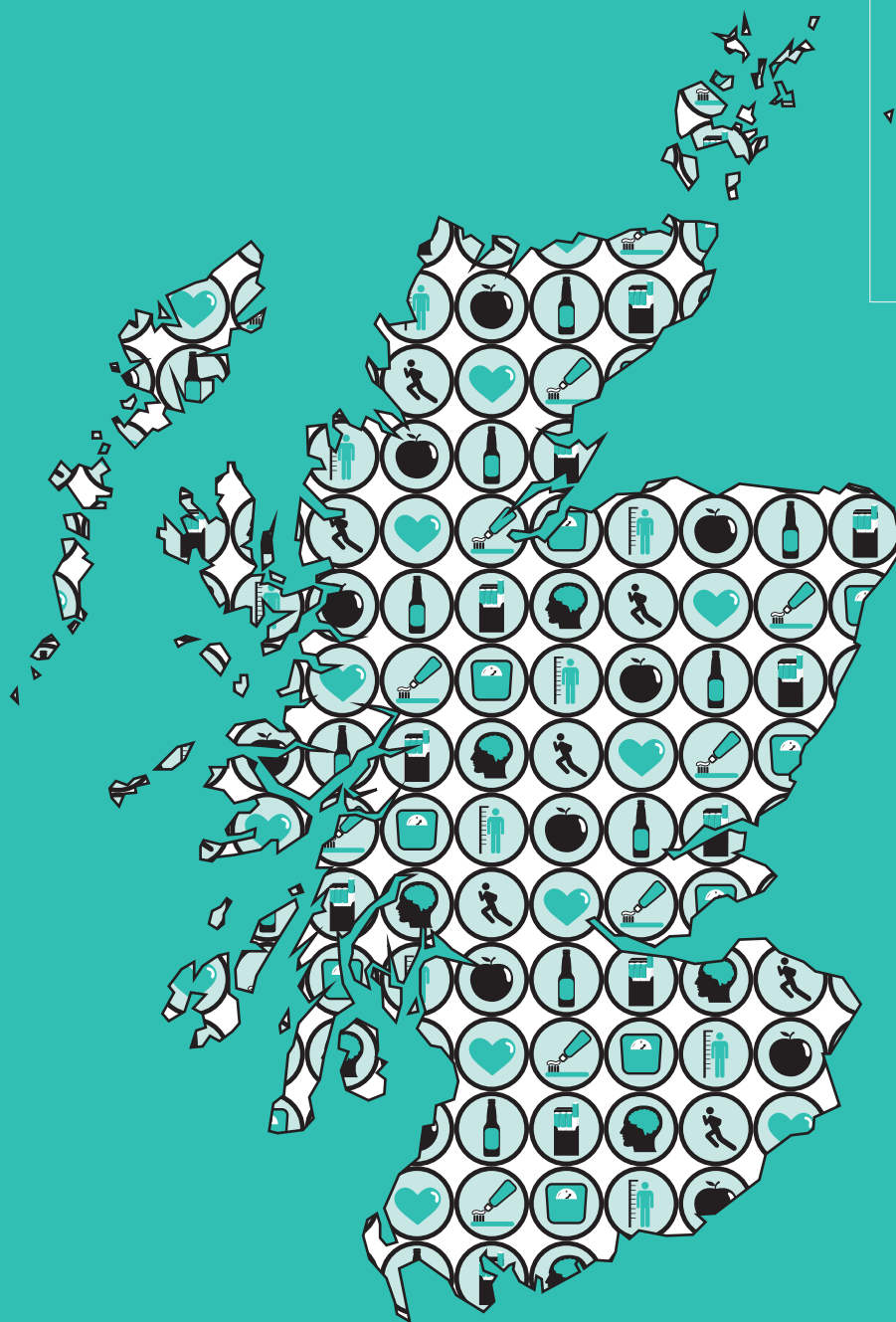




The Scottish  
Government  
Riaghaltas na h-Alba



# The Scottish Health Survey

2014 edition | summary

A National Statistics Publication for Scotland

## INTRODUCTION

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 2014 survey are presented here alongside trends, some of which extend back nearly two decades. Further discussion of the findings and full documentation of the survey's methods and questionnaire can be found in the 2014 annual report available from the Scottish Health Survey website: [www.gov.scot/scottishhealthsurvey](http://www.gov.scot/scottishhealthsurvey). The report is accompanied by an extensive set of web tables for 2014 and updated trends for key measures.

## 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 2014, 4,659 adults and 1,668 children took part in the survey. Representative data for adults in all NHS Health Board for the 2012-2015 period will be available in 2016.

4,659  
Adults



1,668  
Children



### 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 complete a biological module which includes blood pressure and waist circumference measurements along with urine and saliva sample collection.

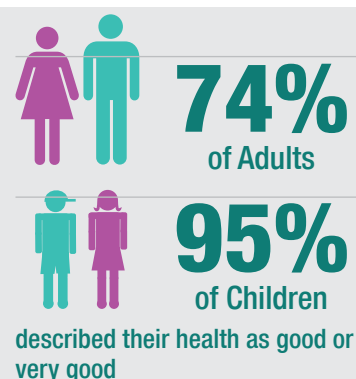
Participants are also asked for permission to link survey responses to their administrative NHS health records. Key topics included in the 2014 survey were:



# GENERAL HEALTH AND MENTAL WELLBEING

## Self-assessed general health

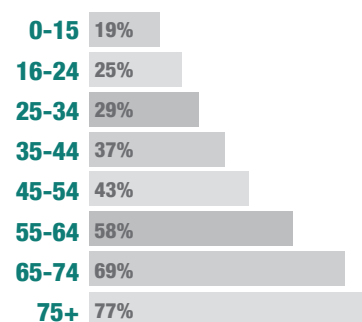
- In 2014, 74% of adults identified their health as 'good' or 'very good'; 8% said it was 'bad' or 'very bad'. Most (95%) children were reported to have 'good' or 'very good' health, and just 1% 'bad' or 'very bad'. Levels of self-assessed general health have remained fairly static since 2008.



## Long-term conditions

- In 2014, 46% of adults had one or more long-term conditions (31% limiting, 15% non-limiting).
- The prevalence of long-term conditions increased with age, from a quarter (25%) of adults aged 16-24 to three-quarters (77%) of those aged 75 and over.

People with one or more long-term conditions



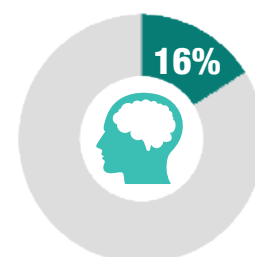
## Wellbeing

- Levels of wellbeing in the population, as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), have remained fairly constant since 2008 (a mean of 50.0 in both 2008 and 2014).
- Wellbeing was lower, on average, in more deprived areas with age-standardised mean WEMWBS scores declining from 51.1 in the least deprived to 47.3 in the most deprived.

## Mental health

- In 2014, 16% of adults exhibited signs of a possible psychiatric disorder (GHQ-12 score of four or more).
- Women were slightly more likely than men to have a high GHQ-12 score (17% compared to 14%).

Adults exhibited signs of a possible psychiatric disorder



## Life satisfaction

- On a scale of 0-10, the average level of life satisfaction for adults in 2014 was 7.8. It was highest for those aged 65 and above (8.0-8.1) and lowest for those aged 45-54 (7.5).

# ALCOHOL CONSUMPTION

## Daily alcohol consumption

- Average unit consumption on the heaviest drinking day in the past week declined between 2003 and 2014 (from 6.5 to 5.5 units for men, and from 3.6 to 3.1 units for women, respectively). However, consumption has not changed significantly since 2011.

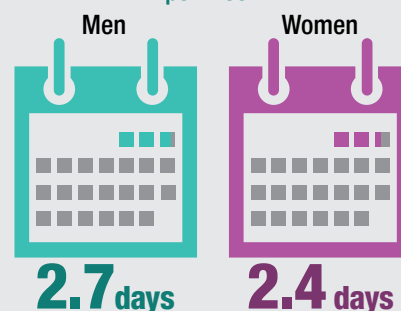
Average units consumption on the heaviest drinking day in 2014



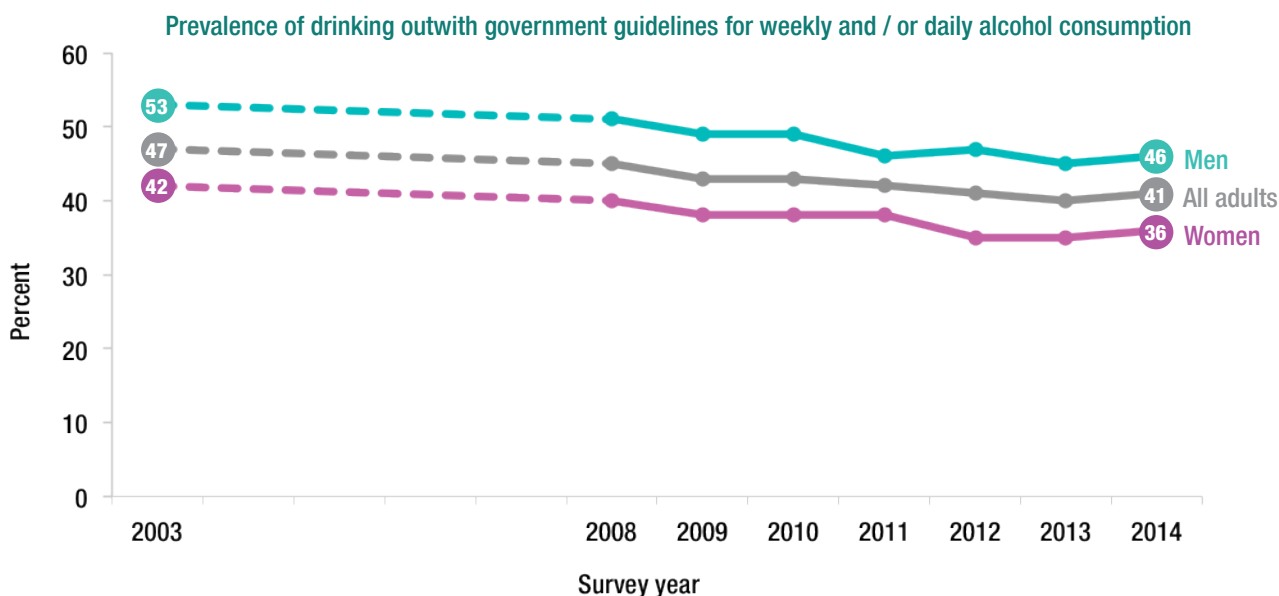
## Weekly alcohol consumption

- Average weekly alcohol consumption has declined from 19.8 units a week for men and 9.0 units for women in 2003, to 13.6 and 7.4, respectively, in 2014.
- The proportion of both men and women who do not consume alcohol has increased, from 8% of men and 13% of women in 2003, to 14% of men and 18% of women in 2014.

Average number of days drinking per week



## Adherence to government guidelines on alcohol consumption

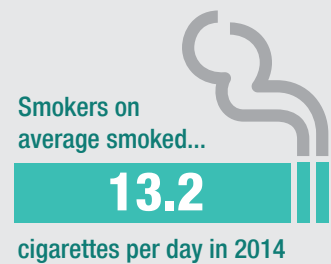
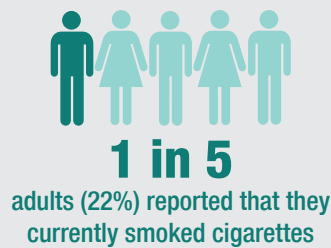


- In 2014, 41% of men drank more than the recommended 3-4 units on their heaviest drinking day in the past week, a reduction from 45% in 2003. A third (33%) of women drank more than their recommended 2-3 daily units, down from 37% in 2003.
- In total, 23% of men and 17% of women in 2014 were classified as hazardous / harmful drinkers (consuming more than 21 units per week for men, or more than 14 units per week for women), compared with 33% and 23%, respectively, in 2003. These figures have not changed significantly in recent years.

# SMOKING

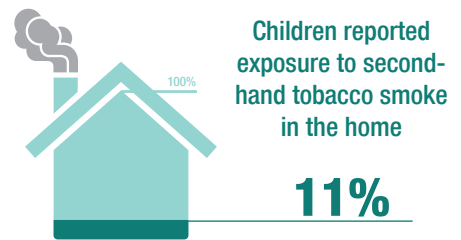
## Smoking prevalence

- Men remain significantly more likely than women to smoke cigarettes (23% and 21%, respectively, in 2014).



## Children's exposure to tobacco smoke in the home

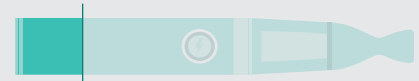
- 11% of children were reported to be exposed to second-hand smoke in the home in 2014, the same level as in 2013. Exposure levels increased with age to 18% of those aged 13-15.



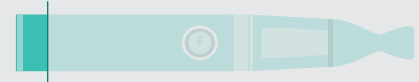
## Adults' use of e-cigarettes

- In total, 15% of adults reported ever having used an e-cigarette, including 5% who said they currently used them. Prevalence of ever using was highest among the younger age groups while current usage was highest for those aged 35-64.
- Half of current cigarette smokers reported ever using e-cigarettes, including 15% currently using. 14% of ex-regular smokers ever used an e-cigarette including 7% currently using them.
- Just 1% of people who had never smoked regularly reported using e-cigarettes currently or ever.

**15%** of current smokers are currently using e-cigarettes



**7%** of ex-regular smokers are currently using e-cigarettes



**1%** who had never smoked regularly currently use e-cigarettes



## Quit attempts and smoking cessation

- Two-thirds (67%) of smokers said they would like to quit smoking.
- Just under two-thirds (64%) of recent ex-smokers and current smokers who had attempted to quit said they used a nicotine replacement therapy (NRT) product or e-cigarettes in the previous three months.
- The most common items used as part of a recent quit attempt were nicotine patches (36%) and e-cigarettes (32%).

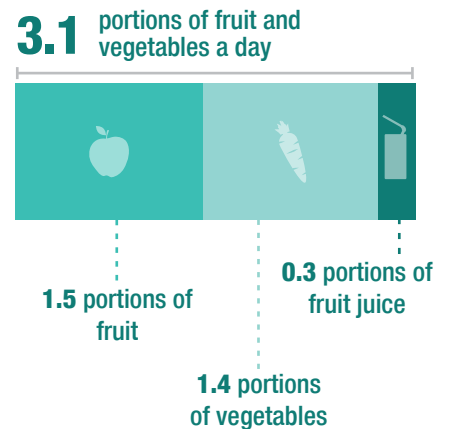
**67%** of smokers said they would like to quit smoking.



# DIET

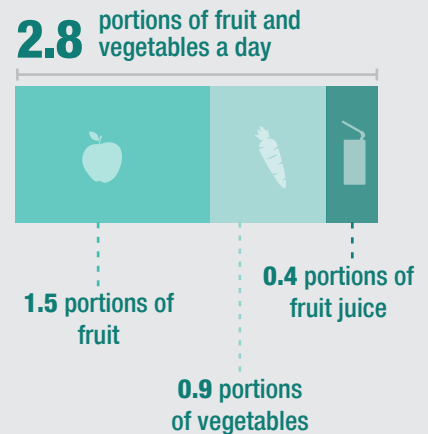
## Fruit and vegetable consumption in adults

- Adults consumed an average of 3.1 portions of fruit and vegetables a day in 2014, consisting of 1.5 portions of fruit, 1.4 portions of vegetables and 0.3 portions of fruit juice.
- Only one in five adults (20%) met the 5-a-day recommendations, while one in ten (10%) did not consume any fruit or vegetables.
- Women consumed slightly more fruit and vegetables than men. Younger adults tended to eat less fruit than older people, but similar amounts of vegetables.



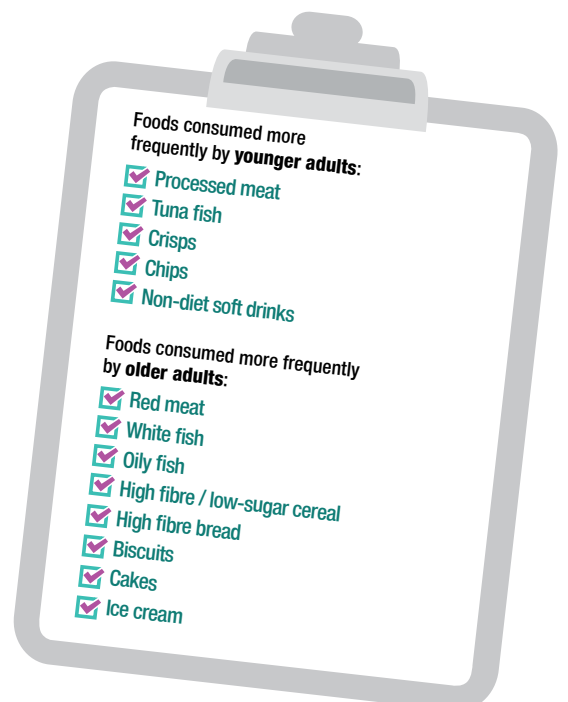
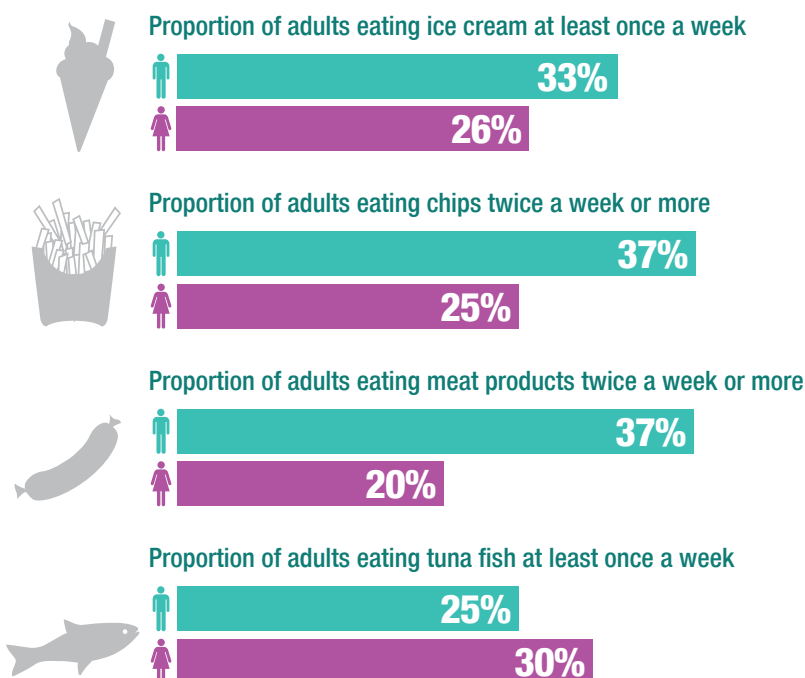
## Fruit and vegetable consumption in children

- Children aged 2-15 consumed an average of 2.8 portions of fruit and vegetables a day, comprising 1.5 portions of fruit, 0.9 of vegetables, and 0.4 of fruit juice.
- In 2014, 14% of children aged 2-15 met the 5-a-day recommendations.



## Consumption of other foods

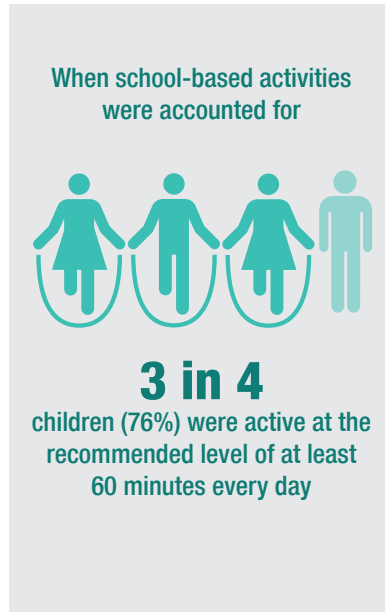
- Men tended to eat more foods high in fat and / or sugar than women did, as well as more red or processed meat. Women were more likely to consume oily fish or tuna fish regularly.



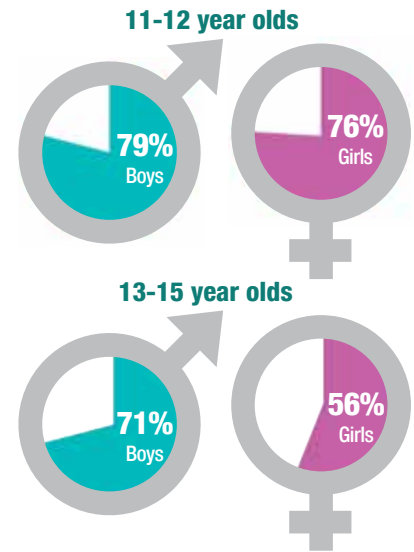
# PHYSICAL ACTIVITY

## Child Activity Levels

- In 2014, just over three-quarters (76%) of children aged 2-15 met the guidelines of 60 minutes or more physical activity a day (including school-based activity), an increase over the 71% in 2008. Boys were more likely than girls to meet the guidelines (79% of boys, compared with 73% of girls).



Participating in sport or exercise in the week prior to interview



## Adult Activity Levels

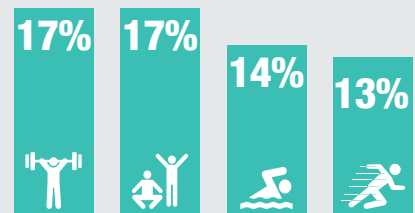
- In 2014, 63% of adults were active at the recommended level (150 minutes of moderate or 75 minutes of vigorous activity per week). A significantly smaller proportion of women than men met the physical activity guideline (59% and 68% respectively).
- Participation in sport or exercise tended to decline with age, with 78% of those aged 16-24 taking part and 22% of those aged 75 and above. The most popular sporting activities in 2014 were working out a gym (17%), exercises (17%), swimming (14%) and running (13%).



**1 in 5**

adults did fewer than 30 minutes of moderate or 15 minutes of vigorous activity per week

Most popular sporting activities in 2014



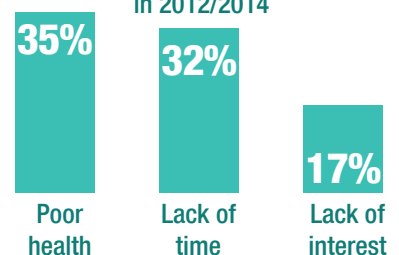
## Perceived Impact of the Commonwealth Games

- In total, 6% of adults said they were now more interested in sport and physical activity in general as a result of Glasgow hosting the Commonwealth Games in 2014 while 4% said that they were thinking of doing more sport or physical activity.

## Motivations and barriers to Sports Participation

- The main barriers to doing sport in 2012/2014 were: poor health (35%), a lack of time (32%), and lack of interest (17%). Men and women tended to mention the same kinds of barriers.

Main barriers to doing sport in 2012/2014



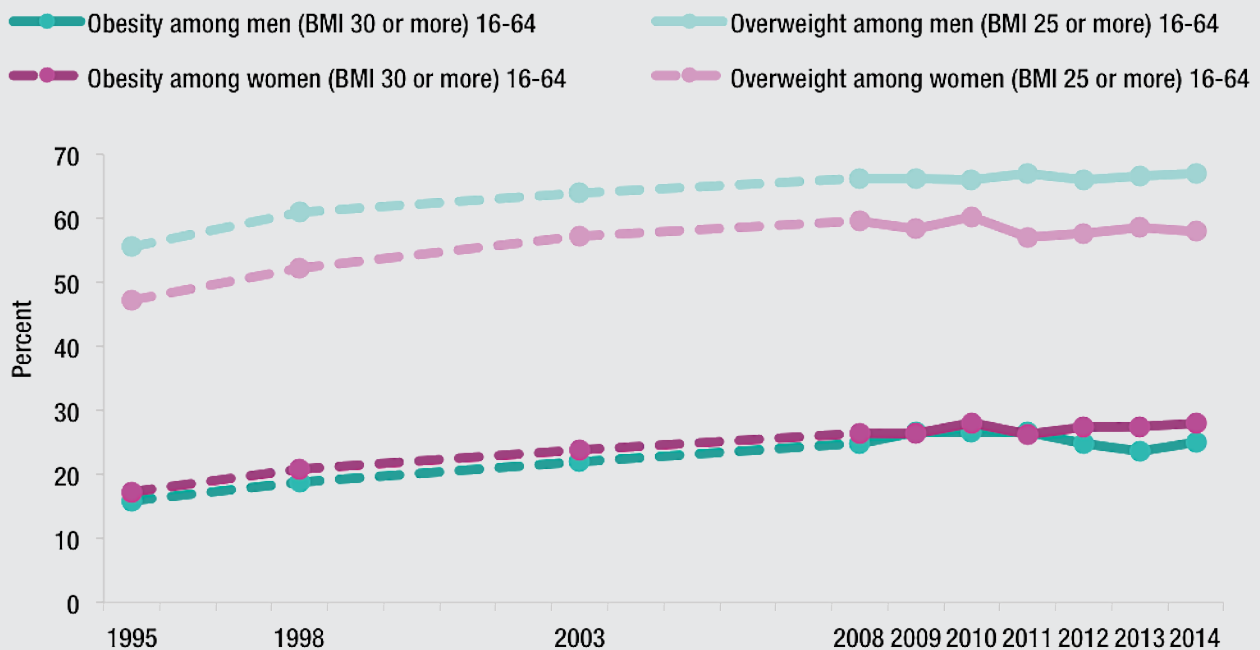
# OBESITY

## Adult obesity

- In 2014, 65% of adults were overweight, including 28% who were obese. The mean body mass index for all adults was 27.6 kg/m<sup>2</sup>. Levels of overweight and obesity, and the mean body mass index, have not changed significantly between 2008 and 2014, although they were all higher than in 1995.
- A higher proportion of men than women were overweight including obese (69% compared with 61%), while women were more likely than men to be obese (29% compared with 26%).
- A majority of the population is overweight including obese from the 25-34 age group upwards, with levels rising to 77-78% of those aged 55-74. Around a third of people aged 45-74 were obese.



Prevalence of overweight and obesity in men and women aged 16-64, 1995-2014



## Child healthy weight, overweight and obesity

- In 2014, 68% of children aged 2-15 were of a healthy weight, a level that has not changed much since 1998.
- Just under a third (31%) of children in 2014 were at risk of overweight (including obesity), and 17% were at risk of obesity. Both these figures have been fairly stable in recent years.
- Girls were more likely to be at risk of overweight including obesity than boys (34% compared with 28%).



At risk of obesity in 2014



# RESPIRATORY HEALTH

## Asthma diagnoses and wheezing symptoms

- In 2014, lifetime doctor diagnosed asthma prevalence was 17% for adults aged 16 and over and 11% for children aged 0-15.
- Wheezing in the past 12 months, a potential symptom of asthma, was reported by 18% of adults and 12% of children in 2014. Wheezing at any point in the past was reported by 30% of adults and 22% of children.
- Since 1998 adult reported lifetime asthma prevalence has increased, and child asthma has decreased, but figures for the most recent years have not changed significantly.

Reported a diagnosis of asthma



## Chronic Obstructive Pulmonary Disease (COPD)

- In 2014, 4% of adults aged 16 and over had doctor-diagnosed COPD. This figure has not changed significantly since 2008. COPD prevalence was highest among those aged 75 and above (10%).
- COPD prevalence was four times higher in the most deprived SIMD quintile (8%) compared with the least deprived quintile (2%).
- Smoking status was highly associated with COPD, particularly among women. Just 1% of never or ex-occasional smokers reported COPD, this rose to 8% in men, and 17% in women, who smoke 20 or more cigarettes a day.

Smoking status was highly associated with COPD



... who smoke 20 or more cigarettes a day

## Phlegm and breathlessness

- Phlegm production and breathlessness were more common among smokers than non-smokers; while among smokers, higher levels of both symptoms were reported by smokers of 20 or more cigarettes a day than by smokers of fewer than 20 a day.

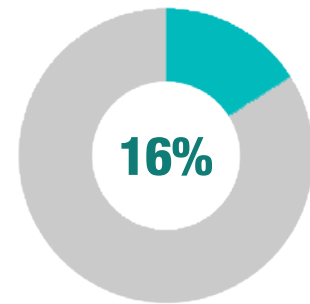
10% of adults reported phlegm production on most days

23% reported breathlessness either when hurrying or going uphill, or when walking on level ground

# CARDIOVASCULAR DISEASE

## Cardiovascular (CVD) Conditions and Diabetes

- In 2014, 16% of all adults aged 16 and above stated that they had ever been diagnosed with any CVD condition, with reported prevalence higher for men (18%) than women (14%).
- Doctor-diagnosed diabetes prevalence was 6% for adults (8% for men and 5% for women) in 2014. Prevalence of doctor-diagnosed diabetes has increased steadily between 2003 and 2014, particularly for men.
- In 2014, 8% of all adults reported that they had ever been diagnosed with ischaemic heart disease (IHD) or stroke (10% of men, 7% of women).



of adults diagnosed with any CVD condition

## Conditions and Area Deprivation

- Diabetes was twice as common in the most deprived areas (9%) than in the least deprived ones (4%), using age-standardised data.
- Prevalence of CVD was higher in the most deprived areas (22%) than the least deprived ones (14%), using age-standardised data.



Doctor-diagnosed diabetes for adults



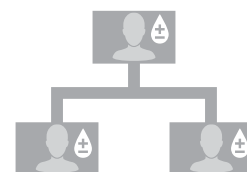
Most deprived



Least deprived

## Family Risks

- A higher prevalence of diabetes was seen among those with a family history of type 1 or 2 diabetes (13%) than those with no family history of the disease (5%). This difference was particularly noticeable for men: 17% of men with a family history of the disease had been diagnosed with diabetes, compared with 6% of those with no family history.
- Prevalence of CVD among those with a family history of heart disease or stroke before the age of 60 was around twice as high as for those with no family history (25% compared with 13%). The same was true for prevalence of stroke (5% compared with 2%). Prevalence of IHD among this group was around three times as high as for those with no family history (12% compared with 4%).



Prevalence of diabetes

Family history



No family history



# HEALTH RISK FACTORS AND DEPRIVATION

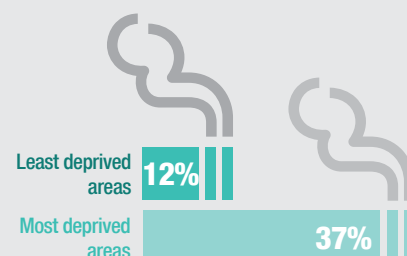
## Alcohol consumption

- Men and women’s weekly alcohol consumption has declined over time for all deprivation groups.
- In each year from 2008 onwards, women in the least deprived areas have been between seven and nine percentage points more likely to drink at hazardous / harmful levels than those in the most deprived areas. Women in the least deprived areas have also consumed more units per week in each year of the survey, than women in the most deprived areas. Patterns for men were not so clear.

## Smoking

- Although overall smoking rates have declined since 2003, prevalence remains around 3 to 4 times higher among men and women in the most deprived areas, compared with those in the least.
- Smokers living in the most deprived areas smoke more cigarettes per day than smokers in the least deprived areas (3-5 cigarettes more per day on each year of the survey).

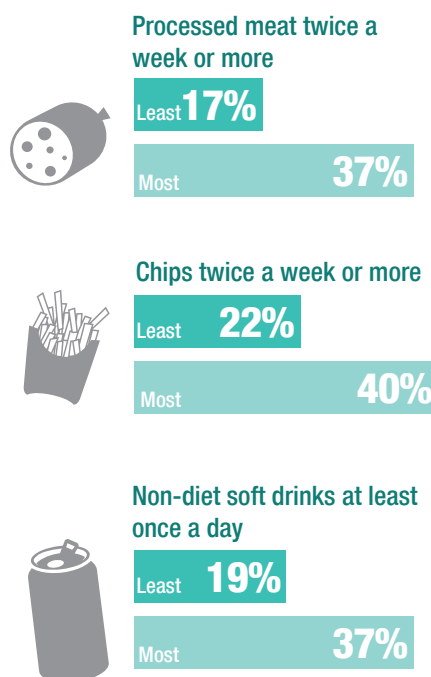
Smoking among men and women in the most deprived areas, compared with those in the least



## Eating habits

- Fruit and vegetable consumption was lower among adults and children living in the most deprived areas, and steadily increased as deprivation declined.
- Adults in the least deprived areas were more likely than those in the most to eat white fish (58% in least, 49% in most) and oily fish (33% least, 18% most) at least once a week, high fibre / low sugar cereal most days of the week (38% least, 24% most), and drink low-fat milk (81% least, 66% most).
- Adults in the most deprived areas were more likely than those in the least to eat processed meat products (17% least, 37% most) and chips (22% least, 40% most) twice a week or more, and to drink non-diet soft drinks at least once a day (19% least, 37% most).
- Children’s eating habits resembled those of adults in similar areas, with higher levels of consumption in all areas of certain types of food. Children in the most deprived areas were more likely than those in the least to eat meat products (50% most, 29% least) and chips (49% most, 28% least) twice a week or more, and to consume sweets / chocolates (58% most, 42% least) or non-diet soft drinks (45% most, 30% least) at least daily.

Adults in the most deprived areas were more likely than those in the least to consume...



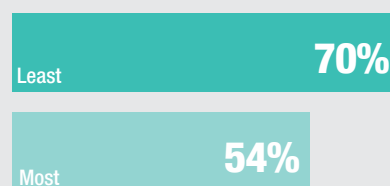
## HEALTH RISK FACTORS AND DEPRIVATION cont.

### Child physical activity

- There was no overall association between area deprivation and the proportion of children aged 2-15 meeting the recommendation to be active for at least an hour every day.
- In contrast, the proportion of children in the most deprived areas that had participated in sport in the past week was at least 10 percentage points lower in most years than the proportion in the least deprived areas.
- This inequality in sports participation has increased significantly over time due to declining levels among those in the most deprived areas.

### Adult physical activity

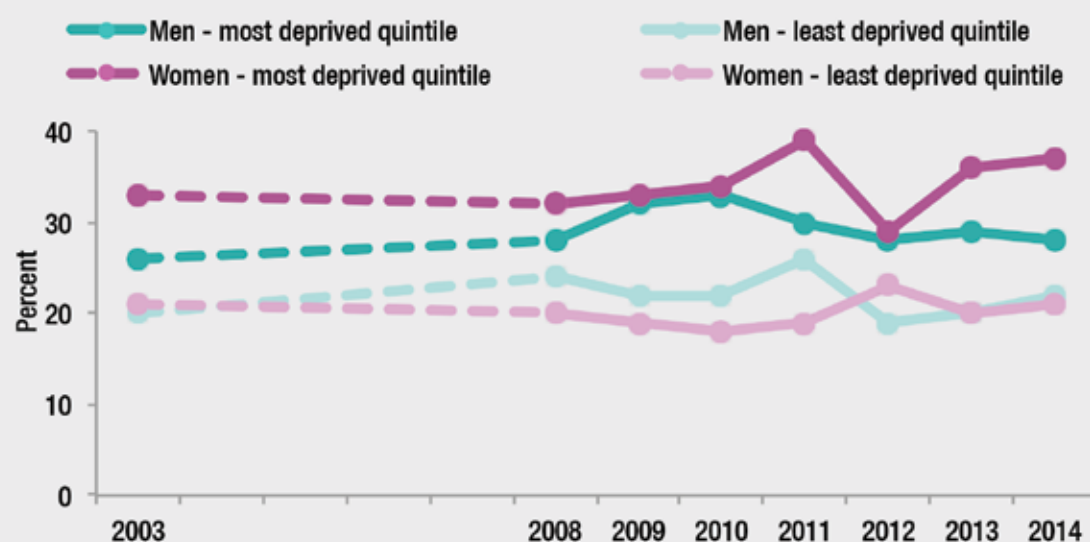
- Adherence to the physical activity guideline for adults declined steadily as deprivation increased, from 70% among adults in the least deprived quintile to 54% among those in the most deprived quintile.



### Adult overweight and obesity

- There was a clear pattern of higher levels of obesity, in adults in the most deprived areas compared with the least. In most years, the prevalence of obesity was at least 10 percentage points higher for adults in the most deprived quintile than in the least.
- The prevalence of overweight including obesity was also higher among women in the most deprived quintile than the least deprived quintile, but the reverse tended to be true among men.

Prevalence of obesity



### Child obesity

- In every year since 1998, children living in the least deprived areas had the lowest levels of obesity risk (BMI at or above the 95th centile) and, from 2009 onwards, those in the most or 2nd most deprived areas had the highest risk (difference of 9-14 percentage points).

## **A NATIONAL STATISTICS PUBLICATION FOR SCOTLAND**

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

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### **How to access background or source data**

The data collected for this statistical report:

will be made available via the UK Data Service

may be made available on request, subject to consideration of legal and ethical factors. Please contact [scottishhealthsurvey@gov.scot](mailto:scottishhealthsurvey@gov.scot) for further information.

Further breakdowns of the data:

are available via the Scottish Health Survey website

[www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey](http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey)

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