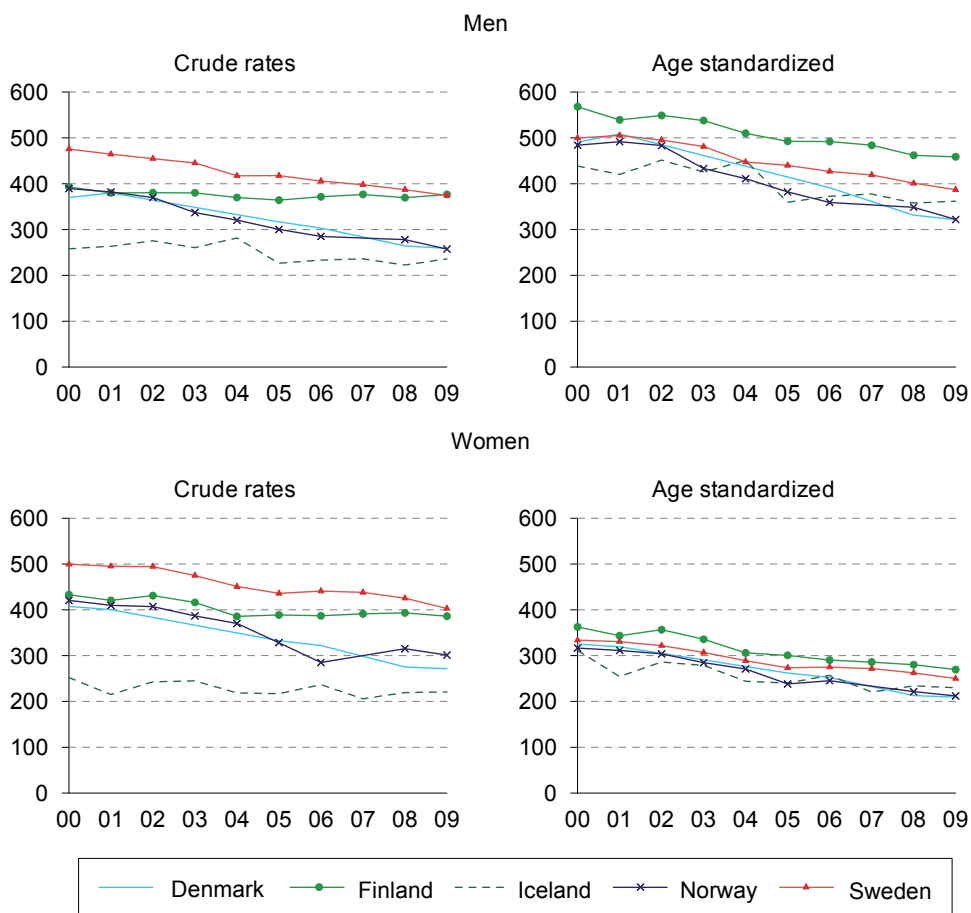
Aldersstandardiseret med den nordiske befolkning 2000

Source: Table 4.1.2

Kilde: Tabel 4.1.2

Figure 4.1.4 Deaths from circulatory diseases per 100 000 inhabitants by sex 2000-2009

Døde som følge af kredsløbsygdomme pr. 100 000 indbyggere efter køn
2000-2009



Age-standardized by the Nordic population 2000

Aldersstandardiseret med den nordiske befolkning 2000

Source: Table 4.1.3

Kilde: Tabel 4.1.3

MORTALITY AND CAUSES OF DEATH

Table 4.1.4 Deaths from avoidable causes per 100 000 inhabitants aged 0-74 years*

Undgåelige dødsfald pr. 100 000 indbyggere i alderen 0-74 år*

		Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
ICD-10 code		2009	2005-09	2005-09	2009	2005-09	2009	2009	2009
C15	<i>Malignant neoplasm of the oesophagus</i> Kræft i spiserør	4.0	3.1	9.7	2.8	2.4	3.3	2.3	3.1
C32-C34	<i>Malignant neoplasm of the trachea, bronchus and lung</i> Kræft i luftrør, bronkie og lunge	44.3	19.9	60.4	25.1	33.0	23.6	27.3	24.0
C53	<i>Malignant neoplasm of cervix uteri¹⁾</i> Kræft i livmoderhalsen ¹⁾	2.6	-	7.7	1.4	1.6	1.4	2.1	2.2
E10-E14	<i>Diabetes mellitus</i> Sukkersyge	9.9	9.7	7.2	4.1	1.6	4.0	4.4	6.0
I60-I69	<i>Cerebrovascular diseases</i> Sygdom i hjernen	18.2	17.7	43.1	20.8	17.7	9.0	11.7	14.8
J40-J44	<i>Obstructive lung diseases</i> Rygerlunger	18.7	9.3	23.0	8.1	10.5	9.6	12.3	8.2
J45-J46	<i>Asthma</i> Asthma	0.2	-	-	-	-	-	0.1	-
K70; K73-K74	<i>Chronic liver disease and cirrhosis</i> Kronisk leversygdom og skrumpeliver	15.7	3.5	3.6	22.8	7.2	1.7	3.3	5.7

1 Per 100 000 women

1 Pr. 100 000 kvinder

* Asthma: 0-14 year olds

* Astma: 0-14 årige

Sources: The national registers for causes of death

Kilder: De nationale dødsårsagsregistre

Table 4.1.5 Deaths from HIV/AIDS, in total and per 100 000 inhabitants 2000-2009
Dødsfald som følge af HIV/AIDS, i alt og pr. 100 000 indbyggere 2000-2009

	Denmark	Faroe Islands	Greenland	Finland	Åland ¹⁾	Iceland	Norway	Sweden
<i>Number</i>								
<i>Antal</i>								
2000	21	-	5	10	-	1	15	13
2005	39	-	3	9	-	-	24	31
2008	21	-	1	7	-	-	12	62
2009	21	-	2	3	-	1	19	28
<i>Per 100 000 inhabitants</i>								
<i>Pr. 100 000 indbyggere</i>								
2000	0.4	-	8.9	0.2	-	0.4	0.3	0.1
2005	0.7	-	5.3	0.2	-	-	0.5	0.3
2008	0.4	-	1.8	0.1	-	-	0.3	0.7
2009	0.4	-	3.6	0.1	-	0.3	0.1	0.3

1 2009 = average 2005-2009

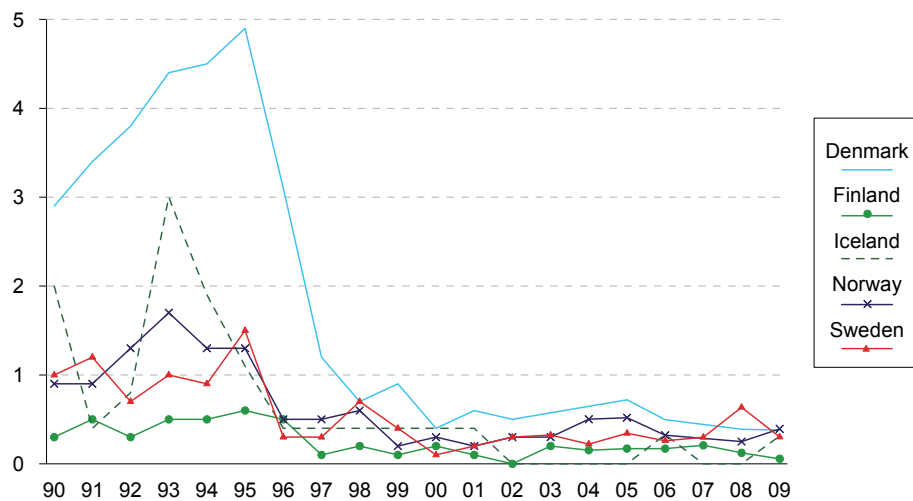
1 2009 = gennemsnit 2005-2009

Sources: The national registers for causes of death

ICD-10: B20-B24

Kilder: De nationale dødsårsagsregistre

Figure 4.1.5 Deaths from HIV/AIDS per 100 000 inhabitants 1990-2009
Døde som følge af HIV/AIDS pr. 100 000 indbyggere 1990-2009



Source: Table 4.1.5

Kilde: Tabel 4.1.5

MORTALITY AND CAUSES OF DEATH

Table 4.1.6 Deaths from suicide per 100 000 inhabitants by sex and age 2000–2009
Selvmord pr. 100 000 indbyggere efter køn og alder 2000–2009

	Men					Women				
	<i>Total I alt</i>	10–19	20–24	25–64	65+	<i>Total I alt</i>	10–19	20–24	25–64	65+
Denmark										
2000	23.3	4.4	16.0	23.8	41.8	8.3	2.5	1.2	8.2	15.0
2005	16.9	3.3	8.8	18.9	41.8	6.3	0.6	3.5	6.8	14.2
2008	15.3	2.8	13.4	17.9	31.2	6.6	1.5	3.3	7.9	11.3
2009	17.4	2.8	9.8	21.6	32.9	5.2	1.2	0.6	6.0	10.5
Faroe Islands										
2000–04	6.6	-	12.3	9.8	7.2	2.7	-	-	5.6	-
2005–09	8.8	5.1	-	15.5	-	0.9	-	-	1.8	-
Greenland										
2000–04	145	179	464	105	102	58	71	104	53	13
2005–09	109.9	124.7	344.0	112.9	35.1	39.8	84.8	79.9	36.1	-
Finland										
2000	34.6	10.5	41.8	46.6	36.8	11.0	4.1	9.4	15.5	17.5
2005	28.1	4.8	30.5	36.5	39.0	10.0	4.7	12.3	13.5	8.6
2008	30.7	7.3	35.3	41.0	33.9	8.6	5.4	6.9	11.5	7.6
2009	29.0	8.3	37.3	37.1	35.4	10.0	3.2	12.0	14.2	7.5
Åland										
2000–04	26.5	12.0	55.7	33.8	22.2	9.1	-	-	8.5	24.0
2005–09	11.9	-	-	8.1	48.6	13.2	-	33.0	13.5	23.2
Iceland										
2000	29.8	22.9	73.4	38.1	13.6	5.7	-	9.4	8.6	5.6
2005	16.2	8.7	9.2	27.2	-	6.1	-	-	12.0	-
2008	16.5	4.2	25.0	23.7	11.9	7.0	-	-	11.1	10.0
2009	18.0	4.3	8.5	27.8	17.5	4.4	-	-	8.6	-
Norway										
2000	18.4	11.3	29.9	22.5	22.6	5.8	3.0	4.4	7.9	6.3
2005	15.8	6.9	24.7	18.6	16.9	7.3	4.3	7.2	9.8	5.4
2008	14.6	5.5	21.0	19.1	16.6	6.6	3.9	6.3	8.9	6.0
2009	17.3	7.7	17.6	22.3	23.0	6.5	4.5	4.8	9.3	4.7
Sweden										
2000	18.3	4.0	15.9	21.2	36.0	7.3	3.2	3.9	9.2	10.1
2005	18.6	3.8	18.2	22.3	32.3	8.4	3.1	8.5	10.4	11.2
2008	18.7	6.3	19.9	22.0	30.4	6.8	4.2	7.2	8.2	8.2
2009	19.2	5.8	19.8	23.9	27.7	7.6	3.8	8.6	9.4	8.7

Sources: The national registers for causes of death

Kilder: De nationale dødsårsagsregistre

G: Chief Medical Officer

ICD-10: X60–X84

**Table 4.1.7 Deaths from accidents per 100 000 inhabitants by sex and age
2000-2009**

Dødsfald som følge af ulykker pr. 100 000 indbyggere efter køn og alder
2000-2009

	Men						Women					
	Total I alt	0-14	15-24	25-64	65-79	80+	Total I alt	0-14	15-24	25-64	65-79	80+
Denmark												
2000	45.3	6.3	37.7	30.2	80.2	544.7	43.6	2.9	10.3	11.3	64.2	525.9
2005	35.4	3.4	28.6	28.0	52.4	373.0	26.7	2.2	4.4	8.2	32.3	328.7
2008	35.2	3.9	31.8	26.4	57.1	338.8	24.1	1.8	5.7	8.7	29.5	279.8
2009	28.4	1.4	21.5	24.1	40.4	263.3	22.6	1.6	8.3	8.4	26.6	257.5
Faroe Islands												
2000-04	34.9	3.6	65.3	29.3	72.8	134.2	20.5	3.7	14.0	7.5	49.2	197.3
2005-09	54.2	28.5	16.8	46.5	127.6	354.9	24.1	7.5	6.5	10.7	41.9	240.6
Greenland												
2000-04	..	..	..	..	..	..	..	..	..	..	..	..
2005-09	72.6	23.2	49.8	80.0	238.8	507.6	38.3	18.0	27.9	34.7	115.3	531.0
Finland												
2000	70.8	6.0	30.8	75.6	137.1	471.2	34.4	3.0	9.3	18.9	53.2	310.8
2005	80.9	7.7	27.8	87.3	153.0	464.7	35.8	2.7	6.6	22.7	51.7	285.7
2008	76.7	3.9	32.7	79.7	139.3	434.1	35.0	1.4	9.3	20.4	48.2	275.7
2009	74.1	1.8	32.4	74.3	132.9	463.1	32.9	0.9	7.8	17.7	49.0	259.1
Åland												
2000-04	40.5	16.3	13.4	42.2	43.4	237.0	19.6	8.6	-	8.5	24.8	158.9
2005-09	61.1	8.4	25.4	40.5	189.5	338.4	20.5	-	-	-	24.1	260.1
Iceland												
2000	38.4	3.0	46.0	36.7	76.6	274.6	12.8	-	23.7	10.1	30.2	21.5
2005	25.6	-	36.2	14.2	82.1	253.0	17.6	-	4.7	13.3	44.5	163.9
2008	25.1	-	20.7	16.9	54.7	354.1	14.1	-	-	6.2	21.6	230.4
2009	24.8	-	8.3	26.6	46.1	216.6	15.9	-	-	6.1	35.3	241.6
Norway												
2000	43.9	4.8	35.4	31.8	81.0	442.9	34.2	5.0	9.4	8.1	44.6	381.3
2005	45.0	3.7	34.8	37.4	65.9	418.4	33.0	2.0	11.1	11.7	32.2	357.9
2008	46.8	2.6	35.7	36.7	62.9	486.0	31.9	1.6	7.4	10.3	37.1	357.2
2009	45.5	3.6	28.9	36.5	65.0	461.3	35.3	2.0	8.3	10.3	41.6	406.6
Sweden												
2000	36.2	3.1	27.1	25.5	66.9	310.0	22.7	1.6	6.4	6.5	28.4	227.4
2005	38.1	2.4	21.2	25.6	67.3	345.1	27.6	4.3	5.3	8.4	34.0	265.0
2008	39.2	2.3	18.9	26.1	64.6	373.7	26.9	3.7	4.1	7.9	29.5	272.8
2009	36.7	3.0	17.7	24.1	55.1	364.1	25.4	4.5	5.0	5.9	27.6	266.8

Source: The national registers for causes of death

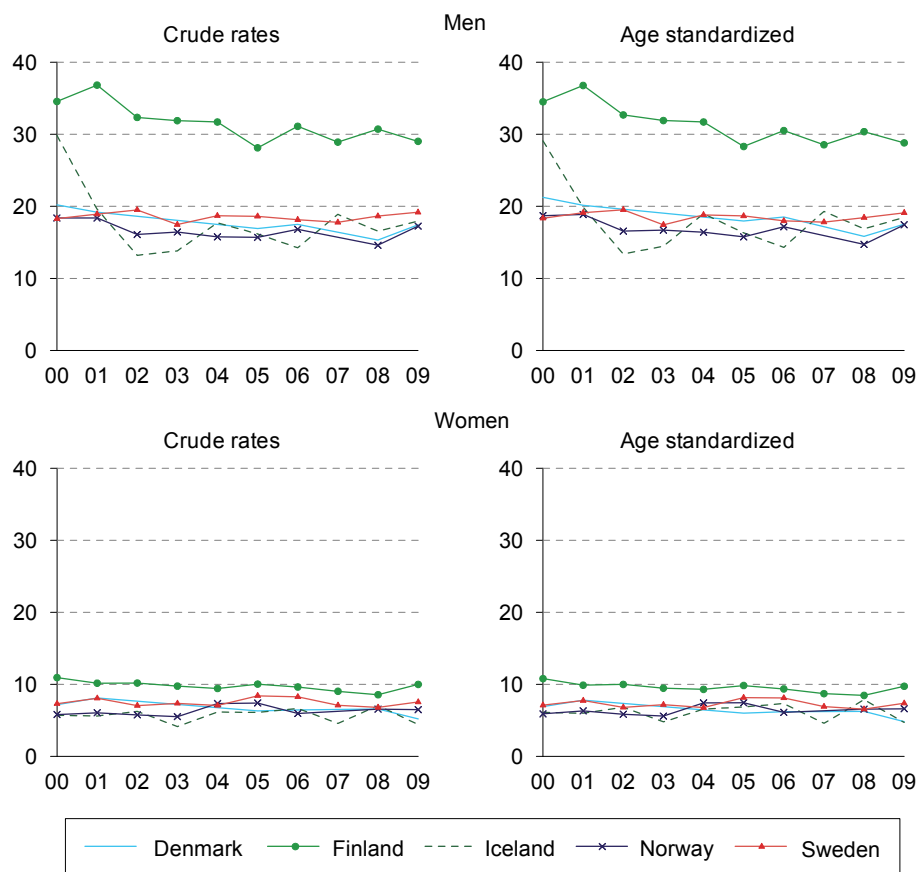
ICD-10: V01-X59

Kilde: De nationale dødsårsagsregistre

G: Chief Medical Officer

MORTALITY AND CAUSES OF DEATH

Figure 4.1.6 Deaths from suicide per 100 000 inhabitants by sex 2000–2009
Døde som følge af selvmord pr. 100 000 indbyggere efter køn 2000–2009

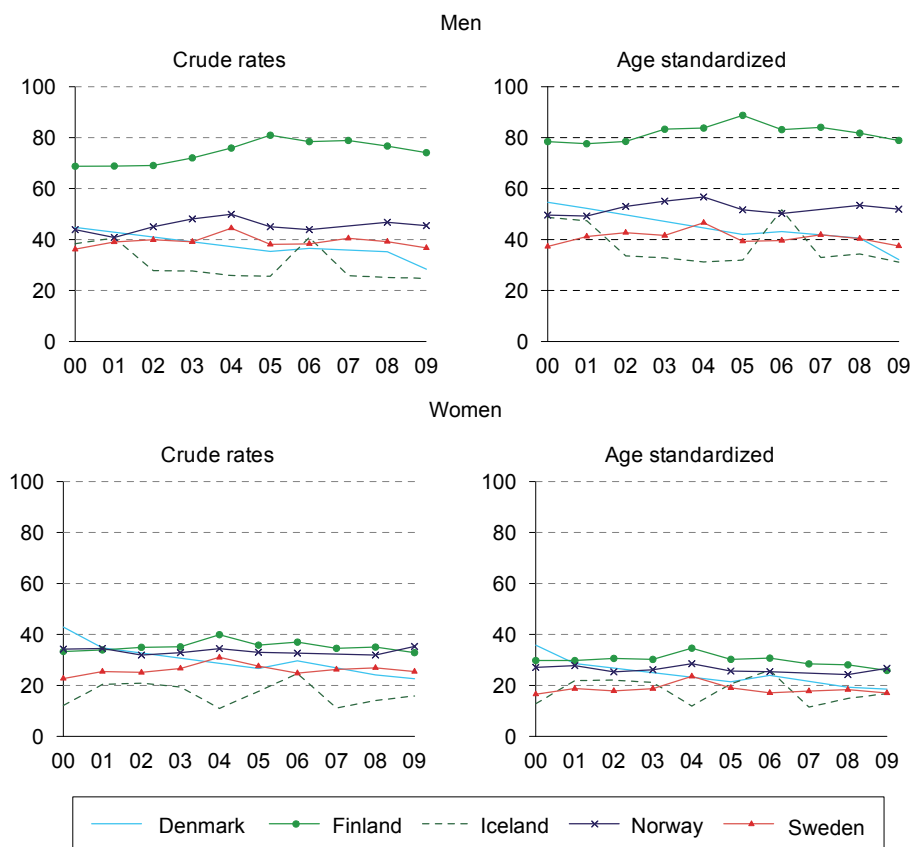


Age-standardized by the Nordic population 2000

Aldersstandardiseret med den nordiske befolkning 2000

Source: Table 4.1.6
Kilde: Tabel 4.1.6

Figure 4.1.7 Deaths from accidents per 100 000 inhabitants by sex 2000-2009
Døde som følge af ulykker pr. 100 000 indbyggere efter køn 2000-2009



Age-standardized by the Nordic population 2000

Aldersstandardiseret med den nordiske befolkning 2000

Source: Table 4.1.7
Kilde: Tabel 4.1.7

MORTALITY AND CAUSES OF DEATH

Table 4.1.8 Deaths from land transport accidents per 100 000 inhabitants by sex and age 2000-2009

Dødsfald i landtransportulykker pr. 100 000 indbyggere efter køn og alder 2000-2009

	Men					Women				
	Total I alt	0-14	15-24	25-64	65+	Total I alt	0-14	15-24	25-64	65+
Denmark										
2001	12.2	2.7	24.1	11.2	20.5	4.5	1.7	6.7	3.6	9.1
2005	10.2	1.3	21.0	9.7	16.4	3.1	1.8	2.7	2.5	6.9
2008	10.8	2.1	20.3	9.9	17.7	3.6	1.6	4.8	3.0	6.6
2009	8.1	1.0	14.4	8.6	10.2	3.5	0.8	6.5	2.4	7.4
Faroe Islands										
2000-04	9.1	-	53.4	3.3	-	2.7	-	7.0	1.9	5.8
2005-09	10.4	7.1	11.2	9.3	19.8	6.0	3.8	6.5	3.6	16.9
Finland										
2000	11.3	2.3	13.3	11.4	24.0	5.1	2.2	5.6	4.1	10.7
2005	12.3	4.1	14.7	11.9	22.8	3.7	1.3	4.4	3.2	6.8
2008	10.0	1.5	16.6	8.8	19.7	3.2	0.5	5.6	2.4	6.1
2009	8.5	0.9	16.3	7.1	16.2	2.9	0.2	3.7	2.5	5.5
Åland										
2000-04	15.6	-	13.4	19.7	22.2	4.5	-	-	2.8	16.0
2005-09	13.4	8.4	12.7	8.1	38.9	2.9	-	-	-	15.5
Iceland										
2000	16.3	-	32.2	16.9	27.3	7.1	-	19.0	5.8	11.2
2005	9.4	-	31.7	6.5	12.7	4.1	-	4.7	5.3	5.3
2008	7.4	-	12.4	5.6	23.9	2.6	-	-	2.5	10.0
2009	7.4	-	4.2	11.6	5.8	0.6	-	-	1.2	-
Norway										
2000	12.5	2.6	26.4	12.2	16.3	4.6	2.5	7.9	3.4	8.3
2005	7.4	1.1	15.9	7.0	10.4	3.3	0.7	6.1	3.1	4.6
2008	9.4	1.3	20.3	8.0	17.0	2.5	0.7	4.7	2.0	4.3
2009	7.6	1.1	16.4	7.0	11.0	2.1	0.7	4.0	1.4	4.5
Sweden										
2000	10.8	1.4	19.1	10.7	16.6	3.2	1.0	4.2	2.6	6.1
2005	8.2	0.7	12.8	8.4	12.2	2.8	0.4	3.6	2.6	4.7
2008	7.3	0.9	10.6	7.5	11.0	2.5	0.1	2.5	2.4	4.7
2009	5.9	1.3	8.7	6.0	8.2	2.0	0.7	3.0	1.2	4.4

Sources: The national registers for causes of death ICD-10: V01-V89

Kilder: De nationale dødsårsagsregistre

G: Chief Medical Officer

Table 4.1.9 Deaths from alcohol-related causes per 100 000 inhabitants by sex and age

Alkoholrelaterede dødsårsager per 100 000 indbyggere efter køn og alder

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2009	2005-09	2005-09	2009	2005-09	2009	2009	2009
<i>Men</i>								
Mænd								
0-34	0.6	1.8	1.3	3.2	0.7	-	0.3	0.2
35-44	17.2	37.5	14.8	47.7	-	-	3.8	3.6
45-64	104.6	36.1	66.4	142.8	11.4	10.2	26.0	21.3
65-74	116.5	107.2	165.6	123.5	26.8	21.3	45.1	24.5
75+	65.9	31.1	315.0	47.5	9.3	-	16.2	10.7
Total	45.2	24.9	32.0	62.5	6.6	3.7	11.6	9.2
<i>Women</i>								
Kvinder								
0-34	0.4	0.0	2.8	0.8	-	-	0.2	0.0
35-44	4.0	0.0	8.6	9.4	-	-	0.3	0.8
45-64	34.6	9.7	40.9	37.4	2.0	5.3	9.7	7.2
65-74	43.6	33.3	100.7	24.9	10.1	-	12.8	6.3
75+	17.9	0.0	168.1	6.6	-	9.6	6.4	1.0
Total	15.6	4.8	20.3	15.1	1.5	1.9	4.1	2.7
<i>M+W</i>								
M+K								
0-34	0.5	0.9	2.0	2.0	0.4	-	0.2	0.1
35-44	10.7	17.6	11.9	28.9	-	-	2.1	2.2
45-64	69.7	22.2	55.5	89.9	6.7	7.8	18.0	14.3
65-74	78.6	69.1	135.0	70.5	18.5	10.3	28.3	15.2
75+	36.6	18.6	227.0	21.0	3.5	5.5	10.2	4.9
Total	30.3	14.5	26.5	38.3	4.0	2.8	7.9	5.9

Sources: The national registers for causes of death

Kilder: De nationale dødsårsagsregistre

ICD-10: E244, F10, G312, G621, G721, I426, K292,

K700-709, K860, O354, P043, Q860, Y15, X45

MORTALITY AND CAUSES OF DEATH

Table 4.1.10 Deaths from drug-related causes per 100 000 inhabitants by sex and age
Misbrugsrelaterede dødsfald per 100 000 indbyggere efter køn og alder

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2009	2005-09	2005-09	2009	2005-09	2009	2009	2009
<i>Men</i>								
Mænd								
0-34	4.6	3.7	1.3	3.7	0.7	8.5	8.7	8.1
35-44	13.2	31.3	-	4.4	-	17.7	25.6	17.4
45-64	7.8	3.6	-	3.3	-	15.4	20.6	20.2
65-74	0.8	35.7	-	0.5	-	32.0	9.8	14.6
75+	1.3	10.4	-	0.7	-	-	8.1	9.2
Total	6.3	10.3	-	3.2	0.3	12.4	14.4	13.3
<i>Women</i>								
Kvinder								
0-34	1.2	1.6	-	1.4	-	3.8	3.3	2.3
35-44	2.3	0.0	-	0.6	-	4.7	8.8	7.1
45-64	3.5	3.2	-	1.4	-	21.4	10.7	11.7
65-74	0.8	11.1	-	0.4	-	-	7.0	11.0
75+	1.3	0.0	-	1.1	-	-	6.4	5.8
Total	1.9	2.4	-	1.2	-	7.6	6.5	6.5
<i>M+W</i>								
M+K								
0-34	2.9	2.6	0.7	2.6	0.4	6.2	6.1	5.3
35-44	7.8	14.6	-	2.5	-	11.4	17.4	12.3
45-64	5.7	3.4	-	2.3	-	18.3	15.7	16.0
65-74	0.8	23.0	-	0.4	-	15.5	8.3	12.8
75+	1.3	6.2	-	0.9	-	-	7.1	7.1
Total	4.1	6.2	-	2.2	0.1	10.0	10.5	9.9

Source: The national registers for causes of death
Kilde: De nationale dødsårsagsregistre

ICD-10: F11-F16, F18-F19, O35.5, P04.4, X40-X49, X60-X69, Y10-Y19, T40.0-T40.3, T40.5-T40.9, T43.6

Table 4.1.11 Deaths from incompletely defined causes on the death certificate per 100 000 inhabitants by sex and age

Dødsfald af personer med dødsattester der har mangelfuldt definerede tilstande per 100 000 indbyggere efter køn og alder

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
	2009	2005-09	2005-09	2009	2005-09	2009	2009	2009
<i>Men Mænd</i>								
0-44	1	-	-	-	-	-	0	3
45-64	10	-	-	0	-	-	2	16
65-74	34	36	9	-	-	11	5	47
75+	151	156	157	1	5	26	109	274
Total	15	15	2	0	0	2	7	11
<i>No death certificate</i>								
Uden dødsattest	36	.	.	4	4	1	17	18
<i>Women Kvinder</i>								
0-44	-	-	-	-	-	-	-	1
45-64	4	-	-	-	-	-	-	8
65-74	20	-	-	0	-	-	2	22
75+	162	611	269	3	-	38	206	384
Total	17	32	6	0	-	3	19	30
<i>No death certificate</i>								
Uden dødsattest	38	.	.	2	0	-	12	15
<i>M+W M+K</i>								
0-44	-	-	-	-	-	-	0	2
45-64	7	-	-	0	-	-	1	12
65-74	27	25	5	0	-	5	3	34
75+	157	11	227	2	2	33	169	340
Total	16	-	4	0	0	2	13	21
<i>No death certificate</i>								
Uden dødsattest	37	.	.	3	2	1	14	16

Sources: The national registers for causes of death
Kilder: De nationale dødsårsagsregistre

ICD-10: I469, I959, I99, J960, J969, P285.0, R000-R948, R99

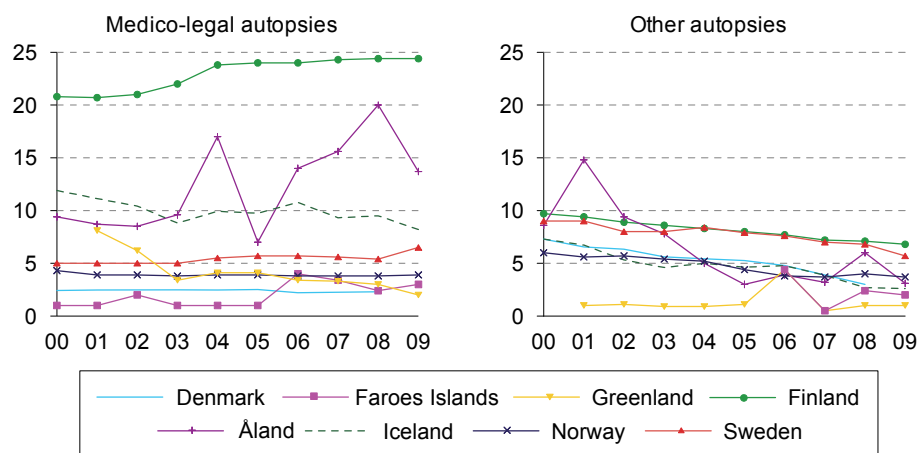
MORTALITY AND CAUSES OF DEATH

Table 4.1.12 Autopsy rates as a percentage of all deaths 2000–2009
Obduktionsrater i procent af alle døde 2000–2009

	Denmark	Faroe Islands	Greenland	Finland	Åland	Iceland	Norway	Sweden
<i>Medico-legal autopsies</i> Retsmedicinske obduktioner								
2000	2	1	..	21	9	12	4	5
2005	3	1	4	24	7	10	4	6
2008	2	2	3	24	20	10	4	5
2009	2	3	2	24	14	8	4	7
<i>Other autopsies</i> Andre obduktioner								
2000	7	..	..	10	9	7	6	9
2005	5	..	1	8	3	5	4	8
2008	3	2	1	7	6	3	4	7
2009	3	2	1	7	3	3	4	6

Sources: The national registers for causes of death
Kilder: De nationale dødsårsagsregistre

Figure 4.1.8 Autopsy rates as a percentage of all deaths 2000–2009
Obduktionsrater i pct. af alle døde 2000–2009



CHAPTER V

Resources *Ressourcer*

Extra material

OECD: www.oecd.org

Introduction

This chapter describes available resources and utilization of resources in the health sector. It begins with a description of financing of health services, including user charges. There then follows an overview of total health care expenditure, then a detailed description of expenditure on pharmaceutical products, followed by a description of health care personnel, and capacity and services in hospitals.

5.1 Financing of health services

In the Nordic countries, the health services are mainly financed by the public authorities. In Iceland and Greenland, funding is primarily provided by the government, while funding in the other countries mainly comes from county and/or municipal taxes with block grants from the governments. With the exception of Greenland, citizens in the Nordic countries contribute directly to financing, partly through insurance schemes, partly by paying user charges. Only Denmark and Norway use DRG (diagnosis-related groups) in their funding models.

Supplerende materiale

OECD: www.oecd.org

Indledning

I dette kapitel gives der en samlet belysning af ressourcer og ressourceforbruget inden for sundhedsvæsenet. Først omtales finansieringen, dernæst egenbetalingen for sundhedsydelser og herefter de samlede sundhedsudgifter, med særlig omtale af udgifter til medicin, efterfulgt af sundhedspersonalet, kapacitet og ydelser i sygehusvæsenet.

5.1 Finansiering af sundhedsvæsenet

I de nordiske lande finansieres sundhedsvæsenet hovedsageligt af det offentlige. I Island og Grønland er det primært staten, der bidrager, mens finansieringen i de øvrige lande stammer fra amtskommunale/regionale og/eller kommunale skatter samt bloktilskud fra staten. Med undtagelse af Grønland bidrager borgerne i de nordiske lande direkte til finansieringen, dels gennem forsikringsordninger, dels ved brugerbetaling. Det er kun Danmark og Norge der anvender DRG i deres finansieringsmodeller.

RESOURCES

NORWAY: A financing model for somatic hospitals was established in Norway (as from 1 July 1997) that combines block grants and fee-for-service financing. The scheme is regularly evaluated and adjusted. Fee-for-service financing is based on the principle that a service producer (i.e. the hospital) is paid on the basis of services rendered. The scheme involves the state reimbursing a percentage of the average DRG expenses (Diagnosis Related Groups) in connection with treatment of patients.

DENMARK: In the case of Denmark, as a result of the Structure Reform, the newly established regions gained responsibility for the health sector from 1 January 2007. A new financial system for the regions was agreed upon. About three quarters of the regions' expenditure is financed through block grants from the state. The rest is financed through a basic contribution from the municipalities, along with municipal and state subsidies that are dependent on activities.

FINLAND: The health care system is highly decentralised. Responsibility for providing health care is devolved to the municipalities (local government). The publicly-funded system is divided into three levels. Alongside these is a much smaller private health care system. The three different health care levels that receive public funding are municipal health care, private health care and occupational health care systems.

Municipal financing is based on taxes while the National Health Insurance financing is based on compulsory insurance fees. Municipalities fund municipal health care services (except outpatient pharmaceutical product and transport

NORGE: I Norge var en finansieringsmodell for somatiske sykehus etablert fra 1. juli 1997, som kombinerer rammefinansiering og stykkprisfinansiering. Ordningen er jevnlig evaluert og justert. Stykkprisfinansiering bygger på prinsippet at tjenesteprodusenten (dvs. sykehuset) får inntekter beregnet utifra tjenesteproduksjon. Ordningen innebærer at staten refunderer en vis prosentandel av de gjennomsnittlige DRG-utgiftene (diagnoserelaterte grupper).

DANMARK: For Danmarks vedkommende indebærer strukturreformen, at regionerne fik ansvaret for sundhedsvæsenet fra den 1. januar 2007. Dermed er der vedtaget et nyt finansieringssystem for regionerne. Omkring tre fjerdedele af udgifterne finansieres gennem bloktilskud fra staten. Det resterende finansieres gennem et grundbidrag fra kommunerne samt kommunale og statslige aktivitetsafhængige tilskud.

FINLAND: Hälsovården är i hög grad decentraliserad. Ansvaret för hälsovården har utlokaliserats till kommunerna. Den offentligt finansierade hälsovården indelas i tre olika nivåer och jämsides med den finns ett privat hälsovårdssystem som är avsevärt mindre i omfattning. Den offentliga hälsovårdens tre nivåer är kommunal hälsovård, privat hälsovård och företagshälsovård.

Kommunernas finansiering grundar sig på skattemedel, medan finansiering via sjukförsäkringen utgår från obligatoriska sjukförsäkringsavgifter. Kommunerna finansierar den kommunala hälsovården (med undantag av läkemedel inom öppen-

costs) and the National Health Insurance funds for example private health care, occupational health care, outpatient pharmaceutical product and transport costs, as well as most health-related benefits, such as sickness allowances and maternity leave allowances.

SWEDEN: The state is responsible for health policy and provides block grants to the county authorities for provision of health services. The largest proportion of funding for health services comes from taxes. Most of the funding for services provided by the county authorities comes from county taxes, and the rest comes from block grants from the state. Each county authority decides the level of county taxes itself, and how funding shall be allocated. The county authorities also receive revenue from patient fees and sale of services. The largest proportion of the budget of the county authorities is used to provide health services and dental services.

vården och resekostnader), medan sjukförsäkringen finansierar bland annat den privata hälsovården, företagshälsovården, ersättningar för läkemedel inom öppenvården och resekostnader, och dessutom de flesta hälsorelaterade förmånerna, till exempel sjukdagpenning och moderskapspenning.

SVERIGE: Staten är ansvarig för den övergripande hälso- och sjukvårdspolitiken och bidrar med generella statsbidrag till landstingens hälso- och sjukvård. Hälso- och sjukvården i Sverige finansieras till allra största delen av skatter. Landstingens verksamhet finansieras till största delen av landstingsskatten och resterande del täcks av generella statsbidrag från staten. Därutöver får landstingen inkomster från patientavgifter och försäljning av tjänster. Varje landsting beslutar själva över hur stor landstingsskatten ska vara och hur den ska fördelas. Därutöver får landstingen inkomster från patientavgifter och försäljning av tjänster. Den största delen av landstingens budget går till hälso- och sjukvård samt tandvård.

5.2 Charges for health care per 1 January 2011

Consultation with a physician

DENMARK: As shown in the overview, there are no user charges in Denmark, the Faroe Islands and Greenland.

However, after a change in the Act relating to health services, user charge have been introduced for in vitro fertilization and sterilization. People who, according to the Act, have permission to be sterilized, are exempt from paying a user charge.

5.2 Egenbetaling for sundheds-ydelser pr. 1. januar 2011

Lægebesøg

DANMARK: Som det fremgår af oversigten er der ingen egenbetaling i Danmark, på Færøerne og i Grønland.

Der er dog, ved en ændring af sundhedsloven, indført egenbetaling for kunstig befrugtning og sterilisering. Personer, som ifølge sundhedsloven skal have tilladelse forinden til sterilisation, vil ikke blive omfattet af egenbetalingen.

RESOURCES

The level of the user charge depends on the type of treatment	Egenbetalingens størrelse afhænger af behandlingstypen.
FINLAND: The following charges may be made for outpatient treatment in health centres:	FINLAND: Följande avgifter får tas ut för primärvård vid hälsovårdscentraler:
• A fixed annual charge of max. EUR 27.40 within one year or: • A fixed charge per visit of max. EUR 13.70. The charge is only made for the first three visits at the same health centre during one calendar year.	• En fast årlig avgift om högst 27,40 euro under ett år, eller • En fast avgift per besök om högst 13,70 euro. Avgiften betalas endast för de första tre besöken på samma hälsovårds-central under samma kalenderår.
A charge of EUR 18.80 can be made for visits to a health centre on weekdays between the hours of 2000 and 0800, and on Saturdays, Sundays and public holidays.	En avgift om 18,80 euro kan tas ut för besök på hälsovårdscentral under vardagar mellan 20.00 och 08.00 samt för besök på lördagar, söndagar och helgdagar.
The charges do not apply to persons under 18 years of age.	Avgifterna gäller inte personer under 18 år.
Reimbursements of private physicians' fees are based on fixed charges. The National Social Insurance Institution reimburses 60 per cent of the physician's fee. However, in most cases the actual charge is higher and thus the reimbursement is less than 40 per cent.	Ersättning för privata läkares arvoden grundar sig på fastställda avgifter. Folkpensionsanstalten ersätter 60 procent av det fastställda läkararvodet. I de flesta fall är det faktiska arvodet högre än det fastställda, och därmed blir ersättningen lägre än 40 procent.
ÅLAND: For medical consultations within the primary health service at a clinic, or for home visits, there is a user charge of EUR 20. Outside the opening hours the charge for home visits is EUR 25. The fee for a visit to a specialist is EUR 27 and a casualty department is EUR 30.	ÅLAND: Egenbetalningen för läkarbesök vid primärvårdens mottagningar eller hembesök är 20 euro. Under jourtid är avgiften för hembesök av läkare 25 euro. Avgiften för läkarbesök vid specialsjukvårdens mottagningar är 27 euro och för besök vid akutmottagningen 30 euro.
If there is a waiting period of 45 minutes or more in connection with a scheduled visit during normal opening hours, the user charge is reimbursed.	Vid en väntetid på 45 minuter eller längre vid en tidsbeställd mottagning återbetalas besöksavgiften.

ICELAND: (from 1 January 2011) Preventive health care consultations for pregnant women and mothers with infants, and school health care are free of charge.

The user charge for a consultation in a health centre or with a private general medical practitioner during normal working hours is ISK 1 000, and ISK 800 for 67-69-year-olds who do not have a pension or who have a reduced pension. The charge is ISK 500 for other pensioners, disabled people, and long-term unemployed people. There is no user charge for children under 18. Outside normal working hours the charges are ISK 2 600, ISK 2 080 and ISK 1 300. Charges for home visits are ISK 2 800, ISK 2 200 and ISK 1 400 during day time. The charges for evenings and night-time are ISK 3 800, ISK 3 200 and ISK 1 850.

The user charge for a consultation with a specialist is either ISK 3 900 plus 40 per cent of the remaining cost of the consultation, or ISK 3 100 or 1 400 plus 13.3 per cent of the remaining cost for the consultation. The user charge for children under 18 years is 1/9th of the total charge with a minimum of ISK 650. There is no charge for disabled and chronically ill children. The maximum charge is ISK 28 000 in all instances.

The same user charges apply for outpatient treatment in hospitals (with the exception of children, for whom there is no charge). Different charges apply for treatment in emergency units and with other physicians, laboratory tests, radiographs and diagnostic examinations.

User charges for persons who have been continuously unemployed for a period

ISLAND: (fra 1. januar 2011) Lægebesøg af forebyggende karakter for gravide, mødre og deres børn samt skole-sundhedsplejen er uden egenbetaling.

Egenbetalingen for konsultation i sundhedscentre eller ved en privat praktiserende læge er i dagtimerne 1.000 ISK og 800 ISK for 67-69-årige som ikke har en pension eller reduceret pension, 500 ISK for andre pensionister, funktionshæmmede og langtidsarbejdsløse. Der er ingen egenbetaling for børn under 18 år. Konsultation udenfor dagtimerne er henholdsvis 2.600, 2.080 og 1.300 ISK. For hjemmebesøg er betalingen i dagtimerne 2.800, 2.200 og 1.400 ISK mens aften- og nattaksten er 3.800, 3.200 og 1.850 ISK.

Egenbetalingen for besøg hos en specialist er enten 3.900 ISK plus 40 pct. af de resterende udgifter, 3.100 eller 1.400 ISK og 13,3 pct. af de resterende udgifter. For børn under 18 år er egenbetalingen 1/9 del af de samlede udgifter minimum 650 ISK. Der er ingen egenbetaling for funktionshæmmede og langtidssyge børn. Maximum beløb er 28.000 ISK i alle henseender.

Egenbetalingen er den samme ved behandling af specialister ved hospitalernes ambulatorier (med undtagelse af børn hvor der er ingen egenbetaling) men en anden for behandling i akutmodtagelser og hos andre læger samt for laboratorieprøver, diagnostik og røntgenbehandling.

Egenbetaling for personer som har været arbejdsløse i en samlet periode på

RESOURCES

of 6 months or longer are the same as for pensioners.

NORWAY: There are user charges for consultations with general medical practitioners and specialists, outpatient treatment in hospitals, and treatment in emergency units.

The user charges for a consultation with a physician and for emergency services are: primary physician: NOK 136 (day), NOK 229 (evening), specialist: NOK 180 (day), NOK 269 (evening).

The user charges for a home visit are: primary physician: NOK 180 (day) and NOK 295 (evening), specialist: NOK 210 (day) and NOK 325 (evening).

The user charge for a consultation at a hospital outpatient department is NOK 307.

The user charge for laboratory tests, histological tests and cytological tests is NOK 47.

The user charge for a radiograph or an ultrasound examination is NOK 218.

The user charge for assisted fertilization is NOK 1 500. In addition, there is a user charge of NOK 15 000 for drugs used in connection with the treatment.

The user charge for sterilization is NOK 1 268 for men and NOK 6 079 for women (if there is no medical indication for the operation).

Children under the age of 16 do not pay user charges for the services mentioned above.

6 måneder eller mere er den samme som for pensionister.

NORGE: Det er egenandeler for konsultasjon hos allmennlege og spesialister, poliklinisk behandling på sykehus, og behandling på legevakt

Egenandel for konsultasjon hos allmennlege/legevakt er: allmenlege: NOK 136 (dag) og NOK 229 (kveld), spesialist: NOK 180 (dag) og NOK 269 (kveld).

Egenandel ved sykebesøk er: allmennlege NOK 180 (dag) og NOK 295 (kveld), spesialist: NOK 210 (dag) og NOK 325 (kveld).

Egenandel ved poliklinikk på et sykehus er NOK 307.

Egenandel for laboratorieprøver, histologiske prøver og cytologiske prøver er NOK 47.

Egenandel for røntgen- og ultralydundersøkelse er NOK 218.

Egenandel for assistert befruktning er NOK 1 500. I tillegg kommer egenbetaling på NOK 15 000 for legemidler som benyttes i forbindelse med behandlingen.

Egenandel for sterilisering er NOK 1 268 for men og NOK 6 079 for kvinner (uten medisinsk indikasjon for inngrepet).

Barn under 16 år er fritatt fra å betale egenandeler for tjenestene nevnt ovenfor.

There are no user charges for treatment with a psychologist for children and young people under 18 years of age and patients with HIV infection.

SWEDEN: In Sweden, the county authorities can decide themselves the level of user charges for different types of visits and treatment. In 1981, the cost ceiling system was introduced in the health services. The cost ceiling is regulated in the Act relating to health services, and applies to all county authorities. The present system was introduced in 1997, with separate cost ceilings for out-patient visits to the doctor (SEK 900) and for pharmaceutical products (SEK 1800) with a successive reduction of patient fees for pharmaceutical products. If a parent has several children under 18 years of age, the child is exempt from charges when the total expenses reach SEK 900.

The user charge for primary health care varies between SEK 100 and SEK 200 per visit. An extra charge of between SEK 0-150 is made for home visits, and of SEK 0-100 for telephone prescriptions.

The user charges for an out-patient consultation with a specialist varies between SEK 230 and SEK 320. If the patient has a referral from the primary health service, the patient fee is between SEK 80 and SEK 300 per visit.

The user charge for a visit to an emergency unit varies between SEK 200 and SEK 300. Nearly all the county authorities have decided that children and young people under the age of 20 are exempt from user charges for out-patient treatment. This exemption lasts until the young person's 20th birthday.

Ved behandling hos psykolog er barn og ungdom under 18, samt pasienter med HIV-infeksjon, fritatt fra å betale egenandeler.

SVERIGE: Landstingen i Sverige får själva bestämma vilka patientavgifter som gäller för olika besök och insatser inom vården. År 1981 infördes högkostnadsskydd i hälso- och sjukvården. Högkostnadsskyddet regleras i hälso- och sjukvårdslagen och gäller i alla landsting. Från och med 1997 gäller nuvarande system med separata högkostnadsskydd för läkarbesök i öppen hälso- och sjukvård (900 SEK) respektive läkemedel (1800 SEK) med en successiv nedtrappning av patientens del i läkemedelskostnaden. Har en föräldrar flera gemensamma barn under 18 år får barnen gemensamt avgiftsbefrielse när kostnaden uppgår till 900 SEK.

Patientavgiften inom primärvården varierar mellan 100 SEK och 200 SEK per besök. Tillägg görs för hembesök med mellan 0-150 SEK per besök, för recept på telefon med 0-100 SEK per recept.

Patientavgiften till specialistläkare i öppen vård varierar mellan 230 SEK och 320 SEK per besök, men om besöket till specialist sker efter remiss från primärvården så är avgiften mellan 80 SEK till 300 SEK per remitterat besök.

Avgift för besök på akutmottagning varierar mellan 200 SEK och 300 SEK. Nästan samtliga landsting har beslutat att barn och ungdom under 20 år inte betalar någon avgift i öppen hälso- och sjukvård. Fr.o.m. 20-årsdagen upphör avgiftsfriheten.

RESOURCES

User charges for a consultation with a physician

	Are there consistent rules for the whole country?	Size of user charge	Deviations	User charge in relation to total cost of consultation
Denmark	Yes	-	No	-
Faroe Islands	Yes	-	No	-
Greenland	Yes	-	No	-
Finland	Yes	Public EUR 0-13.70 EUR 18.80 if the visit occurs between 2000 and 0800 or on a Saturday, a Sunday or a public holiday. Private min. 60 per cent.	No charge for children under 18 years of age	26 per cent
Åland	Yes	EUR 20 Outside opening hours for home visits, and specialist EUR 27	Free treatment after paying EUR 375 for children below 18 and people 65 and disability pensioners + EUR 120	..
Iceland	Yes	ISK 1 000-3 800 in primary care, other fees for specialized care	ISK 500- 1 850 for pensioners, disabled and long-term unemployed. ISK 800-3 200 for aged 67-69 with no or reduced pension. No charge for children under 18 years of age	Varies
Norway	Yes	Consultation with: a primary physician: NOK 136 (day), NOK 229 (evening) a specialist: NOK 180 (day) NOK 269 (evening)	No charge for children under 16 years of age	Approx. 35 per cent
Sweden	No	SEK 100-300	Yes	..

Egenbetaling for lægebesøg

	Er der ensartede regler i hele landet?	Egenbetalingens størrelse	Afvigelser	Egenbetalingens andel af de samlede udgifter til lægebesøg
Danmark	Ja	-	Nej	-
Færøerne	Ja	-	Nej	-
Grønland	Ja	-	Nej	-
Finland	Ja	Offentlig 0-13,70 EUR. 18,80 EUR for besøg mellem kl. 20-8 på hverdage, samt lørdage, søndage og helligdage. <i>Privat mindst 60 pct.</i>	Ingen betaling for børn under 18 år.	26 per cent
Åland	Ja	20 euro, 25 euro för hembesök på jourtid samt 27 euro för besök hos specialist.	Ingen avgift vid läkarbesök när man betalat 375 euro. För barn under 18 år, personer 65 år och äldre samt sjukpensionärer avgiftsfritt vid 120 euro.	..
Island	Ja	1.000-3.800 ISK hos almen læge, andre priser for besøg hos specialist.	Det halve beløb 500-1.850 ISK for pensionister, handicappede og langtidsarbejdsløse. 800-3.200 ISK for 67-69 år uden eller med mindre pension. Der er ingen egenbetaling for børn under 18 år	Varierende.
Norge	Ja	Konsultasjon hos allmennlege: NOK 136 NOK (dag) NOK 229 (kveld) hos specialist: NOK 180 (dag) NOK 269 (kveld)	Ingen egenandel for barn under 16 år	Ca. 35 pct.
Sverige	Nej	100- 300 SEK	Ja	..

Reimbursement for pharmaceutical products

DENMARK: There are no fixed percentages for reimbursement of fees for pharmaceutical products in Denmark, since reimbursement depends on the amount of pharmaceutical products used by the individual patient. The percentage of reimbursement increases proportionally with the patient's use of pharmaceutical products.

Reimbursable pharmaceutical products are products with a documented and valuable therapeutic effect for a clear indication, where the price of the pharmaceutical product is reasonable in relation to its therapeutic value.

An individually assessed subsidy may be granted by submitting an application through one's own doctor to the Danish Medicines Agency.

The Danish Medicines Agency determines a reference price for each group of pharmaceutical products covered by the reference price system. The reference price forms the basis for calculating the subsidy.

The subsidy is calculated on the basis of the reference price of each packet. Thus, the subsidy cannot be higher than the actual cost of the pharmaceutical product. There are no changes to subsidy based on need.

The aim of the system is that physicians and dentists shall choose the cheapest product on the market (substitution). In special cases, the physician or dentist can choose not to substitute, if he or she finds that substitution by the pharmacy is not appropriate.

Tilskud til lægemidler

DANMARK: Tilskuddene i Danmark er ikke forsynet med en fast procentsats, da tilskuddet afhænger af størrelsen af den enkelte patients lægemiddelforbrug. Procentsatsen stiger i takt med patientens lægemiddelforbrug.

Lægemidler med tilskud er lægemidler med en sikker og værdifuld terapeutisk effekt på en velafgrænset indikation, hvor lægemidlets pris står i rimelig forhold til dets behandlingsmæssige værdi.

Der kan opnås individuelt tilskud til lægemidler uden generelt tilskud ved at indsende ansøgning til Lægemiddelstyrelsen gennem egen læge.

Lægemiddelstyrelsen udarbejder en tilskudspris for hver af de lægemiddelgrupper, der er omfattet af tilskudsprissystemet. Tilskudsprisen er den pris, der lægges til grund for beregning af tilskud.

Beregningen af tilskud foretages ud fra den enkelte paknings tilskudspris. Der kan dog aldrig gives tilskud til mere end lægemidlets faktiske pris. Det behovsafhængige tilskud bevares uændret.

Systemet tilstræber, at lægen/tandlægen vælger det billigste produkt på markedet (substitution). Lægen/tandlægen kan i særlige tilfælde fravælge substitution, når denne finder at substitution på apoteket er uhensigtsmæssigt.

Current prices are determined for all pharmaceutical products on the market that have a marketing licence.

Since liberalization in October 2001 there are now more than 1 500 authorized agents for non-prescription pharmaceutical products for people or animals.

All authorized businesses, irrespective of the selection of pharmaceutical products which they sell, must follow the current regulations relating to storage and quality of pharmaceutical products, and the prohibition against self-service sale and sale to children under 15 years of age.

In addition, agents for non-prescription pharmaceutical products for people shall offer a basic selection of goods, determined by legislation. For certain non-prescription pharmaceutical products, such as drugs for pain relief, no more than one packet can be sold per customer per day.

A list of pharmaceutical products that can be sold outside pharmacies is to be found on the web site of the Danish Medicines Agency:
www.laegemiddelstyrelsen.dk.

FAROE ISLANDS: Part of the cost of pharmaceutical products is covered by health insurance contributions, and part is covered by patient contributions. Pensioners are reimbursed user charges exceeding a certain amount. The same applies to people who have been granted pharmaceutical products in accordance with the Social Security Act.

GREENLAND: All pharmaceutical products are distributed through the health

Der udarbejdes løbende en specialitetstakst, som omfatter priser på alle markedsførte farmaceutiske specialiteter.

Siden liberaliseringen i oktober 2001 findes der i Danmark nu mere end 1.500 godkendte forhandlere af ikke apoteksforbeholdte håndkøbslægemidler til mennesker og/eller dyr.

Fælles for de godkendte forretninger uanset sortiment af lægemidler er, at de skal respektere gældende regler vedrørende opbevaring og kvalitet samt forbud mod selvvalg og salg til børn under 15 år.

Forhandlere af håndkøbsmedicin til mennesker skal desuden være i besiddelse af et basissortiment fastsat ved lov. Af visse håndkøbslægemidler, f.eks. smertestillende, må der max. sælges én pakning pr. kunde pr. dag.

Lister over lægemidler, der må forhandles uden for apotek, er tilgængelig på Lægemiddelstyrelsens hjemmeside www.laegemiddelstyrelsen.dk.

FÆRØERNE: En del af medicinudgifterne dækkes af sygekassekontingent og en del af brugerbetaling. Pensionister får refunderet brugerbetalingen over et vist beløb. Medicin kan desuden bevilges efter forsøgsloven.

GRØNLAND: Al medicin distribueres gennem sundhedsvæsenet, bortset fra hånd-

RESOURCES

service except for certain non-prescription pharmaceutical products. These are available, to a very limited degree, from certain general stores. Non-prescription pharmaceutical products are distributed to a varying degree by district health services. Pharmaceuticals distributed by the health services are free.

FINLAND AND ÅLAND: There are three payment categories (42, 72 and 100 per cent) for prescription pharmaceutical products, and reimbursement is calculated separately for each purchase and for each category. However, there is a user charge of EUR 3 for pharmaceutical products with 100 per cent reimbursement.

Some new and expensive drugs (e.g. for dementia and multiple sclerosis), in special cases, are paid for by the hospital or municipality. New drugs are not automatically covered by the reimbursement scheme and many drugs are marketed without any reimbursement. Health economists have gained more and more influence in relation to which products should be reimbursed.

In addition to reimbursement for medicines, reimbursement can also be given for diet for some treatment-intensive diseases and for ointments used in the treatment of chronic skin diseases.

As a main rule, the health insurance scheme reimburses expenditure on prescription pharmaceutical products exceeding EUR 675.39 in the course of one calendar year.

ICELAND: Pharmaceutical products for the treatment of certain diseases are paid for

købsmedicin der i stærkt begrænset omfang forhandles fra enkelte dagligvarebutikker. Håndkøbsmedicin udleveres i varierende grad fra sundhedsvæsenet i distrikterne. Medicin udleveret via sundhedsvæsenet er gratis.

FINLAND OCH ÅLAND: Det finns tre ersättningsklasser (42, 72 och 100 procent) för receptbelagda läkemedel, och ersättningen beräknas separat för varje inköp och kategori. För läkemedel som ersätts till fullt belopp betalar klienten dock alltid 3 euro.

I särskilda fall betalar sjukhuset eller kommunen för vissa nya och dyra läkemedel (t.ex. för demens och multipel skleros). Nya läkemedel ingår inte automatiskt i ersättningssystemet och många läkemedel marknadsförs utan ersättningar. Hälsoekonomer har fått ett allt större inflytande över vilka produkter som ska ersättas.

Utöver läkemedelsersättningar kan ersättning även ges för specialdiet när det gäller vissa behandlingskrävande sjukdomar samt för salvor som behövs vid behandlingen av kroniska hudsjukdomar.

Allmänt taget ersätter sjukförsäkringen utgifter för receptbelagda läkemedel som överskrider en summa om 675,39 euro under ett kalenderår.

ISLAND: Lægemedler til behandling af visse sygdomme betales fuldt ud af sygefor-

entirely by the health insurance scheme. For other types of pharmaceutical products, patients pay the full cost themselves.

In special cases, reimbursement by the health insurance scheme may be higher, so that the patient contribution is lower than shown in the overview.

There is a reference price system. For generic drugs of the same type, strength and package size, the reimbursement is calculated in relation to the maximum reference price, i.e. the lowest priced generic product. The present reference price list covers about 24 per cent of registered drug products.

NORWAY: There are two types of reimbursement schemes for pharmaceutical products: reimbursement authorized in advance (blue prescription) and partial reimbursement with contribution (white prescription).

Blue prescription: Most pharmaceutical products are reimbursed according to a system based on diagnoses and approved pharmaceutical products prescribed by a physician.

The user charge for pharmaceutical products on blue prescription is 38 per cent of the cost, up to a maximum of NOK 520 per prescription up to a quantity corresponding to 3 months use.

White prescription: Normally the patient pays the full cost of pharmaceutical products on a white prescription. In some cases the cost can be partially reimbursed through the reimbursement scheme. The patient pays the full cost of the pharmaceutical product at the pharmacy. When the cost has reached a max-

sikringen. For andre typer af medicin betaler patienterne selv det fulde beløb.

I særlige, individuelle tilfælde kan refusionen fra sygesikringen være højere og egenbetalingen dermed lavere end det fremgår af oversigten.

Der findes desuden et referenceprissystem. For synonympræparater med samme form, styrke og forpakning, beregnes tilskuddet i forhold til den maksimale referencepris, forstået som den laveste pris på synonympræparatet. Den nuværende referenceprisliste dækker ca. 24 pct. af de registrerede lægemidler.

NORGE: Det fins to typer refusionsordninger for legemidler: forhåndsgodkjent refusjon (blå resept) og delvis dekning ved bidrag (hvit resept).

Blå resept: Utgifter til de fleste legemidlene refunderes etter et system basert på diagnoser og godkjente preparater foreskrevet av en lege.

Egenandel ved kjøp av legemidler/ medisinsk utstyr på blå resept er 38 prosent av reseptbeløpet, men ikke mer enn NOK 520 per utlevering av et kvantum svarende til tre måneders forbruk.

Hvit resept: Vanligvis betaler pasienten full pris for legemidler på hvit resept. I noen tilfeller kan utgifter til medisiner på hvit resept bli delvis dekket gjennom bidragsordningen. Pasienten betaler full pris for medisinerne ved uthenting på apoteket. Når utgiftene overstiger

RESOURCES

imum amount, the patient can apply to have further costs reimbursed.

The National Insurance Scheme covers 90 per cent of expenses that exceed the maximum limit.

The maximum limit for partial reimbursement is NOK 1 600.

SWEDEN: Certain pharmaceutical products are included in the cost ceiling arrangement. This means that part of the cost of the pharmaceutical product is refunded by the state through taxation. The Dental and Pharmaceutical Benefits Agency (TLV) is a state authority whose remit is to determine which medicinal products, disposable items and dental treatment shall be included in the cost ceiling arrangement. Different types of pharmaceutical products are included in the cost ceiling arrangement, including disposable items and contraceptives.

According to the legislation, pharmacies have a duty to substitute pharmaceutical products with cheaper generic alternatives. Generic alternatives are pharmaceutical products that have been approved by the Medical Products Agency as having the same function, quality and safety as the original pharmaceutical product.

grensen for bidrag, kan pasienten søke om dekning.

Folketrygden dekker 90 prosent av de utgiftene som overstiger grensen.

Grensen for ordinært bidrag er NOK 1 600.

SVERIGE: En del läkemedel ingår i högkostnadsskyddet, vilket att läkemedlet är subventionerat via skattemedel och att staten betalar en del av kostnaden. Tandvårds- och läkemedelsförmånsverket (TLV) är den myndighet som prövar om ett läkemedel, en förbrukningsartikel eller en tandvårdsbehandling som ska omfattas av högkostnadsskyddet. I högkostnadsskyddet ingår läkemedel av olika slag, men även förbrukningsartiklar, preventivmedel och annat. Dessutom ingår vissa receptfria läkemedel i högkostnadsskyddet.

Apoteken är enligt lag skyldiga att byta ut ett förskrivet läkemedel mot billigare kopior, s k generika. Generiska läkemedel är läkemedel vilka Läkemedelsverket har bedömt som medicinskt utbytbara läkemedel med samma funktion, kvalitet och säkerhet som ett originalläkemedel.

User charges for pharmaceutical products

	Are there consistent rules for the whole country?	Size of user charge	Deviations	User charge in relation to total cost of pharmaceutical products
Denmark	Yes	Reimbursement in relation to the level of the patient's consumption of drugs in the primary sector	No	..
Faroe Islands	Yes	..	No	..
Greenland	Yes	-	No	-
Finland	Yes	58 per cent of the cost	For certain diseases 3 EUR or 28 per cent of the cost (disease specific)	44 per cent
Åland	Yes	As in Finland	As in Finland	-
Iceland	Yes	ISK 2200 + 65/80 per cent of the remaining cost, but max. ISK 4 200/6 200	Pensioners, children, unemployed and disabled: ISK 800 + 50 per cent of the remaining cost, but max. ISK 1 350/1 700	Approx. 37 per cent
Norway	Yes	38 % of the cost, maximum NOK 520 per prescription	No user charge for children below 16 years	..
Sweden	Yes	SEK 0-1 800	-	..

Egenbetaling for lægemidler

	Er der ensartede regler i hele landet?	Egenbetalingens størrelse	Afvigelser	Egenbetalingens andel af de samlede udgifter til lægemidler
Danmark	Ja	Tilskud afhængig af størrelsen af den enkelte patients lægemiddelforbrug i primærsektoren	Nej	..
Færøerne	Ja	..	Nej	..
Grønland	Ja	-	Nej	-
Finland	Ja	58 pct. af beløbet	Ved visse sygdomme betales 3 EUR eller 28 pct. af beløbet (sygdomsspecifikt)	44 pct.
Åland	Ja	Som i Finland	Som i Finland	-
Island	Ja	2.200 ISK + 65/80 pct. af den resterende pris, dog højst / ISK 4.200/6.200	Pensionister, børn, arbejdsløse og handicappede: ISK 800 + 50 pct. af den resterende pris, dog højst 1.350/1.700 ISK	Ca. 37 pct.
Norge	Ja	38 % av prisen, maks. NOK 520 pr. recept	Ingen egenbetaling for barn under 16 år	..
Sverige	Ja	0-1.800 SEK	-	..

RESOURCES

User charges, ie. the part of the cost paid for by the patient, are as follows:

- the whole cost up to SEK 900
- 50 percent of the cost in the range SEK 900-1 700
- 25 per cent of the cost in the range SEK 1 700-3 300
- 10 per cent of the cost in the range SEK 3 300-4 300
- 0 per cent of costs exceeding SEK 4 300.

When the patient has paid a total of SEK 1 800 in a 12-month period, the patient receives pharmaceutical products and disposable items free of charge for the rest of the period.

Egenavgiften, den del av kostnaden som patienten betalar, fördelas på följande sätt:

- hela kostnaden upp till 900 SEK
- 50 pct. av kostnaden i intervallet 900–1 700 SEK
- 25 pct. av kostnaden i intervallet 1 700–3 300 SEK
- 10 pct. av kostnaden i intervallet 3 300–4 300 SEK
- 0 pct. av kostnaden som överstiger 4 300 SEK

När patienten sammanlagt har betalt 1 800 SEK under en 12-månadersperiod får patienten läkemedel och andra för-
månsberättigade varor kostnadsfritt under resten av den perioden.

Treatment in hospitals

As shown in the overview, there are no user charges for hospitalization in Denmark, the Faroe Islands, Greenland, Iceland and Norway. In Iceland and Norway, however, there is a charge for specialist outpatient treatment in hospitals, see the section on consultations with a physician. There are private hospitals in most of the Nordic countries, which provide all or some of their services for the public health service, but according to somewhat different regulations in the different countries.

FINLAND AND ÅLAND: Patients pay a charge for admission to hospitals and health centres: EUR 32.50 (Åland EUR 27), and psychiatric departments:

Behandlinger ved sygehuse

Som det fremgår af skemaet er der ingen brugerbetaling for sygehusophold i Danmark, på Færøerne, i Grønland, Island og Norge. Dog betales der i Island, Norge og til dels Danmark for ambulant specialistbehandling ved hospitaler, jvf. afsnittet om lægebesøg. Der findes private hospitaler i de fleste af de nordiske lande, som arbejder helt eller delvist for det offentlige, men efter noget forskellige regler fra land til land.

FINLAND OG ÅLAND: Patienterna betalar en avgift om 32,50 euro (Åland 27 euro) för intagning vid sjukhus och hälsovårdscentraler, och 15 euro (Åland 14 euro)

EUR 15 (Åland 14). The charge for rehabilitation is EUR 11.30 per treatment day and the maximum user charge for day surgery is EUR 89.90 (Åland EUR 54) plus EUR 32.50, if the patient has to stay overnight. A series of treatment costs EUR 7.5 per visit (Åland EUR 8) (max. 45 times per year).

SWEDEN: To a large extent, the county authorities and the municipalities can decide themselves about patient charges for a visit to the doctor and for other health services. For a hospital stay, there is a charge per day of a maximum of SEK 80. The amount varies in different counties from SEK 0-80, depending on the patient's income, age and length of stay.

Most county authorities have no user charges for inpatient treatment in hospitals for persons under 20 years of age.

vid psykiatriska avdelningar. Rehabiliteringsavgiften är 11,30 euro per behandlingsdag och högsta avgiften för dagkirurgi är 89,90 euro (Åland 54 euro), med ett tillägg på 32,50 euro om patienten behöver tas in över natten. En serie behandlingar kostar 7,50 euro per besök (Åland 8 euro) (högst 45 gånger per år).

SVERIGE: Landstingen och kommunerna kan i stort sett själva bestämma vilka avgifter man ska betala vid läkarbesök och andra tjänster i vården. När man är inlagd på sjukhus betalar man en dygnsavgift som enligt lag får vara högst 80 SEK. Beloppet varierar i olika landsting, mellan 0 och 80 SEK, beroende på anpassning av avgiften till patientens inkomst, ålder och vårdtid.

I de flesta landsting är sluten vård på sjukhus kostnadsfri för personer under 20 år.

RESOURCES

User charges for hospitalization

	Are there consistent rules for the whole country?	Size of user charge	Deviations	User charges in relation to total cost of hospitalization
Denmark	Yes	-	No	-
Faroe Islands	Yes	-	No	-
Greenland	Yes	-	No	-
Finland	Yes	EUR 32.50 per day in overnight care for day surgery EUR 89.90	Payment for long-term stay according to means. For children 0–17 years max. 7 days	7 per cent
Åland	Yes	EUR 27 EUR 14 for psychiatric wards EUR 54 for day surgery	Payment for long-term stay according to means	..
Iceland	Yes	-	No	-
Norway	Yes	-	No	-
Sweden	No	SEK 0-80 per day	.Regions decide charges	..

Egenbetaling for indlæggelse på sygehus

	Er der ensartede regler i hele landet?	Egenbetalingens størrelse	Afvielser	Egenbetalingens andel af de samlede udgifter til indlæggelse på sygehus
Danmark	Ja	-	Nej	-
Færøerne	Ja	-	Nej	-
Grønland	Ja	-	Nej	-
Finland	Ja	32,50 EUR per dag for overnatning og for dagkirurgi 89,90 EUR	Betaling for langtidsophold efter betalingsevne, for børn 0– 17 år dog max. i 7 dage	7 pct.
Åland	Ja	27 euro, 14 euro på psykiatrisk afdeling och 54 euro för dagkirurgi.	Betaling for langtidsophold efter betalingsevne	..
Island	Ja	-	Nej	-
Norge	Ja	-	Nej	-
Sverige	Nej	0-80 SEK/dag	Landstingen och regioner beslutar vilka belopp som gäller	..

Reimbursement for dental treatment

In all countries part of the cost of dental treatment is refunded in the following cases: dental treatment that is necessary to prevent serious complications due to infection in the teeth and periodontium, for immuno-compromised patients, such as patients with leukaemia or head and neck cancer, patients waiting for a transplant, patients who need bone marrow transplants, and patient groups with similar problems.

DENMARK: Reimbursement is provided by the public health insurance scheme. Adults typically pay 60 per cent of the agreed fees. No subsidy is granted for dentures.

Municipal and regional dental services are regulated by health legislation.

In addition, approximately 1.9 million Danes are covered by a private insurance scheme. Some schemes provide subsidies for dental treatment.

Children and young people below 18 years of age receive free municipal dental care including orthodontic treatment. Children below 16 years of age, who wish to have treatment that is not provided free of charge by the municipal council, may – by paying a user charge – choose to be treated in a private clinic of their own choice or at a public dental clinic in another municipality. Elderly people who live in a nursing home or in their own home with technical aids are offered dental care for which from 1 January 2010 there is a maximum annu-

Tilskud til tandbehandling

I alle lande bliver en del af udgifterne til tandbehandling som er nødvendige for at forebygge alvorlige komplikationer i forbindelse med infektioner i tænder og mundhuler for patienter med nedsat immunforsvar, eksempelvis patienter med leukæmi, cancer i ansigtet der venter på transplantation og patienter der har behov for benmarvs transplantation og patientgrupper der kan sammenlignes med disse, får også refunderet deres udgifter.

DANMARK: Tilskuddet til tandbehandling gives fra den offentlige sygesikring. Voksne betaler typisk 60 pct. af de overenskomst-fastsatte betalingstakster. Der ydes ikke tilskud til tandprotektik.

Kommunal og regional tandpleje gives efter reglerne i sundhedsloven.

Derudover er ca. 1,9 millioner danskere dækket af en privat forsikringsordning som – afhængig af dækningsgrad og forsikringspræmie – giver tilskud til egenbetaling for tandlægehjælp.

Der er vederlagsfri kommunal tandpleje, herunder tandregulering, for børn og unge under 18 år. Børn under 16 år, der ønsker et andet behandlingstilbud end det, kommunalbestyrelsen vederlagsfrit stiller til rådighed, kan – mod en vis grad af egenbetaling – vælge at modtage kommunal tandpleje i privat tandlægepraksis efter eget valg eller ved en anden kommunes tandklinik. Ældre personer, der bor på plejehjem eller i eget hjem med mange hjælpeforanstaltninger, tilbydes omsorgstandpleje, for hvilken der fra 1. januar

RESOURCES

al charge of DKK 1 680. In addition, the municipalities provide a subsidy for dentures in cases of impaired function or disfigurement resulting from damage caused by accidents.

The municipality offers specialist dental treatment to persons, who because of psychiatric illness or mental handicap, cannot use the existing dental services for children and young people, for adults, or for people needing special care. For these services, the region, from 1 January 2010, charges the patient a maximum of DKK 1 680 per year.

The region offers specialized dental care (regional dental service) or highly specialized dental care (in dental research centres) to children and young people with dental conditions that would lead to a permanent functional reduction if left untreated.

In addition, the region grants a special reimbursement for dental care for cancer patients, who either due to radiation of the head and neck or due to chemotherapy suffer from considerable documented dental problems, and to persons who due to Sjögrens syndrome suffer from considerable documented dental problems. From 1 January 2011, for these services the region can demand a user payment of a maximum of DKK 1 680 annually. Finally, the region provides highly specialized dental advice, examination and treatment (in dental research centres) for patients with rare diseases and handicaps, for whom the underlying disease can lead to special problems with their teeth, mouth or jaws.

2011 maksimalt opkræves 1.680 DKK pr. år. Kommunen yder derudover støtte til tandproteser i tilfælde af funktionelt ødelæggende eller vansirende følger af ulykkesbetingede skader.

Kommunen tilbyder specialiseret tandpleje til personer, der på grund af sindslidelser eller psykisk udviklingshæmning, ikke kan udnytte de eksisterende tandplejetilbud i børne- og ungdomstandplejen, voksentandplejen eller i omsorgstandplejen. For disse ydelser kan kommunen fra 1. januar 2011 opkræve en egenbetaling på 1.680 DKK årligt.

Regionen tilbyder specialiseret tandpleje (regionstandpleje) eller højt specialiseret tandpleje (i odontologisk landsdels- og videnscenter) til børn og unge med odontologiske lidelser, der ubehandlede medfører varig funktionsnedsættelse.

Regionen yder herudover et særligt tilskud til tandpleje for kræftpatienter, der enten på grund af strålebehandling i hoved og hals-region eller på grund af kemoterapi har betydelige dokumenterede tandproblemer samt til personer, der på grund af Sjögrens Syndrom har betydelige dokumenterede tandproblemer. For disse ydelser kan amtet fra 1. januar 2011 opkræve en egenbetaling på maksimalt 1.680 DKK årligt. Endelig yder regionen højt specialiseret odontologisk rådgivning, udredning og behandling (i odontologisk landsdels- og videnscenter) af patienter med sjældne sygdomme og handicap, hos hvem den tilgrundliggende tilstand giver anledning til specielle problemer i tænder, mund og kæbe.

Oral and maxillofacial surgery is carried out in the hospitals and is paid for by the regions in accordance with health legislation.

In addition to the general rules outlined above, the municipalities can provide support for necessary dental treatment in accordance with the legislation relating to social services.

FAROE ISLANDS: Dental treatment is mainly provided by private dentists. Payment is therefore partly private, and partly subsidized by the health insurance scheme. The subsidy amounts to about half of the total cost of dental treatment for adults.

The municipalities provide a free dental service for children up to the age of 16. This service also provides special dental care, such as orthodontic treatment.

Reimbursement of expenses for treatment of congenital diseases or disease-related dental conditions can be claimed according to social legislation.

GREENLAND: All public dental care is free of charge. There is limited access to private dentists. All private dental treatment is paid for by the patient.

FINLAND: There is a basic fee of EUR 7.50 per visit for dental treatment at a health centre, 9.60 EUR per visit to a dentist, and 13.90 EUR for a visit to a specialist at a health centre. In addition to this, user fees of EUR 6.30–162.40 can be charged, dependent on the type of treatment provided.

The health insurance scheme reimburses 60 per cent of the treatment costs within the rates fixed by the Social Insurance

Tand-, mund- og kæbekirurgisk behandling udføres på sygehusene og betales af regionerne efter sundhedsloven.

Ud over ovennævnte generelle regler kan kommunerne yde støtte til nødvendig tandbehandling i henhold til den sociale lovgivning.

FÆRØERNE: Tandbehandlingen foregår hovedsageligt hos privatpraktiserende tandlæger. Betalingen herfor er delvis privat og delvis tilskud (ca. halvdelen) fra sygekassen.

Der findes i kommunalt regi en gratis skoletandplejeordning til børn under 16 år. Denne ordning omfatter også specialtandpleje, så som tandretning.

Til behandling af medfødte eller sygdomsforårsagende tandlidelser, kan der søges om dækning af udgifterne over sociallovgivningen.

GRØNLAND: Al offentlig tandpleje er gratis. Der er begrænset adgang til privat tandlæge med fuld selvbetaling.

FINLAND: För tandvård vid hälsovårdscentral betalas ett grundbelopp om 7,50 euro per besök, 9,60 euro per tandläkarbesök och 13,90 euro per specialtandläkarbesök. Utöver detta kan avgifter mellan 6,30–162,40 euro tas ut beroende på hurdan behandling det är fråga om.

Sjukförsäkringen ersätter 60 procent av den taxa för privata tandläkararvoden som fastställts av Folkpensionsanstalten

RESOURCES

Institution for one annual dental examination in the private dental service. Orthodontic treatment is only reimbursed if the treatment is necessary to prevent other illnesses. Expenditure on dentures and dental laboratory costs are not included in the reimbursement scheme.

Expenses for laboratory and X-ray examinations ordered by a dentist are refundable. Expenses for drugs prescribed by a dentist and travelling costs to visit a dentist, are refundable under the same terms as for medical prescriptions and travelling costs to visit a physician.

ÅLAND: All public dental treatment for persons under 19 years of age is free of charge. For others, the cost of a dental visit is EUR 10 with additional standard fees for items of treatment and examinations. The patient pays the actual cost of orthodontic treatment and prosthetic treatment. The same rules as in Finland apply for treatment with private dentists.

ICELAND: The national dental health insurance system in Iceland pays according to a public fee schedule set by the Minister of Health. These fees are generally different from the fees used by private dental practitioners, since private dentists in Iceland are allowed to set their own fees.

The national dental health insurance scheme offers partial reimbursement of the cost of dental treatment for children under 18 and adults aged 67 years or older. According to a special contract between the state and private dentists 3-year-old and 6-year-old children get an oral examination, fluoride varnish and

för en årlig tandläkarundersökning inom den privata tandvården. Ersättning för tandreglering beviljas endast i det fall att behandlingen anses nödvändig för att förebygga andra sjukdomar. Kostnader för tandproteser och laboratoriekostnader ingår inte i ersättningssystemet.

Kostnader för laboratorie- och röntgenundersökningar som ordinerar av en tandläkare är ersättningsgilla. Kostnader för läkemedel som ordinerar av tandläkare och för resekostnader vid tandläkarbesök kan ersättas på samma villkor som läkemedel ordinerade av läkare och resekostnader vid läkarbesök.

ÅLAND: Den offentliga tandvården är avgiftsfri för personer under 19 år. För övriga är besöksavgiften 10 EUR samt särskilda avgifter för undersökningar och behandlingar. För tandreglering och proteser betalas de faktiska kostnaderna. Vid besök hos privata tandläkare gäller samma regler som i Finland.

ISLAND: Sygeforsikringen i Island betaler med en takst for tandbehandling som er bestemt af sundhedsministeren. Den takst er sædvanligvis forskellig fra den takst som de private tandlæger bruger, fordi de har lov til at fastsætte deres egen pris.

Sygeforsikringen yder refusion til en del af tandbehandling for børn under 18 år og pensionister 67 år og ældre. I forbindelse med en særlig overenskomst mellem staten og de private tandlæger kan 3 og 6 årige børn få tandundersøgelse, flourbehandling og forebyggende vejledning uden egenbetaling. 12 årige har de samme

prophylaxis with oral hygiene instruction for a set fee, which is fully reimbursed. 12-year-old children get the same, plus an x-ray examination if indicated.

For children under 18, 75 per cent (according to the public fee schedule) of the cost of most dental treatment is reimbursed, with the exception of gold crowns, bridges and orthodontic treatment.

The cost of orthodontic treatment can be reimbursed up to ISK 150 000 according to special rules. People with chronic illnesses, old-age pensioners and disability pensioners also have their costs covered in full or in part.

For this group, 50, 75 or 100 per cent of the cost (according to the public fee schedule) of dental treatment may be covered. Full dentures and partial dentures are covered. Gold and porcelain crowns or bridges and implants can be reimbursed up to ISK 80 000 per year.

The cost of implants for use with attachments under dentures is partially reimbursed for pensioners who cannot use full dentures due to ridge resorption or other problems.

95 per cent of the cost of dental treatment (including orthodontic treatment) for congenital malformations and serious abnormalities such as cleft palate and aplasia, and the cost of dental treatment necessary because of accidents and illness, is reimbursed, according to special rules.

Dental treatment is not subsidized for the rest of the population. No private dental insurance is available either.

muligheder inklusiv røntgen undersøgelser hvis der er indication.

For børn yngre end 18, ydes der 75 pct. (af sygeforsikringens takst) til deres tandbehandling bortset fra guld- og porcelænskroner, broer og tandregulering.

Tandregulering kan refunderes med op til 150.000 ISK med specielle regler. Langtidssyge samt alders- og invalidepensionister får ligeledes dækket deres udgifter helt eller delvist.

Der kan til denne gruppe ydes 50, 75 eller 100 pct. dækning af udgifterne til tandbehandling (af sygeforsikringens takst). Helproteser og delproteser er dækket. Guld- og porcelænskroner eller broer og implantater kan refunderes med op til 80.000 ISK per år.

Implantater er også inkluderet for dem som ikke kan bruge en helprotese. Der ydes delvis tilskud til pensionister som ikke kan anvende helprotese på grund af dårlig resorbering eller andre problemer.

For behandling (inkl. ortodonti) af medfødte misdannelser, større anomalier som fx ganespalte, samt for apasier, ulykker og sygdom betales 95 per cent af udgifterne efter særlige regler.

Der ydes ikke tilskud til tandbehandling for den øvrige del af befolkningen. Der findes heller ikke privat forsikring for tandbehandling.

RESOURCES

NORWAY: Most people pay the cost of dental treatment themselves.

Adults over 20 years of age normally pay for their own dental treatment.

When dental treatment is needed because of several defined diseases/conditions /injuries, the patient can receive reimbursement/benefit from the National Insurance Scheme.

The public dental service offers free treatment to the following groups:

- children and young people under the age of 18 years
- people with mental disabilities
- elderly people, people with chronic illnesses and disabled people who are either living in institutions or who receive home nursing services
- other groups of people with special needs, e.g. people in prison

Adolescents 19-20 years of age receive subsidized dental care. The county authorities cover a minimum of 75 per cent of the cost of dental treatment for this group.

The National Insurance Scheme covers part of the cost of necessary orthodontic treatment for children up to the age of 18.

SWEDEN: According to the Act relating to dental services, children and young people have the right to regular and comprehensive dental care until the calendar year in which they reach 19 years of age.

NORGE: De fleste må betale utgiftene til tannbehandling selv.

Voksne over 20 år betaler normalt selv for tannbehandling.

Når behovet for tannbehandling skyldes én av flere definerte sykdommer/ tilstander/skader, kan pasienten få stønad/trygd/støtte fra folketrygden.

Den offentlige tannhelsetjenesten tilbyr gratis behandling til følgende grupper:

- barn og ungdom fra fødsel til og med det året de fyller 18 år
- psykisk utviklingshemmede
- eldre, langtidssyke og uføre i institusjon og hjemmesykepleie
- andre grupper med spesielle behov, f.eks. fengselsinnsatte

Ungdom 19-20 år får subsidiert tannbehandling. Fylkeskommunen dekker minst 75 prosent av utgiftene til tannbehandling for denne gruppen.

Folketrygden dekker deler av utgiftene til nødvendig tannregulering for barn under 18 år.

SVERIGE: Enligt tandvårdslagen har barn och ungdomar rätt till regelbunden och fullständig tandvård till och med det kalenderår de fyller 19 år.

Regular dental care means that young people under 20 years of age shall receive dental treatment so often that good oral health can be maintained. Comprehensive dental care means that young people under 20 years of age shall receive general dental care and specialist dental care.

People of 20 years of age and over have to pay for their dental treatment themselves. People between the ages of 20 and 29 receive a general subsidy in the form of a single grant from the Swedish Social Insurance Agency of SEK 600 every other year. People between the ages of 30 and 75 receive a grant of SEK 300 every other year, and people over 75 receive a grant of SEK 600 every other year.

All adults are also included in the cost ceiling arrangement. This means that patients pay 50 per cent of the cost between SEK 3 000 and SEK 15 000, and 15 per cent of the cost for expenses above this amount.

Adults mainly have to pay for their dental treatment themselves. However, some people with specific illnesses, elderly people and people with functional disabilities, have the right to receive reimbursements for dental treatment from the county authorities. This includes reimbursement for preventive care, necessary treatment, dental treatment that is part of the treatment of a disease, and dental aids.

Apart from providing free dental treatment for children and young people, the county authorities have responsibility for: oral surgery in hospitals, dental treatment that is part of the treatment of a disease, and dental treatment for people who have difficulty in maintaining their own oral health. Special regulations for reimbursement of dental expenses apply for these groups.

Regelbunden behandling innebär att den som är under 20 år ska ges tandvård så ofta att en god tandhälsa kan upprätthållas. Fullständig behandling innebär att den som är under 20 år ska erbjudas både allmän tandvård och specialisttandvård.

Från det du fyller 20 får du betala för tandvården. Mellan 20 och 29 års ålder får man ett allmänt tandvårdsbidrag i form av ett tillgodohavande hos Försäkringskassan på 600 SEK varannat år. För patienter mellan 30 och 75 års ålder gäller 300 SEK varannat år och efter 75 år gäller 600 kr varannat år.

Alla vuxna omfattas också av ett högkostnadsskydd. Det innebär att du betalar 50 procent av kostnader mellan 3 000 och 15 000 SEK och 15 procent av kostnader därutöver.

Vuxna får till stor del bekosta sin egen tandvård själva. En del sjuka, äldre eller personer med funktionsnedsättningar har dock rätt till ekonomiskt stöd för tandvård från landstinget. Stödet omfattar uppsökande verksamhet, nödvändig tandvård, tandvård som led i sjukdomsbehandling och tandvårdshjälpmedel.

Ut över gratis tandvård till barn och unga har landstingen och regionerna ansvaret för: kirurgisk tandvård vid sjukhus, tandvård som är ett led i en sjukdomsbehandling och för personer som har svårt att själv klara sin tandvård. För dessa grupper gäller särskilda regler för tandvårdsavgiften.

Maximum charges

DENMARK AND GREENLAND: There are no rules for maximum user charges, with the exception of pharmaceutical products and dental treatment in Denmark (see the section on reimbursement for dental treatment).

FAROE ISLANDS: Apart from pharmaceutical products and dental treatment, there are no user charges in the Faroe Islands (see the sections on reimbursement for pharmaceutical products and reimbursement for dental treatment).

FINLAND: If the total cost of pharmaceutical products exceeds EUR 675.39 per year, or if travelling costs for treatment exceed EUR 157.25 per year, the Social Insurance Institution reimburses the excess costs.

If a person's ability to pay taxes is reduced because of sickness, a special tax relief may be granted. The amount of the tax relief is calculated on the basis of the person's and his/her family's ability to pay taxes.

User charges for a long-term stay in an institution or a hospital cannot exceed 85 per cent of a patient's/ resident's net income. However, a patient shall have at least EUR 97 per month for personal necessities. The same charge is payable in all kinds of institutions within the social and health care sectors.

The so-called user charge ceiling of EUR 633 is applied by the municipal social and welfare sectors. Once the ceiling for the present calendar year is exceeded, the user may generally utilize services

Maksimal egenbetaling

DANMARK OG GRØNLAND: Der findes ingen regler om maksimal egenbetaling med undtagelse for medicin og tandbehandling i Danmark (se afsnit om tilskud til tandbehandling).

FÆRØERNE: Bortset fra medicin og tandpleje er der ingen egenbetaling på Færøerne (se afsnit om tilskud til lægemidler og tilskud til tandbehandling).

FINLAND: Om de sammanlagda kostnaderna för läkemedel överstiger 675,39 euro per år eller om rese-kostnaderna i samband med behandling överstiger 157,25 euro, ersätter Folkpensionsanstalten den överstigande delen.

Om skattebetalningsförmågan är nedsatt på grund av sjukdom kan en särskild skattelättnad beviljas. Den beräknas utgående från personens och hans/hennes familjs skattebetalningsförmåga.

Patientavgiften för långvård på en institution eller ett sjukhus kan inte överstiga 85 procent av patientens nettoinkomst. En patient ska ha minst 97 euro per månad för personliga förnödenheter. Samma avgift gäller vid alla institutioner inom social- och hälsovården.

Inom den kommunala social- och hälsovården tillämpas ett så kallat avgiftstak på 633 EUR för klientavgifterna. Efter att avgiftstaket för det pågående kalenderåret har nåtts kan klienten vanligen utnyttja

free of charge. The ceiling applies to physician services in the primary health care sector, physio-therapy, outpatient treatment, day surgery and short-term stays in institutions in the social and health sectors. Dental care, patient transport, certificates, laboratory tests and radiological examinations requisitioned by private physicians must still be paid for. Income-regulated payments are not included in the maximum amount.

Payments made for children under 18 years of age are added to the amount paid by the person who has paid the costs.

ÅLAND: The rules for maximum user charges for medicines and transport to and from treatment are the same as in Finland.

The maximum user charge for primary health care and outpatient treatment is EUR 375 within one calendar year, after which there is no charge for the remainder of the year, with the exception of short-term stays in institutions/ hospitals, where the charge is reduced from EUR 27 per day to EUR 14 per day.

For children and young people under the age of 18 and people over the age of 65, the maximum amount for patient fees is EUR 120 per calendar year. After this amount has been reached all treatment for children and young people is free. The fee per day for a hospital stay for persons aged 65 years and older is reduced from EUR 27 to EUR 14.

As part of the maximum user charge, payment for outpatient treatment and services received outside the county are also included. Dental treatment, and x-ray and

tjänsterna avgiftsfritt. Avgiftstaket gäller läkartjänster inom primärvården, fysioterapi, polikliniska tjänster, dagkirurgi och kortvarig intagning vid institutioner inom social- och hälsovårdssektorn. Klienterna ska själva bekosta tandvård, patienttransporter, intyg, laboratorieprov och radiologiska undersökningar på remiss av privatläkare. Inkomstreglerade betalningar räknas inte med i maximibeloppet.

Betalningar för barn under 18 år adderas till den totala summa för den person som står för barnets kostnader.

ÅLAND: Reglerna för den maximala egenbetalningen för läkemedel och resekostnader är samma som i Finland.

Den maximala egenbetalningen under ett kalenderår är 375 EUR och när högkostnadsskyddet uppnåtts kan tjänsterna utnyttjas avgiftsfritt, med undantag för kortvarig sjukhusvård där avgiften reduceras från 27 EUR per dygn till 14 EUR per dygn.

För barn och ungdomar under 18 år, personer 65 år och äldre samt personer med sjukpension är den maximala egenbetalningen 120 EUR per kalenderår. Därefter är all behandling för barn och ungdomar avgiftsfri, medan dygnsavgiften för personer 65 år och äldre samt sjukpensionärer reduceras från 27 EUR till 14 EUR.

I den maximala egenbetalningen ingår även avgifter för öppenvård och behandlingar som erhållits utanför landskapet. Avgifter för tandvård,

RESOURCES

laboratory examinations are not included. User charges may be deducted from municipal tax.

ICELAND: Within the present system, user charges are reimbursed for people aged 18-70 years of age and unemployed people, if the costs exceed ISK 28 000 during one calendar year.

The same applies to children under 18 if charges exceed ISK 8 400.

User charges exceeding ISK 22 400 are reimbursed for people aged 67-69 who have either no pension or reduced pension.

User charges exceeding ISK 7 000 are reimbursed for the following groups: people age 60-70 who receive a full basic pension, pensioners aged 70 years and older, and disabled persons.

If there are one or more children under the age of 18 in one family, they count as one person in relation to the cost ceiling.

When the cost ceiling has been reached, an insured person receives a discount card, which guarantees full or partial reimbursement for the rest of the year, according to certain rules.

The cost ceiling scheme covers the following services: consultation with a general medical practitioner or a specialist, home visit by a physician, outpatient treatment in a hospital or a casualty department, and laboratory examinations and X-ray treatment. The scheme does not cover treatment for in vitro fertilization.

NORWAY: When a patient has paid user charges up to a certain amount, he or she

röntgen- och laboratorieundersökningar ingår inte. Avgifterna kan avdras i den kommunala beskattningen.

ISLAND: I det nuværende system refunderes egenbetalingen for personer i alderen 18-70 år og arbejdsløse, hvis den i løbet af ét kalenderår overstiger 28.000 ISK.

Det samme gælder for børn under 18 år hvis egenbetalingen overstiger 8.400 ISK.

For 67-69 årige uden eller med reduceret folkepension refunderes egenbetalinge hvis den overstiger 22.400 ISK.

For følgende grupper refunderes egenbetalingen hvis den overstiger 7.000 ISK pr. år: Pensionister 60-70 år med fuld grundpension, pensionister 70 år og ældre, og handicappede.

Hvis der er ét eller flere børn under 18 år i samme familie, regnes de som én person i forhold til udgiftsloftet.

Når udgiftsloftet er nået, vil den sikrede få tildelt et rabatkort, som indebærer fuld eller delvis refusion for egenbetalingen i resten af året efter visse nærmere fastsatte regler.

Ordningen om udgiftsloft omfatter følgende ydelser: Besøg hos alment praktiserende læge eller speciallæge, besøg af læge i hjemmet, ambulant behandling på hospitaler og skadestuer, samt laboratorieundersøgelser og røntgenbehandling. Ordningen omfatter ikke behandling for in vitro fertilisering.

NORGE: Når en pasient har betalt egenandeler opp til et visst beløp, får han

receives an exemption card. All further treatment is then free for the rest of the year.

There are two exemption card arrangements in Norway, exemption scheme 1 and exemption scheme 2. They cover different health services.

The following types of treatment and health services are included in exemption scheme 1:

- physician
- psychologist
- out-patient treatment
- x-ray examination
- travel costs
- pharmaceutical products (blue prescription)

The following types of treatment and health services are included in exemption scheme 2:

- examination and treatment by a physiotherapist
- certain types of dental treatment
- stays in approved training institutions
- Travel abroad for treatment under the auspices of Rikshospitalet University Hospital.

The cost ceiling was NOK 1 880 for exemption scheme 1 and NOK 2 560 for exemption scheme 2 in 2011.

SWEDEN: Special regulations apply for the cost ceiling arrangement for pharmaceutical products and health care.

eller hun frikort. Da slipper pasienten å betale egenandeler resten av kalenderåret.

Det finnes to frikortordninger, en for egenandelstak 1 og en for egenandelstak 2. De gjelder for ulike tjenester.

I frikortordningen for egenandelstak 1 inngår følgende behandling og helsetjenester:

- lege
- psykolog
- poliklinikk (sykehus)
- røntgeninstitutt
- pasientreiser
- medisiner og utstyr på blå resept

I frikortordningen for egenandelstak 2 inngår følgende behandling og helsetjenester:

- undersøkelse og behandling hos fysioterapeut
- enkelte former for tannsykdommer
- opphold ved offentlig godkjent opptreningsinstitusjon
- behandlingsreiser til utlandet i regi av Rikshospitalet HF

Egenandelstak 1 er NOK 1 880 og egenandelstak II er NOK 2 560 for 2011.

SVERIGE: Särskilda regler högkostnads-skydd finns för läkemedel och hälso- och sjukvård.

5.3 Health care expenditure

Development of health care expenditure

Health plays a central role in peoples' everyday life and is an issue that people are concerned about. Thus health is often a topic for debate, and health issues receive much attention in the press. Attention is particularly focussed on production of health services. Questions are asked about whether health services are adequate and about what health care costs society and individuals. The increasing cost of health care is an issue of concern in many countries. According to OECD, the reason for this concern is that health services are mainly publicly financed. Thus increasing health care expenditure is an extra burden on public budgets and, if priorities are not changed, this will lead to higher taxes for both citizens and companies.

In the Nordic countries, between 75 and 85 per cent of health care expenditure is publicly financed. In 2008, the level of public financing has been lowest in Finland.

Measured in relation to gross domestic product (GDP), health care expenditure has been relatively stable or has shown a slight increase during the second half of the 1990s and the beginning of this century. Health care expenditure represents between 8 and 9 per cent of GDP.

Table 5.3.3 shows health care expenditure per inhabitant, which was highest in Norway and lowest in Greenland.

5.3 Sundhedsudgifter

Udviklingen i sundhedsudgifterne

Sundhed angår folks hverdag og har en central placering i folks bevidsthed. Dermed bliver temaet til genstand for debat og sundhedsspørgsmål får en mere dominerende plads i pressen. Der sættes især fokus på det stigende pres på forbruget af sundhedsydelser. Der stilles spørgsmål om sundhedsvæsenet er tilstrækkelig og i forlængelse af dette stilles der spørgsmål om hvad sundhedsvæsenet koster det offentlige og den enkelte. Stigende sundhedsudgifter er årsag til bekymring i mange lande. I følge OECD er årsagen til dette at det offentlige finansierer største delen af udgifterne. Stigende sundhedsudgifter bliver derved en ekstra byrde på de offentlige budgetter og vil, hvis der ikke foretages en omprioritering i budgetterne, medføre at skattetrykket for både borgere og virksomheder stiger.

I de nordiske lande finansierer det offentlige mellem 75 og 85 procent af sundhedsudgifterne. I 2008 var det offentliges andel lavest i Finland.

Målt i forhold til bruttonationalproduktet (BNP) har sundhedsudgifterne været relativt stabile eller svagt stigende i den sidste halvdel af 1990'erne og i begyndelsen af det nye årtusind. Sundhedsudgifternes andel af BNP er mellem ca. 8 og 9 procent.

Tabel 5.3.3. viser sundhedsudgifterne per indbygger, som var højest i Norge og lavest på Grønland.

Changes in the recording of health care expenditure

Health care expenditure includes all expenditure, both private and public, on consumption or investment in health services etc. Expenditure can be financed both privately and publicly, including by households. Examples of health care expenditure by households are the cost of spectacles, orthopaedic items, pharmaceutical products, dental treatment, medical treatment, physiotherapy services and other health services. Other types of expenditure include national insurance or private insurance reimbursements for use of health services, and public expenditure (net) on hospitals and primary health services.

Public expenditure on preventive measures and administration of health services is included. Expenditure on running private hospitals that are not included in the public budget is also included.

Health care expenditure also includes part of the expenditure on nursing and care for elderly people and people with disabilities. According to international guidelines, this applies to the part of expenditure on nursing and care that can be specified as expenditure related to health. Services for elderly people and people with disabilities are often integrated, and it can be difficult to draw a clear demarcation between what should be defined as expenditure on health services and what should be defined as expenditure on social services. What is included as expenditure on health services can vary for the different countries.

Ændring af opgørelsesmetoden for sundhedsudgifterne

Udgifterne til sundhedsformål omfatter alle udgifter, både private og offentlige, der går til forbrug eller investeringer i sundhedsvæsenet m.v. Udgifterne kan finansieres både af offentlige og private kilder, inklusiv husholdningerne. Som sundhedsudgifter regnes eksempelvis husholdningernes køb af briller og ortopædisk udstyr, lægemidler, tandbehandling, lægebehandling, forbrug af fysioterapi og andre sundhedsydelser, samt det offentliges, eller forsikringernes refusion for brugen af sundhedsydelserne samt det offentliges udgifter (netto) til drift af sygehuse og det primære sundhedsvæsen m.v.

Det offentliges udgifter til forbyggende foranstaltninger samt administration af sundhedsvæsenet er ligeledes inkluderet. Det samme gælder udgifter til drift af private sygehuse m.v. som ligger uden for de offentlige budgetter.

Sundhedsudgifterne omfatter også dele af udgifterne til pleje og omsorg for ældre og funktionshæmmede. Ifølge internationale retningslinier gælder dette den del af pleje og omsorgsudgifterne der kan specificeres som udgifter til sundhedsformål. Ydelserne til ældre og funktionshæmmede er ofte integrerede og det kan være vanskeligt at sætte klare grænser for hvad der skal defineres som sundhedsudgifter og hvad der er udgifter til social omsorg. Dette kan være en kilde til forskellig afgrænsning af hvad der medtages som sundhedsudgifter i de enkelte lande.

RESOURCES

There will always be such problems when one compares statistics from several countries. This does not mean that comparisons are worthless, but one must be aware that some of the observed differences can be the result of different definitions and demarcations.

In order to ensure the best possible comparability of statistics, international organizations such as OECD, UN and EUROSTAT work on producing classifications, standards and definitions. For example, OECD have developed "A System of Health Accounts". This accounting system has been developed in order to meet the political needs for data, and also the needs of researchers in this area. The common framework that the system is built on will ensure that the comparability of data between countries and over time is as good as possible. The system is also developed to provide comparable statistics, independently of how health services are organized in the countries.

All the Nordic countries have implemented, or are in the process of implementing, OECD's system of health accounts, and the figures presented in this publication are based on this system. Not all the countries have come equally far in implementing the system, but at the aggregated level on which the data are presented here, the data are assessed as being comparable. However, the unsolved problems faced by the countries and the different solutions they have found, must be taken into account when interpreting the data. For example, the reason that per capita health care expenditure in Finland is 30 per cent lower than in the other countries, may be

Der vil altid komme sådanne problemer når man sammenligner statistik for flere lande. Dette betyder dog ikke at sammenligningen er værdiløs, men man må tage hensyn til nogle af de forskelle der observeres der kan skyldes forskellige definitioner og afgrænsninger.

For at sikre den bedst mulige sammenlignelighed, arbejder internationale organisationer som OECD, FN og EUROSTAT med at etablere klassifikationer, standarder og definitioner. OECD har blandt andet udviklet et system for sundhedsregnskab ("A System of Health Accounts"). Regnskabssystemet er udviklet for at møde politiske behov for data såvel behovet hos forskere på området. Den fælles ramme som systemet er bygget op på, vil sikre den bedst mulige sammenlignelighed af data mellem lande over tid. Systemet er også udviklet således at det giver sammenlignelige tal uafhængig af hvorledes sundhedsvæsenet er organiseret i landene.

Alle de nordiske lande har eller er i færd med at indføre OECD's system for sundhedsregnskab, og tallene i denne publikation baserer sig på dette system. Alle landene er ikke kommet lige langt i implementeringen af systemet, men på det aggregerede niveau som data præsenteres her, vurderes de at være sammenlignelige. Man må alligevel tage forbehold over for de vanskeligheder der står tilbage, og som landene måske har løst forskelligt. Der er blandt grund til at stille spørgsmålstegn ved om der er forskellige afgrænsninger af ældreområdet der gør at Finland har sundhedsudgifter per indbygger der rundt regnet er 30 pct. lavere end gennemsnittet i de andre

because the demarcation of what is included as health care expenditure on care of the elderly may be different from in the other countries. At the same time, Table 5.3.3 shows that health care expenditure per capita in Norway is substantially higher than in the other countries. It is important to be aware of the fact that OECD's system of health accounts and EUROSTAT's ESSPROS system are very different. Thus data on health care expenditure from these two sources are very different. EUROSTAT data are published by NOSOSCO in the publication *Social Protection in the Nordic Countries*.

ESSPROS includes all social arrangements, both public and private. The statistics include pension schemes, insurance schemes, humanitarian organizations and other charitable organizations. Insurance schemes are included if they are collective. This means that expenditure on health also includes sickness benefits (or salary paid during sickness) including sickness benefits paid by employers. These cash payments are not included in OECD's system, in which only expenditure on actual health services is included.

Developments in expenditure on medicinal products

Table 5.3.4 shows the total sales of pharmaceutical products according to ATC group for each of the Nordic countries 2009. In order to have a better basis for comparison, expenditure in Table 5.3.5 is presented in EUR per capita.

nordiske lande. Samtidig ser man i tabel 5.3.3 at Norge har udgifter per indbygger som ligger væsentlig højere end i de andre lande. Det er vigtigt at være klar over at OECD's sundhedsregnskabssystem og dermed data om sundhedsudgifter adskiller sig væsentlig fra sundhedsudgifter der publiceres af EUROSTAT efter ESSPROS - systemet og som også publiceres af NOSOSCO i publikationen *Social tryghed i de nordiske lande*.

ESSPROS omfatter alle sociale ordninger, enten de drives af offentlige eller private. Statistikken omfatter også pensjonskasser og fonde, forsikringer, humanitære organisationer og andre velgørende organisationer. Forsikringsordningerne er medtaget hvis de er kollektive. Det betyder at udgifter til sygdom også vil omfatte sygedagpenge (sygedagpenge eller løn under sygdom) herunder sygedagpenge betalt af arbejdsgiveren. Dette er kontantydelse som ikke medregnes som sundhedsudgifter i OECD's system, hvor det kun er udgifterne til den sundhedsmæssige service der er medtaget.

Udvikling i lægemiddeludgifter

I tabel 5.3.4 ses de samlede udgifter til lægemidler i de enkelte nordiske lande fordelt på ATC-hovedgrupper 2009. For at få et bedre sammenligningsgrundlag er udgifterne i tabel 5.3.5 omregnet til EUR per capita.

RESOURCES

The pharmaceutical products for which expenditure is high are largely the same in all the Nordic countries.

It is difficult to compare expenditure on pharmaceutical products in the hospital sector between countries, since hospitals pay very different prices for the same medicines, and prices are very different from prices in pharmacies in the primary health sector.

Measured in EUR per capita, expenditure on pharmaceutical products is considerably higher in Iceland and is lower in Greenland than in the other countries. The greatest difference in expenditure on pharmaceutical products is for ATC group N.

I alle landene er det i stor udstrækning de samme lægemidler, som vejer tungt i udgifterne.

Det er dog generelt set svært at sammenligne udgifterne i denne sektor mellem landene, da sygehusene erhverver sig lægemidler til vidt forskellige priser og til helt andre priser end apotekerne i den primære sektor.

Målt i EUR per capita har Island betydeligt større udgifter til lægemidler og Grønland det mindste i forhold til de øvrige lande hvor den mest markante forskel for Islands vedkommende findes i udgifterne til gruppe N.

Table 5.3.1 Health care expenditure (million KR/EUR) 2009
 Udgifter til sundheds- og sygepleje (mio. KR/EUR) 2009

	Denmark ¹⁾	Faroe Islands	Greenland	Finland ²⁾	Iceland	Norway	Sweden
	DKK	DKK	DKK	EUR	ISK	NOK	SEK
<i>Public financing</i>							
Offentlig finansiering	162 419	..	1 046	11 739	118 328	192 291	252 150
<i>Private financing</i>							
Privat finansiering	28 569	..	28	3 935	26 007	36 352	57 271
<i>Total health care expenditure</i>							
Samlede udgifter til sundheds- og sygepleje	190 988	1 045	1 074	15 674	144 335	228 643	309 421

1 Refer to 2007

2 Finnish figures include Åland

1 Tal vedrører 2007

2 Finske tal inkluderer Åland

Sources: OECD HEALTH DATA 2011

Kilder: FO: Statistics Faroe Islands; G: Directorate of Health

Table 5.3.2 Health care expenditure (EUR/capita) 2009
 Udgifter til sundheds- og sygepleje (EUR/capita) 2009

	Denmark ¹⁾	Faroe Islands	Greenland	Finland ²⁾	Iceland	Norway	Sweden
<i>Public financing</i>							
Offentlig finansiering	3 952	..	2 500	2 187	2 147	4 563	2 554
<i>Private financing</i>							
Privat finansiering	695	..	67	733	472	863	580
<i>Total health care expenditure</i>							
Samlede udgifter til sundheds- og sygepleje	4 647	2 892	2 567	2 921	2 618	5 425	3 134

1 Refer to 2007

2 Finnish figures include Åland

1 Tal vedrører 2007

2 Finske tal inkluderer Åland

Sources: OECD HEALTH DATA 2011

Kilder: FO: Statistics Faroe Islands; G: Directorate of Health

RESOURCES

Table 5.3.3 GDP and health care expenditure in total and per capita 2000–2009
BNP og udgifter til sundheds- og sygepleje i alt og pr. indbygger 2000–2009

	Denmark ³⁾	Faroe Islands	Greenland	Finland ²⁾	Iceland	Norway ³⁾	Sweden ³⁾
	DKK	DKK	DKK	EUR	ISK	NOK	SEK
<i>Total expenditure per capita 2009</i>							
Samlede udgifter pr. indbygger 2009	30 194	..	19 108	2 936	452	47 351	33 072
<i>GDP (million) 2009</i>							
BNP (mio.) 2009	1 659 705	..	12 127	171 315	1 495 294	2 330 902	3 089 181
<i>Expenditure in 2009 prices (million)</i>							
Udgifter i 2009-priser (mio.)							
2000	136 083	..	..	11 957	120 002	185 070	222 060
2005	162 784	..	1 034	14 655	134 379	223 227	275 181
2008	179 264	1 006	1 086	15 485	149 011	235 624	302 685
2009	190 988	1 045	1 050	15 674	144 335	228 643	309 421
<i>Expenditure as a percentage of GDP</i>							
Udgifter i pct. af BNP							
2000	7.8	8.5	8.9	7.2	9.5	6.5	8.2
2005	..	8.7	8.8	8.4	9.4	7.8	9.2
2008	..	..	9.6	8.4	9.2	8.2	9.2
2009	..	..	8.9	9.1	9.7	9.8	10.0

1 Preliminary estimates

2 Finnish figures include Åland

3 Changes in method of calculation from 2003 for Denmark, from 2000 for Norway and from 2001 for Sweden

4 2008=2007

1 Foreløbige tal

2 Finske tal inkluderer Åland

3 Ændringer i opgørelsesmetode fra 2003 for Danmark, for Norge fra 2000 og fra 2001 fra Sverige

4 2008=2007

Sources: OECD HEALTH DATA 2010

Kilder: FO: Statistics Faroe Islands; G: Directorate of Health; I: Statistic Iceland

Figure 5.3.1 Total health care expenditure (EUR/capita) 1995-2009
 Samlede udgifter til sundheds- og sygepleje (EUR/capita) 1995-2009

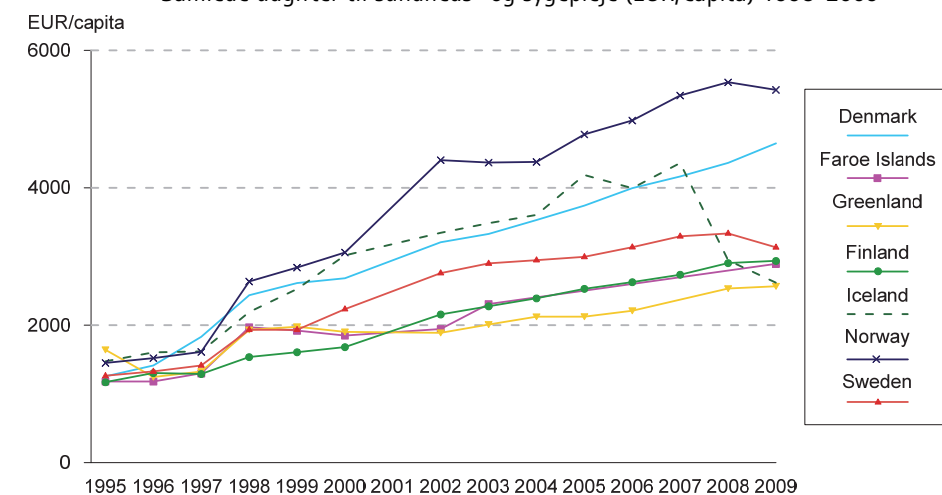
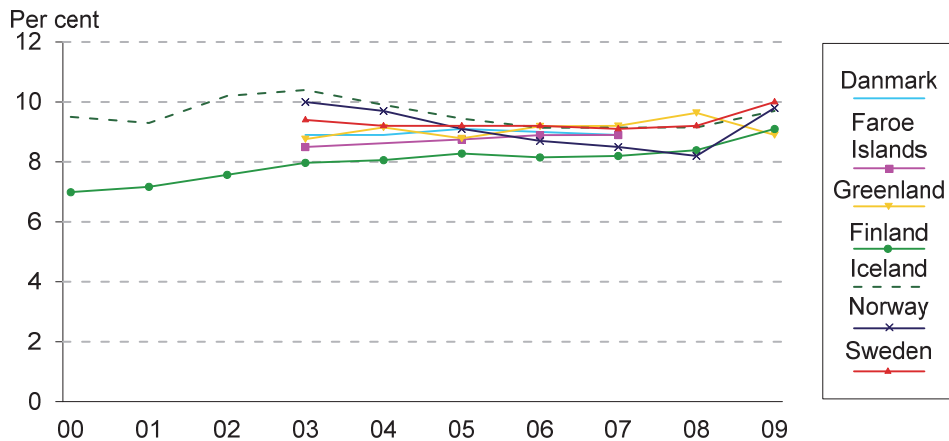


Figure 5.3.2 Health care expenditure as a percentage of GDP 2000-2009
 Udgifter til sundheds- og sygepleje i pct. af BNP 2000-2009



RESOURCES

Table 5.3.4 Sales of medicinal products by ATC-group, measured in pharmacy retail prices (million EUR), 2009

		Denmark ¹⁾	Faroe Islands	Greenland ²⁾	Finland ³⁾
A	<i>Alimentary tract and metabolism</i>	231	3	0.5	331
B	<i>Blood and blood-forming organs</i>	173	2	0.3	153
C	<i>Cardiovascular system</i>	249	3	0.5	336
D	<i>Dermatologicals</i>	43	0	0.3	58
G	<i>Genito-urinary system and sex hormones</i>	133	1	0.4	172
H	<i>Systemic hormonal preparations, excl. sex hormones and insulins</i>	61	0	0.1	48
J	<i>Anti-infectives for systemic use</i>	288	2	1.2	190
L	<i>Antineoplastic and immunomodulating agents</i>	514	3	1.5	381
M	<i>Musculo-skeletal system</i>	81	0	0.1	146
N	<i>Nervous system</i>	575	4	1.8	493
P	<i>Antiparasitic products, insecticides and repellents</i>	11	0	0.1	9
R	<i>Respiratory system</i>	246	2	0.2	226
S	<i>Sensory organs</i>	65	0	0.1	53
V	<i>Various</i>	39	0	0.3	16
	<i>Total</i>	2 709	19	7.4	2 611

1 Both for hospitals and pharmacies. Prices are calculated using different methods

2 Calculated on the basis of the purchase prices paid to the Hospital Pharmacy in the County of Copenhagen by Greenland's health service.

3 For Finland and Åland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices)

1 Sammenlagt for hospitaler og apoteker. Der er forskellig opgørelses metoder

2 Beregnet på grundlag af indkøbsprisen fra amtshospitalet i København til Grønlands .

3 I Finland og Åland er salget i den primære sektor beregnet som apotekernes detail salg (Apotekernes salgspriser) og i hospitalssektoren som hospitalernes indkøbspriser

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

**Salg af lægemidler fordelt på ATC-grupper, apotekernes salgspris Tabel 5.3.4
(mio. EUR) 2009**

of which Åland ³⁾	Iceland	Norway	Sweden		
1	20	1 747	348	Fordøjelse og stofskifte	A
1	10	1 188	279	Blod og bloddannende organer	B
1	22	2 003	315	Hjerte og kredsløb	C
0	4	431	89	Hudmidler	D
1	11	888	155	Kønshormoner m.m.	G
0	4	424	80	Hormoner til systemisk brug	H
1	16	1 543	229	Infektionssygdomme	J
3	26	2 986	517	Cancermidler m.m.	L
1	9	612	124	Muskler, led og knogler	M
2	52	3 476	627	Nervesystemet	N
0	0	51	8	Parasitmidler	P
1	14	1 887	264	Åndedrætsorganer	R
0	4	439	72	Sanseorganer	S
0	2	181	53	Diverse	V
12	195	17 855	3 158	I alt	
1 Both for hospitals and pharmacies. Prices are calculated using different methods		1 Sammenlagt for hospitaler og apoteker. Der er forskellig opgørelses metoder			
2 Calculated on the basis of the purchase prices paid to the Hospital Pharmacy in the County of Copenhagen by Greenland's health service.		2 Beregnet på grundlag af indkøbsprisen fra amtshospitalet i København til Grønlands .			
3 For Finland and Åland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices)		3 I Finland og Åland er salget i den primære sektor beregnet som apotekernes detail salg (Apotekernes salgspriser) og i hospitalssektoren som hospitalernes indkøbspriser			

Sources: D: Danish Medicines Agency; FI: Chief Pharmaceutical Officer; G: The Central Pharmacy in Copenhagen County; F & Å: FIMEA; I: Icelandic Medicines Agency; N: Norwegian Institute of Public Health; S: National Corporation of Swedish Pharmacies

RESOURCES

Table 5.3.5 Sales of medical products by ATC-group, EUR/capita 2009 – based on pharmacy retail prices

		Denmark ¹⁾	Faroe Islands	Greenland ²⁾	Finland ³⁾
A	<i>Alimentary tract and metabolism</i>	42	53	8	62
B	<i>Blood and blood-forming organs</i>	31	31	5	29
C	<i>Cardiovascular system</i>	45	55	9	63
D	<i>Dermatologicals</i>	8	6	5	11
G	<i>Genito-urinary system and sex hormones</i>	24	18	8	32
H	<i>Systemic hormonal preparations, excl. sex hormones and insulins</i>	11	9	2	9
J	<i>Anti-infectives for systemic use</i>	52	41	22	35
L	<i>Antineoplastic and immunomodulating agents</i>	93	52	27	71
M	<i>Musculo-skeletal system</i>	15	7	2	27
N	<i>Nervous system</i>	104	78	32	92
P	<i>Antiparasitic products, insecticides and repellents</i>	2	1	1	2
R	<i>Respiratory system</i>	45	30	4	42
S	<i>Sensory organs</i>	12	6	3	10
V	<i>Various</i>	7	4	5	3
	<i>Total</i>	491	392	131	488

1 Both for hospitals and pharmacies. Prices are calculated using different methods

2 Calculated on the basis of the purchase prices paid to the Hospital Pharmacy in the County of Copenhagen by Greenland's health service.

3 For Finland and Åland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices)

1 Sammenlagt for hospitaler og apoteker. Der er forskellig opgørelses metoder

2 Beregnet på grundlag af indkøbsprisen fra amtshospitalet i København til Grønlands .

3 I Finland og Åland er salget i den primære sektor beregnet som apotekernes detail salg (Apotekernes salgspriser) og i hospitalssektoren som hospitalernes indkøbspriser

Sources: See Table 5.3.4

Kilder: Se tabel 5.3.4

Salg af lægemidler fordelt på ATC-grupper, EUR/capita 2009 **Tabel 5.3.5**
- baseret på apotekernes salgspris

of which Åland ³⁾	Iceland	Norway	Sweden		
44	38	42	38	Fordøjelse og stofskifte	A
24	26	28	30	Blod og bloddannende organer	B
43	41	48	34	Hjerte og kredsløb	C
9	10	10	10	Hudmidler	D
24	27	21	17	Kønshormoner m.m.	G
11	10	10	9	Hormoner til systemisk brug	H
30	40	37	25	Infektionssygdomme	J
96	77	71	56	Cancermidler m.m.	L
22	24	15	13	Muskler, led og knogler	M
62	129	83	68	Nervesystemet	N
2	1	1	1	Parasitmidler	P
39	35	45	29	Åndedrætsorganer	R
10	10	10	8	Sanseorganer	S
4	4	4	6	Diverse	V
420	472	426	344	I alt	

1 Both for hospitals and pharmacies. Prices are calculated using different methods

2 Calculated on the basis of the purchase prices paid to the Hospital Pharmacy in the County of Copenhagen by Greenland's health service.

3 For Finland and Åland, sales in the primary health sector are calculated in PRP (pharmacy retail prices) and in the hospital sector in PPP (pharmacy purchase prices)

1 Sammenlagt for hospitaler og apoteker. Der er forskellig opgørelses metoder

2 Beregnet på grundlag af indkøbsprisen fra amtshospitalet i København til Grønlands .

3 I Finland og Åland er salget i den primære sektor beregnet som apotekernes detail salg (Apotekernes salgspriser) og i hospitalssektoren som hospitalernes indkøbspriser

Sources: See Table 5.3.4

Kilder: Se tabel 5.3.4

5.4 Health care personnel

For many years it has been difficult to obtain comparable data about health care personnel in the Nordic countries, because the sources for the data have been very different.

Therefore, in 2003, NOMESCO appointed a working group to obtain more comparable data, and to define health care personnel in the way that is done for health economy in OECD's A System for Health Accounts.

For this purpose, it has been found to be most appropriate to use NACE's classification of occupations, linked to the registers of authorization for health care personnel. These registers are more comparable, though the data are still incomplete and there are some inaccuracies.

With the new definitions and groups, data on health care personnel for previous years (before 2004) are not comparable with more recent data, since data for new groups of health care personnel are included.

It should be noted that the group 'qualified auxiliary nurses' is now subdivided. Those with an education of at least 18 months remain in this group, while those with an education of less than 18 months are included in the group 'other health care personnel'. Since Sweden only has data for employees in the public service, data for these categories are not included. 'Other health care personnel with a higher education' is defined as personnel with a university degree, such as dieti-

5.4 Sundhedspersonale

Det har i mange år været vanskeligt at fremskaffe sammenlignelige data om sundhedspersonale for de nordiske lande, især fordi kildegrundlaget har været meget forskelligt.

Derfor nedsatte NOMESCO i 2003 en arbejdsgruppe, med henblik på at skaffe data med mere ensartet kildegrundlag, samt definere sundhedspersonalet med samme afgrænsning som findes for sundhedsøkonomien i OECD's A System for Health Accounts.

Til det brug har man fundet det mest hensigtsmæssigt at anvende erhvervsklassifikationen (NACE's) definitioner og afgrænsninger, sammenkoblet med de personer der findes i autorisationsregistre, hvorved man har fundet mere sammenlignelige data, selvom der stadigvæk findes fejl og mangler.

Med de nye definitioner og afgrænsninger er oplysningerne om sundhedspersonale fra tidligere år (før 2004) ikke sammenlignelige med de nuværende oplysninger, ligesom der er medtaget data for nye personalegrupper.

Her skal det bemærkes at gruppen *qualified auxiliary nurses*, tidligere benævnt sygehjælpere på dansk, nu er opdelt i gruppen sygeplejerskeassistenter for de der har en uddannelse på mindst 18 måneder og de der har en uddannelse på under 18 måneder er medtaget i gruppen andet plejepersonale. Da Sverige kun har data for ansat i det offentlige er der ikke medtaget data for disse personalekategorier. Andet sundhedspersonale med en højere uddannelse er defineret som personale med en univer-

cians and pharmacists. Furthermore for physicians a group is included with physicians who do not work in the social and health care sectors, and not with medicine.

Furthermore, the included data are registered at a given time of the year.

sitetsuddannelse så som ernæringsfysiologer og farmaceuter. Endvidere er der for læger, medtaget en gruppe som ikke arbejder inden for social og sundhedssektoren, herunder ikke med deres fag.

De medtagne data er desuden en opgørelse på et givet tidspunkt i året.

RESOURCES

**Table 5.4.1 Employed health care personnel in health and social services 2009
(NACE 85.1 and 85.3)**

Erhvervsaktivt sundhedspersonale inden for sundheds- og socialområdet 2009
(NACE 85.1 og 85.3)

	Denmark	Faroe Islands ¹⁾	Greenland	Finland	Åland	Iceland ²⁾	Norway	Sweden
<i>Physicians</i> Læger	18 797	91	94	15 384	78	1 167	19 579	34 532
<i>Dentists</i> Tandlæger	4 438	40	29	4 014	25	294	4 192	7 478
<i>Dental hygienists</i> Tandplejere	1 392	..	73	1 402	9	14	878	3 654
<i>Dental surgery assistants</i> Tandlægeassistenter	4 278	44	42	4 603	25	..	3 267	..
<i>Psychologists</i> Psykologer	4 511	4	4	3 099	9	..	4 145	5 419
<i>Qualified nurses</i> Sygeplejersker	54 126	291	191	55 300	380	2 686	76 902	97 881 ³⁾
<i>Radiographers</i> Radiografer	1 339	8	..	2 576	7	113	2 440	891 ³⁾
<i>Qualified auxiliary nurses</i> Sygeplejerskeassistenter	32 637	71	124	69 038	502	2 185	70 918	..
<i>Other health care personnel</i> Andet plejepersonale	58 677	8	95	..	82	..	149 397	..
<i>Midwives</i> Jordemødre	1 572	20	20	2 531	16	250	2 514	6 735
<i>Physiotherapists</i> Fysioterapeuter	7 812	17	15	9 380	24	470	8 637	11 343
<i>Occupational therapists</i> Ergoterapeuter	5 641	9	4	..	8	191	2 558	7 964
<i>Hospital laboratory technicians</i> Hospitalslaboranter	5 461	32	23	4 901	18	299	4 634	7 744
<i>Other health care personnel with a higher education</i> Andet sundhedspersonale med en højere uddannelse	593	-	..	..	25	..	5 059	4 398 ⁴⁾

1 Refers to 2007

2 Physicians licensed to practice in Iceland, up to 70 years old at end of year, with permanent residence and registered domicile in Iceland.

3 In addition to licensed radiographers there are 2 494 qualified nurses with an older training who are deemed to be working as radiographers

4 Other health personnel requiring a license

1 Tal vedrører 2007

2 Læger med autorisation til at praktisere i Island, alder højst 70 år ved årets udgang med permanent bopæl i Island

3 Ud over de licenserede radiografer er der desuden 2 494 kvalificerede sygeplejersker med en ældre uddannelse, som arbejder som radiografer

4 Andet sundhedspersonale, som kræver en licens

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

**Table 5.4.2 Employed health care personnel in health and social services 2009
per 100 000 inhabitants (NACE 85.1 and 85.3)**

Erhvervsaktivt sundhedspersonale inden for sundheds- og socialområdet per
100 000 indbyggere 2009. (NACE 85.1 og 85.3)

	Denmark	Faroe Islands ¹⁾	Greenland	Finland	Åland	Iceland	Norway	Sweden
<i>Physicians</i> Læger	341	189	167	289	282	366	408	370
<i>Dentists</i> Tandlæger	81	83	52	75	91	92	87	80
<i>Dental hygienists</i> Tandplejere	25	..	130	26	33	4	18	39
<i>Dental surgery assistants</i> Tandlægeassistenter	78	91	75	86	91	..	68	..
<i>Psychologists</i> Psykologer	82	8	6	58	33	..	86	58
<i>Qualified nurses</i> Sygeplejersker	982	604	340	1 038	1 376	841	1 602	1 049 ²⁾
<i>Radiographers</i> Radiografer	24	16	0	48	25	35	51	10 ²⁾
<i>Qualified auxiliary nurses</i> Sygeplejerskeassistenter	592	146	221	1 296	1 817	684	1 478	..
<i>Other health care personnel</i> Andet plejepersonale	1 065	16	169	..	297	..	3 113	..
<i>Midwives</i> Jordemødre	29	41	35	48	58	78	52	72
<i>Physiotherapists</i> Fysioterapeuter	142	35	26	176	87	147	180	122
<i>Occupational therapists</i> Ergoterapeuter	102	18	8	-	33	60	53	85
<i>Hospital laboratory technicians</i> Hospitalslaboranter	99	67	18	92	65	94	97	83
<i>Other health care personnel with a higher education</i> Andet sundhedspersonale med en højere uddannelse	11	-	0	..	91	..	105	47 ³⁾

1 Refers to 2007

2 In addition to licensed radiographers there are 2 494 qualified nurses with an older training who are deemed to be working as radiographers

3 Other health personnel requiring a license

1 Tal vedrører 2007

2 Ud over de licenserede radiografer er der desuden 2 494 kvalificerede sygeplejersker med en ældre uddannelse, som arbejder som radiografer

3 Andet sundhedspersonale, som kræver en licens

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

RESOURCES

**Table 5.4.3 Employed physicians by specialty in health and social services 2009
(NACE 85.1 and 85.3)**

	Denmark	Faroe Islands ¹⁾	Greenland	Finland
<i>General practice</i>	4 066	28	51.2	5 453
<i>Internal medicine</i>	1 433	8	3	436
<i>Paediatrics</i>	352	3	1.7	519
<i>Surgery</i>	802	6	3	642
<i>Plastic surgery</i>	93	1	0.1	70
<i>Gynaecology and obstetrics</i>	496	2	3	580
<i>Orthopaedic surgery, incl. hand surgery</i>	607	2	3	374
<i>Ophthalmology</i>	298	2	0.8	395
<i>Ear, nose and throat</i>	313	1	1.1	286
<i>Psychiatry</i>	920	2	2	1 155
<i>Skin and sexually transmitted diseases</i>	146	-	0	154
<i>Neurology</i>	275	1	0.1	261
<i>Oncology</i>	121	-	0.06	130
<i>Anaesthetics</i>	893	4	3.4	630
<i>Radiology</i>	471	4	1.1	516
<i>Clinical laboratory specialities incl. pathology</i>	460	1	0	496
<i>Other specialities</i>	145	1	0	1 229
<i>Specialists in total</i>	11 891	38	73.5	12 249
<i>Physicians without specialist authorization</i>	6 906	25.2	14	3 223
<i>Physicians in total within NACE 85.1 and 85.3</i>	18 797	91.2	87.5	16 487

1 Refers to 2007

2 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty. Where there are more than one specialty with the same date the more specialized one is chosen.

3 Physicians licensed to practice in Iceland, up to 70 years old at end of year, with permanent residence and registered domicile in Iceland.

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: Finnish Medical Association; A: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

1 Tal vedrører 2007

2 Data er baseret på Helsedirektoratets register. Den nyeste specialisering er valgt, hvor der er flere end en specialisering

3 Læger med autorisation til at praktisere i Island, alder højst 70 år ved årets udgang med permanent bopæl i Island

Erhvervsaktive læger fordelt på specialer inden for social - og sundhedsområdet 2009 (NACE 85.1 og 85.3) **Tabel 5.4.3**

of which Åland	Iceland ^{2,3)}	Norway	Sweden	
20	186	2 060	5 634	Almen medicin (alment praktiserende læger)
11	161	1 432	1 293	Intern medicin
3	55	460	945	Pædiatri
2	79	748	1 209	Kirurgi
-	10	78	139	Plastik kirurgi
5	38	543	1 280	Gynækologi og obstetric
3	39	431	1 209	Ortopædisk kirurgi, inkl. Håndkirurgi
2	33	359	681	Øjensygdomme
1	21	284	560	Øre næse hals
7	77	1 286	1 562	Psykiatri
-	18	132	353	Hud og kønssygdomme
	18	245	342	Neurologi
1	17	153	337	Onkologi
4	59	693	1 465	Anæsteisologi
1	38	550	1 003	Radiologi
-	39	431	823	Kliniske/laboratoriespecialer, inkl. patologi
3	25	551	5 492	Andre specialer
63	913	10 436	24 327	Specialister i alt
13	254	9 143	10 205	Læger uden specialistgodkendelse
76	1 167	19 579	34 532	Læger i alt indenfor NACE 85.1 og 85.3

1 Refers to 2007

2 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty. Where there are more than one specialty with the same date the more specialized one is chosen.

3 Physicians licensed to practice in Iceland, up to 70 years old at end of year, with permanent residence and registered domicile in Iceland.

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: Finnish Medical Association;
Kilder: A: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

1 Tal vedrører 2007

2 Data er baseret på Helsedirektoratets register. Den nyeste specialisering er valgt, hvor der er flere end en specialisering

3 Læger med autorisation til at praktisere i Island, alder højst 70 år ved årets udgang med permanent bopæl i Island

RESOURCES

Table 5.4.4 Employed physicians by specialty in health and social services per 100 000 inhabitants 2009 (NACE 85.1 and 85.3)

	Denmark	Faroe Islands ¹⁾	Greenland	Finland
<i>General practice</i>	74	58	91	102
<i>Internal medicine</i>	26	17	5	8
<i>Paediatrics</i>	6	6	3	10
<i>Surgery</i>	15	13	5	7
<i>Plastic surgery</i>	2	2	0	1
<i>Gynaecology and obstetrics</i>	9	4	5	11
<i>Orthopaedic surgery, incl. hand surgery</i>	11	4	5	7
<i>Ophthalmology</i>	5	4	1	7
<i>Ear, nose and throat</i>	6	2	2	5
<i>Psychiatry</i>	17	4	4	22
<i>Skin and sexually transmitted diseases</i>	3	-	-	3
<i>Neurology</i>	5	2	0	5
<i>Oncology</i>	2	-	0	2
<i>Anaesthetics</i>	16	8	6	12
<i>Radiology</i>	9	8	2	10
<i>Clinical laboratory specialities incl. pathology</i>	8	2	-	4
<i>Other specialities</i>	3	2	-	13
<i>Specialists in total</i>	216	79	131	230
<i>Physicians without specialist authorization</i>	125	53	25	61
<i>Physicians in total within NACE 85.1 and 85.3</i>	341	190	156	290

1 Refers to 2007

2 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty

1 Tal vedrører 2007

2 Data er baseret på Helsedirektoratets lægeregister. Den nyeste specialisering er valgt, hvor der er flere end en specialisering

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

Erhvervsaktive læger fordelt på specialer inden for social – og sundhedsområdet per 100 000 indbyggere 2009 (NACE 85.1 og 85.3) **Tabel 5.4.4**

of which Åland	Iceland ²⁾	Norway	Sweden	
72	58	43	60	Almen medicin (alment praktiserende læger)
40	50	30	14	Intern medicin
11	17	10	10	Pædiatri
7	25	16	13	Kirurgi
-	3	2	1	Plastik kirurgi
18	12	11	14	Gynækologi og obstetric
11	12	9	13	Ortopædisk kirurgi, inkl. Håndkirurgi
7	10	7	7	Øjensygdomme
4	7	6	6	Øre næse hals
25	24	27	17	Psykatri
-	6	3	4	Hud og kønssygdomme
-	6	5	4	Neurologi
4	5	3	4	Onkologi
14	18	14	16	Anæstesiologi
4	12	11	11	Radiologi
-	12	9	9	Kliniske/laboratoriespecialer, inkl. patologi
11	8	11	59	Andre specialer
228	286	217	261	Specialister i alt
47	80	191	109	Læger uden specialistgodkendelse
275	366	408	370	Læger i alt indenfor NACE 85.1 og 85.3

1 Refers to 2007

2 Data based on the register of physicians at the Directorate of Health. The most recent specialty is chosen for those with more than one specialty

1 Tal vedrører 2007

2 Data er baseret på Helsedirektoratets lægeregister. Den nyeste specialisering er valgt, hvor der er flere end en specialisering

Sources: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland

Kilder: Government; I: Directorate of Health; N: Statistics Norway; S: National Board of Health and Welfare

RESOURCES

Table 5.4.5 Employed physicians 2009
Erhvervsaktive læger 2009

	Denmark	Faroe Islands ¹⁾	Greenland	Finland	Åland	Iceland	Norway	Sweden
<i>Physicians employed in hospitals (NACE 85.1 and 85.3)</i>								
Læger beskæftiget på hospitaler (NACE 85.1 og 85.3)	12 991	62	94	8 500	48	866 ²⁾	11 512	..
<i>General practitioners (NACE 85.1 and 85.3)</i>								
Læger der arbejder som alment praktiserende læger (NACE 85.1 og 85.3)	4 195	28	1	6 884	15	190	5 564	5 634
<i>Of which those without specialist authorization</i>								
Heraf uden specialist-godkendelse	340	..	-	..	11	..	2 901	..
<i>Other physicians employed outside hospitals (mainly privately practising specialists) (NACE 85.1 and 85.3)</i>								
Andre læger der arbejder udenfor hospitaler (hovedsageligt privat praktiserende speciallæger) (NACE 85.1 og 85.3)	1 611	1	-	3 030	13	..	2 503	..
<i>Physicians employed in administrative medicine (NACE 75.1)</i>								
Læger beskæftiget med administrativ medicin (NACE 75.1)	194	1	-	328	2	..	394	926
<i>Physicians employed in medical research, teaching etc. (NACE 80.3, 73.1 and 24.4)</i>								
Læger beskæftiget med medicinsk forskning, undervisning m.v. (NACE 80.3, 73.1 og 24.4)	1 060	-	-	281	-	..	1 070	1 372
<i>Physicians employed with- in all other NACE codes</i>								
Læger beskæftiget på alle andre NACE-koder	1 184	-	-	1 229	-	..	1 446	1 864

1 Refers to 2007

2 Estimate

1 Tal vedrører 2007

2 Estimat

Source: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; I: Directorate of Health; N: Statistics Norway; S: National Boards of Health and Welfare

5.5 Capacity and services in hospitals

For many years, there has been a trend in the Nordic countries towards fewer hospital beds. Resources have been concentrated in fewer units, often involving a division of work in the most specialized areas. Units have often been merged administratively, not necessarily leading to fewer physical units. No hospitals have been closed down in Norway during the last few years, but some of the existing hospitals have become smaller.

Another trend in the Nordic countries is that psychiatric hospitals have been closed down, however, to varying degrees.

Hospital beds are organized somewhat differently in Finland, Iceland and Greenland than in the other countries. A number of beds are attached to health centres, and these beds appear in the tables as beds in "other hospitals". Some of these beds are for care of elderly people, and they are similar to beds in nursing homes and old peoples' homes in the other countries. Particularly for Finland and Iceland, this gives a larger number of beds in relation to the population than in the other countries.

Hospital beds are divided into medical, surgical, psychiatric and other beds. It is clearly indicated that, particularly for Finland and Iceland, the category 'other', includes activities that are not included in the other countries.

5.5 Kapacitet og ydelser i sygehusvæsenet

Det er et kendetegn ved de nordiske landes sygehusvæsen, at der i en årrække er blevet færre sengepladser, og ressourcerne er blevet samlet på færre enheder, og oftest med en arbejdsdeling på de mest specialiserede områder. Ofte er der tale om en organisatorisk administrativ sammenlægning, som ikke nødvendigvis behøver at medføre færre fysiske enheder. I Norge er der ikke nedlagt hospitaler de seneste år, men de eksisterende hospitaler er ofte blevet mindre.

Det er ligeledes et kendetegn, at egentlige psykiatriske hospitaler er under afvikling i de nordiske lande, dog i forskelligt tempo.

I Grønland, Finland og Island er strukturen dog lidt anderledes, idet der til sundhedscentrene er knyttet et antal sengepladser, som i tabellerne er rubriceret under andre hospitaler. En del af disse sengepladser er dog plejepladser, som i de andre lande findes ved alderdoms- og plejehjemmene. Dette medfører, især for Finland og Islands vedkommende, at man får et betydeligt større antal sengepladser i forhold til befolkningen, end i de andre lande.

Sengepladserne ved sygehusene er fordelt på medicin, kirurgi, psykiatri og andet. Det fremgår klart, at det først og fremmest er Finland og Island som under rubrikken 'Andet' medregner aktiviteter, som ikke medtages af de øvrige lande.

RESOURCES

The tables about hospital discharges and average length of stay apply to patients admitted to ordinary hospitals and specialized hospitals. This limitation has been done in order to improve comparability between the countries.

The trend is that the number of treatment places and the average length of stay have been reduced in ordinary hospitals. Within psychiatric treatment there has been a trend towards the use of more outpatient treatment, so that the number of psychiatric beds has been reduced.

Tabellerne over udskrivninger og gennemsnitlig liggetid omfatter indlagte patienter ved almindelige sygehuse og specialsygehuse. Denne afgrænsning er foretaget for at fremme sammenligneligheden mellem landene.

Tendensen er, at antallet af behandlingspladser og den gennemsnitlige liggetid reduceres på de almindelige sygehuse. Inden for den psykiatriske behandling har der været en udvikling hen imod mere ambulante behandlingsformer, hvorfor antallet af psykiatriske sengepladser er blevet reduceret.

Table 5.5.1 Available hospital beds by speciality 2009
 Disponible sengepladser ved sygehuse efter specialer 2009

	Denmark	Faroe Islands	Greenland	Finland ¹⁾	Åland	Norway	Sweden
<i>Number</i>							
<i>Antal</i>							
<i>Somatic wards</i>							
Somatiske afdelinger	14 221	165	106	9 788	98	11 659	21 204
<i>Psychiatry</i>							
Psykiatri	3 118	75	12	4 284	20	2 466	4 449
<i>Other</i>							
Andet	.	-	224	19 179	68	364	-
<i>Total</i>							
I alt	17 339	240	330	33 250	186	14 489	25 653
<i>Beds per 100 000 inhabitants</i>							
<i>Sengepladser</i>							
<i>pr. 100 000 indbyggere</i>							
<i>Somatic wards</i>							
Somatiske afdelinger	158	339	188	184	354	240	229
<i>Psychiatry</i>							
Psykiatri	56	154	21	80	72	51	48
<i>Other</i>							
Andet	.	-	397	359	246	7	-
<i>Total</i>							
I alt	314	493	584	623	673	298	276

1 The number of bed days divided by 365

1 Antal sengedage divideret med 365

Source: D: National Board of Health; FI: Hospital Board; G: Directorate for Health; F: THL; Å: The Åland Government; N: Statistics Norway; S: Swedish Association of Local Authorities and Regions

RESOURCES

Table 5.5.2 Discharges, bed days and average length of stay in wards in general hospitals and specialized hospitals 2009

Udskrivninger, sengedage og gennemsnitlig liggetid på afdelinger ved almindelige sygehuse og specialsygehuse 2009

	Denmark	Faroe Islands ²⁾	Greenland ¹⁾	Finland	Åland ²⁾	Iceland	Norway	Sweden
<i>Discharges per 1 000 inhabitants</i>								
<i>Udskrivninger pr. 1 000 indbyggere</i>								
<i>Somatic wards</i>								
Somatiske afdelinger	233	210	97	182	184	136	170	145
<i>Psychiatry</i>								
Psykiatri	8	13	2	8	19	7	8	10
<i>Total</i>								
I alt	241	224	99	190	203	143	178	155
<i>Bed days per 1 000 inhabitants</i>								
<i>Sengedage pr. 1 000 indbyggere</i>								
<i>Somatic wards</i>								
Somatiske afdelinger	894	1 063	751	666	803	735	789	635
<i>Psychiatry</i>								
Psykiatri	151	291	62	281	224	90	120	184
<i>Total</i>								
I alt	1 046	1 354	813	947	1 026	825	909	819
<i>Average length of stay</i>								
<i>Gennemsnitlig liggetid</i>								
<i>Somatic wards</i>								
Somatiske afdelinger	7.6	10.1	16.5	7.9	8.8	5.4	9.4	8.7
<i>Psychiatry</i>								
Psykiatri	18.2	22.4	25.3	33.8	11.9	12.0	14.8	18.9
<i>Total</i>								
I alt	3.8	5.0	7.8	3.7	4.4	5.4	4.6	4.4

1 Figures for average length of stay only refer to Dronning Ingrid's Hospital

2 Average 2005-2009

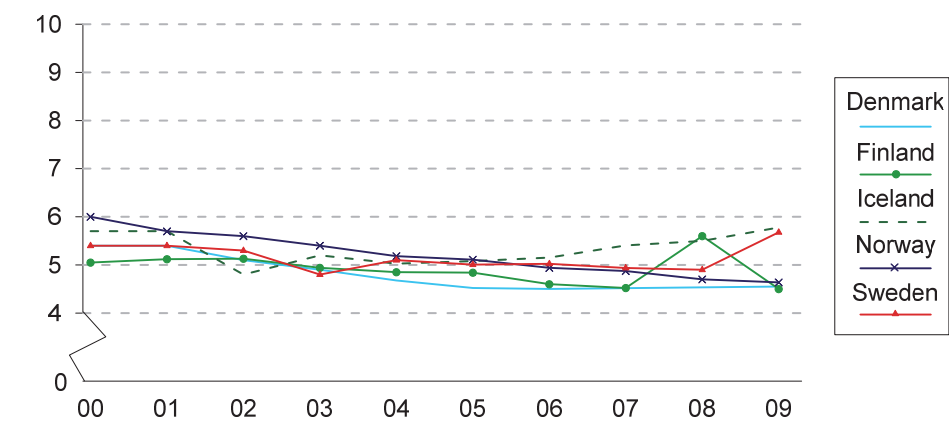
Sources: The national in-patient registers

Kilder: De nationale patientregistre

1 Tallene for den gennemsnitlige liggetid omfatter kun Dronning Ingrid's Hospital

2 Gennemsnit 2005-2009

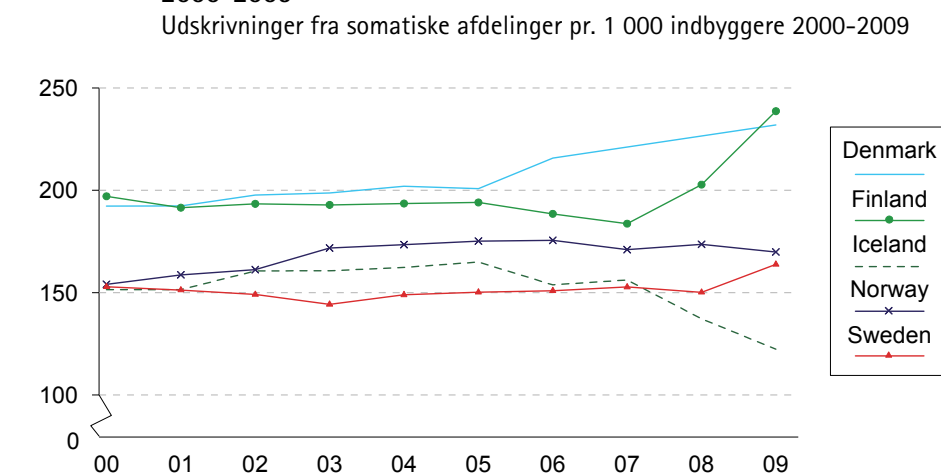
Figure 5.5.1 Average length of stay in somatic wards 2000-2009
Gennemsnitlig liggetid på somatiske afdelinger 2000-2009



Source: Table 3.4.3.a

Kilde: Tabel 3.4.3.a

Figure 5.5.2 Number of discharges from somatic wards, per 1 000 inhabitants 2000-2009
Udskrivninger fra somatiske afdelinger pr. 1 000 indbyggere 2000-2009



Source: Table 3.4.1.a

Kilde: Tabel 3.4.1.a

RESOURCES

Table 5.5.3 Hospital treatment in psychiatric units by sex and age, 2009
Hospitalsbehandlinger på psykiatriske afdelinger efter køn og alder, 2009

	Denmark	Faroe Islands	Finland	Åland ¹⁾	Iceland	Norway ²⁾	Sweden
Discharges	45 927	632	44 332	509.2	2 386	38 711	90 515
Discharges per 1 000, Total	8.3	13.0	8.3	18.8	7.5	8	9.7
Bed-days	835 819	14 172	1 497 721	6 054.6	28 749	574 487	1 709 646
Bed-days per 1 000, Total	151.4	291.4	280.5	223.5	90.1	120	183.9
Patients treated	24 893	278	28 396	153.8	1 411	20 259	48 415
Patients treated per 1 000	4.5	632				4	5.2
Men							
0-14	0.3	..	2.6	0.2	1.5	0.1	0.3
15-29	5.3	..	6.7	8.8	6.2	5.7	6.2
30-44	6.8	..	7.3	7.2	5.8	6.6	6.8
45-64	5.7	..	6.0	8.6	4.8	5.1	8.1
65-79	3.1	..	3.9	6.9	3.5	3.1	4.3
80+	4.5	..	4.1	5.1	1.2	4.3	3.9
Total	4.5	..	5.5	6.4	4.4	4.4	5.5
Women							
0-14	0.4	..	1.5	0.1	0.8	0.1	0.5
15-29	6.4	..	7.8	8.0	5.7	5.6	7.2
30-44	5.6	..	5.9	5.1	6.1	5.5	5.9
45-64	5.2	..	5.6	5.1	5.2	4.9	5.8
65-79	4.2	..	4.7	6.9	4.7	3.7	4.2
80+	4.5	..	4.2	5.2	1.4	3.7	3.9
Total	4.5	..	5.2	5.0	4.4	4.1	4.9
M + W							
0-14	0.4	..	2.1	0.1	1.2	0.1	0.4
15-29	5.9	..	7.3	8.4	6.0	5.7	6.7
30-44	6.2	..	6.6	6.2	5.9	6.0	6.4
45-64	5.4	..	5.8	6.8	5.0	5.0	7.0
65-79	3.7	..	4.3	6.9	4.2	3.4	4.3
80+	4.5	..	4.2	5.2	1.4	3.9	3.9
Total	4.5	..	5.3	5.7	4.4	4.2	5.2
Average length of stay per discharge	18.2	22.6	33.8	11.9	12.0	14.8	18.9

1 Average 2005-2009

2 Data are incomplete (about 98 per cent coverage for discharges and 80 per cent coverage for bed-days and diagnoses)

Sources: National Hospital Registers

1 Gennemsnit 2005-2009

1 Data er ikke fuldstændigt (omkring 98 procent af udskrivninger og 80 procent af sengedage og diagnoser er inkluderet)

Table 5.5.4 Discharges from hospitals* per 1 000 inhabitants by sex and age 2009
 Udskrivninger fra sygehuse* pr. 1 000 indbyggere efter køn og alder 2009

	Denmark	Faroe Islands 2006	Finland	Åland 2005-09	Iceland ¹⁾	Norway	Sweden
<i>Age Alder</i>							
<i>Men</i>							
<i>Mænd</i>							
0-14	147	233	120	119	64	90	70
15-44	107	104	94	84	37	75	63
45-64	229	249	230	184	102	173	153
65-69	406	485	406	313	246	342	276
70-74	522	557	559	466	334	430	374
75-79	655	638	767	589	431	517	496
80+	856	760	1 144	965	633	712	704
<i>Total</i>							
I alt	214	227	220	190	97	156	149
<i>Women</i>							
<i>Kvinder</i>							
0-14	120	205	96	103	51	74	58
15-44	223	262	176	185	143	159	149
45-64	212	215	202	189	118	154	134
65-69	325	345	321	269	233	275	229
70-74	413	482	439	381	320	330	302
75-79	533	536	632	508	425	403	399
80+	683	556	981	779	516	551	575
<i>Total</i>							
I alt	249	272	257	236	148	181	179

* Comprises somatic wards in ordinary hospitals and in specialized somatic hospitals

* Omfatter somatiske afdelinger ved almindelige sygehuse og ved somatiske specialsygehuse

1 Discharges for stays in hospital shorter than 90 days

1 Kun udskrivninger ved indlæggelsestider på mindre end 90 dage

Sources: The national in-patient registers

Kilder: De nationale patientregistre

RESOURCES

Table 5.5.5 Bed days in hospitals per 1 000 inhabitants by sex and age 2009
Sengedage på sygehuse pr. 1 000 indbyggere efter køn og alder 2009

	Denmark	Faroe Islands 2006	Finland	Åland 2005-09	Iceland ¹⁾	Norway	Sweden
<i>Age Alder</i>							
<i>Men</i>							
<i>Mænd</i>							
0-14	399	626	431	119	214	337	265
15-44	547	514	436	83	148	248	420
45-64	1 077	1 138	948	180	564	767	924
65-69	1 920	2 876	1 736	298	1 641	1 823	1 528
70-74	2 622	3 858	2 539	419	2 661	2 477	2 242
75-79	3 385	5 021	3 385	517	3 827	3 137	3 181
80+	4 722	7 517	6 695	813	6 825	4 492	4 736
<i>Total</i>							
I alt	1 006	1 179	988	226	630	738	904
<i>Women</i>							
<i>Kvinder</i>							
0-14	301	618	330	515	164	292	232
15-44	844	896	681	925	365	505	573
45-64	1 090	1 229	761	921	572	693	716
65-69	1 662	2 330	1 277	1 298	1 543	1 453	1 274
70-74	2 386	3 639	1 865	1 700	2 393	1 869	1 793
75-79	2 991	5 458	2 751	2 275	3 901	2 435	2 593
80+	23 257	7 126	6 213	3 275	5 954	3 508	4 154
<i>Total</i>							
I alt	1 105	1 508	1 152	1 110	786	838	956

1 Bed days of discharges for stays in hospital shorter than 90 days

1 Sengedage for udskrivninger ved indlæggelsestider på mindre end 90 dage

Sources: The national in-patient registers

Kilder: De nationale patientregistre

APPENDICES

BILAG

Appendix 1

Bilag 1

Further information

Yderligere oplysninger om de statistikansvarlige i de nordiske lande

The following offices responsible for statistics can be contacted for further information concerning the statistics in this publication.

Denne oversigt over statistikansvarlige i de nordiske lande kan bruges til at søge yderligere oplysninger vedrørende statistikken i denne bog.

Denmark

Statistics Denmark
Sejrøgade 11
DK-2100 Copenhagen Ø
Phone: +45 39 17 39 17
Fax: +45 39 17 39 99
E-mail: dst@dst.dk
Website: www2.dst.dk

Have responsibility for:

- Population statistics
- Statistics on alcohol consumption
- Statistics on health care economy
- Statistics on alcohol consumption

National Board of Health
Islands Brygge 67
DK-2300 Copenhagen S
Phone: 72 22 74 00
Fax: 72 22 74 11
E-mail: sst@sst.dk
Website: www.sst.dk

Have responsibility for:

- Statistics on births
- Statistics on abortions
- Statistics on malformations
- Statistics on causes of death
- Statistics on hospital services
- Statistics on health personnel
- Statistics on the use of tobacco

Statens Seruminstitut
Artillerivej 5
DK-2300 Copenhagen S
Phone: +45 32 68 32 68
Fax: +45 32 68 38 68
E-mail: serum@ssi.dk
Website: www.serum.dk/dk

Have responsibility for:

- Statistics on infectious diseases
- Statistics and information on vaccinations

FURTHER INFORMATION

Danish Medicines Agency
Axel Heides Gade 1
DK-2300 København S
Phone: +45 44 88 95 95
Fax: +45 44 88 95 99
E-mail: dkma@dkma.dk
Website: www.dkma.dk

Have responsibility for:

- Statistics on medicinal products

Faroe Islands

Statistics Faroe Islands
P.O. Box 2068
FO-165 Argir
Phone: +298 35 28 00
Fax: +298 35 28 01
E-mail: hagstova@hagstova.fo
Website: www.hagstova.fo

Have responsibility for:

- Population and vital statistics
- Statistics on health care economy

Chief Medical Officer
P.O. Box 9
FO-110 Tórshavn
Phone: +298 31 18 32
Fax: +298 31 76 60
E-mail: hdj@sst.dk
www.landslaeknin.fo

Have responsibility for:

- Statistics on infectious diseases
- Statistics on forensics
- Statistics on births
- Statistics on causes of death

Chief Pharmaceutical Officer
P.O. Box 187
FR-110 Tórshavn
Phone: +298 35 01 50
Fax: +298 35 01 51
www.apotek.fo

Have responsibility for:

- Statistics on medicinal products

Ministry of Health Affairs
Eiragardur 2
FO-100 Tórshavn
Phone: +298 30 40 50
Fax: +298 5 40 48
E-mail: ahr@ahr.fo
Website: www.hmr.fo

Have responsibility for:

- Statistics on health personnel
- Statistics on hospital services
- Statistics on abortions
- Statistics and information on vaccinations

FURTHER INFORMATION

Greenland

Statistics Greenland
P.O. Box 1025
DK-3900 Nuuk
Phone: +299 34 50 00
Fax: +299 32 29 54
E-mail: stat@gs.gh.gl
Website: www.stat.gl

Have responsibility for:

- Population and vital statistics
- Statistics on health personnel
- Statistics on hospital services
- Statistics on health care economy

National Board of Health
P.O. Box 120
DK-3900 Nuuk
Phone: +299 34 5192
Fax: +299 32 51 30
E-mail: eli@gh.gl

Have responsibility for:

- Statistics on births
- Statistics on abortions
- Statistics on malformations
- Statistics on infectious diseases
- Statistics and information on vaccinations

National Board of Health in Denmark
Islands Brygge 67
P.O. Box 1881
DK-2300 Copenhagen S
Phone: 72 22 74 00
Fax: 72 22 74 11
E-mail: sst@sst.dk
Website: www.sst.dk

Have responsibility for:

- Statistics on causes of death

The Central Pharmacy in Copenhagen
County
Marielundsvej 25
DK-2730 Herlev
Phone: +45 44 57 77 00
Fax: +45 44 57 77 09

Have responsibility for:

- Statistics on medicinal products

The Department of Health
P.O. Box 1160
DK-3900 Nuuk
Phone: +299 34 50 00
Fax: +299 32 55 05

Have responsibility for:

- Statistics on hospital services
- Statistics on health care economy
- Statistics on health personnel

Finland

Statistics Finland
Työpajankatu 13
FIN-00022 Tilastokeskus
Phone: +358 9 173 41
Fax: +358 9 173 42 750
Website: www.stat.fi

Has responsibility for:

- Population and vital statistics
- Statistics on causes of death
- Statistics on the use of tobacco
- Statistics on road traffic accidents

THL (National Institute for Health and Welfare)
Mannerheimintie 166
FIN-00300 Helsinki
Phone: +358 20 610 6100
Fax: +358 20 610 6101
Website: www.thl.fi

Has responsibility for:

- Register of Institutional Care
- Medical Birth Register and ART statistics
- Register of Abortions and Sterilizations
- Statistics on Health Care Personnel
- Statistics on public health care
- Statistics on private health care
- Statistics on labour force in health care
- Statistics on the use of alcohol and drugs
- Statistics on health care expenditure
- Definitions and classifications in health care
- Statistics on primary health care Register of Infectious Diseases
- Register of Coronary Heart Disease and Stroke
- Statistics and information on vaccinations
- Survey on health behaviour among adults and elderly
- Public Health Report

National Agency for Medicines
Mannerheimintie 103a
P.O. Box 55
FIN-00301 Helsinki
Phone: +358 9 473 341
Fax: +358 9 4733 4339
Website: www.fimea.fi

Has responsibility for:

- Registration of medicinal products and sales licences
- Register on Adverse Drug Reactions
- Statistics on pharmacies

FURTHER INFORMATION

Social Insurance Institution of Finland
Nordenskiöldinkatu 12
FIN-00250 Helsinki
Phone: +358 20 43 411
Fax: +358 20 434 5058
Website: www.kela.fi

Has responsibility for:

- Sickness insurance benefits and allowances, reimbursements for medicine expenses, and disability pensions

Finnish Cancer Registry
Pieni Roobertinkatu 9
FIN-00130 Helsinki
Phone: +358 9 135 331
Fax: +358 9 135 1093
Website: www.cancer.fi

Has responsibility for:

- Statistics on cancer

Finish Centre for Pensions
Fin-00065 Eläketurvakeskus
Phone: +358 9 107511
Fax: + 358 9 14 81172
Website: www.etk.fi

Has responsibility for:

- Pensions due to reduced capacity to work

Åland

The Åland Government
P.O. Box 1060
Ax-22111 Mariehamn
Phone: +358 18 250 00
Fax: +358 18 191 55

Have responsibility for:

- Statistics on infectious diseases
- Statistics on health personnel
- Statistics on hospital services
- Statistics on health care economy

Social Insurance Institution of Finland
Statistics Finland
THL
National Agency for Medicines
Finnish National Public Health Institute
Finnish Cancer Registry

See Finland

Iceland

Statistics Iceland
Borgartún 21a
IS-150 Reykjavík
Phone: +354 528 1000
Fax: +354 528 1199
E-mail: hagstofa@hagstofa.is
Website: www.statice.is

Have responsibility for:

- Population and vital statistics
- Statistics on causes of death
- Statistics on alcohol consumption
- Statistics on health care expenditure
- National accounts

Directorate of Health
Austurströnd 5
IS-170 Seltjarnarnes
Phone: +354 510 1900
Fax: +354 510 1919
E-mail: postur@landlaeknir.is
Website: www.landlaeknir.is

Have responsibility for:

- Medical statistics on births
- Statistics on abortions
- Statistics on sterilizations
- Statistics on primary health care
- Statistics on hospital services
- Statistics on infectious diseases
- Statistics on vaccinations
- Statistics on health personnel

Icelandic Medicines Control Agency
Eiðistorg 13-15
172 Seltjarnarnes
Phone: +354 520 2100
Fax: +354 561 2170
E-mail: imca@imca.is
Website: www.imca.is

Have responsibility for:

- Statistics on pharmaceutical products

Public Health Institute of Iceland
Laugarvegur 116
IS-105 Reykjavík
Phone: +354 5 800 900
Fax: +354 5 800 901
E-mail: lydheilsustod@lydheilsustod.is
Website: www.lydheilsustod.is

Have responsibility for:

- Statistics on the use of tobacco

Icelandic Cancer Register
Skógarhlíð 8
IS-105 Reykjavík
Phone: +354 540 1900
Fax: +354 540 1910
E-mail: jongl@krabb.is; laufeyt@krabb.is;
Website: www.krabb.is

Have responsibility for:

- Statistics on cancer

FURTHER INFORMATION

Norway

Statistics Norway
P.O. Box 8131 Dep.
N-0033 Oslo
Phone: +47 21 09 00 00
Fax: +47 21 09 49 73
E-mail: ssb@ssb.no
Website: www.ssb.no

Have responsibility for:

- Population and vital statistics
- Statistics on causes of death
- Statistics on health and social conditions
- Statistics on health and social services
- Statistics on health personnel
- Statistics on hospital services
- Statistics on alcohol consumption
- Statistics on health care economy

Norwegian Institute of Public Health
P.O. Box 4404 Nydalen
N-0403 Oslo
Phone: +47 22 04 22 00
Fax: +47 23 40 81 46
E-mail: folkehelseinstituttet@fhi.no
Website: www.fhi.no

Have responsibility for:

- Statistics on sexually transmitted diseases and infectious diseases
- Statistics on tuberculosis
- Statistics on immunization
- Statistics on sale of medicinal products
- Statistics on drug prescribing

Norwegian Institute of Public Health
Department of Medical Birth Registry
Kalfarveien 31
N-5018 Bergen
Phone: +47 21 07 70 00
Fax: +47 22 35 36 05
E-mail: mfr@uib.no
Website: www.uib.no/mfr

Have responsibility for:

- Statistics on births and infant deaths
- Statistics on induced abortions

National Directorate for Health
P.O.Box. 7000 St Olavs plass
N-0130 Oslo
Phone: +47 810 200 50
Fax: +47 24 16 30 01
E-mail: postmottak@shdir.no
Website: www.helsedirektoratet.no

Have responsibility for:

- Statistics on use of tobacco
- Statistics on hospital services

FURTHER INFORMATION

Cancer Registry of Norway
Institute of population-based cancer
research
Montebello
N-0310 Oslo
Phone: +47 22 45 13 00
Fax: +47 22 45 13 70
E-mail: kreftregisteret@kreftregisteret.no
Website: www.kreftregisteret.no

Have responsibility for:
■ Statistics on cancer

Ministry of Health and Care Services
P.O. Box 8011 Dep.
N-0030 Oslo
Phone: + 47 22 24 90 90
E-mail: postmottak@hod.dep.no
Website: www.regjeringen.no/en/dep/hod

Have responsibility for:
■ Statistics on in vitro fertilization

Sweden

Statistics Sweden
P.O. Box 24 300
SE-104 51 Stockholm
Phone: +46 8 506 940 00
Fax: +46 8 661 52 61
E-mail: scb@scb.se
Website: www.scb.se

Have responsibility for:
■ Population and vital statistics
■ Statistics on health care economy

National Board of Health and Welfare
SE-106 30 Stockholm
Phone: +46 75 247 30 00
Fax: +46 75 247 33 27
E-mail: socialstyrelsen@socialstyrelsen.se
Website: www.socialstyrelsen.se

Have responsibility for:
■ Statistics on births
■ Statistics on abortions
■ Statistics on in-patients
■ Statistics on cancer
■ Statistics on causes of deaths
■ Statistics of prescribed drugs

Swedish Institute for Infectious Disease
Control
SE-171 82 Solna
Phone: +46 8 457 23 00
Fax: +46 8 32 83 30
E-mail: smittskyddsinstitutet@smi.ki.se
Website: www.smittskyddsinstitutet.se

Have responsibility for:
■ Statistics on infectious diseases
■ Statistics and information on
vaccinations

FURTHER INFORMATION

National Corporation of Swedish
Pharmacies
SE-131 88 Stockholm
Phone: +46 8 466 10 00
Fax: +46 8 466 15 15
Website: www.apoteket.se

Have responsibility for:

- Statistics on drug sales and drug prescribing

Swedish Association of Local Authorities
and Regions
SE-118 82 Stockholm
Phone: +46 8 452 70 00
Fax: +46 8 452 70 50
E-mail: info@skl.se
Website: www.skl.se

Have responsibility for:

- Statistics on health personnel
- Statistics on hospital capacity
- Statistics on health care economy

NOMESCO's Publications since 1995

NOMESKO's Publikationer siden 1995

43. Rates of Surgery in the Nordic Countries. Variation between and within nations. NOMESCO, Copenhagen 1995.
44. Health Statistics in the Nordic Countries 1993. NOMESCO, Copenhagen 1995.
45. Sygehusregistrering i de nordiske lande. NOMESKO, København 1995.
46. Classification of Surgical Procedures. NOMESCO, Copenhagen 1996.
47. Health Statistics in the Nordic Countries 1994. NOMESCO, Copenhagen 1996.
48. NOMESCO Classification of External Causes of Injuries. 3rd revised edition. NOMESCO, Copenhagen 1997.
49. Health Statistics in the Nordic Countries 1995. NOMESCO, Copenhagen 1997.
50. Health Statistics in the Nordic Countries 1996. NOMESCO, Copenhagen 1998.
51. Samordning av dödsorsaksstatistiken i de nordiska länderna. Förutsättningar och förslag. NOMESKO, Köpenhamn 1998.
52. Nordic and Baltic Health Statistics 1996. NOMESCO, Copenhagen 1998.
53. Health Statistic Indicators for the Barents Region. NOMESCO, Copenhagen 1998.
54. NOMESCO Classification of Surgical Procedures, Version 1.3. Copenhagen 1999
55. Sygehusregistrering i de nordiske lande, 2. reviderede udgave, Købehavn 1999
56. Health Statistics in the Nordic Countries 1997. NOMESCO, Copenhagen 1999.
57. NOMESCO Classification of Surgical Procedures, Version 1.4. Copenhagen 2000

NOMESCO PUBLICATIONS

58. Nordiske læger og sygeplejersker med autorisation i et andet nordisk land. København 2000.
59. NOMESCO Classification of Surgical Procedures, Version 1.5. Copenhagen 2001.
60. Health Statistics in the Nordic Countries 1998. NOMESCO, Copenhagen 2000.
61. Health Statistics in the Nordic Countries 1999. NOMESCO, Copenhagen 2001.
62. Nordic/Baltic Health Statistics 1999. NOMESCO, Copenhagen 2001.
63. NOMESCO Classification of Surgical Procedures, Version 1.6. Copenhagen 2002
64. Health Statistics in the Nordic Countries 2000. NOMESCO, Copenhagen 2002.
65. NOMESCO Classification of Surgical Procedures, Version 1.7. Copenhagen 2003
66. Health Statistics in the Nordic Countries 2001. NOMESCO, Copenhagen 2003
67. Sustainable Social and Health Development in the Nordic Countries. Seminar 27th May 2003, Stockholm. NOMESCO, Copenhagen 2003
68. NOMESCO Classification of Surgical Procedures, Version 1.8. Copenhagen 2004
69. Health Statistics in the Nordic Countries 2002. NOMESCO, Copenhagen 2004
70. NOMESCO Classification of Surgical Procedures, Version 1.9:2005. Copenhagen 2004
71. Nordic/Baltic Health Statistics 2002. NOMESCO, Copenhagen 2004.
72. Medicines Consumption in the Nordic Countries 1999-2003. NOMESCO, Copenhagen 2004.
73. Health Statistics in the Nordic Countries 2003. NOMESCO, Copenhagen 2005.

74. NOMESCO Classification of Surgical Procedures, Version 1.10:2006. Copenhagen 2005
75. Health Statistics in the Nordic Countries 2004. NOMESCO, Copenhagen 2006.
76. Smedby, Björn and Schiøler Gunner: Health Classifications in the Nordic Countries. Historic development in a national and international perspective 2006. NOMESCO, Copenhagen 2006
77. NOMESCO Classification of Surgical Procedures, Version 1.11:2007 Copenhagen 2006
78. Sustainable Social and Health Development in the Nordic Countries. Seminar, 6th April 2006, Oslo. Seminar Report. NOMESCO, Copenhagen 2006
79. NOMESCO Classification of External Causes of Injuries. Fourth revised edition. NOMESCO, Copenhagen 2007
80. Health Statistics in the Nordic Countries 2005. NOMESCO, Copenhagen 2007.
81. NOMESCO Classification of Surgical Procedures, Version 1.12:2008 Copenhagen 2007
82. Health Statistics in the Nordic Countries 2006. NOMESCO, Copenhagen 2008
83. NOMESCO Classification of Surgical Procedures, Version 1.13:2009
84. Nordic-Baltic Health Statistics 84:2009. NOMESCO, Copenhagen 2009
85. Health Statistics in the Nordic Countries 2007. NOMESCO, Copenhagen 2009
86. Health Statistics in the Nordic Countries 2007 Booklet Copenhagen 2009
87. NOMESCO Classification of Surgical Procedures, Version 1.14:2010
88. Medicines Consumption in the Nordic Countries 2004-2008. NOMESCO, Copenhagen 2010
89. Health Statistics in the Nordic Countries 2008, NOMESCO, Copenhagen 2010
90. Temasektion vedrørende kvalitetsindikatorer, NOMESCO's Helsestatistik for de Nordiske lande 2009, NOMESCO, Copenhagen 2010

NOMESCO PUBLICATIONS

91. Health Statistics in the Nordic Countries 2008 Booklet Copenhagen 2010
92. NOMESCO Report on Mortality Statistics – Theme section 2010, NOMESCO, Copenhagen 2010
93. NOMESCO Classification of Surgical Procedures, Version 1.15:2011
94. Health Statistics in the Nordic Countries 2011 with data from 2009, NOMESCO, Copenhagen 2012