About this Release
Most sections of the ScotPHO website have been updated. The updates include collating previously available information and presenting summary data and statistics derived from published sources. Previously unpublished data are included on allergic conditions, disability and high cholesterol. The key findings for the new data are discussed below.

Key Points

Allergic conditions
There were around 10,000 hospital episodes due to allergic conditions in Scotland in 2010/11, of which around 8,000 were due to asthma.

There were small numbers of admissions for some individual allergic conditions, which means that trends should be interpreted with caution. However in the seven years up to 2010/11 there were rises in the number of admissions and the number of people being admitted for allergic conditions in general, including anaphylaxis.

The number of admissions for asthma shows wide variations from year to year, but between 2004/05 and 2010/11 there was a moderate fall in the number of people admitted at least once during a year, from 11 to 9 per 100,000 per year. The fall in asthma admissions was more marked for asthma diagnosed as ‘predominantly allergic’.

There have been falls in the numbers of people admitted with a main diagnosis of food allergy, urticaria and dermatitis. However these falls are likely to reflect changes in the way these conditions are managed, such as more delivery of care through outpatient treatment.

Disability
The Scottish Household Survey found that 22% of men and 26% of women aged 16 years and over had a long-standing illness, health problem and/or disability in 2009-10. For both men and women this proportion increases steadily with age.
In 2009-10 there was a strong gradient in the proportion of adults with a long-standing illness, health problem and/or disability by Scottish Index of Multiple Deprivation (SIMD) quintiles, from 17% in the least deprived quintile to 32% in most deprived quintile.

High cholesterol
It is estimated that approximately 37,000 people (0.7% of the population) consulted a member of the general practice team (GP and practice-employed nurses combined) at least once during 2010/11 because of a high cholesterol level. This has reduced from an estimated 60,000 (1.1%) in 2003/04.

Over the period 2003/04 to 20010/11, consistently, fewer males than females consulted a member of the general practice team because of a high cholesterol level: an estimated 16,500 males compared to 20,600 females in 2010/11 (0.6% compared to 0.7% of the population)

A greater proportion of people living in the least deprived than the most deprived areas consulted a member of the general practice team because of a high cholesterol level in 2010/11.

Background
The ScotPHO website contains comprehensive information on a wide range of topics including behaviour, health, well being and disease and clinical risk factors. Along with summary data and statistics, the website provides background information, interpretation, policy notes, commentaries on data sources, references and links to further information.

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Further Information
Further information can be found on the ScotPHO website.

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD) is a business operating unit of NHS National Services Scotland - and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government Health Department and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

About ScotPHO
The Scottish Public Health Observatory (ScotPHO) collaboration is led by ISD Scotland and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. Our aim is to make public health information more accessible and usable to improve health and reduce inequalities in Scotland. Metadata and pre-release access information for this publication is available here.