

The Global Burden of Disease 2010

1990		2010		
Mean rank (95% UI)	Risk factor	Risk factor	Mean rank (95% UI)	% change (95% UI)
1-1 (1-2)	1 Childhood underweight	1 High blood pressure	1-1 (1-2)	27% (19 to 34)
2-1 (1-4)	2 Household air pollution	2 Smoking (excluding SHS)	1-9 (1-2)	3% (-5 to 11)
2-9 (2-4)	3 Smoking (excluding SHS)	3 Alcohol use	3-0 (2-4)	28% (17 to 39)
4-0 (3-5)	4 High blood pressure	4 Household air pollution	4-7 (3-7)	-37% (-44 to -29)
5-4 (3-8)	5 Suboptimal breastfeeding	5 Low fruit	5-0 (4-8)	29% (25 to 34)
5-6 (5-6)	6 Alcohol use	6 High body-mass index	6-1 (4-8)	82% (71 to 95)
7-4 (6-8)	7 Ambient PM pollution	7 High fasting plasma glucose	6-6 (5-8)	58% (43 to 73)
7-4 (6-8)	8 Low fruit	8 Childhood underweight	8-5 (6-11)	-61% (-66 to -55)
9-7 (9-12)	9 High fasting plasma glucose	9 Ambient PM pollution	8-9 (7-11)	-7% (-13 to -1)
10-9 (9-14)	10 High body-mass index	10 Physical inactivity	9-9 (8-12)	0% (0 to 0)

The Lancet dec 2012

The Global Burden of Disease 2010

	Disability-adjusted life-years (%)
Physiological risk factors	
High blood pressure	53%
High total cholesterol	29%
High body-mass index	23%
High fasting plasma glucose	16%
Alcohol use	33%
Tobacco smoking, including second-hand smoke	31%
Dietary risk factors and physical inactivity	
Diet low in nuts and seeds	40%
Physical inactivity and low physical activity	31%
Diet low in fruits	30%
Diet low in seafood omega-3 fatty acids	22%
Diet low in whole grains	17%
Diet high in sodium	17%
Diet high in processed meat	13%
Diet low in vegetables	12%
Diet low in fibre	11%
Diet low in polyunsaturated fatty acids	9%
Diet high in trans fatty acids	9%
Diet high in sugar-sweetened beverages	2%
Air pollution	
Ambient particulate matter pollution	22%
Household air pollution from solid fuels	18%
Other environmental risks	
Lead exposure	4%

Table 2: Proportion of ischaemic heart disease disability-adjusted life-years attributable to individual risk factors, worldwide, 2010

DALY and CHD

The Lancet dec 2012

”Rökstopp ska halvera riskerna vid operation”

DN Debatt 2013-02-04

Kostnadseffektivt. Sveriges kirurger och narkosläkare kräver nu att patienter ska vara rökfria inför operation. Det halverar risken för infektioner, blodpropp och andra komplikationer. Det här är inte en fråga om moralism eller översitteri, det handlar om patientsäkerhet, skriver företrädare för en rad läkarföreningar.

Svenska Läkaresällskapet och svenskt Kirurgiskt Råd