

Non-communicable diseases (NCD) in Albania 2020

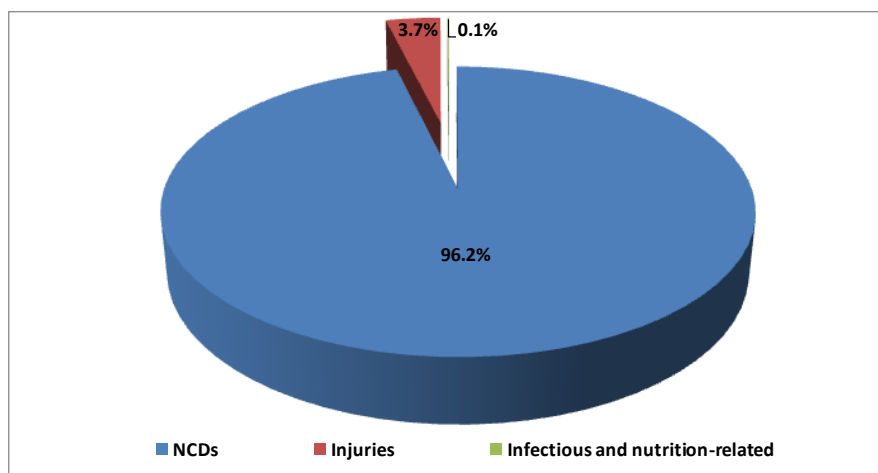
in Albania, measurement of distribution, trends and burden of non communicable diseases is based on the routinely-collected data on mortality by the national Institute of Statistics, and morbidity primary health care records hospital discharges, as well as on the information collected periodically by means of population-based surveys. Recently, Institute of Public Health is working with health provider for developing a number of registries to track incidence of 4 main categories of non communicable diseases; ischemic heart diseases, cerebrovascular accidents (stroke), cancers and diabetes.

In line with the demographic transition, there is evidence of an epidemiological transition in Albania characterized by a significant increase of NCDs and a gradual decrease of infectious diseases and malnutrition conditions, especially in children.

Mortality

In 2018, mortality rate (number of deaths per 100,000 population, all ages) in Albania from all NCDs combined was about 752. In terms of proportional mortality, NCDs constituted about 96% of overall deaths in 2018, followed by injuries (3.7%). NCDs constituted only about 70% of the all-cause mortality in the Albanian population in 1990.

Proportional mortality by disease-group in 2018 (source: INSTAT)



Crude mortality rate (number of deaths per 100,000 population) from cardiovascular diseases (CVD) in 2018 was about 405 (406 in males and 403 in females). As expected, both ischemic heart disease and myocardial infarction mortality rates were higher in males than in females, whereas the opposite was evident for stroke mortality. Of note though, cancer mortality (overall rate: 129 deaths per 100,000 population) was substantially higher in males than in females (165 vs. 93, respectively). In particular, death rate from lung cancer was almost five times higher in males than in females (50 vs. 10, respectively).

The crude NCD mortality rate (deaths from all NCDs per 100,000 population) in Albania has almost doubled in the past three decades (from about 370 in 1990 to 733 in 2017 - INSTAT). The age-standardized rate, for cardiovascular, and to a certain degree cancer, however, has started to decline

during last 10-15 (IPH). Chronic obstructive respiratory diseases has been on decline in terms of both, crude and standardised mortality rates. The pace of decline of standardized mortality in Albania is relatively low compared to some other countries in the region, including Slovenia, Greece and Croatia.

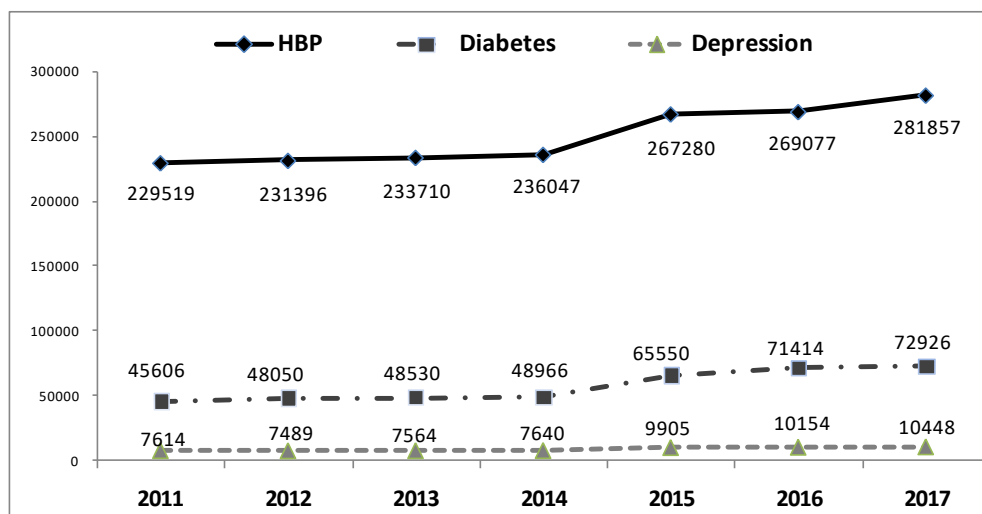
The main driver for the higher mortality rate among men (and their shorter longevity) seems to be the higher cancer mortality rate among them, with men' lung cancer mortality 5 times higher than women. The much higher cardiovascular preventable death rate in men 30-69 years old, is only reversed in old age, particularly by increasing stroke risk among women over 70 years old. This profile points out the need for insisting with smoking control and other risk behaviour control policies.

The overall mortality rate among Albanian adults (individuals aged 30-69 years) has slightly decreased in the past decade, mainly due to a decline in deaths from chronic respiratory diseases and less so from ischemic heart disease and stroke (in males). Conversely, cancer mortality in this age-group has not changed in the past decade, which points to the need for strengthening the existing national programs of early detection and primary prevention.

Morbidity: Prevalence

As for the healthcare recorded NCD morbidity, during the last 20 years is observed a continuous increase of recorded prevalence for most categories of NCDs. The peak observed in the past few years regarding the increase in the registered prevalence of hypertension and high blood sugar level reflects the introduction of the medical check-up program targeting all Albanian men and women aged 35-70 years. Hence, in the past decade, the cumulative number of NCD cases recorded at the primary health care level in Albania has increased from about 18,000 (in 2008) to more than 28,000 (in 2018), exhibiting an increase of 56%. However, such an increase does not necessarily reflect only the natural course of epidemiological transition. Instead, it may also point to an health care seeking behaviour by population and the increase in the detection rate of previously undiagnosed NCD burden through the medical check-up program.

Hypertension, diabetes and depression trends during 2011-2017 (PHC registries: prevalence cases)



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Only recently it is been possible to track the new cases (Incidence rate) for some important NCDs as recorded by health system. The 2018 cancer incidence in middle aged men and women was somehow higher in men than in women. In particular, the incidence of lung cancer was significantly higher in men than in women (about 57 vs. 15 cases per 100,000, respectively). Furthermore, the incidence of heart attack was considerable higher in men than in women (about 220 vs. 60 cases per 100,000, respectively). Similarly, stroke incidence was 72% higher in men than in women, as well as colo0rectal cancer (57% higher).

Most frequent diseases and conditions in 2018 (incidence rate: cases/100000) among individuals aged 30-69 years; NCD national registries (source: IPH)

| DISEASE | Males | Females | Total |
|---------------------------|-------|---------|-------|
| Cancers | 278.6 | 263.2 | 270.8 |
| <i>Lung cancer</i> | 57.4 | 15.4 | 36.3 |
| <i>Breast cancer</i> | 0.4 | 85.5 | 43.3 |
| <i>Colo-rectal cancer</i> | 24.5 | 15.6 | 20 |
| <i>Cervical cancer</i> | 0 | 14.3 | 7.2 |
| Heart Attack | 219.9 | 59.7 | 139.2 |
| Stroke | 167.8 | 97.3 | 132.2 |
| Diabetes* | 140.2 | 123.1 | 131.6 |

*Tirana region only.

Risk factors

As for health determinants, top five risk factors in Albania in 2017 were high blood pressure, dietary risks, smoking, high BMI, and hyperglycaemia. About 33% of all deaths and 17% of the overall disease burden in the Albanian population in 2017 was attributable to high systolic blood pressure only. Dietary risk was the second main risk factor accounting for 27% of all-cause mortality and 15% of the overall disease burden. Next, smoking was the third leading risk factor accounting for 19% of all deaths and 13% of the overall disease burden in the Albanian population.

There is a large body of evidence corroborating the high prevalence of hypertension in Albania. Despite some promising results from check up program and a better control of grade 2 and 3 hypertension, there is high potential for primary and secondary prevention of high blood pressure. Also, while there is evidence of decreasing, smoking prevalence among men in Albania, remains high compared to most western countries. Many healthy life years could be gained by intensifying smoking prevention efforts in the country.