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Potential years of life lost due to suicide in China, 2006–2010

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Abstract

Objectives—To calculate the potential years of life lost (PYLL) due to suicide in China, and analyse the distribution of PYLL by age, sex and region.

Study design—The recent Chinese national mortality data (2006–2010) published by the Chinese Ministry of Health and the census data provided by the Chinese National Population Census were used to calculate PYLL due to suicide.

Methods—Age-, sex- and region-specific PYLL due to suicide in China were determined for victims aged between 1 and 74 years.

Results—Suicide was found to be the 10th leading cause of death in terms of PYLL, and accounted for 3.06% of all PYLL in China. There were three age peaks for PYLL due to suicide in rural areas (20–24, 35–44 and 50–59 years), and two peaks for PYLL due to suicide in urban areas (20–24 and 35–44 years). PYLL due to suicide in rural areas was approximately two-fold higher than PYLL due to suicide in urban areas.

Conclusions—Suicide is a major public health problem in China. This needs to be controlled, especially in rural areas.

Keywords

Potential years of life lost; Suicide; Sex; Region; China

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Ethical approval

None sought.

Competing interests

None declared.

Introduction

Suicide is a well-recognized global public health problem.¹ The worldwide suicide rate estimated by the World Health Organization is approximately 11.4 per 100,000 persons,² and suicide is among the top three leading causes of death in those aged 15–44 years.³ China has a high suicide rate and accounts for approximately 22% of global suicides.⁴

Although the suicide rate in China has been reported in many studies,^{5,6} the social cost of suicide is rarely reported. Potential years of life lost (PYLL), which considers deaths at a younger age, is often used to assess the social cost of disease.^{7–9} This provides a simple method to identify important causes of death in need of intervention.

Various studies have estimated PYLL due to suicide in previous years. A study in South India showed that unintentional injuries and suicides resulted in 26.9% of total years of life lost (YLL) from 1998 to 2004.¹⁰ In Australia, a study found that PYLL due to suicide accounted for 4.57% of all PYLL in males and 2.44% of all PYLL in females between 1907 and 2005.¹¹ Another study in UK showed that PYLL increased by 5% between 1981 and 1998, although the suicide rate decreased.¹²

In China, studies have explored PYLL due to suicide. A study in Taiwan showed that suicide became the third leading cause of death in Taiwan in 2007, and PYLL due to suicide was highest in men aged 25–59 years.¹³ A study conducted in Guangzhou city showed that PYLL due to injuries and poisoning accounted for approximately 22% of all PYLL.¹⁴ YLL due to suicide was also estimated between 1990 and 2000, and the results showed that rural women aged 25–39 years contributed the greatest share of YLL.¹⁵

In recent years, the suicide rate has decreased significantly in China, and various characteristics have disappeared.¹⁶ As such, although previous studies have estimated PYLL in China, an update is needed.

This study aimed to calculate PYLL due to suicide in China, and discuss the distribution by age, sex and region. It is hoped that this study will improve understanding of the severity of suicide in China.

Methods

Data

A full national injury and death surveillance system does not exist in China. As such, official death records in the 2007–2011 Chinese Health Yearbooks, published by the Chinese Ministry of Health, were used to estimate PYLL due to suicide. These yearbooks provided death rates by cause and sex for 18 5-year age groups living in urban and rural areas.

For 2007 and 2008, data on urban deaths were collected from 16 metropolises (Beijing, Tianjin, Shanghai, Harbin, Changchun, Shenyang, Dalian, Anshan, Nanjing, Hangzhou, Zhengzhou, Wuhan, Chengdu, Xian, Chongqing, Guangzhou) and 24 small–medium cities (Suzhou, Xuzhou, Hefei, Anqing, Bengbu, Maanshan, Tongling, Fuzhou, Xiamen, Pingdingshan, Xinyang, Luoyang, Yichang, Huangshi, Tianmen, Changsha, Hengyang,

Xiangtan, Changde, Foshan, Zhongshan, Guilin, Zigong, Urumchi). Data on rural deaths in 2007 and 2008 were collected from 80 counties in 14 provinces (Tianjin, Shanghai, Jiangsu, Zhejiang, Anhui, Fujian, Henan, Hubei, Hunan, Guangdong, Chongqing, Sichuan, Shanxi, Gansu).^{17,18}

For 2009, data on urban deaths were collected from 14 metropolises (Beijing, Tianjin, Shanghai, Shenyang, Dalian, Anshan, Nanjing, Hangzhou, Zhengzhou, Wuhan, Chengdu, Xian, Chongqing, Guangzhou) and 13 small–medium cities (Suzhou, Xuzhou, Maanshan, Fuzhou, Xiamen, Sanming, Yichang, Huangshi, Changsha, Changde, Foshan, Zhongshan, Zigong). Data on rural deaths in 2009 were collected from 68 counties in 10 provinces (Shanghai, Jiangsu, Zhejiang, Fujian, Henan, Hubei, Hunan, Guangdong, Chongqing, Sichuan).¹⁹

For 2010, data on urban deaths were collected from 10 metropolises (Beijing, Shenyang, Dalian, Anshan, Harbin, Shanghai, Guangzhou, Chengdu, Kunming, Xian) and nine small–medium cities (Xuzhou, Hefei, Bengbu, Maanshan, Tongling, Anqing, Changde, Foshan, Zigong). Data on rural deaths in 2010 were collected from 34 counties in nine provinces (Beijing, Shanghai, Tianjin, Jiangsu, Anhui, Henan, Hubei, Guangdong, Sichuan).²⁰

For 2011, data on urban deaths were collected from 151 urban districts, and data on rural deaths were collected from 156 rural counties.²¹

The Chinese Health Yearbooks provided death rates by cause and sex for 18 5-year age groups living in urban and rural areas. These data have also been used in other studies.²² Deaths were categorized using the 10th edition of the International Classification of Diseases.

The Chinese National Population Census (NPC) is a national (rural and urban) headcount of residents that is implemented every 10 years.²³ The NPC published the age–sex–region population details of the total population in 2010. These official data were used as the standard distribution for the standardization of rates. The urban population was defined as the population living in large cities, and the rural population was defined as the population living in small towns and agricultural counties. Table 1 shows the population data used in this study.

Calculation of PYLL

To calculate PYLL due to suicide, the analysis was restricted to people aged 1–74 years for two reasons. First, infants aged <1 year were excluded in order to avoid the influence of infant mortality. Second, 75 years was used as the reference age, because the average life expectancy in 2008 was 74.8 years.²⁴ The cut-off of 75 years has also been used in other studies that calculated PYLL due to various diseases.^{25,26}

The formula used for calculating PYLL was:

$$PYLL = \sum_{i=1}^{75} [(75 - i) \times d_i]$$

²⁷ where i is the midpoint of the age group of age at death, and d_i is the number of deaths at age i .

First, mean PYLL was calculated for all causes of death and the percentage of each, and causes were then ranked by PYLL. Second, the mean PYLL for each age group was calculated to illustrate the distribution of PYLL by age. Finally, the PYLL of each age group were summed to yield total PYLL by sex, region and sex–region for each year.

Data analysis

Office Excel Version 2007 (Microsoft Corp., Redmond, WA, USA) was used for all analyses in this study.

Results

As shown in Table 2, PYLL due to suicide accounted for 3.06% of all PYLL in China, and was the 10th leading cause of death in terms of PYLL. Suicide was the sixth leading cause of death in rural females, seventh leading cause of death in urban females, and 12th leading cause of death in rural and urban males in terms of PYLL. In rural females, PYLL due to suicide accounted for 4.57% of all PYLL.

Table 3 shows that PYLL due to suicide was approximately two-fold higher in rural areas than in urban areas, and PYLL due to suicide was similar in males and females from 2006 to 2010. PYLL (per 100,000 persons) due to suicide was similar in rural females and rural males, and approximately two-fold higher than PYLL in urban females and urban males.

Fig. 1 shows the age distribution of PYLL due to suicide per 100,000 persons (average for 2006–2010). PYLL due to suicide increased rapidly between 5 and 24 years of age. There were three age peaks for PYLL due to suicide in rural areas (20–24, 35–44 and 50–59 years), and two age peaks for PYLL due to suicide in urban areas (20–24 and 35–44 years).

Discussion

This study calculated national PYLL due to suicide by age, sex and region in China. The results showed that suicide was the 10th leading cause of death in terms of PYLL, and accounted for 3.06% of all PYLL in China. PYLL due to suicide in rural areas was approximately two-fold higher than PYLL due to suicide in urban areas. There were three age peaks for PYLL due to suicide in rural areas (20–24, 35–44 and 50–59 years), and two age peaks for PYLL due to suicide in urban areas (20–24 and 35–44 years).

PYLL due to suicide was 167.62 per 100,000 people, and accounted for 3.06% of all PYLL in China between 2006 and 2010. Worldwide, PYLLs range widely between countries because suicide rates differ and fewer results have been calculated for low- and middle-income countries.²⁸ The present study found that PYLL per 100,000 persons was lower in China than in the USA²⁹ and Canada,³⁰ and similar to PYLL in Australia.¹¹

In this study, suicide was the 10th leading cause of death (in terms of PYLL) overall, the sixth leading cause of death in rural females and the seventh leading cause of death in urban

females. The suicide rate has decreased rapidly in China in recent years.³¹ Suicide was the 18th leading cause of death (in terms of PYLL) in urban areas and the 13th leading cause of death in rural areas between 2009 and 2011.³² The importance of suicide has been underestimated by suicide rates.

This study demonstrated that PYLL due to suicide was similar in males and females. China is one of the few countries that reported higher suicide rates in female than males before the 1990s,³³ but the suicide rates in males and females have been similar in recent years; in contrast, male suicide rates are higher than female suicide rates in Western countries.³⁴ In females, suicide remains an important problem in China because of the higher PYLL compared with Western countries.

Rural vs urban differences in PYLL due to suicide are large. The results showed that PYLL due to suicide was approximately two-fold higher in rural areas compared with urban areas. When the population distribution is considered, the burden of suicide is much higher in rural areas compared with urban areas. This means that the burden of premature mortality due to suicide is much higher in rural areas than in urban areas. Rural areas need to be considered in suicide prevention programmes.

Three age peaks for PYLL due to suicide were found in rural areas (20–24, 35–44 and 50–59 years), and two age peaks for PYLL due to suicide were found in urban areas (20–24 and 35–44 years). This suggests that PYLL are largely contributed by young and middle-aged victims in urban areas, and older victims in rural areas. Previous studies found that rural females aged 23–39 years made the greatest contribution to YLL due to suicide between 1990 and 2000.¹⁵ The change may be due to the decrease in the suicide rate among young people in rural areas in China.⁶ In rural areas, victims aged 50–59 years made the greatest contribution to PYLL due to suicide.

This study had some limitations. First, although PYLL is helpful to capture the importance of the burden of suicide, it does not discount suicides in individuals aged >75 years. Second, the standard population in this study is based on the Chinese population in 2010, and therefore is not appropriate for comparison with other countries. Furthermore, the data in this study were collected from official reports. The Central Government Agency collected the reports from local government agencies, such as the local Centre for Disease Control and Prevention, that are equipped with professional reporting mechanisms, and are based in easy-to-reach areas in China. Therefore, the data may be biased to well-established and better-off locations in China. The accuracy of suicide rates in the official reports may also been influenced by the stigma of suicide. A national injury and death surveillance system is necessary for more accurate presentation of the trends and patterns of suicide in China.

Despite these limitations, this study is the most cost-effective way to extrapolate PYLL due to suicide in recent years. It contributes to understanding about the burden of suicide and the important causes of death in need of intervention. This study implies that suicide, especially among rural women, places a heavy burden on China. Suicide is a major public health problem in China that needs to be controlled.

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Highlights

1. An update for the importance of suicide in China;
2. The powerful database in recent China;
3. The interesting results for the PYLLs in China;

Fig. 1.

Potential years of life lost (PYLL) per 100,000 persons due to suicide (average for 2006-2010) by age, sex and region

Table 1
Chinese population by age, sex and region in 2010

Age (years)	Urban males	Urban females	Rural males	Rural females
1–4	7,267,961	6,266,524	26,333,406	21,878,285
5–9	8,566,754	7,336,464	29,897,911	25,080,420
10–14	9,176,874	7,944,462	31,090,403	26,696,723
15–19	15,528,057	14,822,121	36,376,773	33,162,163
20–24	24,173,937	23,373,573	39,834,636	40,030,372
25–29	19,171,630	18,779,105	31,665,408	31,397,709
30–34	18,144,631	17,431,796	31,377,191	30,184,585
35–39	20,481,483	19,264,719	39,909,621	38,370,136
40–44	19,572,475	18,233,005	44,036,203	42,912,281
45–49	16,885,728	15,527,230	36,890,690	36,290,905
50–54	12,450,143	11,803,303	27,913,091	26,586,634
55–59	11,166,299	11,252,131	29,916,639	28,977,405
60–64	7,594,880	7,703,307	22,239,546	21,129,549
65–69	5,062,300	5,356,341	15,686,171	15,008,470
70–74	4,279,061	4,597,774	12,124,392	11,971,170
All	206,470,117	197,289,923	475,858,987	453,191,842

Table 2

Top 15 causes of death in terms of potential years of life lost (PYLL) (per 100,000 persons), averaged for 2006–2010

Rank	Cause of death	PYLL	Proportion of all PYLL (%)
Rural males			
1	Cerebrovascular disease	951.75	12.28
2	Liver cancer	773.19	9.97
3	Motor vehicle road-traffic accident	588.12	7.59
4	Lung cancer	491.12	6.34
5	Gastric cancer	347.30	4.48
6	Acute myocardial infarction	336.33	4.34
7	Transport accident	335.49	4.33
8	Chronic lower respiratory diseases	324.16	4.18
9	Drowning	303.71	3.92
10	Oesophageal cancer	298.05	3.84
11	Liver disease	199.53	2.57
12	Suicide	193.98	2.50
13	Unintentional falls	185.68	2.40
14	Other accident	130.48	1.68
15	Leukaemia	123.33	1.59
	Total PYLL	7751.56	100
Rural females			
1	Cerebrovascular disease	566.35	13.84
2	Liver cancer	209.97	5.13
3	Chronic lower respiratory diseases	204.13	4.99
4	Lung cancer	197.14	4.82
5	Motor vehicle road-traffic accident	195.57	4.78
6	Suicide	186.83	4.57
7	Acute myocardial infarction	164.63	4.02
8	Gastric cancer	155.76	3.81
9	Drowning	131.59	3.22
10	Breast cancer	120.97	2.96
11	Transport accident	111.37	2.72
12	Oesophageal cancer	104.56	2.55
13	Leukaemia	90.63	2.21
14	Diabetes	86.91	2.12
15	Colorectal and anal cancer	72.58	1.77
	Total PYLL	4092.60	100
Urban males			
1	Cerebrovascular disease	654.92	11.61
2	Liver cancer	472.60	8.38

Rank	Cause of death	PYLL	Proportion of all PYLL (%)
3	Lung cancer	433.59	7.68
4	Motor vehicle road-traffic accident	329.08	5.83
5	Acute myocardial infarction	276.87	4.91
6	Transport accident	206.22	3.65
7	Gastric cancer	191.67	3.40
8	Liver disease	166.78	2.96
9	Other coronary heart disease	157.78	2.80
10	Other heart disease	157.48	2.79
11	Chronic lower respiratory diseases	128.96	2.29
12	Suicide	125.96	2.23
13	Oesophageal cancer	120.16	2.13
14	Drowning	110.97	1.97
15	Other accident	108.97	1.93
	Total PYLL	5642.63	100
Urban females			
1	Cerebrovascular disease	323.41	11.02
2	Lung cancer	193.88	6.61
3	Breast cancer	133.81	4.56
4	Motor vehicle road-traffic accident	117.45	4.00
5	Liver cancer	113.46	3.87
6	Gastric cancer	107.50	3.66
7	Suicide	104.68	3.57
8	Acute myocardial infarction	101.63	3.46
9	Colorectal and anal cancer	82.37	2.81
10	Congenital heart disease	81.95	2.79
11	Transport accident	75.17	2.56
12	Diabetes	74.80	2.55
13	Other coronary heart disease	73.99	2.52
14	Leukaemia	73.40	2.50
15	Other heart disease	73.25	2.50
	Total PYLL	2934.90	100
All			
1	Cerebrovascular disease	681.76	12.46
2	Liver cancer	437.98	8.01
3	Motor vehicle road-traffic accident	345.11	6.31
4	Lung cancer	338.72	6.19
5	Acute myocardial infarction	234.18	4.28
6	Gastric cancer	222.64	4.07
7	Chronic lower respiratory diseases	215.21	3.93
8	Transport accident	200.92	3.67
9	Drowning	176.79	3.23

Rank	Cause of death	PYLL	Proportion of all PYLL (%)
10	Suicide	167.62	3.06
11	Oesophageal cancer	163.73	2.99
12	Liver disease	124.67	2.28
13	Unintentional falls	102.75	1.88
14	Leukaemia	101.07	1.85
15	Other coronary heart disease	96.10	1.76
	Total PYLL	5470.39	100

Table 3
Potential years of life lost (per 100 000 persons) due to suicide between 2006 and 2010

	2006	2007	2008	2009	2010
Region					
Rural	206.75	217.33	187.24	174.23	166.99
Urban	128.60	119.81	92.09	107.22	130.22
Ratio	1.61	1.81	2.03	1.62	1.28
Sex					
Male	182.50	197.37	160.60	164.90	160.91
Female	183.28	177.15	155.61	141.98	150.31
Ratio	1.00	1.11	1.03	1.16	1.07
Sex by region					
Rural male	204.86	222.20	185.66	185.26	171.94
Rural female	208.76	212.17	188.92	162.54	161.75
Urban male	131.48	140.72	103.44	118.43	135.75
Urban female	125.57	97.81	80.16	95.43	124.40
Total	182.88	187.54	158.18	153.76	155.76