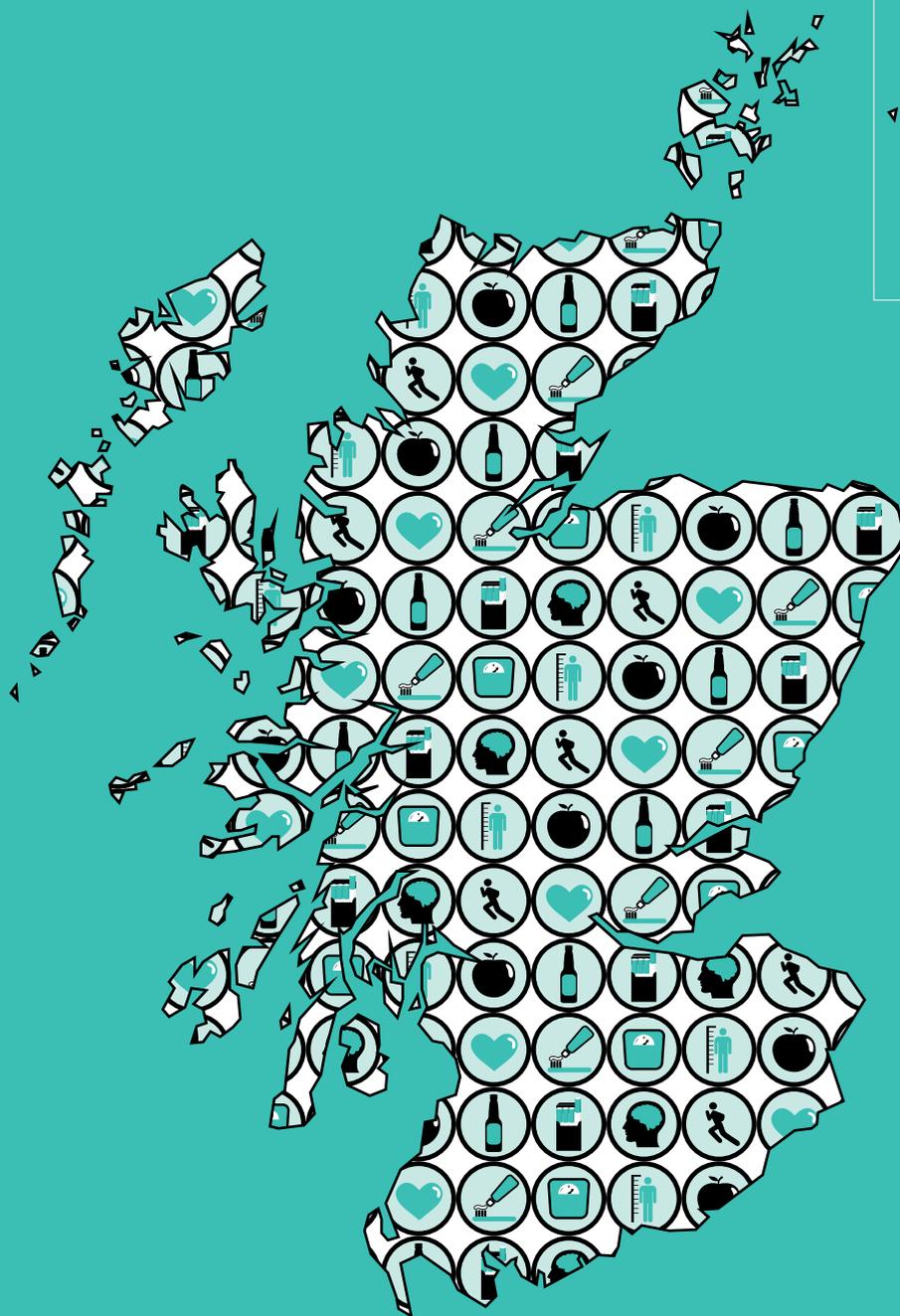
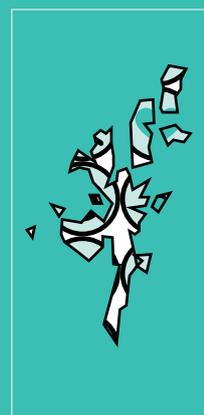




The Scottish
Government
Riaghaltas na h-Alba



The Scottish Health Survey

2012 edition | summary

A National Statistics Publication for Scotland

SUMMARY OF KEY FINDINGS FROM THE 2012 SCOTTISH HEALTH SURVEY

INTRODUCTION

The Scottish Health Survey (SHeS) series is commissioned by the Scottish Government Health Directorates to provide reliable information on the health and factors related to health of people living in Scotland that cannot be obtained from other sources. The series aims to:

- estimate the occurrence of particular health conditions
- estimate the prevalence of certain risk factors associated with health
- look at differences between regions and between subgroups of the population
- monitor trends in the population's health over time
- make a major contribution to monitoring progress towards health targets

Key findings from the 2012 survey are presented here alongside trends, some of which extend back as far as 1995. Further discussion of the findings and full documentation of the survey's methods and questionnaire can be found in the 2012 annual report available from the Scottish Government Scottish Health Survey website: www.scotland.gov.uk/scottishhealthsurvey. The report is accompanied by an extensive set of web tables for 2012 and an updated set of trend tables.

ABOUT THE SURVEY

The sample

SHeS has been designed to provide data on the health of adults (aged 16 and above) and children (aged 0-15) living in private households in Scotland annually. In 2012, 4815 adults and 1787 children took part in the survey. Representative data for adults in each NHS Health Board will be available in 2016, after four years of data collection (2012-2015).

The interview

The principal focus of the 2012-2015 surveys is cardiovascular disease (CVD) and related risk factors. Some questions and topics are asked annually while others are biennial. In addition to the questionnaire, height and weight measurements are collected. A subsample of adults also complete a biological module which includes blood pressure and waist circumference measurements along with urine and saliva sample collection. Participants are also asked for permission to link survey responses to their NHS health records. Key survey topics included in 2012 were:

- mental health and wellbeing
- cardiovascular disease, hypertension and diabetes
- eating habits, including fruit and vegetable consumption
- smoking and drinking
- physical activity
- dental health
- gambling behaviour

The 2012 survey was carried out by ScotGen Social Research, the MRC/CSO Social and Public Health Sciences Unit (MRC/CSO SPHSU) based in Glasgow, The Centre for Population Health Sciences at the University of Edinburgh and The Public Health Nutrition Research Group at Aberdeen University.

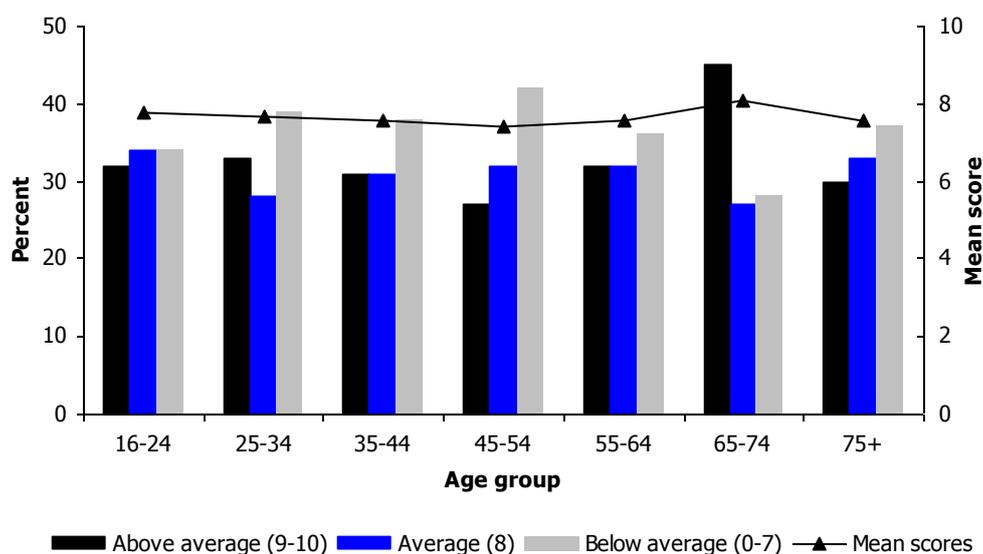
Self-assessments of general health

- In 2012 around three quarters (74%) of adults (aged 16 and over) described their health as either ‘good’ or ‘very good’, while 9% described it as ‘bad’ or ‘very bad’.
- There has been a statistically significant decline in the proportion of women describing their health as either ‘good’ or ‘very good’ since 2009 (from 77% to 73% in 2012). The proportion of men with a positive assessment of their health has remained stable (between 75% and 77%) since 2008.

Wellbeing

- The mean score for adults on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) in 2012 was 49.9. Average wellbeing has not significantly changed since WEMWBS was introduced in the 2008 survey (50.0).
- In line with findings from previous years, men had a significantly higher wellbeing score than women (50.4 and 49.4 respectively).
- The General Health Questionnaire (GHQ12) is a widely used standard measure of mental distress and psychological ill-health. In 2012, one in six (15%) adults exhibited signs of a possible psychiatric disorder (a GHQ12 score of 4 or more) with women significantly more likely than men to have a high score (of 4+) (17% versus 13%).
- GHQ12 scores have remained fairly stable over time with the proportion of adults (aged 16 to 64) with a high score ranging between 15% and 16% since 1995.
- Mean life satisfaction scores in 2012 were identical for men and women (7.7 on a scale of 0 to 10 where 10 is extremely satisfied). The average score was lowest for those aged 45-54 (7.4).

Figure 1
Life satisfaction scores, 2012, by age and sex



Caring

- In 2012 one in six adults reported regularly providing unpaid care to someone else.
- Women were more likely than men to provide regular care (20% versus 17%). Caring responsibilities varied by age with those aged 55-64 most likely to care for someone else (31% compared with around one in ten (9%) of those aged 16-24 or 75 and over).

- Five percent of boys and girls aged 4 to 15 provided regular care for someone else in 2012. Older children (aged 12 to 15) were most likely to report providing caring for someone else (10% compared with 2% of those aged 4-11).

DENTAL HEALTH

(Chapter 2)

- In 2012 nine in ten adults (aged 16 and above) had some natural teeth. Men were more likely than women to report having some natural teeth (91% versus 88%).
- Since 1995, the proportion of 16 to 64 year olds with no natural teeth has steadily declined (11% had all false teeth in 1995, by 2012 this had declined to 4%).
- In 2012 over a quarter (28%) of adults reported experiencing bleeding gums in the previous month. Around one in eight (12%) said they often or occasionally had difficulty in chewing food (13% of men and 11% of women).

ALCOHOL CONSUMPTION

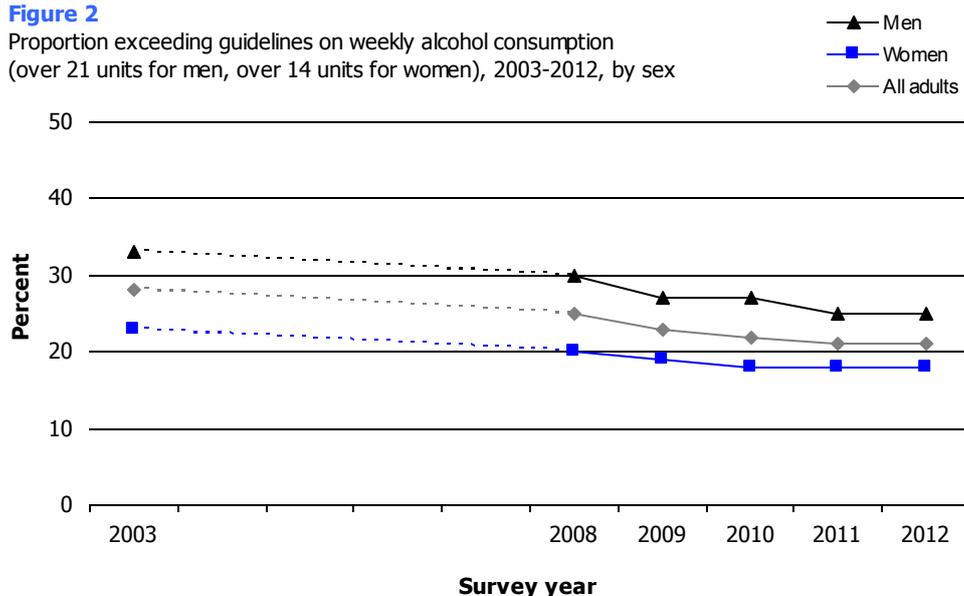
(Chapter 3)

Weekly alcohol consumption levels

- It is recommended that, over the course of a week, men and women should not exceed 21 units and 14 units respectively. In 2012 men drank an average of 15.2 units per week while women drank 7.6 units.
- Average unit consumption has fallen since 2003. In 2012 men drank an average of 4.6 units less per week than in 2003 (19.8 units in 2003 and 15.2 units in 2012). Average unit consumption for women declined from 9.0 units per week in 2003 to 7.6 units in 2012.
- A quarter of men and 18% of women drank at hazardous or harmful levels (more than 21 units per week for men and more than 14 units for women) in 2012. Hazardous or harmful drinking prevalence has declined since 2003 although levels did not change significantly between 2011 and 2012.

Figure 2

Proportion exceeding guidelines on weekly alcohol consumption (over 21 units for men, over 14 units for women), 2003-2012, by sex



Daily alcohol consumption levels

- Women should not regularly drink more than 2 to 3 units of alcohol per day and men should not regularly exceed 3 to 4 units per day. In 2012 men drank an average of 5.6

units of alcohol on their heaviest drinking day in the week prior to interview. The equivalent figure for women was 2.8 units.

- On their heaviest drinking day, 42% of men and 30% of women exceeded the recommended daily maximum. A quarter of men and 15% of women drank more than twice the recommended daily amount.
- Average daily unit consumption has declined since 2003 from 6.5 to 5.6 units for men and from 3.6 to 2.8 units for women. There has also been a decline in the proportion of men and women drinking more than the recommended daily amount (from 45% in 2003 to 42% in 2012 for men and from 37% to 30% for women). The proportion drinking more than twice the recommended daily amount has also declined slightly since 2003 for both men (from 29% to 25% in 2012) and women (from 19% to 15% in 2012).

Adherence to weekly and daily drinking advice

- Just under half (47%) of men and 35% of women drank outwith the government's guidelines on daily and weekly drinking in 2012.

Problem drinking

- One in five (19%) adults in Scotland exhibited signs of a possible alcohol use disorder according to their scores on the Alcohol Use Disorders Identification Test (AUDIT) screening tool, with men significantly more likely than women to do so (25% compared with 13% of women).
- Men in low income households were more likely than those with higher household incomes to display signs of harmful drinking or possible alcohol dependence based on the AUDIT score (11% compared with only 2% in the highest income quintile).
- When compared with men living in Scotland's least deprived areas (Scottish Index of Multiple Deprivation (SIMD) quintile 5), those living in the 20% most deprived areas (SIMD quintile 1) were significantly more likely to exhibit signs of a potential alcohol use disorder (32% versus 21%).

SMOKING

(Chapter 4)

Smoking prevalence

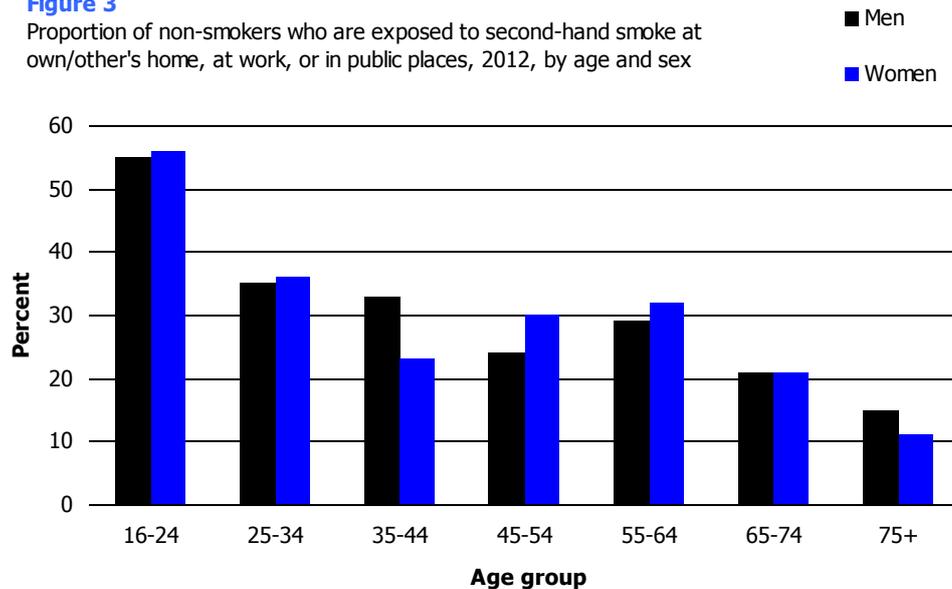
- In 2012, one in four adults (aged 16 and above) was a current cigarette smoker (25% of men and 24% of women) with those aged 25 to 44 most likely to smoke (29%).
- Smoking prevalence among those aged 16 to 64 has declined from 35% in 1995 to 27% in 2012 with women experiencing a steeper decline than men (from 36% to 26% in 2012).
- Smokers smoked an average of 13.5 cigarettes per day in 2012 (14.7 for men and 12.4 for women). The average number of cigarettes smoked per day has declined over time. In 1995 male smokers (aged 16 to 64) smoked an average of 18.1 cigarettes per day; by 2012 this had declined to 14.7. The equivalent figures for women (aged 16 to 64) were 15.4 cigarettes per day in 1995 and 12.3 per day in 2012.

Exposure to second-hand smoke

- In 2012 one in six (17%) non-smoking adults were exposed to second-hand smoke in their own or someone else's home and 16% reported exposure in a public place. Of the public places asked about, reported exposure was greatest outside buildings (e.g. pubs, shops, hospitals) with 11% of non-smoking adults reporting being exposed in this way.
- Adults' exposure to second-hand smoke in the home has declined over the years. In 1998, 33% of 16 to 74 year olds were exposed in the home whereas by 2012 this had almost halved to 18%.

Figure 3

Proportion of non-smokers who are exposed to second-hand smoke at own/other's home, at work, or in public places, 2012, by age and sex



Smoking rules in the home

- One in five (19%) children (under 16) lived in a household where someone smokes within the home in 2012. A lower proportion, 12%, reported being exposed to smoke in the home, potentially indicating that some efforts are being taken to minimise children's direct exposure to smoke.
- In 2012, 13% of adults and 4% of children lived in households where there was no restriction placed on smoking indoors; 15% of both adults and children lived in households where smoking was permitted indoors but only in certain areas or rooms; most (59% of adults and 68% of children) lived in a household where smoking indoors was not permitted.

Smokers' desire to quit and quit attempts

- Around three-quarters (73%) of smokers said that they would like to quit with those aged 35 to 54 most likely to want to do so (82% to 84%). 38% of smokers had attempted to quit once or twice in their lifetime while 41% had tried to give up on three or more occasions.

Nicotine Replacement use

- In 2012, four in ten smokers and recent ex-smokers had used nicotine replacement therapy (NRT) during the three months prior to interview with women more likely than men to have done so (42% and 38% respectively).
- The most common NRT products used were nicotine skin patches (27%) nicotine gum (11%) and nasal sprays/nicotine inhalers (10%).

DIET

(Chapter 5)

Adult fruit and vegetable consumption

- Adults consumed an average of 3.1 portions of fruit and vegetables per day in 2012 (3.0 portions for men and 3.2 portions for women) with one in five eating the recommended 5-a-day (19% of men and 21% of women).
- Older people tended to eat the most fruit and vegetables. Those aged 65-74 consumed a mean of 3.4 portions per day while 16-24 year olds consumed an average 2.8 portions per day.

- Adult fruit and vegetable consumption has changed very little over the years (mean portion consumption was 3.1 in 2003 and 2012).

Child fruit and vegetable consumption

- Children aged 2 to 15 consumed an average of 2.7 portions of fruit and vegetables per day in 2012. Just one in seven (13%) children consumed the recommended 5 or more portions per day, with those aged 2-4 most likely to do so (17%).
- The proportion of children aged 5 to 15 meeting the 5-a-day target has not changed significantly since 2003 (12% in 2003 and 11% in 2012).
- Although mean portion consumption for children (aged 5 to 15) has remained steady since 2003 (fluctuating between 2.6 and 2.7), a decrease in boys' consumption (from 2.6 in 2003 to 2.4 in 2012) and an increase for girls (from 2.6 to 2.8 portions) resulted in a significant difference between boys and girls' consumption in 2012.

PHYSICAL ACTIVITY

(Chapter 6)

Adult physical activity

- In 2012, 62% of adults (aged 16 and over) were active at the recommended level (75 minutes of vigorous physical activity per week – MVPA) with men more likely than women to meet the guideline (67% versus 58%).
- As a new MVPA guideline was introduced in 2012 it isn't possible to measure adherence to it in earlier years. Based on the old guideline (30 minutes on 5 days a week) there has been no significant change in activity levels in recent years (39% in 2008, 38% in 2012)
- The proportion of men who were active at the recommended level declined fairly steadily from 83% at age 16-24 to 56% for those aged 65-74, and then to 31%, at age 75 and over. For women, 64%-68% of those aged 16-54 were active at the recommended level. Adherence dropped to 52%-53% at age 55-74 and then more than halved to 21% among those aged 75 and over.
- In 2012, just over a quarter (27%) of adults met the new guideline to do activities that strengthen the muscles on at least two days a week (30% of men and 23% of women).
- Adherence to the muscle-strengthening guideline declined steadily with age, from 48% at age 16-24 to just 5% of those aged 75 and over.
- In 2012, just over half (55%) of adults had participated in sport in the previous month (60% of men and 50% of women). The most popular sporting activities were: working out at a gym (15%), swimming (14%), exercises (13%) and running (12%).

Adult sedentary activity

- In 2012, adults (aged 16 and above) reported sitting in their leisure time for a mean of 5.5 hours on weekdays (5.5 hours for men and 5.4 hours for women) and 6.0 hours on weekend days (6.1 for men and 5.9 for women).

Child physical activity

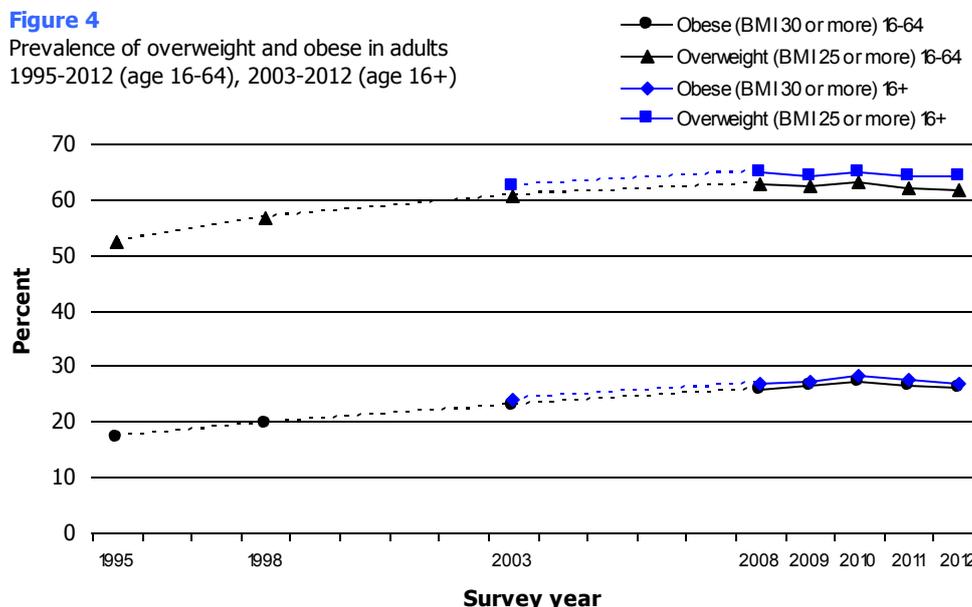
- In 2012, 70% of children aged 2-15 were active for at least 60 minutes a day (including school-based activity) with boys significantly more likely than girls to meet the guideline (73% versus 68%). The proportion of children meeting the physical activity guideline has not changed significantly since 2008 (71%).
- Eight in ten children aged 5-7 met the physical activity guideline, at age 13-15 55% did. The drop in the proportion meeting the guideline was most pronounced between the ages of 11-12 (68%) and 13-15 (55%), particularly for girls, for whom there was a 21 percentage point drop in participation levels between these age groups (from 66% to 45%).
- Children's participation in sports and exercise increased between 1998 and 2009 (from 69% to 73%) before declining to 66% in 2012.

Adult obesity

- Almost two-thirds (64.3%) of adults (aged 16 and above) were either overweight or obese (BMI of 25 kg/m² or above) in 2012, with men significantly more likely than women to be (68.2% versus 60.4%).
- Over a quarter (27.1%) of adults were obese (body mass index (BMI) of 30 kg/m² or above).
- The proportion of adults aged 16-64 classified as obese has increased significantly since 1995 (from 17.2% to 26.1% in 2012), although the level has remained fairly constant since 2008. Over the same period, the proportion who were overweight or obese increased from 52.4% to 61.9%, again showing some stability in more recent years.
- The mean BMI for both men and women in 2012 was 27.3 kg/m².
- Mean BMI for adults aged 16-64 increased from 25.8 kg/m² in 1995 to 27.1 kg/m² in 2012, with little change since 2008.

Figure 4

Prevalence of overweight and obese in adults
1995-2012 (age 16-64), 2003-2012 (age 16+)

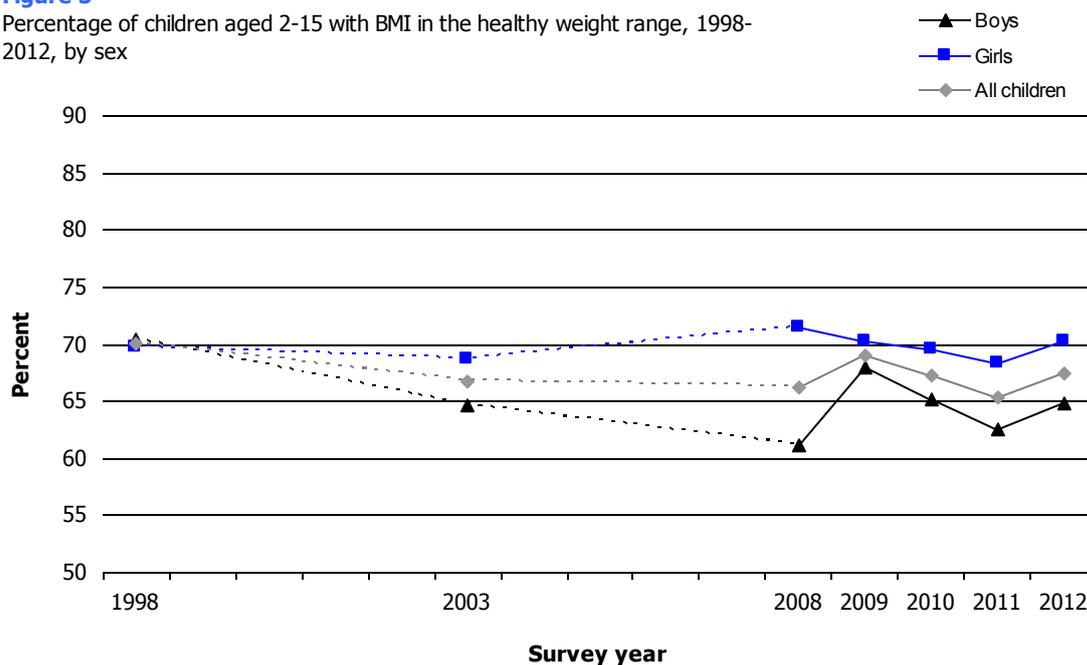


Child obesity

- In 2012, two-thirds (67.5%) of children aged 2-15 be a healthy weight (BMI >2nd percentile and < 85th percentile).
- Girls were more likely than boys to be a healthy weight (70.3% versus 64.9%). Those aged 12-15 were least likely to have healthy weight (59.5% of boys and 60.9% of girls).
- One in six children in Scotland were at risk of obesity in 2012 (at or above the 95th percentile), with a further 13.8% at risk of being overweight (at or above the 85th percentile, and below the 95th).
- Boys were more likely than girls to be at risk of obesity (19.7% versus 13.7%). Older children (aged 12-15) were most likely to be at risk of obesity (26.1% of boys and 18.3% of girls).
- Less than 2% of children were at risk of underweight (at or below the second percentile) in 2012, with girls slightly more likely to be so than boys (2.3% compared with 1.4%).
- The proportion of children aged 2 to 15 at risk of obesity rose from 14.3% to 16.6% between 1998 and 2008 but has remained stable since then (16.8% in 2012). The proportion at risk of overweight including obese also increased from 29.1% in 1998 to 32.8% in 2008 but again, since then, has fluctuated with no clear pattern (30.6% in 2012).

Figure 5

Percentage of children aged 2-15 with BMI in the healthy weight range, 1998-2012, by sex



LONG-TERM CONDITIONS

(Chapter 8)

Prevalence of long-term conditions

- In 2012, 46% of adults in Scotland reported having a long-term condition - a physical or mental health condition or illness lasting - or likely to last - for twelve months or more. A third (32%) had a long-term condition that limited their daily activities in some way.
- In line with findings from previous years, women were more likely than men to report having a long-term condition (including limiting long-term conditions) in 2012. Prevalence increased with age for both men and women.

Asthma

- Since 1998 the proportion of adults (aged 16 to 74) with doctor-diagnosed asthma has increased from 11% to 17% (2012).
- Asthma prevalence differs across age groups with 28% of those aged 16-24 reporting in 2012 that they had asthma compared with 11% of those aged 75 and over.
- One in seven children (aged 2 to 15) in Scotland had been diagnosed with asthma by a doctor, with boys significantly more likely than girls to have a diagnosis (15% versus 9%).
- Asthma prevalence in children declined from 18% in 1998 to 13% in 2012, with a more pronounced drop among girls than boys (from 16% to 10%).

Chronic obstructive pulmonary disease (COPD)

- In 2012, 4.0% of adults had been diagnosed with COPD by a doctor, similar to the level in 2008 (3.8%).
- COPD prevalence increased with age, with less than 0.5% of those aged 16 to 34 reporting in 2012 that they had a diagnosis compared with one in ten (9.6%) of those aged 75 and above.

Cardiovascular (CVD) conditions and diabetes

- In 2012, one in six (16.2%) adults aged 16 and over had a CVD condition.
- The proportion of adults (aged 16 to 64) with a CVD condition increased from 8.7% to 10.8% between 1995 and 2012.

- In 2012, 5.5% of all adults (aged 16 and over) in Scotland had diabetes.
- The proportion of adults (aged 16 to 64) with doctor-diagnosed diabetes increased from 1.5% in 1995 to 3.7% 2012.

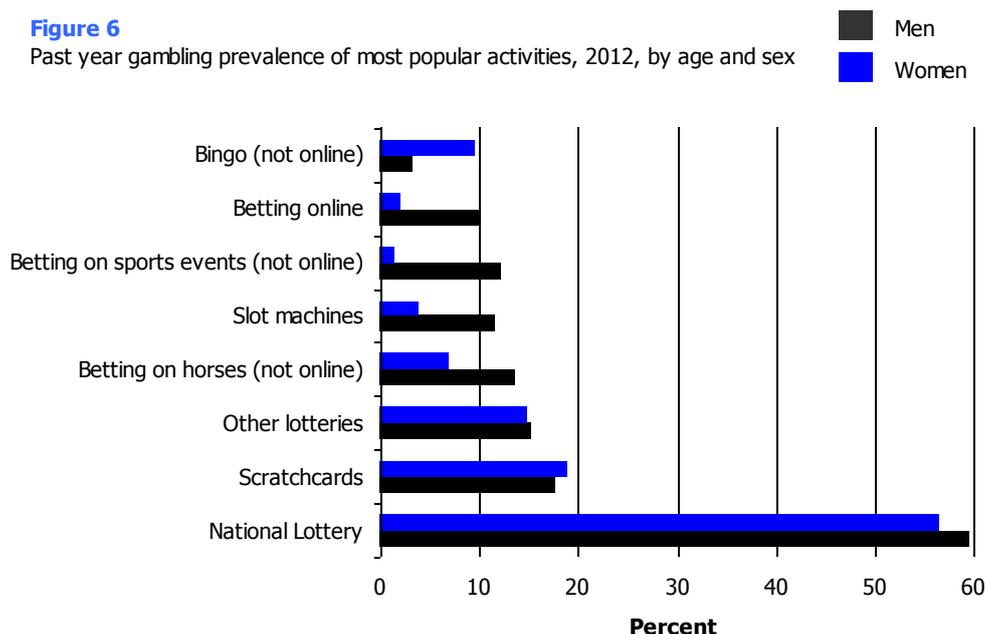
GAMBLING BEHAVIOUR

(Chapter 9)

- In 2012, seven in ten adults in Scotland reported gambling in the previous 12 months, with men significantly more likely than women to have done so (74% versus 67%).
- The most popular form of gambling activity was buying tickets for the National Lottery Draw (with 58% having done so in the previous year). 18% percent purchased scratchcards, 15% took part in other lotteries and one in ten (10%) bet on horses (not online).

Figure 6

Past year gambling prevalence of most popular activities, 2012, by age and sex



- One in twelve adults (8%) participated in online gambling (not including the National Lottery) in the previous 12 months, with men three times more likely than women to have done so (12% versus 4%).
- Gambling participation was typically highest among those aged 25-54. However, when play on the National Lottery only was excluded, participation rates were highest among those aged 16-24 (64% of men and 47% of women).
- In 2012, adults took part in 1.6 types of gambling activities on average in the previous year with men participating in a greater number of activities than women (1.9 activities compared with 1.3 for women).
- Around one in ten adults (11%) took part in four or more different forms of gambling with younger people, and young men (particularly those aged 25-34), most likely to do so.
- In 2012, 0.7% of adults in Scotland (approximately 31,000 people) were identified as problem gamblers according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) screening tool. A second screening tool, the Problem Gambling Severity Index (PGSI), also estimated problem gambling prevalence to be 0.7%.
- Men were more likely than women to be problem gamblers (PGSI 1.4% of men and 0.2% of women).
- According to the PGSI, in 2012, a further 3% of adults were at 'low risk' of harm from their gambling behaviour and 1% were at 'moderate risk.'

A NATIONAL STATISTICS PUBLICATION FOR SCOTLAND

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SCOTTISH GOVERNMENT STATISTICIAN GROUP

Our Aim

To provide relevant and reliable information, analysis and advice that meet the needs of government, business and the people of Scotland.

For more information on the Statistician Group, please see the Scottish Government website at www.scotland.gov.uk/statistics

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