The following journal articles are co-authored by NHS Health Scotland colleagues, with summaries provided by them to provide a flavour of the research:

Minton J, Shaw R, Green MA, Vanderbloemen L, Popham F, McCartney G. Visualising and quantifying “excess deaths” in Scotland compared with the rest of the UK and the rest of Western Europe. Journal of Epidemiology and Community Health 2017. [http://jech.bmj.com/content/71/5/461](http://jech.bmj.com/content/71/5/461)

**Summary:** We compared the rate of mortality in Scotland with England & Wales and other parts of Europe. It uses a technique called ‘Lexis diagrams’ to look at which age groups, time periods and which generations compare better or worse. We found that people born in the 1940s and 1950s (the ‘baby boomers’) in the UK had lower mortality than the rest of Europe but that subsequent generations had higher mortality. Young adults in the 1990s and 2000s compared particularly poorly the rest of Europe.


**Summary:** Surveys can be biased when the people that they interview are different to the rest of the population or when people answer questions in a way that isn’t accurate. For alcohol use in Scotland this is a particular problem as we know that substantially more alcohol is sold than people report drinking! We tried in this study to correct the survey estimates for alcohol use by linking the data to hospital records and making various adjustments to the survey data on that basis.


**Summary:** It has been suggested that the religious beliefs within populations may influence how common suicide is. In particular, Catholicism is suggested to be associated with lower suicide rates. This paper compares the religious affiliations in Glasgow, Liverpool and Manchester to consider whether this might be a factor in the higher suicide rates in Glasgow.

Summary: This study looked at diet, activity levels and BMI in children aged 3-16 years, using surveys conducted in Scotland in 2006 and 2010. Diets improved over time, but activity levels fell. In both years, children’s diets were less healthy as the level of deprivation in the areas where they lived increased. Obesity and time spent sitting in front of a screen also increased as deprivation increased. The association between these outcomes and deprivation did not change over time.


Summary: It has been suggested that differences in religious affiliation might be partially responsible for the higher mortality in Scotland and Glasgow after accounting for differences in socio-economic position. We used census data linked to mortality records to assess whether or not this is true. We found that religious affiliation, although lower in Scotland, did not explain the differences in mortality.

See also:

Further Scotland based research


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**Alcohol use, alcohol-related aggression and intimate partner abuse: A cross-sectional survey of convicted versus general population men in Scotland.**  

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