

[Press release: Preventable illness is factor in slower life expectancy increases](#)

Preventable illnesses, including [heart disease](#) and [stroke](#), are one of several factors behind the slowing improvements in life expectancy in England, according to a new review published by Public Health England (PHE).

Life expectancy trends are an important measure of the nation's overall health. The [Review of recent trends in mortality in England](#) looks at why long-term improvements in life expectancy have slowed since 2011, following decades of continued increases.

Between 2006 and 2011, life expectancy increased by 1.6 years in males and 1.3 years in females, but between 2011 and 2016 the increase was only 0.4 and 0.1 years for males and females respectively. Currently, life expectancy in England has reached 79.6 years for men and 83.2 for women.

However, stubborn inequalities have widened in recent years – those in the poorest areas have seen less improvement in life expectancy than those in the wealthiest. For women in the most deprived communities, life expectancy has actually decreased. From 2014 to 2016, the gap in life expectancy was 9.3 years for males and 7.3 years for females.

A slowdown in improvement in mortality from heart disease and stroke – 2 leading causes of death – has had a significant impact on these trends. With 80% of premature heart attacks and strokes potentially avoidable, this shows the importance of addressing risk factors such as smoking, obesity, high blood pressure and other causes of inequalities.

Mortality rates from dementia have increased, but this is largely due to changes in diagnostic and recording practices. Dementia is already the leading cause of death in women and is likely to become the leading cause of death in men too, overtaking heart disease.

The review concluded that a number of other factors, operating simultaneously, have also potentially contributed to the slowdown in life expectancy.

These include:

- a large increase in deaths in the winters between 2014 and 2018, which was also seen in a number of other European countries – this coincided with the circulation of a subtype of flu, the influenza A (H3N2) subtype, known to predominantly affect older people
- more older people living with dementia and other long-term conditions,

which may make them particularly vulnerable to the effects of flu and other winter risks, and who may be particularly reliant on health and social care services

- an increase in death rates from accidental poisoning, in particular, drug misuse – this led to mortality rates among younger adults making no contribution to changes in life expectancy trends between 2011 and 2016, in contrast to the small positive contributions seen previously

A similar slowdown in improvement has been seen in other large European countries. However, the report found the UK continues to lag behind other European countries on life expectancy, particularly for women.

Professor John Newton, Director of Health Improvement at PHE, said:

With the number of people aged 85 years and over set to increase, we're likely to see the burden of dementia and many other long-term conditions follow suit.

The solution to reversing these trends will be complex as the causes themselves are not straightforward. What comes out loud and clear from the evidence is the potential for effective prevention activity, particularly for heart disease, to improve health outcomes and reduce the enormous disparities in life expectancy.

Further work is required to understand any potential causal link between changes in health and changes in social care funding or provision of services within England or different countries.

According to the [Health Profile for England 2018](#), the slowdown has not been observed for long enough for statistical analysis to determine whether it will continue. The future trend is uncertain for both sexes but PHE will continue to closely monitor trends in mortality rates and life expectancy in England.

Background

1. [Review of recent trends in mortality in England](#) contains further information on the slowdown in life expectancy in England.
2. PHE is leading the prevention, personal responsibility and health inequalities work stream as part of the development of the [NHS long-term plan](#).
3. This season PHE has recommended that all those under-65 have the quadrivalent flu vaccine, which protects against both the main B strains and the 2 main flu A subtypes. Adults aged 65 or over are being offered a new 'adjuvanted' vaccine in order to improve the immune response.