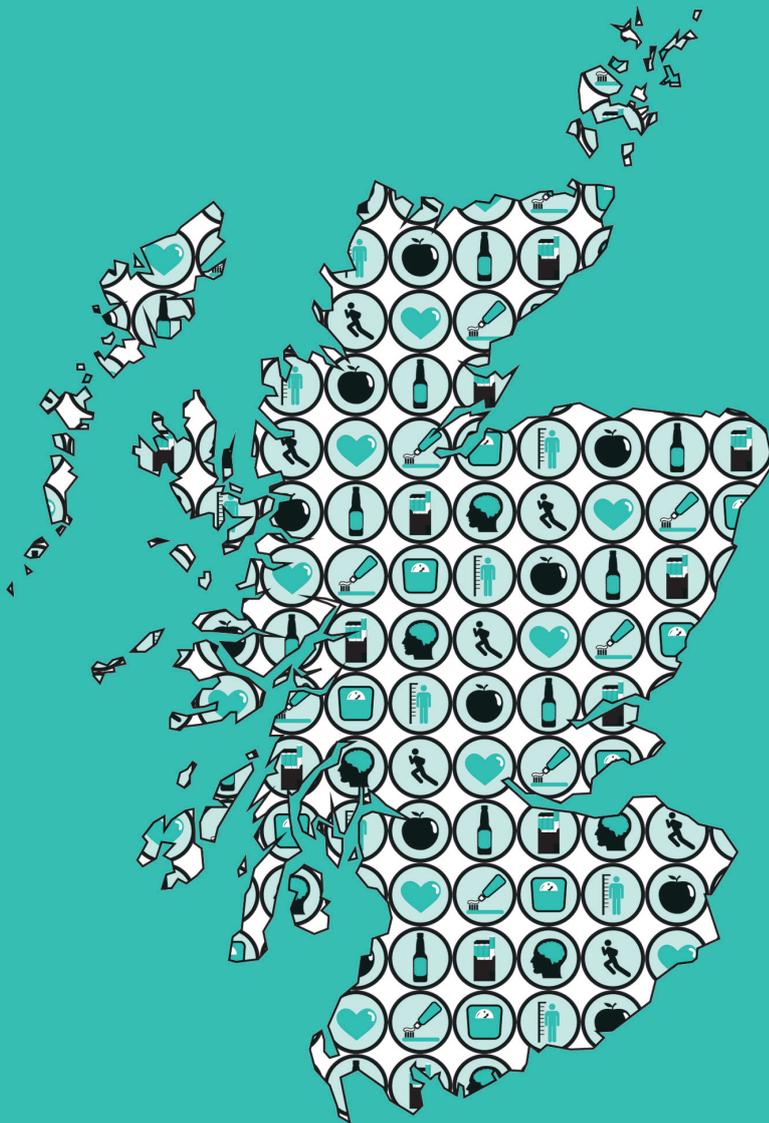




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The Scottish Health Survey

2018 edition | Summary

A National Statistics Publication for Scotland

SUMMARY

The Scottish Health Survey (SHeS) 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 2018 survey are presented here alongside some trends. Further discussion of the findings and full documentation of the survey’s methods and questionnaire can be found in the 2018 annual report available from the Scottish Health Survey website: www.gov.scot/scottishhealthsurvey. The report is accompanied by an extensive set of web tables for 2018 and updated trends for key measures.

Key indicators for NHS health boards and some local authorities (where the sample is large enough) are available in the new Scottish Health Survey App published on the Scottish Government SHeS website alongside this report.

Further breakdowns are also available for smoking, long-term conditions, general health and caring indicators from the Scottish Survey Core Questions, which ask harmonised questions across the three major Scottish Government household surveys, available here: www2.gov.scot/Topics/Statistics/About/Surveys/SSCQ.

ABOUT THE SURVEY

The sample

SHeS has been designed to provide data on the health of adults (aged 16 and over) and children (aged 0-15) living in private households in Scotland annually. It provides data for NHS Health Boards by combining data over four years. In 2018, 4,810 adults and 1,983 children took part in the survey.



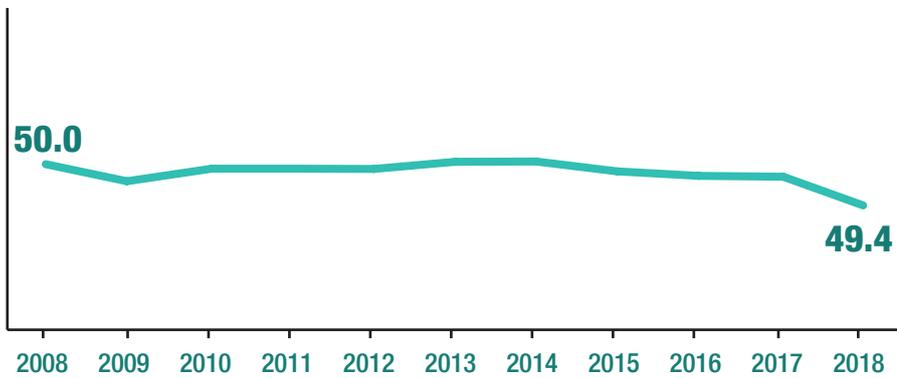
The interview

The principal focus of the survey is cardiovascular disease (CVD) and related risk factors. Some questions and topics are asked annually while others vary from year to year. In addition to the questionnaire, height and weight measurements are collected from everyone aged 2 and over. Each year a sub-sample of adults also completes a biological module which includes blood pressure and waist circumference measurements along with saliva sample collection. Participants are also asked for permission to link survey responses to their administrative NHS health records. Key topics included in the 2018 survey were:



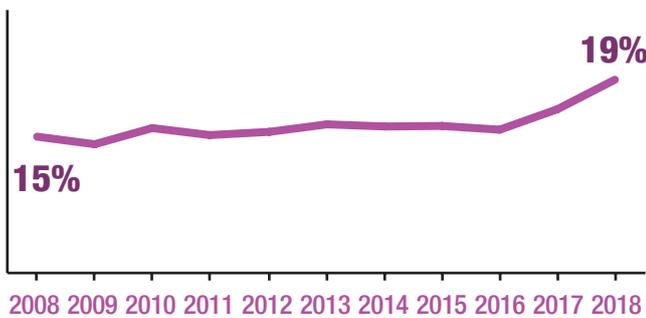
CHAPTER 1 MENTAL HEALTH AND WELLBEING

In 2018, the WEMWBS mean score (measuring mental wellbeing) for adults was 49.4, not significantly different to 2017 but the lowest since the time series began in 2008.

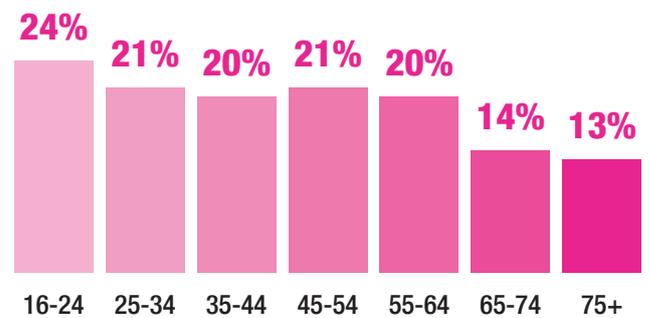


- The lowest WEMWBS mean scores among all adults were for men aged 35-44 (47.2) and men aged 45-54 (47.6); the lowest WEMWBS mean score among women was for those aged 16-24 at 48.2.

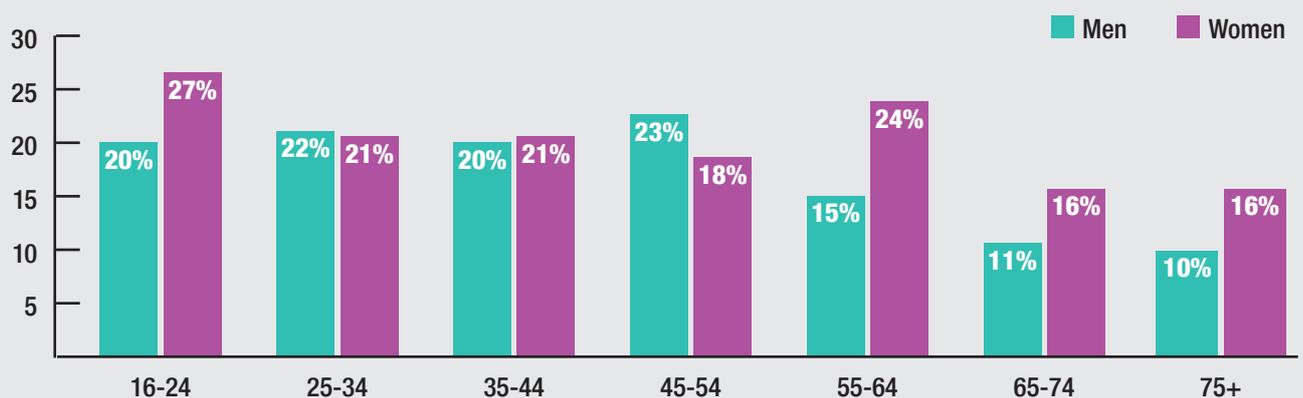
In 2018, 19% of adults exhibited signs of a possible psychiatric disorder (GHQ-12 score of four or more) the highest in the time series.



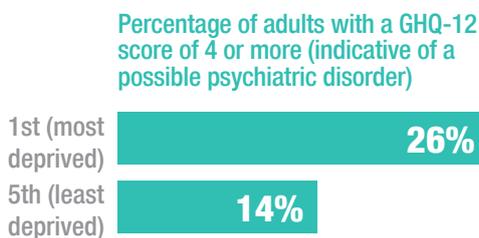
The percentage of adults with a GHQ-12 score of four or more significantly decreased with age from 24% among those aged 16-24, to 13% among those aged 75 and above.



The highest proportions of a GHQ-12 score of four or more were found among women aged 16-24 and 55-64; the highest proportion of men with a GHQ-12 score of four or more was found among those aged 45-54.



Mental health and wellbeing continued to be clearly linked to deprivation.



CHAPTER 2 GENERAL HEALTH, CARDIOVASCULAR CONDITIONS AND CARING



71% of adults, in 2018, described their health as 'good' or 'very good', the lowest recorded since 2008.

Adults who assessed their general health to be 'good' or 'very good' varied by age:



85%
aged 16-24



68%
aged 45-64

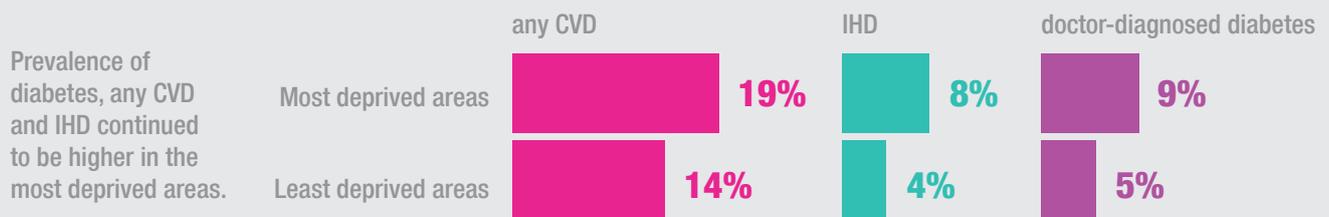


57%
aged 75+



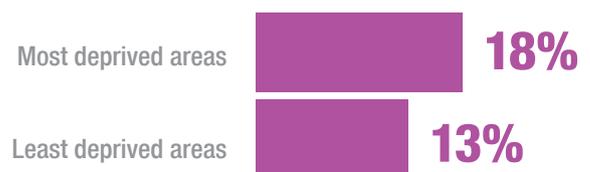
94% of children described their health as 'good' or 'very good', with little change from previous years.

- In 2018, 16% of adults reported having any CVD (cardiovascular disease), with 7% reporting having doctor-diagnosed diabetes (primarily type 2 – 6%), 20% having any CVD or diabetes, 5% having IHD (ischaemic heart disease), 3% having a stroke and 7% having a stroke or IHD.



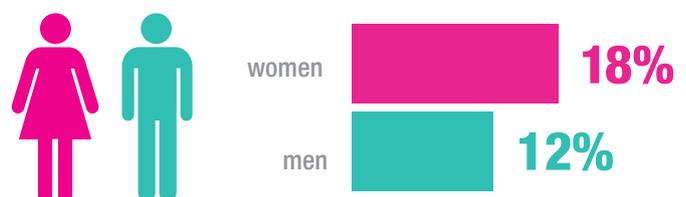
- The proportion of adults providing unpaid care for a family member, friend or someone else remained at 15% among those aged 16 and over and 4% for children aged 4-15.

Provision of unpaid care was higher among adults living in the most deprived areas compared with the least deprived areas.



- The largest proportion of carers spent up to 19 hours per week providing unpaid care in 2017/18 (32% up to 4 hours and 34% 5-19 hours per week). Nearly twice as many of those aged 65 and over (22%) reported providing 50 hours or more, compared with 12% of those aged 16-44 and 2% of those aged 4-15.

Unpaid care provision was higher among women than men.



- 7 in 10 unpaid carers aged 4 and over reported receiving no help or support (69%), with a significant variation between those who provided care for fewer than 35 hours per week (75%) and those who provided 35 hours or more of unpaid care per week (40%).

Average age standardised WEMWBS scores amongst care givers showed that mental wellbeing was significantly lower among those who spent a greater number of hours per week providing unpaid care.

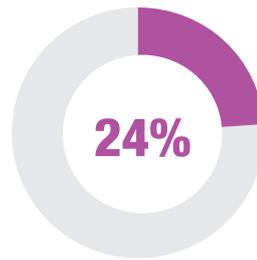
51.2
among those caring for up to 4 hours a week



44.4
among those caring between 35-49 hours a week

CHAPTER 3 ALCOHOL

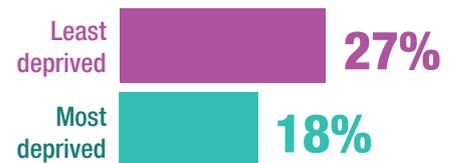
- Since 2013, hazardous or harmful drinking (over 14 units a week) has remained at similar levels, fluctuating between 24% and 26% (24% in 2018), as has non-drinking, fluctuating between 16% and 17% (16% in 2018).



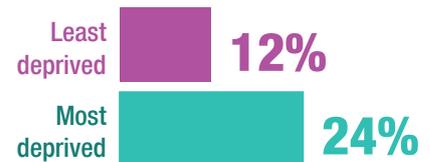
of adults drank at hazardous or harmful levels, the same figure as in 2017, but down from 34% in 2003.



People living in the **least deprived areas** were more likely to drink at hazardous or harmful levels than those living in the **most deprived areas**.



People living in the **least deprived areas** were less likely to be non-drinkers than those in the **most deprived areas**.



- Among men, the highest prevalence of hazardous or harmful drinking was found among those aged 55-64 (36%) and for women, prevalence peaked within the 45-54 age group (22%).

The mean number of units of alcohol consumed per week by adult drinkers decreased between 2003 and 2013 and has remained around the same level since.



- For men, the highest mean consumption was among those aged 45-54 (18.5 mean units per week); for women the highest mean consumption was among those aged 16-24 (11.6 mean units per week).
- The mean number of days on which adult drinkers drank alcohol in the last week increased with age; from 2.0 for those aged 16-24 to 3.6 for those aged 75 and over.
- The percentage of men drinking more than four units on their heaviest drinking day declined significantly between 2003 (45%) and 2018 (36%). The percentage of women drinking more than three units on their heaviest drinking day also declined significantly between 2003 (37%) and 2018 (28%).

CHAPTER 4 SMOKING



19% of adults smoked in 2018. This was not significantly different to 2017, but the rate has fallen significantly since 2003 (28%).

The percentage of adults who had never smoked regularly or at all was at its highest level in 2018 at 59%. The figure had risen from 50% in 2003 to 55% in 2011 and since then had remained fairly stable (54–56%) until the increase in 2018.

There has been a steady decline over time in the mean number of cigarettes smoked per day by current adult smokers; in 2003, the average was 15.3, falling to 11.8 per day in 2018.

17% of women reported they currently smoked in 2018, down from 28% in 2003.

21% of men reported they currently smoked in 2018, down from 29% in 2003.

The mean number of cigarettes smoked per day among current smokers increased with age, from 7.8 among those aged 16-24 to 16.2 among those aged 65-74; there was a subsequent decline to an average of 13.3 cigarettes per day among those aged 75 and over.

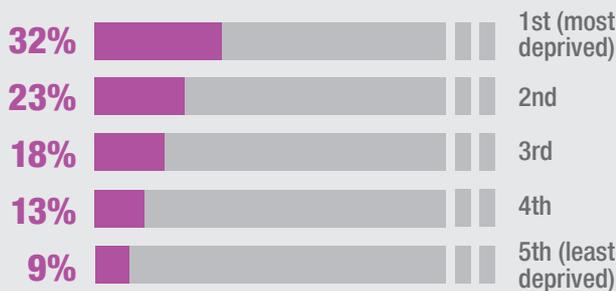
Women smoked on average...

10.8 cigarettes per day in 2018, down from 14.7 in 2003.

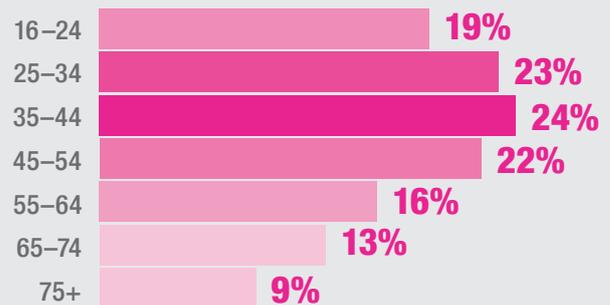
Men smoked on average...

12.7 cigarettes per day in 2018, down from 15.9 in 2003.

In 2018, adults living in the most deprived areas continued to be around 3 times more likely to smoke than those in the least deprived areas.



Current smoker prevalence was highest among those aged 25-54.



As in every year since 2015, the proportion of current e-cigarette users in 2018 was 7%, having increased from 5% in 2014.



In 2018, a higher proportion of men than women reported currently using e-cigarettes; in previous recent years there had been no significant difference between the sexes (in 2016 and 2017 7% of both men and women were current users).

6% of women used e-cigarettes.

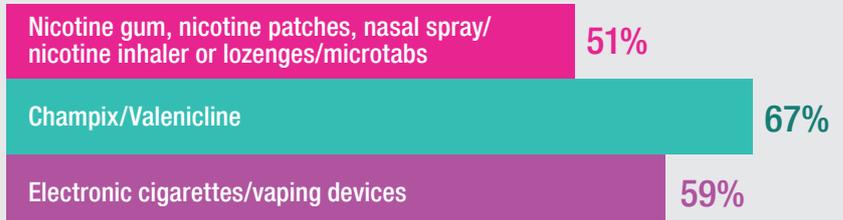
8% of men used e-cigarettes.

The prevalence of e-cigarette use was highest among the middle age groups (8-11% among those aged 25-54) and lower for the youngest (5% among those aged 16-24) and older adults (1-6% for those aged 55 and over).

The proportion of current e-cigarette users who were also current regular smokers was significantly lower in 2017/18 combined (42%) than in 2014/15 combined (60%).

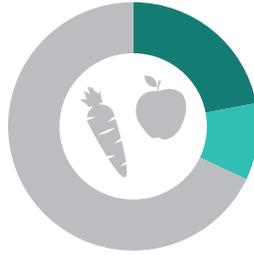
In 2018, among ex-smokers or those who had attempted to stop smoking, 27% had used nicotine gum, nicotine patches, a nasal spray/nicotine inhaler or lozenges/microtabs, around a fifth (18%) had used an electronic cigarette/vaping device and 5% had used prescriptions of Champix/Valeniclina or Zyban/Bupropion in their most recent attempt to quit. Over half (59%) had not used any Nicotine Replacement Therapy (NRT) or other product in their attempt to quit.

The percentages of adults who had used these types of NRT or other product and found that they helped them to successfully stop smoking for a month or more were:



CHAPTER 5 DIET

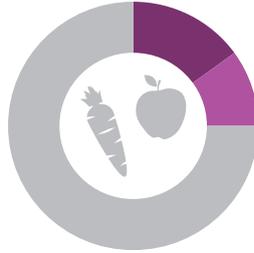
In 2018, **22% of adults** met the 5-a-day recommendation, which is fairly consistent with results since 2003. **10%** did not consume any fruit or vegetables on previous day.



Average consumption of fruit and vegetables has also remained fairly constant since 2008.

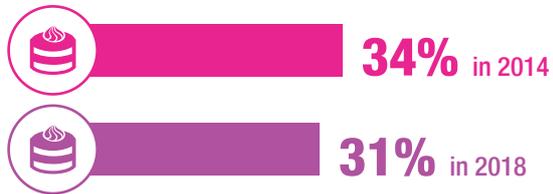
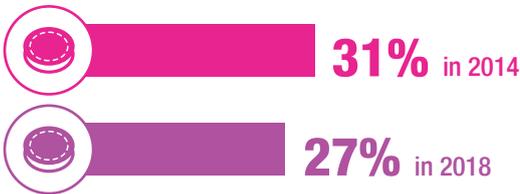


15% of children met the 5-a-day recommendation. **10%** of children did not consume any fruit or vegetables on previous day.



- Non-diet soft drink consumption has fallen considerably for both adults and children.
- In 2018, 10% of adults consumed sugary drinks every day, down from 20% in 2016.
- In 2017/2018, 16% of children aged 2-15 consumed non-diet soft drinks daily, down from 35% in 2015/2016 and 38-39% in the years 2008/2009 to 2013/2014.

Adult consumption of biscuits (at least once a day) and of cakes (two or more times a week) has been declining since 2014.



9% of adults experienced food insecurity in 2018 (as defined by being worried during the past 12 months that they would run out of food due to lack of money or resources).

6% of all adults also said they had eaten less than they should for this reason, while **3%** of adults said that they had actually run out of food because of a lack of resources.

In 2017/2018, the household types most likely to have experienced food insecurity were single parents and adults below the age of 65 living alone:



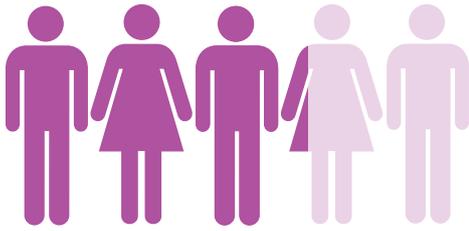
25%
of single parents



21%
of adults aged under 65 living alone

- In 2017/2018, 16% of adults in the most deprived areas reported being worried about running out of food, compared with 4% in the least deprived areas.
- In 2017/2018, mental wellbeing was substantially lower for those reporting food insecurity: mean WEMWBS score of 42.2 compared with 50.3 for other adults.

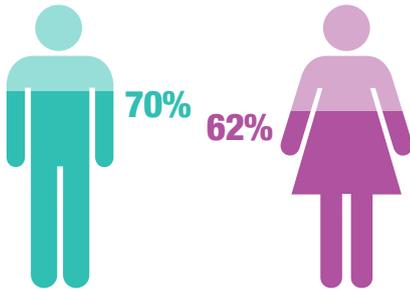
CHAPTER 6 PHYSICAL ACTIVITY



In 2018, **two thirds of adults** (66%) met the guidelines for Moderate or Vigorous Physical Activity (MVPA)*. This was the highest level in the time series, though it has not changed significantly since 2013 (64%).

*At least 150 minutes of moderate physical activity, 75 minutes vigorous physical activity, or an equivalent combination of the two, per week.

Men continued to be more likely than women to meet the MVPA guidelines.

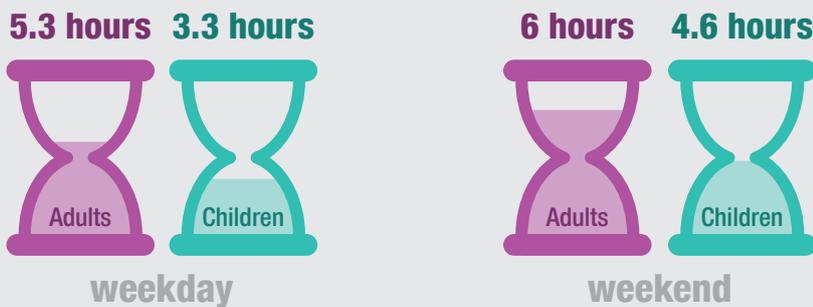


Adherence to the MVPA guidelines was more common among adults in less deprived areas, declining from 74% in the least deprived areas to 54% in the most deprived areas.



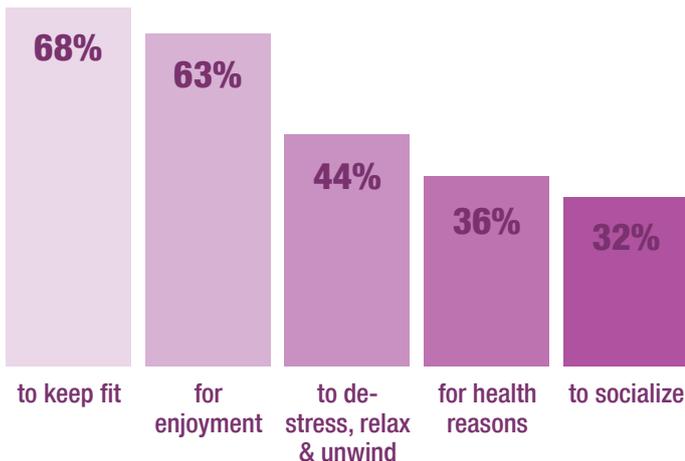
- Adherence to MVPA guidelines declined with age, from over three-quarters of those aged 16–44 (77%) to 31% of those aged 75 and above.
- Adults in the most deprived areas were more likely to have very low activity levels than those in the least deprived areas (32% compared to 12% respectively).

Average time spent sedentary by adults and children excluding time at work/school

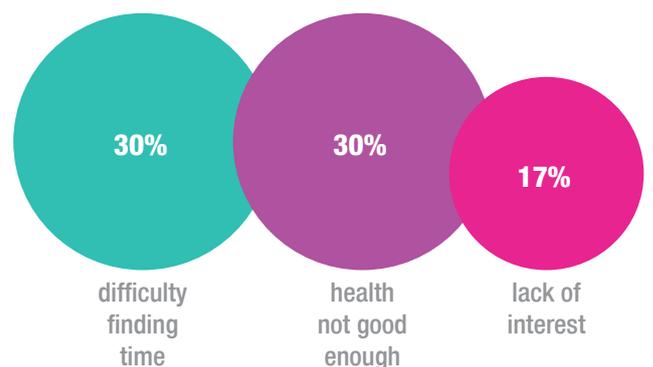


- Men spent more hours sedentary on weekend days, on average, than women (6.1 and 5.8 respectively).

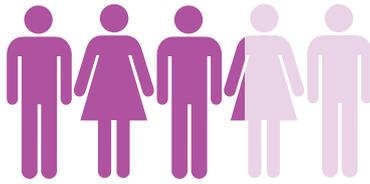
The five most common reasons cited among adults for participating in activity were:



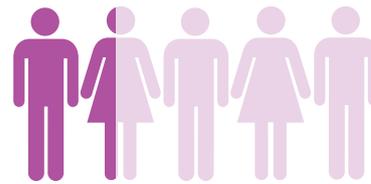
Of those who had not participated in any physical activity in the last month, the main barriers were:



CHAPTER 7 OBESITY

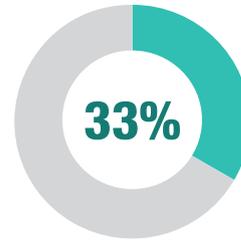


In 2018, **two thirds** (65%) of adults were overweight, including...



28% who were obese, with both these trends remaining stable since 2008.

- There has been a small upward trend in mean BMI among adults over time, rising from 27.1 kg/m² in 2003 to 27.7 kg/m² in 2018, with no significant difference between the mean BMI of men and women.

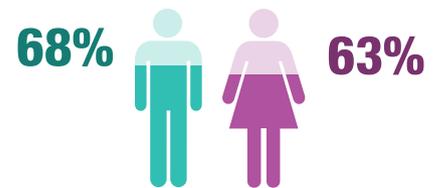


of adults were a healthy weight (a BMI of 18.5 to less than 25 kg/m²).

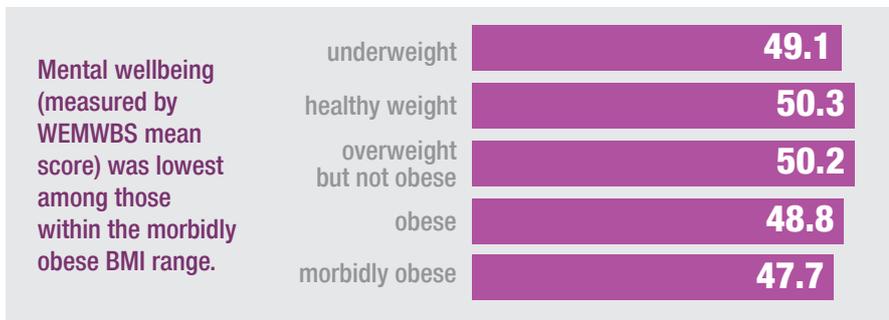
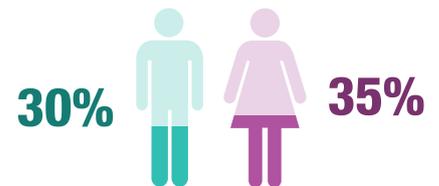
BMI increased significantly with age for both men and women.



A greater proportion of men were overweight or obese than women.



A greater proportion of women than men were in the healthy weight category.



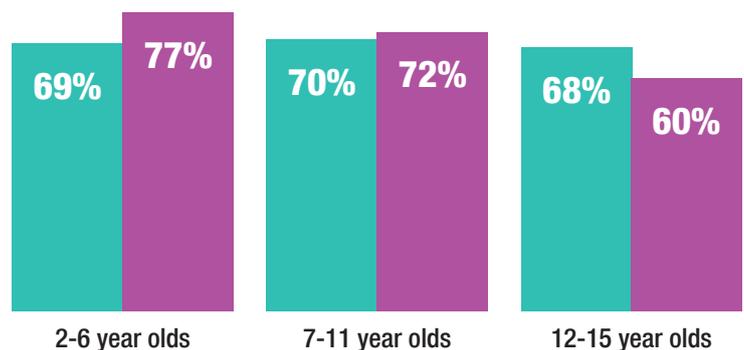
- Prevalence of children at risk of obesity has remained relatively stable in 2018 at 16%.
- The proportion of children at risk of obesity significantly increased with age, from 11% of those aged 2-6 to 21% of those aged 12-15. These proportions were the same for both boys and girls.



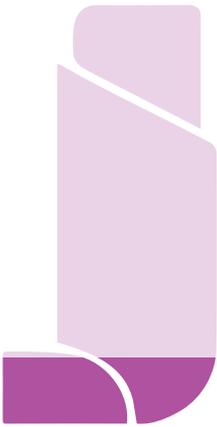
70% of children (aged 2-15) were of healthy weight.

The proportion of children in the healthy weight range decreased by age; this pattern was more pronounced for girls.

■ Boys
■ Girls

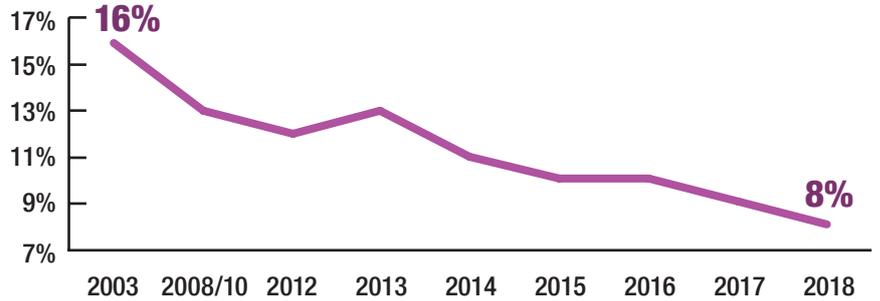


CHAPTER 8 RESPIRATORY



Prevalence of self-reported asthma diagnoses among adults increased from 13% in 2003 to 16% in 2012 and has remained stable since (17% in 2018).

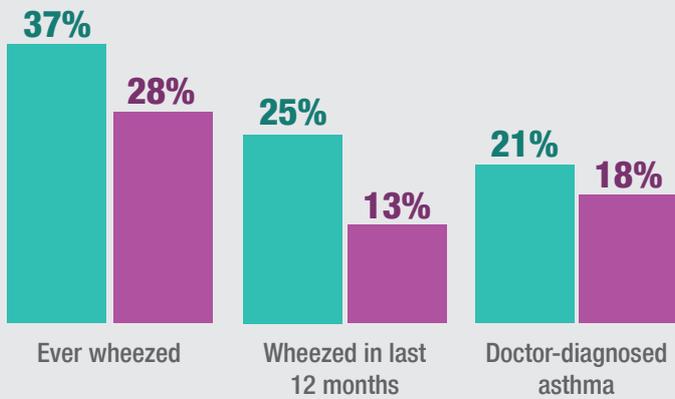
In 2018, **8%** of all children aged 0 to 15 were reported to be diagnosed with asthma by a doctor – the lowest level to date.



There was not a significant difference in this prevalence between boys (9%) and girls (7%).

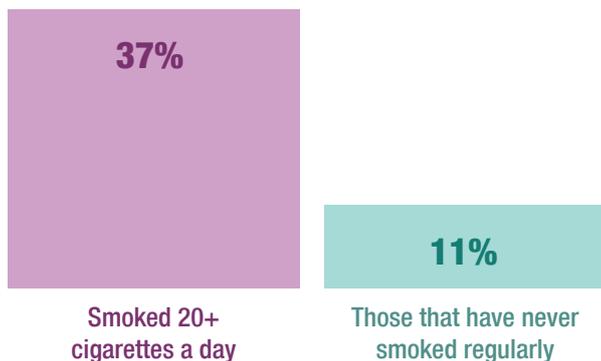
- The percentage of adults aged 16 and over who had wheezed in the last 12 months was 16% in 2018. This has not changed significantly since 2003.
- The proportion of children who were reported as having wheezed in the last 12 months was at its lowest in 2018 (10%) compared with between 12% and 14% between 2003 and 2017.

Difference in asthma diagnosis and wheezing between the **most deprived** and **least deprived** areas in 2018



- In 2018, 4% of adults reported having chronic obstructive pulmonary disease (COPD), continuing the stable level since 2008.
- COPD was four times higher among adults living in the most deprived areas (8%) compared with those living in the least deprived areas (2%).
- The prevalence of doctor-diagnosed COPD was thirteen times higher among smokers who smoked 20 or more cigarettes a day (13%) compared with among those who have never smoked regularly (1%).

Adults who smoked 20 or more cigarettes a day were more than three times more likely to have wheezed in the last 12 months than those that have never smoked regularly.



72% of adults diagnosed with COPD reported having received treatment for this, with older adults more likely to have done so.





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