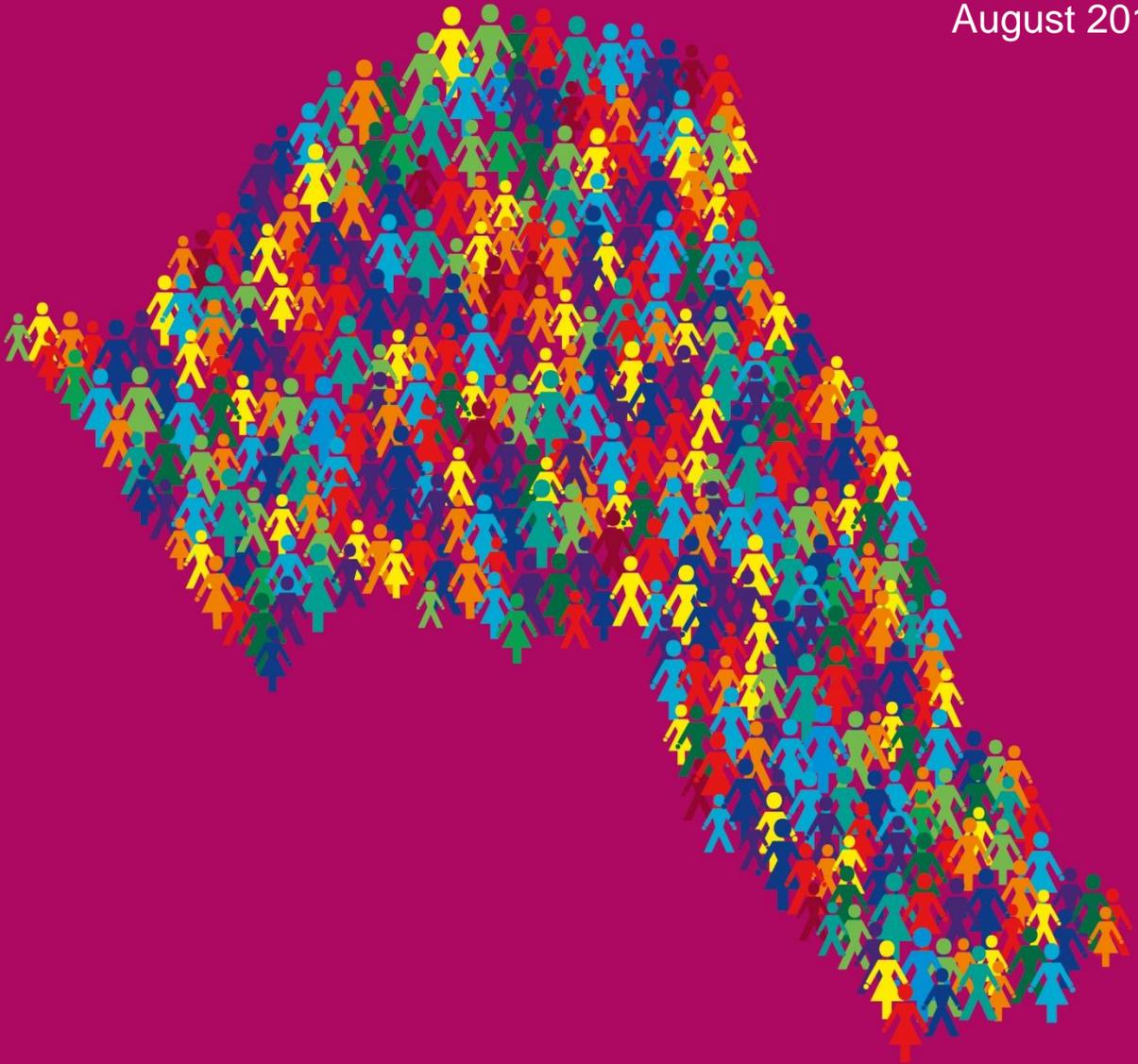


CAMDEN PROFILE PUBLIC HEALTH INTELLIGENCE

Chronic Liver Disease

First edition
August 2014



About this profile

Purpose

This public health intelligence profile describes the trends and patterns in chronic liver disease (CLD) in Camden.

This work will support and inform:

- London Borough of Camden Councillors and public health teams
- Camden's clinical commissioning group
- Individual general practices in Camden
- Liver Steering Group

This profile can be found on Camden Data:

<http://www.camdendata.info/Pages/public-health.aspx>

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Further information and feedback

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Recommendations and key messages

OVERVIEW AND RECOMMENDATIONS

1. Many patients do not experience symptoms until chronic liver disease (CLD) is advanced and are often not recognised as liver disease. This signals the importance of **raising the awareness of signs and symptoms to promote early detection to the public and healthcare professionals**. Enhanced education alongside improved communication between primary care and liver specialists should be encouraged.
2. **There is a need for improved screening and recording of risk factors for those with CLD and those at risk in the general population**. There is variation in the recording of risk factors such as BMI, blood pressure and cholesterol which should be addressed to facilitate better management and prevent disease progression.
3. **Better control of risk factors can prevent the development and progression of CLD** so the management of lifestyle risk factors, particularly reduction of alcohol consumption and obesity, in primary care is vital. While primary prevention is important for the general population, secondary prevention is crucial for those who have already developed CLD. Secondary prevention for people with liver disease should also include promoting and offering pneumococcal and flu vaccination.
4. **People residing in the most deprived areas in Camden are more likely to be diagnosed with CLD related to alcohol, obesity and hepatitis which highlights the complex inter-relationship between CLD and deprivation**. Harmful alcohol use is likely to be a cause and an effect of social deprivation. Health care professionals should consider signposting to services related to support with the wider social determinants of health including WISH+ (referral hub for warmth, safety, income and health services), employment support, housing and adult social care.
5. **People diagnosed with CLD are 59% more likely to be diagnosed with type 2 diabetes than general population**. Camden CCG should consider adding a liver function test to the annual review for people with type 2 diabetes and patients with CLD could be incorporated into any existing systems for case finding of diabetes.
6. **Public Health should work with primary care to ensure practice staff are confident to give brief advice, diet and physical activity advice** and referral pathways to lifestyle services such as Adult Weight Management, Exercise on Referral and the Camden Alcohol Service are embedded within GP systems.
7. **Clear pathways from primary to secondary care for all types of liver disease** should be developed and implemented. It is important that CLD pathways are well integrated with lifestyle and behaviour change services to ensure people with CLD have access to stop smoking, alcohol, exercise and weight management services. The development of a pathway for NAFLD is promising and the momentum should be maintained for other liver diseases.
8. **Asian people are more than two times as likely to be diagnosed with CLD caused by obesity**. It is important that primary care and adult weight management services understand that people from South Asian groups may be at increased risk of obesity related CLD with a lower BMI than other ethnic groups.

Recommendations and key messages

OVERVIEW AND RECOMMENDATIONS (cont)

9. **Policy level changes to prevent alcohol and obesity related disease should be considered locally by Camden Council and health stakeholders.** Reduction in the availability and affordability of alcohol are the best evidence based approaches to reducing consumption of alcohol which could prevent development of related CLD.
10. **The number of laboratory confirmed diagnoses for hepatitis B has decreased and hepatitis C has increased from 2012 to 2013,** however, more information is needed on the prevalence of these conditions in Camden. A better understanding of the size of the undiagnosed population and population projections will be important for future service planning.
11. **There are a number of groups who are at a higher risk of contracting hepatitis C and B including people who inject drugs, men who have sex with men and people who change sexual partners often.** Practices and patients should be made aware of groups at high risk of contracting hepatitis B and C and consider putting systems in place to offer tests and vaccinations (for hepatitis B) to people in these groups in primary care and / or linked to services offered in other clinical or community settings (sexual health/GUM clinics).

Key messages

EPIDEMIOLOGY OF CLD

- There are 2,040 people diagnosed with chronic liver disease (CLD) registered to Camden's GP practices, this equates to a crude prevalence of 0.8%. Prevalence rates for other London boroughs is not available for comparison. CLD can be categorised into four types of diagnosis based on the cause of the diagnosis these are; alcohol-related, obesity-related, hepatitis and other causes. In Camden 59% (1,210) of all CLD diagnoses are attributable to obesity, 17% (340) are alcohol related, 10% (210) are caused by hepatitis and 13% (270) are related to other causes.
- The diagnoses of CLD varies by locality, the West locality has a significantly higher prevalence of CLD related to obesity (29% higher) compared to the Camden average and adjusting for age.
- In Camden, laboratory reports of confirmed hepatitis B have decreased from 75 in 2012 to 66 in 2013. However, hepatitis C confirmed laboratory reports have increased from 113 in 2012 to 145 in 2013.

Key messages (cont)

CLD DIAGNOSIS BY DEMOGRAPHIC FACTORS

- CLD diagnoses varies by demographic and socioeconomic factors in Camden:
 - Men are significantly more likely to be diagnosed with all four types of CLD. In particular men are 52% (250) more likely to be diagnosed with alcohol-related CLD and 23% (130) more likely to be diagnosed with CLD related to hepatitis compared to the Camden average, adjusting for age. Women are significantly less likely to be diagnosed with all four types of CLD. In particular women are 49% (90) less likely to be diagnosed with alcohol-related CLD compared to the Camden average.
 - Compared to other CLD types, the average age of diagnosis is lowest for hepatitis related CLD (51 years). The average age for alcohol-related CLD diagnosis and CLD related to other causes is older (58 years and 60 years respectively). However, liver disease is often asymptomatic so people can present 10-30 years after the first onset of disease (CMO report, 2014).
 - Asian people are 2.6 times more likely to be diagnosed with obesity related CLD compared to the Camden population adjusted for age. Black people and people categorised as Other ethnicities are 2.7 times and 1.6 times more likely to be diagnosed with CLD caused by hepatitis respectively. White people are 1.2 times more likely to be diagnosed with alcohol-related CLD compared to the Camden average and adjusted for age.
 - There is a clear relationship between deprivation and diagnoses of all four types of CLD. Camden residents living in the most deprived areas are 60% (100), 38% (50) and 30% (290) more likely to be diagnosed with alcohol-related CLD, hepatitis-related CLD and obesity-related CLD compared to the Camden population adjusted for age.

RECORDING AND SCREENING OF RISK FACTORS

- In Camden 63% of the registered population (1,280) diagnosed with CLD have had a BMI recording in the past 15 months, this ranges from 29% to 88% by GP practice. People recorded as obese are 2.6 times more likely and 1.4 times more likely to be diagnosed with CLD caused by obesity and alcohol respectively compared to the Camden population, adjusted for age.
- Camden registered population that are classified as high risk drinkers or increased risk drinkers are 10.7 times more likely and 2.5 times more likely respectively to be diagnosed with alcohol-related CLD compared to the Camden average adjusted for age.
- In Camden 69% of the registered population diagnosed with CLD have a recent recording of smoking status (1,410), this ranged from 37% to 100% by GP practice. People recorded as smokers are 2.2 times more likely and 1.8 times more likely to be diagnosed with alcohol-related CLD and CLD related to other causes compared to the Camden average and adjusted for age.
- Although we have looked at the risk of these factors individually, it is important to note that these factors can have a cumulative effect on liver damage.

Key messages (cont)

- Seventy-four percent of people diagnosed with CLD have a recent recording of blood pressure (1,520), ranging from 57% to 94% by GP practice. Of these people 25% (510) have uncontrolled blood pressure.
- Sixty-eight percent of people diagnosed with CLD have a recent recording of cholesterol (1,380) ranging from 42% to 90% by GP practice. Of these people 34% (690) have uncontrolled cholesterol levels.
- In Camden 67% (1,340) of people diagnosed with CLD have had a flu vaccination ranging from 42% to 93% in GP practices.

PREVALENCE OF CLD AND OTHER LONG TERM CONDITIONS

- Twenty-nine percent of people (600) diagnosed with CLD are also diagnosed with one other condition. Thirty-five percent of people (710) diagnosed with CLD have two or more additional diagnoses.
- Compared to other CLD types a higher proportion of people diagnosed with alcohol-related CLD have been diagnosed with other long term conditions (72%).
- People diagnosed with type II diabetes are 59% more likely to be diagnosed with CLD compared to the Camden population.

CLD HOSPITAL ADMISSIONS

- In 2012/13, there were 113 hospital admissions for CLD, with the majority being elective (70%) compared to emergency admissions (30%).
- The majority of these elective and emergency admissions took place at the Royal Free hospital (86% and 59% respectively).

DEATHS FROM CLD

- In Camden, the directly standardised rate for mortality due to CLD declined from 2000-02 to 2003-5. The mortality rate has since increased from 14.4 per 100,000 in 2003-05 to 17.8 per 100,000 population in 2006-08. Subsequently the mortality rate has decreased to 11.7 per 100,000 persons in 2010-12, however this is still higher than the rates for London and England.
- Camden is ranked 4th and 5th for the directly standardised rate of mortality in all ages and premature mortality due to CLD respectively compared to all other London boroughs in 2010-12. This equates to an average of 69 deaths in all ages caused by CLD per year.

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

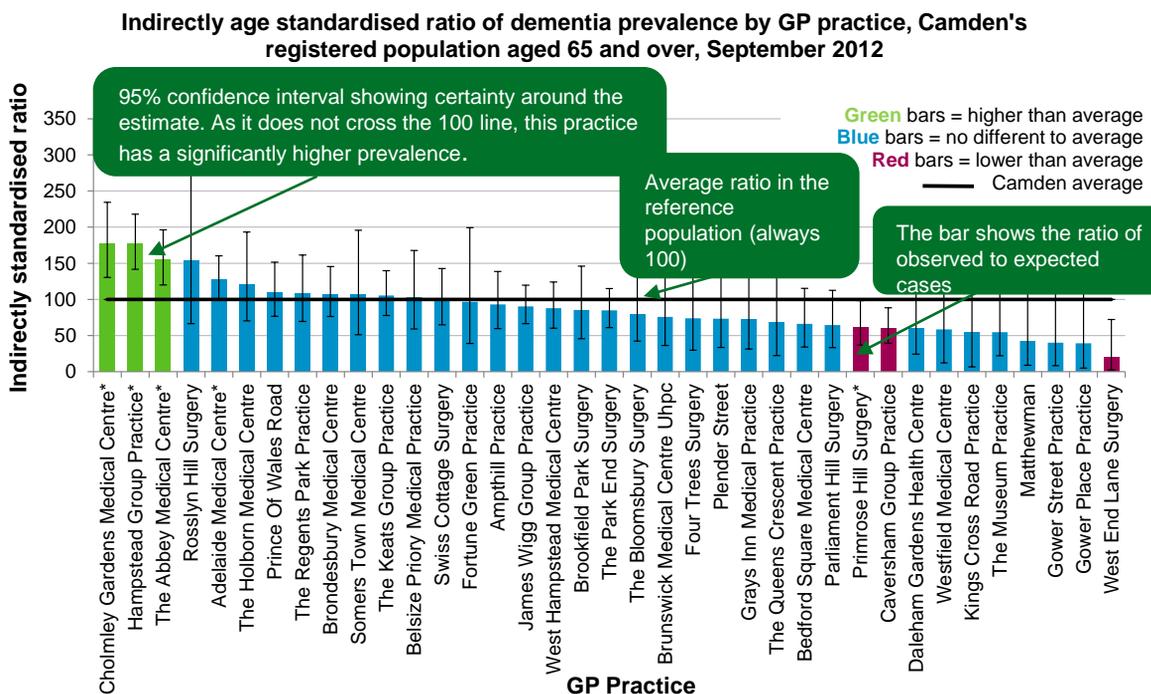
Indirectly standardised prevalence ratios (IDSR)

Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.



Source: Camden's GP PH dataset, 2012

Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

* Practice is associated with one or more care homes

Understanding the data - How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the variation that is important

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (i.e.. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and a Camden position, but these data are not currently available.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of September 2012, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Problems with coding and/or data extraction

There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: publichealth.intelligence@islington.gov.uk

GP PH dataset and case definition

Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group.
- The dataset includes key information on demographics (including language and country of birth), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels. More information on the dataset can be found in the Annual Public Health Report 2011.

Case definitions for chronic liver disease

- Read codes used to determine people recorded as being diagnosed with chronic liver disease were used after consultation with input from the Health Intelligence Advisory Group.
- Specific codes extracted (where data was recorded) were:

Alcohol-related CLD
J612, J610, J6120, J6130, J613, J6170, J6153
Obesity-related CLD
J61y1, J61y8, J61y7
Hepatitis CLD
J6141, J6142, J614, J614z, J614y, J6144, J6140, J6354
Other CLD
J63B, J616, J616z, J6157, J61z, J515, J61, J61y4, J615H, J615z, J61yz, J62y, J6160, J6161, J615C

Note: The numbers of hepatitis diagnoses may be an underestimate due to coding issues.

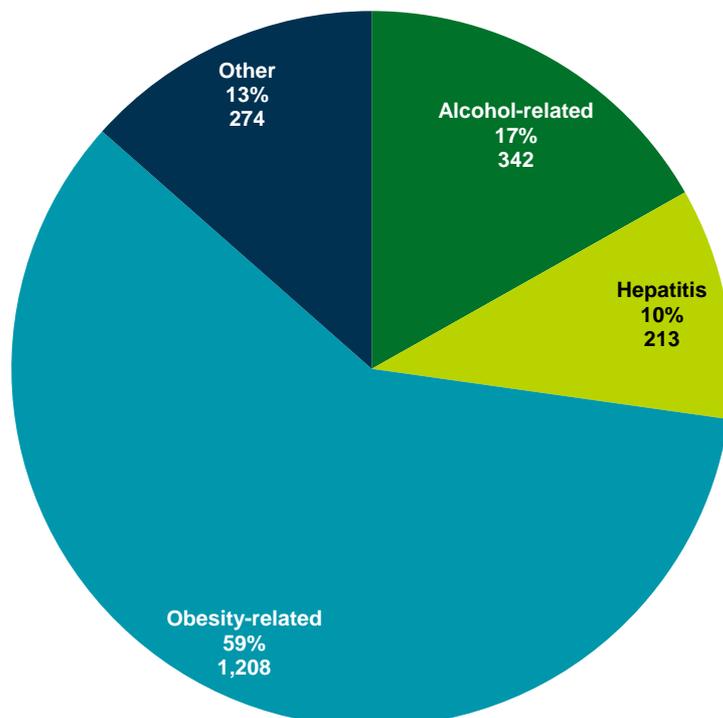
EPIDEMIOLOGY OF CLD

This section covers the prevalence of CLD in the borough by GP practice and locality

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Type of CLD diagnosis

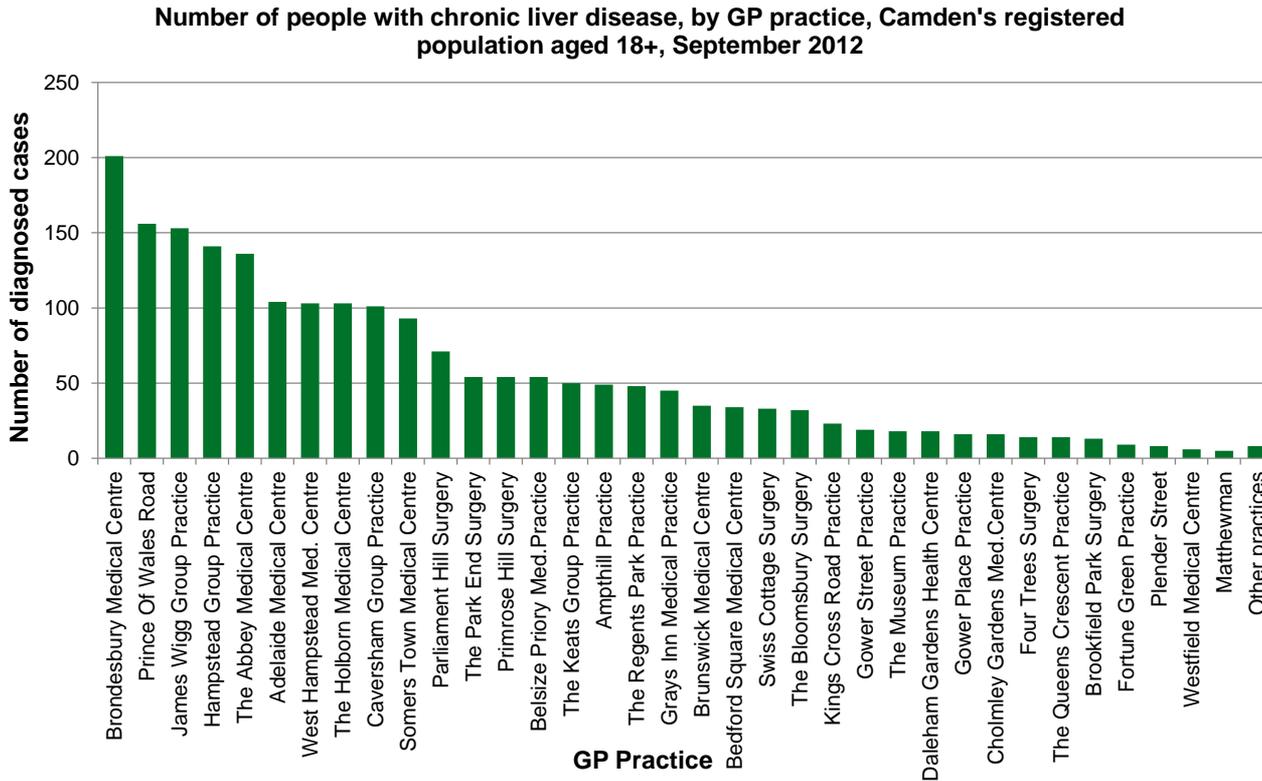
Percentage of people with diagnosed chronic liver disease, by cause, Camden's registered population aged 18+, September 2012



Source: Camden's GP PH Dataset, 2012

- In Camden, there are 2,040 diagnosed CLD cases. This equates to a prevalence of 0.8% in Camden's registered population aged 18+.
- In Camden, over half (59%) of all diagnosed CLD is attributable to obesity.
- The second most common cause for CLD is alcohol-related causes (17%).

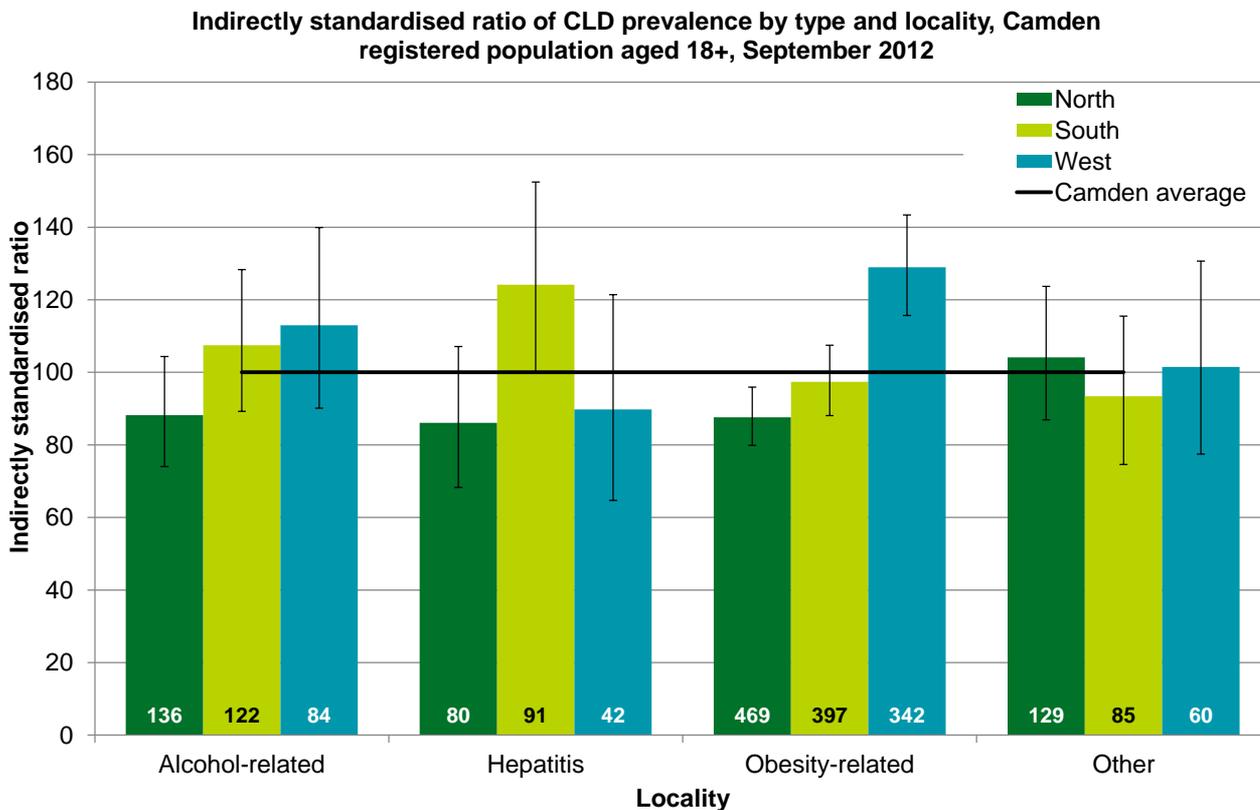
Number of CLD diagnoses by GP practice



- The number of people diagnosed with CLD ranges from 200 at the Brondesbury Medical Centre to fewer than 5 at some practices.
- The breakdown of CLD type is not given by practice as numbers are disclosive.

Note: Due to small numbers some practices are not included individually in this chart. Source: Camden's GP PH Dataset, 2012

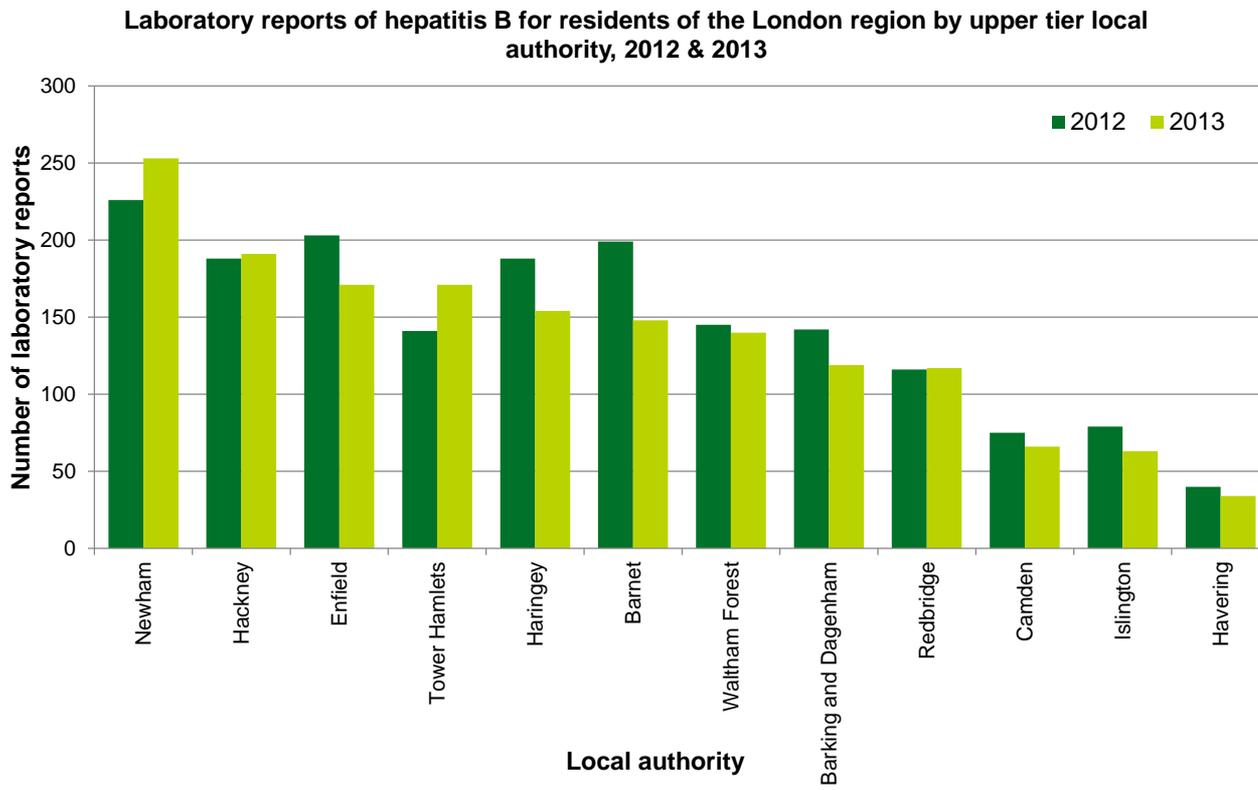
Diagnosed prevalence of CLD by Camden locality



- The West locality has a significantly higher prevalence of CLD related to obesity compared to the Camden average and taking age into account.
- The North locality has a significantly lower prevalence of CLD caused by obesity.

Source: Camden PH GP Dataset, 2012

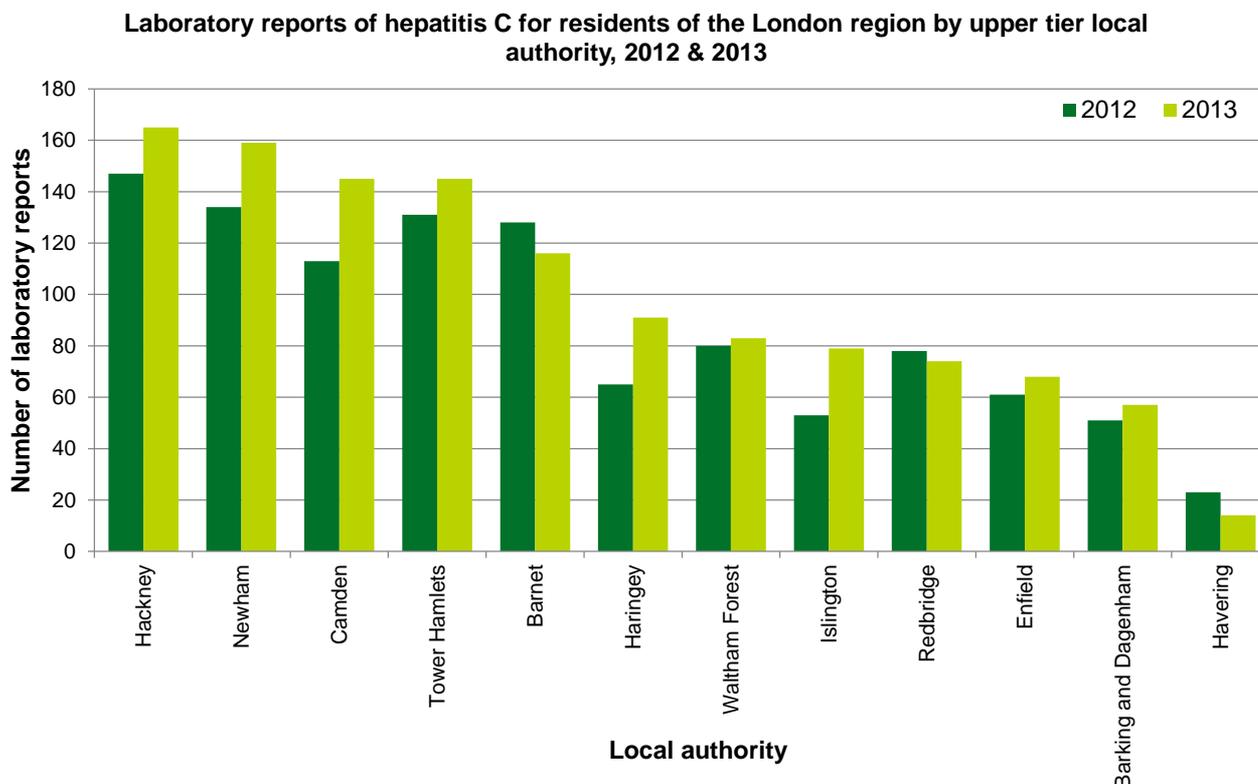
Hepatitis B laboratory reports



Note: City of London is not included in this chart due to small disclosure numbers. Source: Public Health England, 2013

- In Camden the number of laboratory confirmed hepatitis B diagnoses has decreased from 75 in 2012 to 66 in 2013.
- Camden is ranked 10 out of 12 London boroughs for the number of laboratory confirmed hepatitis B diagnoses in 2013.
- In 2010 laboratory reporting for hepatitis B became a statutory requirement.

Hepatitis C laboratory reports



Note: City of London is not included due to disclosure numbers. Source: Public Health England, 2013

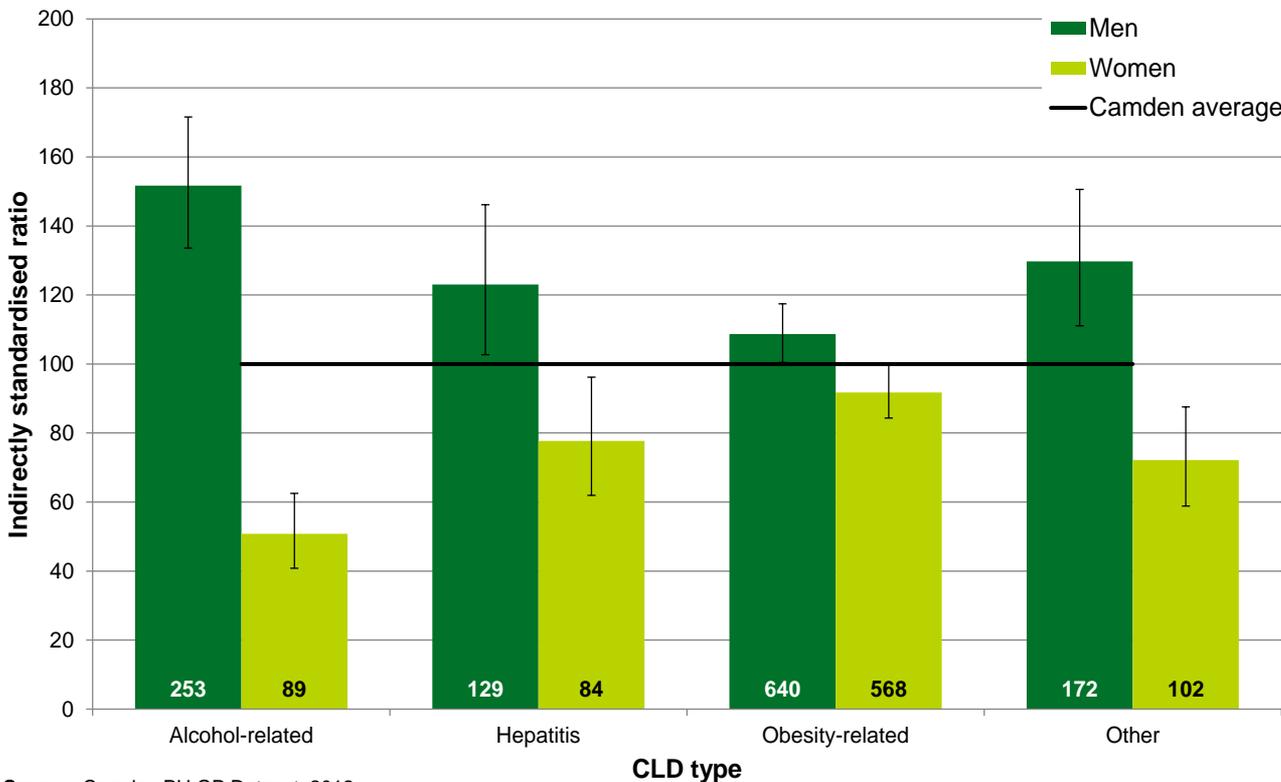
- In Camden the number of laboratory confirmed hepatitis C diagnoses has increased from 113 in 2012 to 145 in 2013.
- Camden is ranked 3 out of 12 London boroughs for the number of laboratory confirmed hepatitis C diagnoses in 2013.
- In 2010 laboratory reporting for hepatitis C became a statutory requirement.

CLD BY DEMOGRAPHIC FACTORS

This section describes the demographic characteristics of people with CLD in terms of age, sex, ethnicity and deprivation.

CLD by sex

Indirectly standardised ratio of CLD prevalence by sex, Camden's registered population aged 18+, September 2012

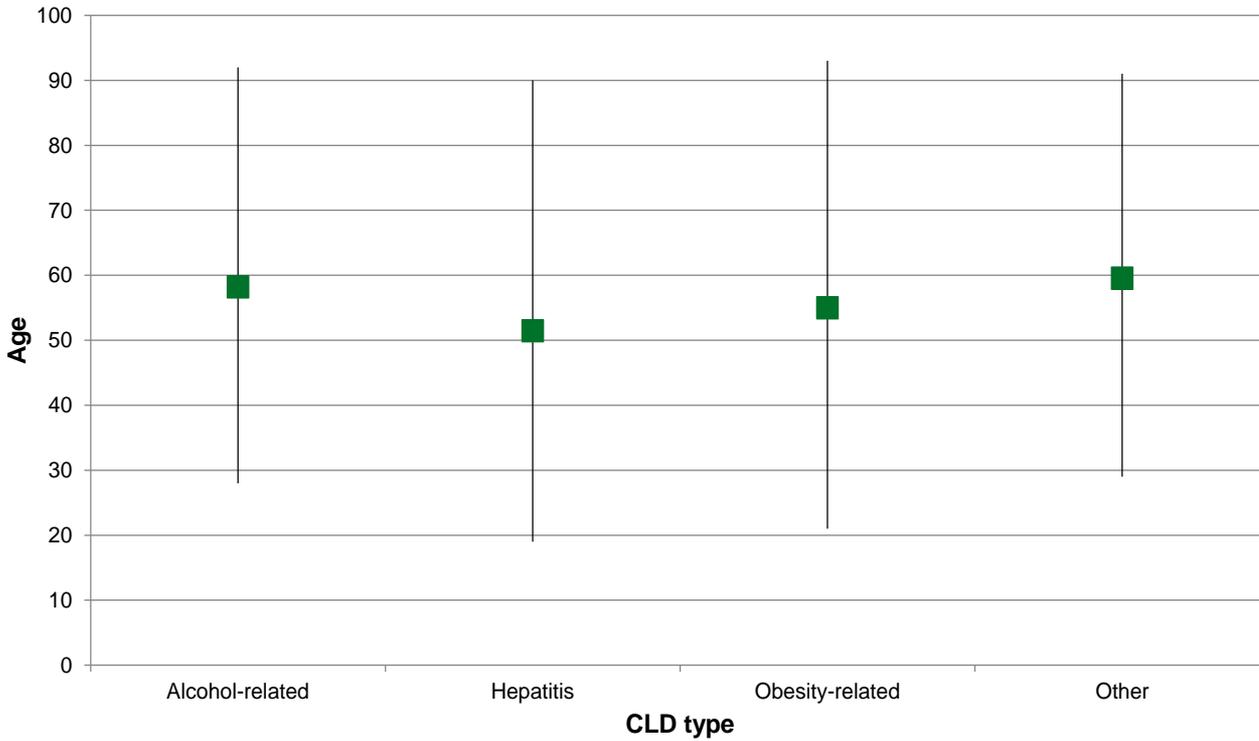


Source: Camden PH GP Dataset, 2012

- Adjusted for the age structure of the population, men have a significantly higher prevalence of CLD for all of the CLD types compared to the Camden average.
- Women have a significantly lower prevalence of CLD for all of the CLD types.

Average age of people diagnosed with CLD

Average age of people diagnosed with CLD by CLD type, Camden's registered population, September 2012

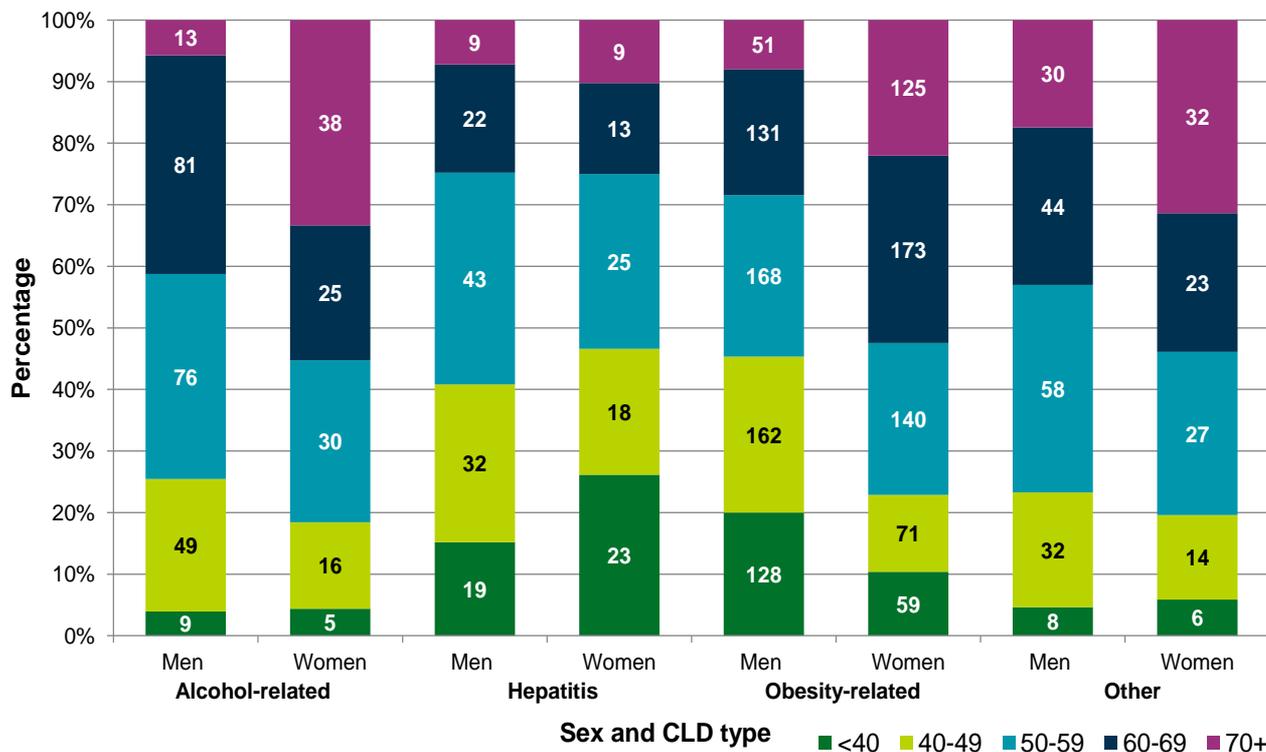


Source: Camden's GP PH dataset, 2012

- The average age of those diagnosed with CLD is lowest for people with CLD caused by hepatitis (51 years).
- CLD due to other causes have the latest average onset (60 years) compared to other CLD types.

Breakdown of CLD by age and sex

Percentage of people diagnosed with CLD by age and sex, Camden's registered population aged 18+, September 2012

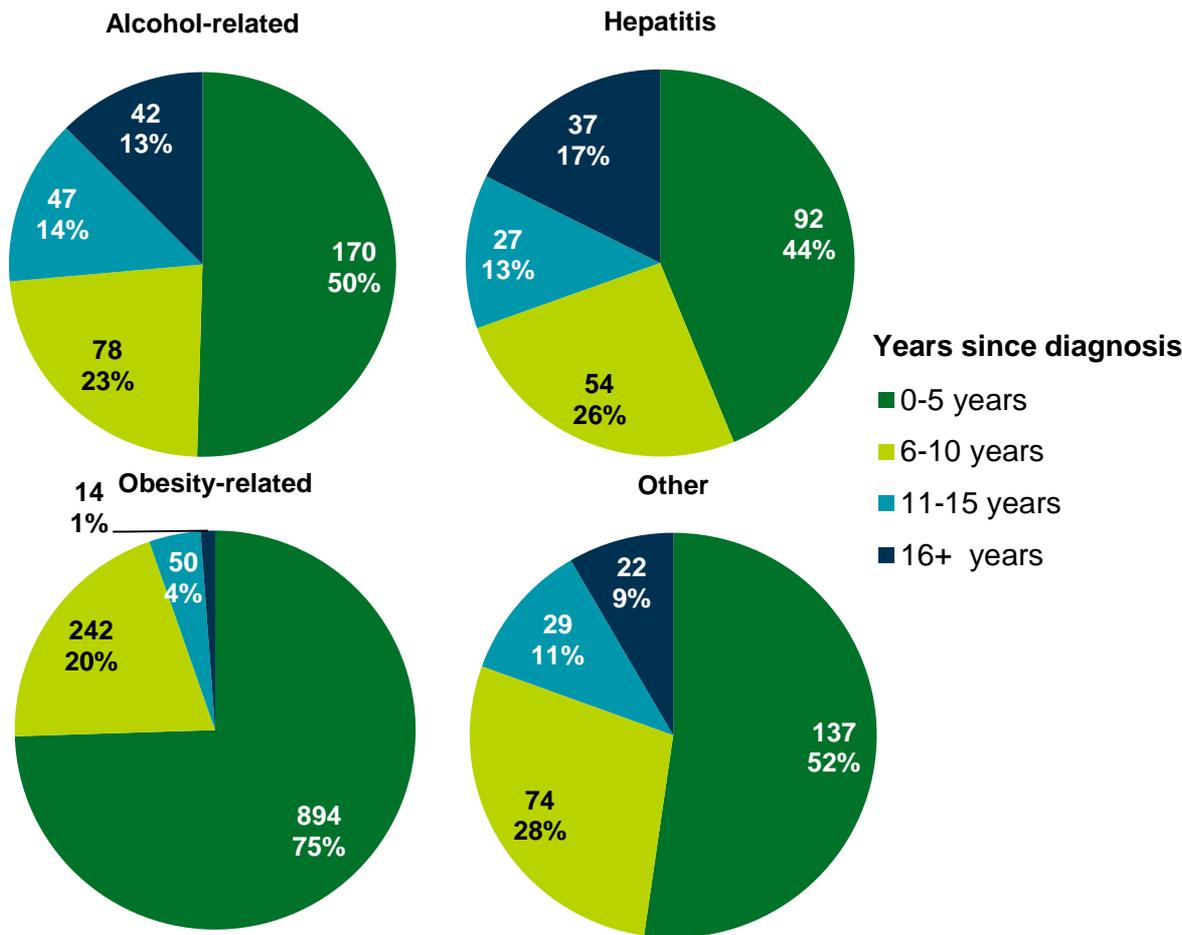


Source: Camden's GP PH dataset, 2012

- Overall, there is considerable variation in age between types of CLD and gender.
- There is a higher proportion of older women (70+) with alcohol-related CLD (33%) compared to men (6%).
- This is similar to CLD caused by obesity where a higher proportion of women are aged 60-69 (30%) compared to men (20%).
- However, there is a higher proportion of younger women with CLD caused by hepatitis (26%) compared to men (15%).

Years since CLD diagnosis

The percentage of people by years since CLD diagnosis, Camden's registered population age 18+, September 2012

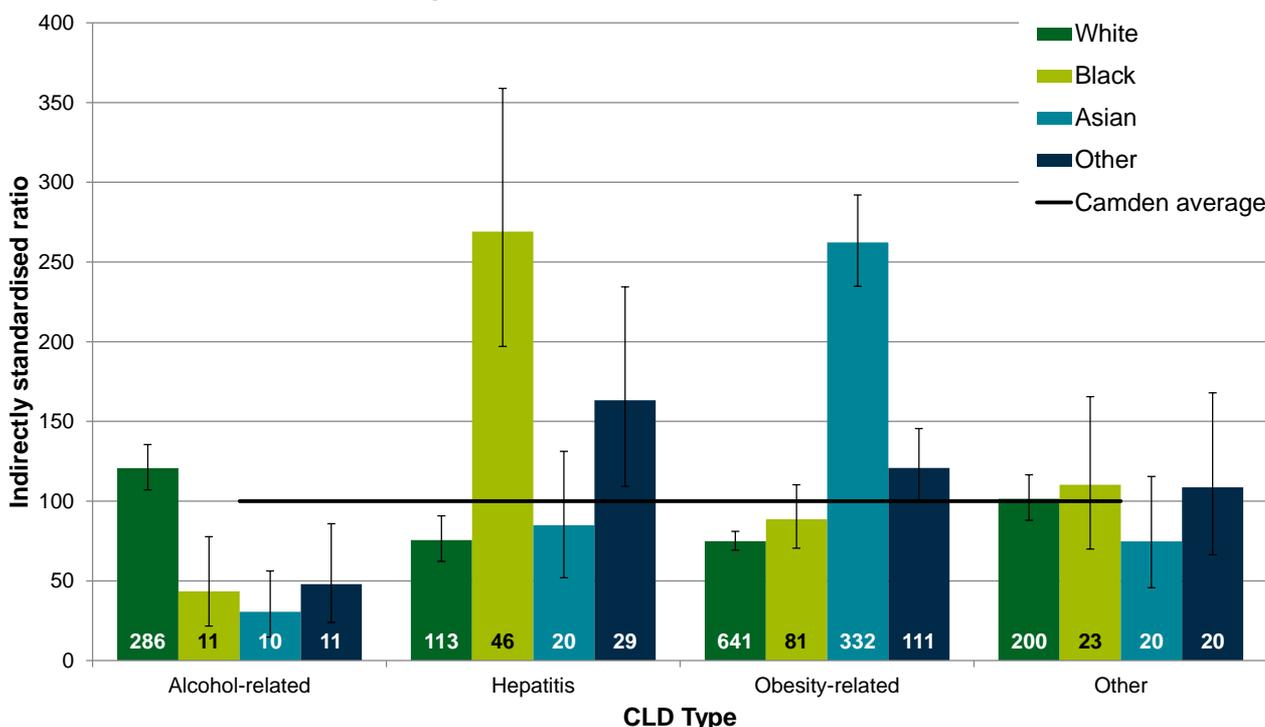


- 75% of all CLD diagnoses caused by obesity have been diagnosed in the past 5 years.
- Similarly half of all alcohol-related CLD diagnoses and CLD due to other causes were diagnosed in the past 5 years.
- However for CLD caused by hepatitis, a slightly higher proportion were diagnosed 6+ years ago (56%).

Note: 28 people with no CLD year of diagnosis are not included in the analysis. Source: Camden's GP PH dataset, 2012

CLD by ethnic group

Indirectly standardised ratio of CLD prevalence by ethnicity and CLD type, Camden registered population, September 2012

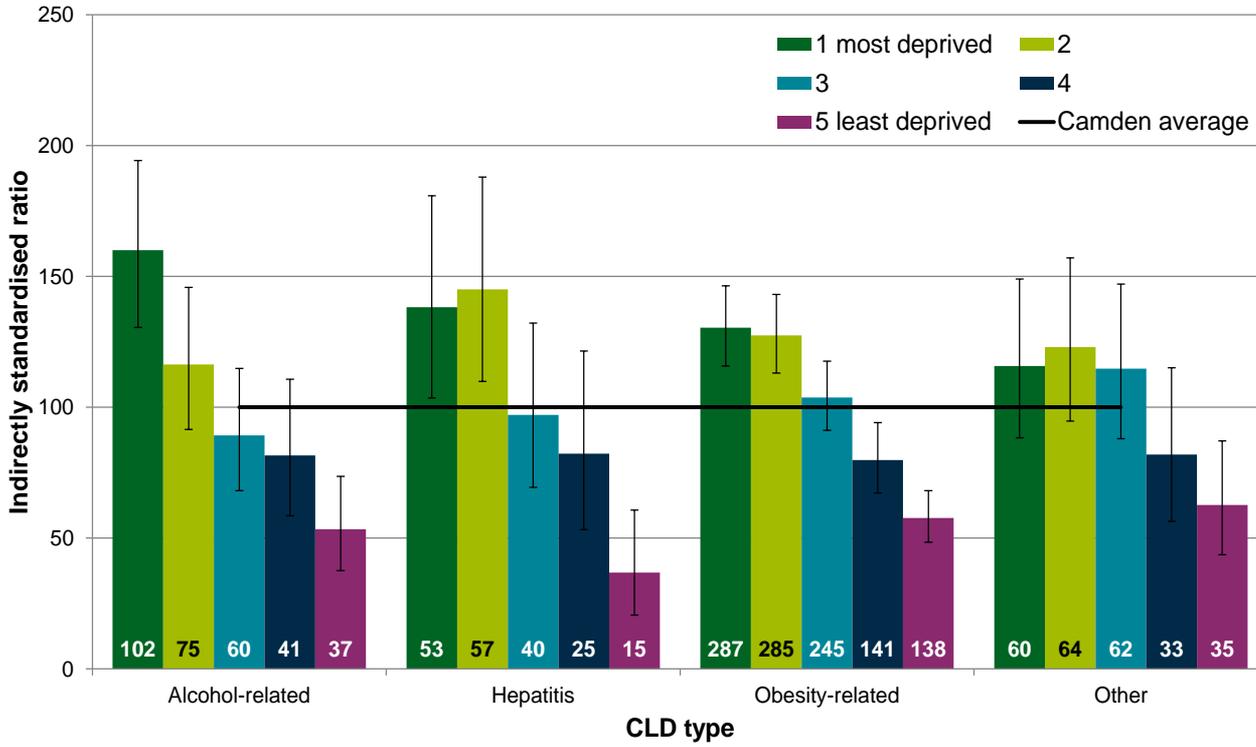


Note: 83 people with no ethnicity recorded are not included. Source: Camden PH GP Dataset, 2012

- Overall, there are variations between ethnic groups and CLD which are statistically significant.
- White people are 21% more likely to be diagnosed with alcohol-related CLD than the Camden average.
- People that are Black or Other ethnicities are statistically more likely to be diagnosed with CLD caused by hepatitis.
- Asian people are more than two times likely to be diagnosed with CLD caused by obesity.

CLD by local deprivation quintile

Indirectly standardised ratio of CLD prevalence by deprivation and CLD type, Camden's registered population, September 2012



Note: 189 people with no deprivation quintile recorded are not included. Source: Camden PH GP Dataset, 2012

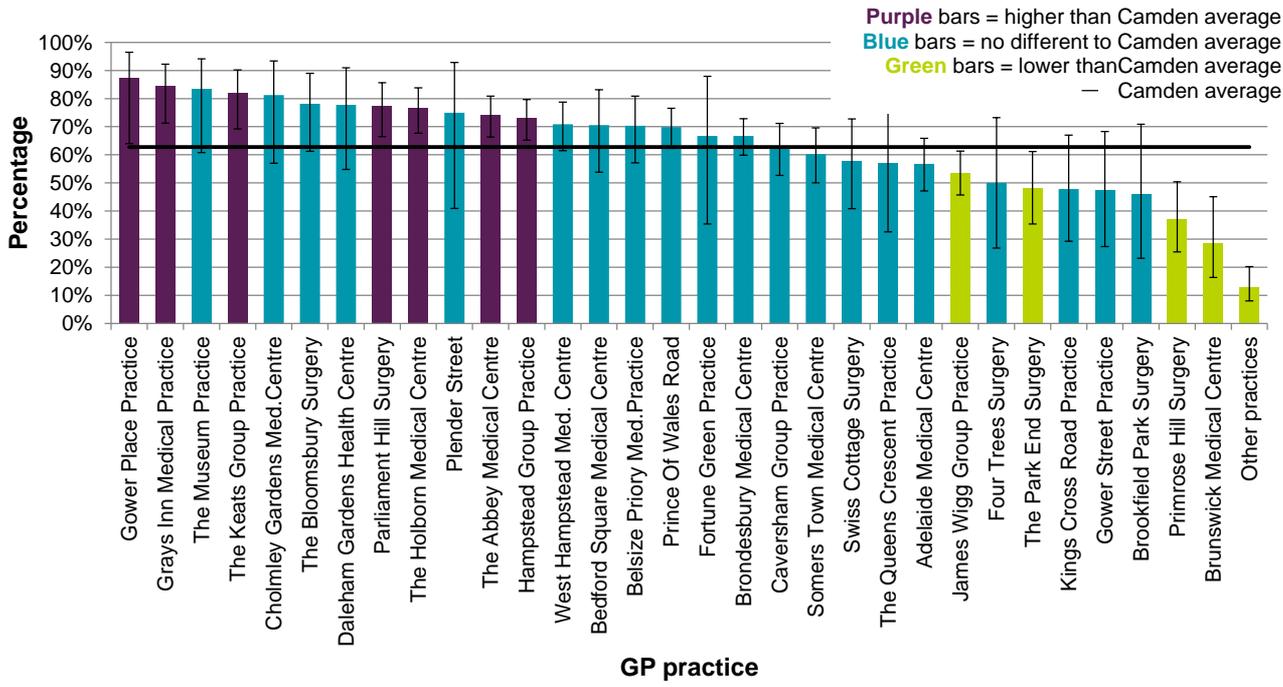
- Alcohol-related CLD shows the strongest relationship with deprivation. People are 60% more likely to be diagnosed if they reside in the most deprived areas, whereas people in the least deprived areas are nearly 50% less likely to be diagnosed.
- People diagnosed with CLD caused by obesity are 30% more likely to reside in the most deprived quintile and 42% less likely to reside in the least deprived.
- People diagnosed with CLD caused by hepatitis are 38% more likely to reside in more deprived areas and 63% less likely to reside in the least deprived.

RECORDING AND SCREENING OF RISK FACTORS FOR CLD

This section describes the level of recording and prevalence of risk factors for CLD such as alcohol consumption, body mass index and smoking. The recording and management of clinical risk factors with respect to cholesterol and blood pressure among people with CLD is also included.

Recording of BMI in people diagnosed with CLD

Percentage of people diagnosed with CLD with BMI recorded in the last 15 months, by GP practice, Camden's registered population aged 18+, 2012

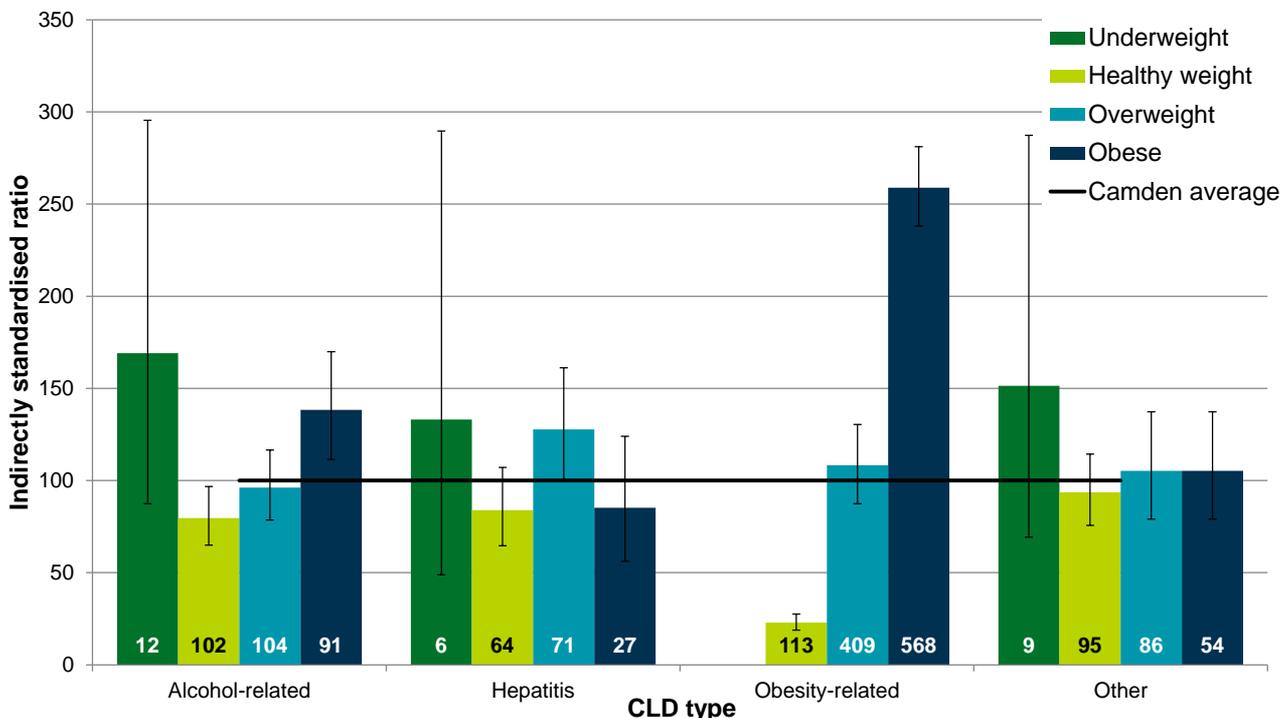


Note: Due to small numbers six practices are not included individually in this chart. Source: Camden's GP PH dataset, 2012

- In Camden the percentage of people diagnosed with CLD who have a BMI recording in the past 15 months is 63%.
- There are seven practices that are significantly higher than Camden and four practices that are significantly lower.
- The percentage ranges from 88% at Gower Place Practice to 29% at Brunswick Medical Centre.
- The number of people diagnosed with CLD with a recent BMI recording ranges from 130 at Brondesbury Medical Centre to fewer than 5 at some practices.

CLD by BMI group

Indirectly standardised ratios of CLD diagnosis by BMI group and CLD type, Camden's registered population aged 18+, 2012

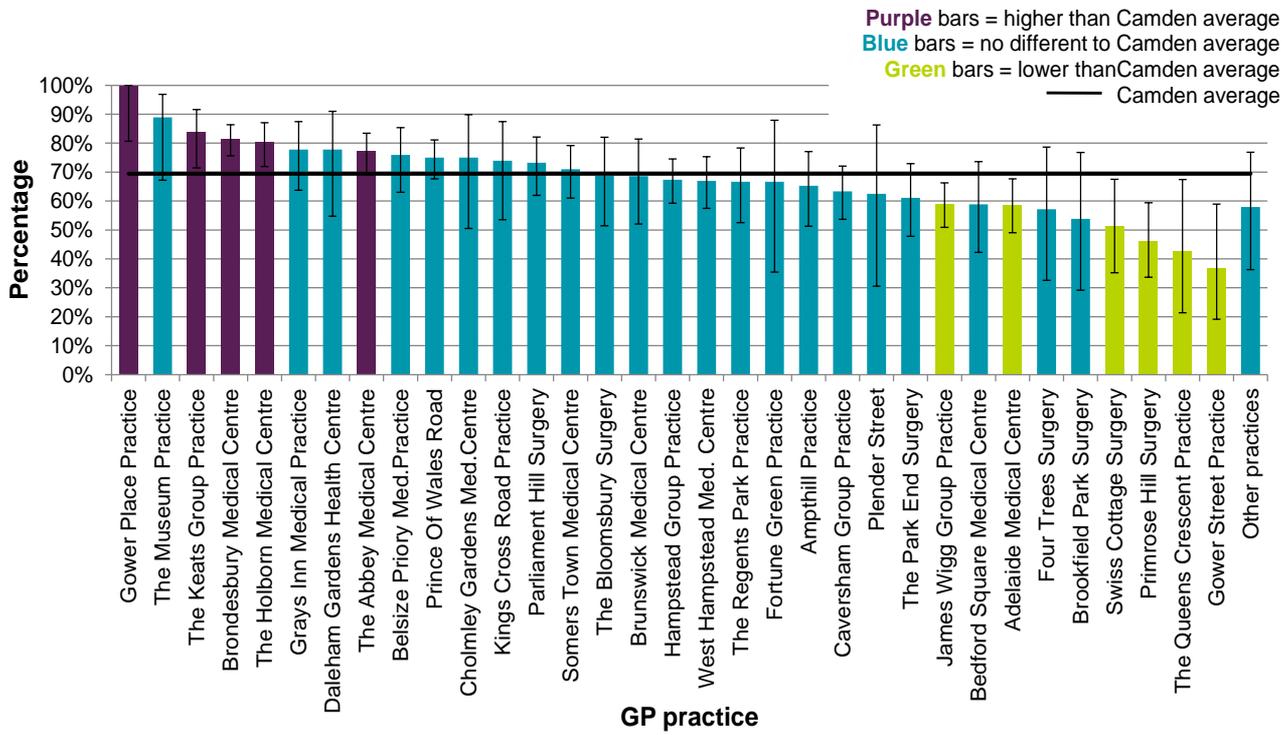


Note: 226 people with unknown BMI are not included. The underweight group for CLD caused by obesity is not included due to disclosure numbers. Source: Camden's GP PH dataset, 2012

- People that are classified as obese are more than twice as likely to have CLD caused by obesity. This compares to healthy weight people who are 77% less likely to have CLD caused by obesity.
- Obese people are also 38% more likely to have alcohol-related CLD compared to the Camden average. Whereas, people with a healthy weight are 20% less likely to have alcohol-related CLD.
- For CLD related to hepatitis or other causes there is no significant difference between BMI groups.

Recording of smoking status in people diagnosed with CLD

Percentage of people diagnosed with CLD with smoking recorded in the last 15 months, by GP practice, Camden's registered population aged 18+, 2012

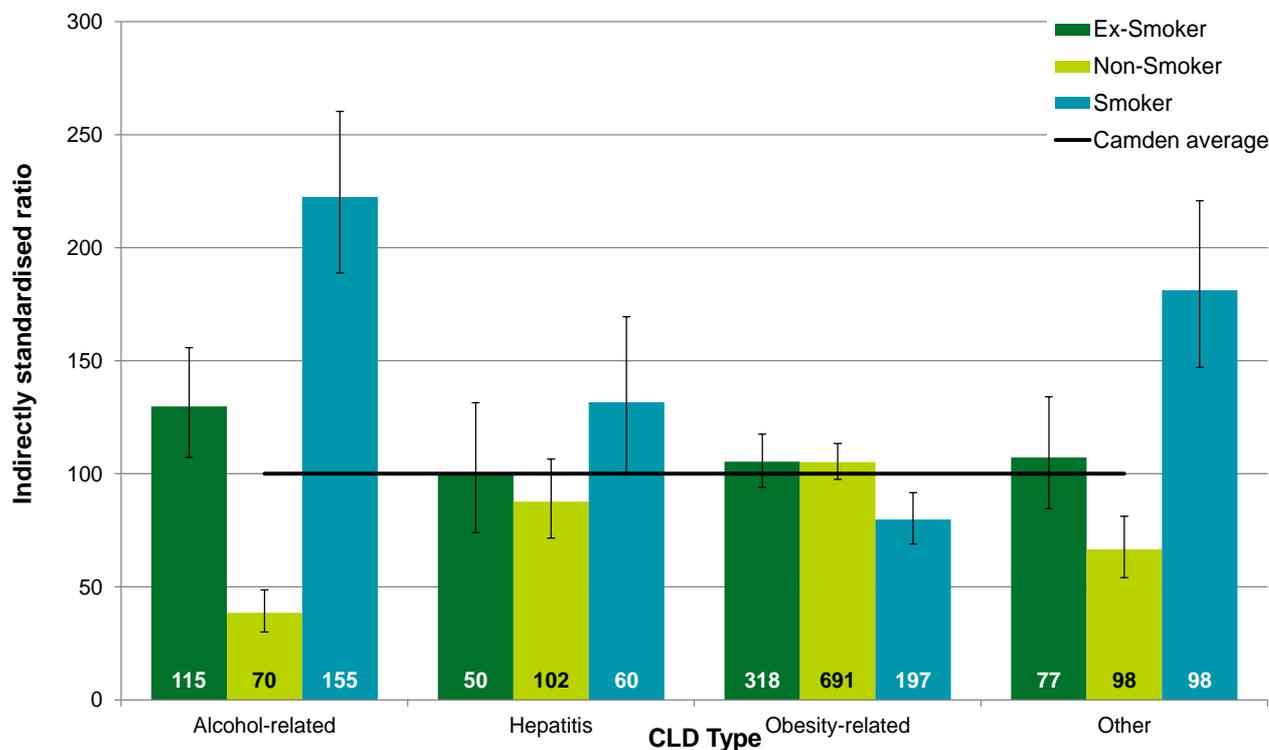


Note: Numbers are too small to provide a breakdown by CLD type and practice. Due to small numbers four practices are not included individually in this chart. Source: Camden's GP PH dataset, 2012

- The percentage of people diagnosed with CLD that have a recent recording of smoking status is 69% in Camden.
- This ranges from 100% at Gower Place Practice to 37% at Gower Street Practice.
- There are five practices that are significantly higher than Camden and six practices that are significantly lower.
- The number of people diagnosed with CLD with a recent smoking status recording ranges from 160 at Brondesbury Medical Centre to fewer than 5 at some practices.

CLD by smoking status

Indirectly standardised ratios of CLD diagnosis by smoking status and CLD type, Camden's registered population aged 18+, 2012



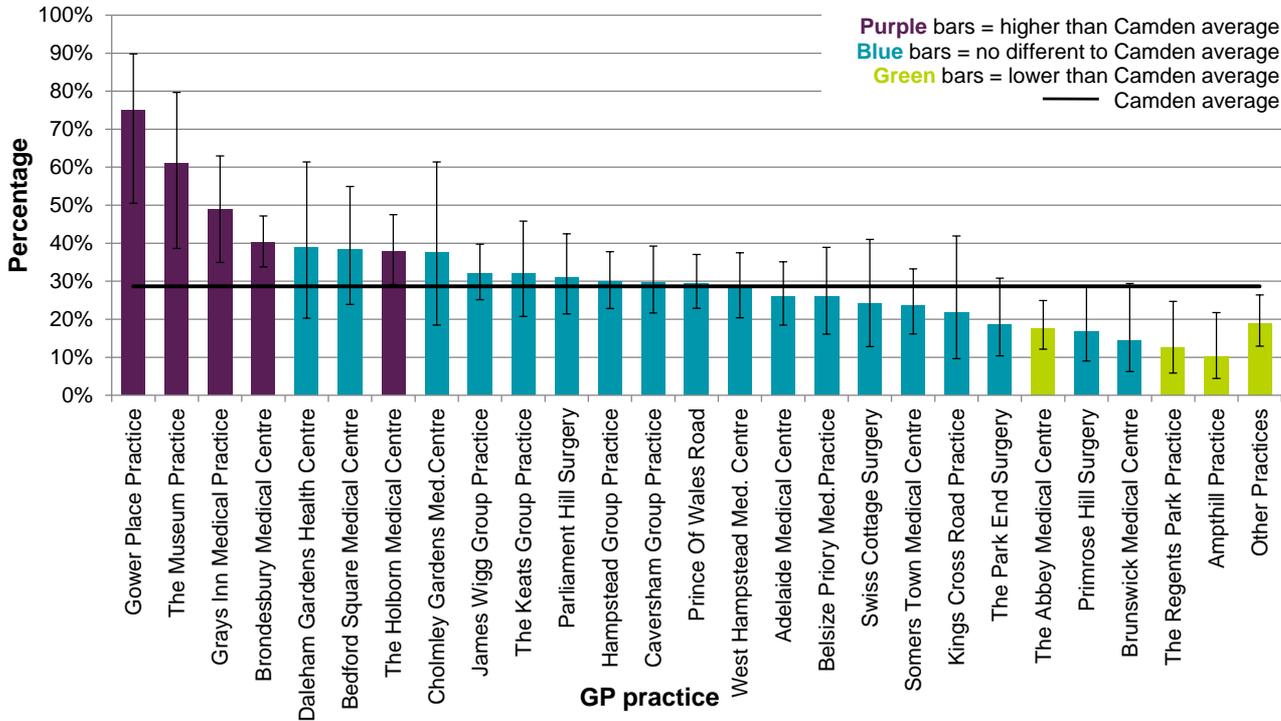
Note: 6 people with unknown smoking status are not included. Source: Camden's GP PH dataset, 2012

- Smokers are 2.2 times more likely to be diagnosed with alcohol-related CLD compared to the Camden average adjusting for age.
- Smokers are also 1.3 times more likely to be diagnosed with CLD caused by hepatitis and 1.8 times more likely to have CLD due to other causes.
- Non-smokers are significantly less likely to be diagnosed with alcohol-related CLD and CLD related to other causes compared to the Camden average.

Recording of alcohol consumption in people diagnosed with CLD

- The percentage of people diagnosed with CLD that have a recent recording of alcohol consumption is 29% in Camden.
- There are five practices that are significantly higher than Camden and three practices that are significantly lower.
- This ranges from 75% at Gower Place Practice to 10% at Ampthill Practice.
- The number of people diagnosed with CLD with a recent alcohol consumption recording ranges from 80 at Brondesbury Medical Centre to fewer than 5 at some practices.

Percentage of people aged 18+ diagnosed with CLD with alcohol consumption recorded in the last 15 months, by GP practice, Camden registered population, 2012

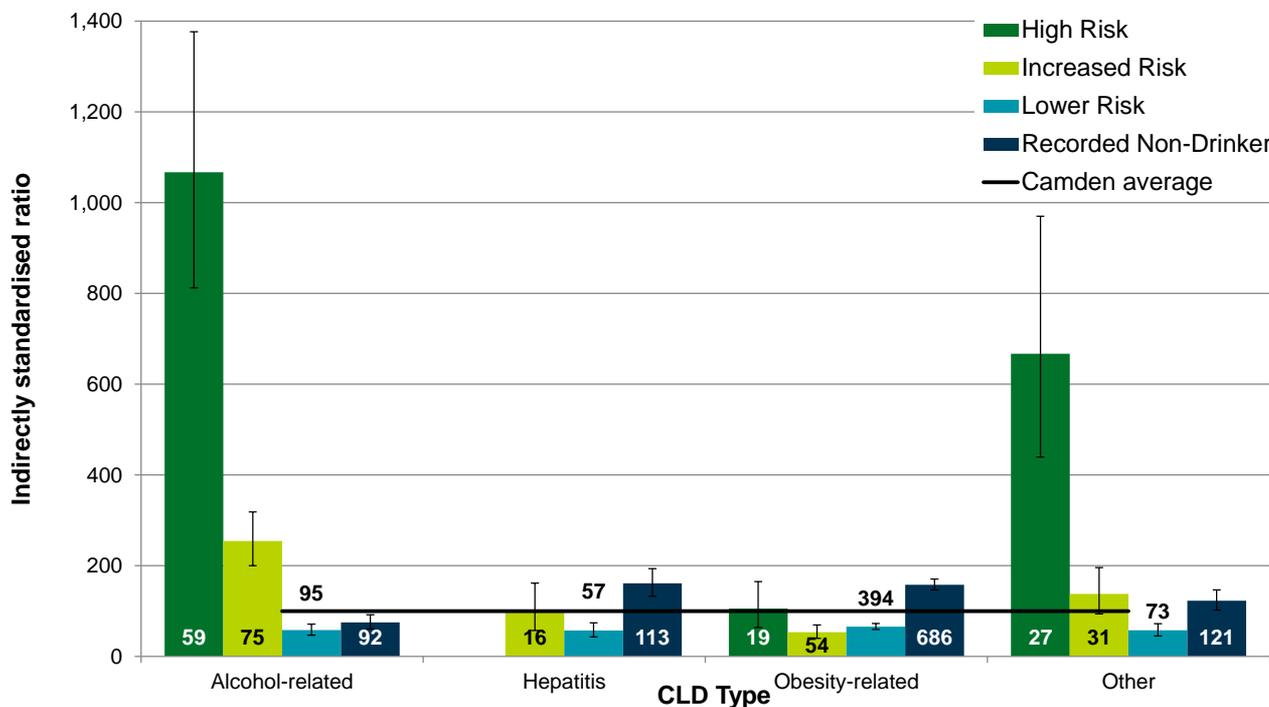


Note: Numbers are too small to provide a breakdown by CLD type and practice. Due to small numbers 11 practices are not included individually in this chart. Source: Camden's GP PH dataset, 2012

CLD by alcohol consumption

- In Camden, people recorded as high risk drinkers are nearly 11 times more likely to be diagnosed with alcohol-related CLD compared to the Camden average. Increased risk drinkers are more than twice as likely to be diagnosed with alcohol-related CLD.
- In contrast those recorded as lower risk drinkers or recorded non-drinker are respectively 42% and 25% less likely to have alcohol-related CLD.
- High risk drinkers are also more than six times as likely to have CLD related to other causes.

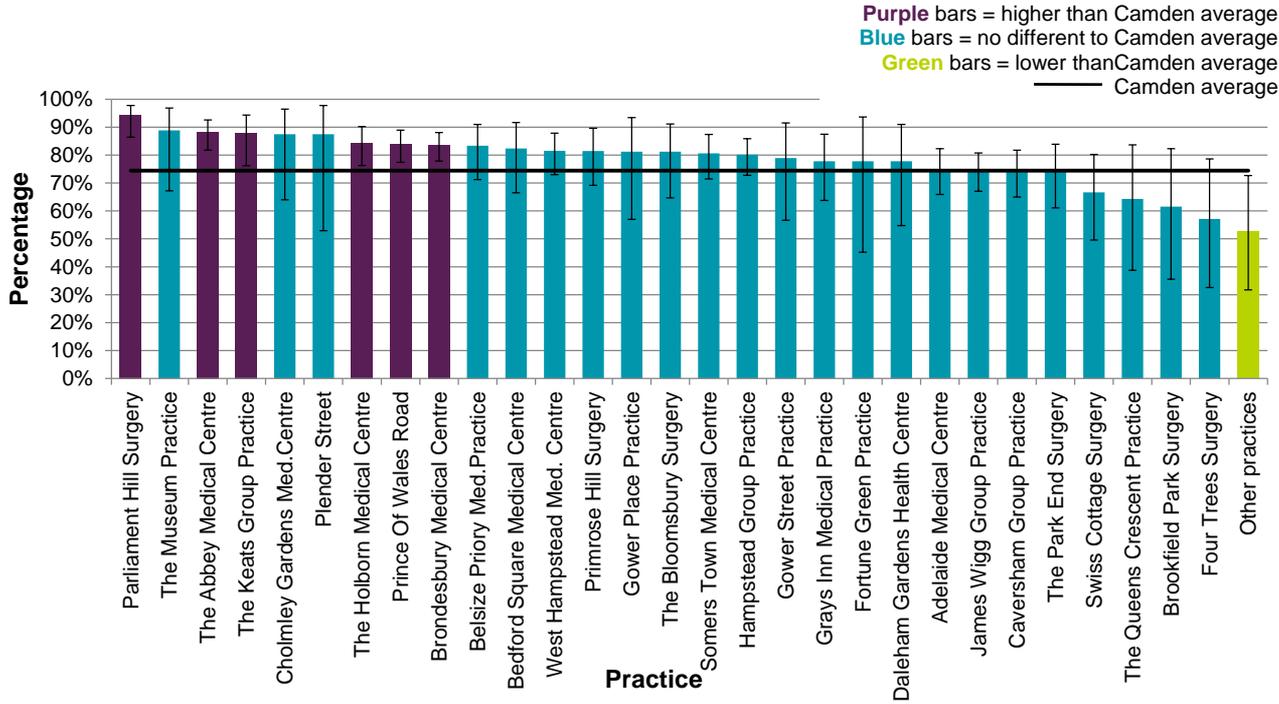
Indirectly standardised ratios of CLD diagnosis by alcohol consumption and CLD type, Camden's registered population aged 18+, 2012



Note: 125 people with unknown alcohol consumption are not included. The high risk group for CLD caused by hepatitis is not included due to disclosive numbers. Source: Camden's GP PH dataset, 2012

Recording of blood pressure in people diagnosed with CLD

Percentage of people aged 18+ diagnosed with CLD with blood pressure recorded in the last 15 months, by GP practice, Camden's registered population, 2012

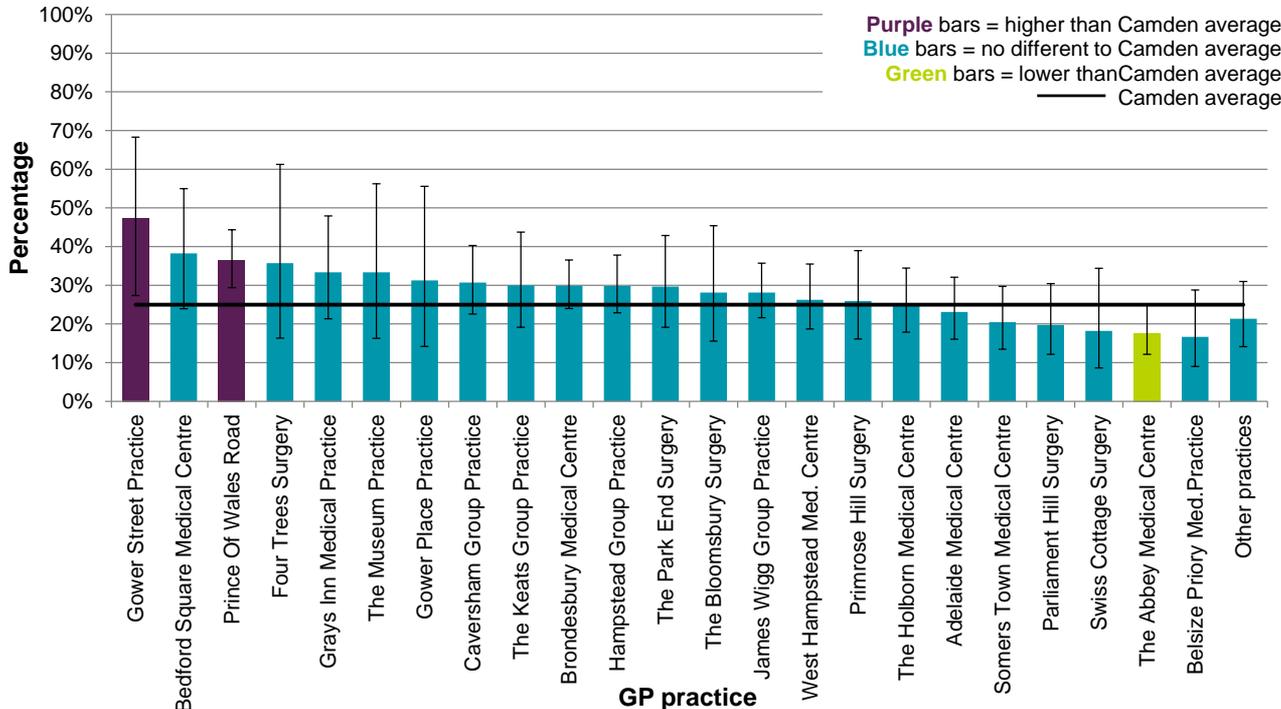


Note: Numbers are too small to provide a breakdown by CLD type and practice. Four practices are not included individually in this chart due to small numbers and four practices are not included in this analysis due to unavailable data. Source: Camden's GP PH dataset, 2012

- The percentage of people diagnosed with CLD with a recent recording of blood pressure is 74% in Camden.
- This ranges from 94% at Parliament Hill Surgery to 57% at Four Trees Surgery.
- There are six practices that are significantly higher than Camden.
- The number of people diagnosed with CLD with a recent blood pressure recording ranges from 170 at Brondesbury Medical Centre to fewer than 5 at some practices.

Percentage of people diagnosed with CLD with blood pressure $\geq 140/90$ mmHg

Percentage of people diagnosed with CLD and have a BP level $\geq 140/90$, Camden's registered population aged 18+, 2012

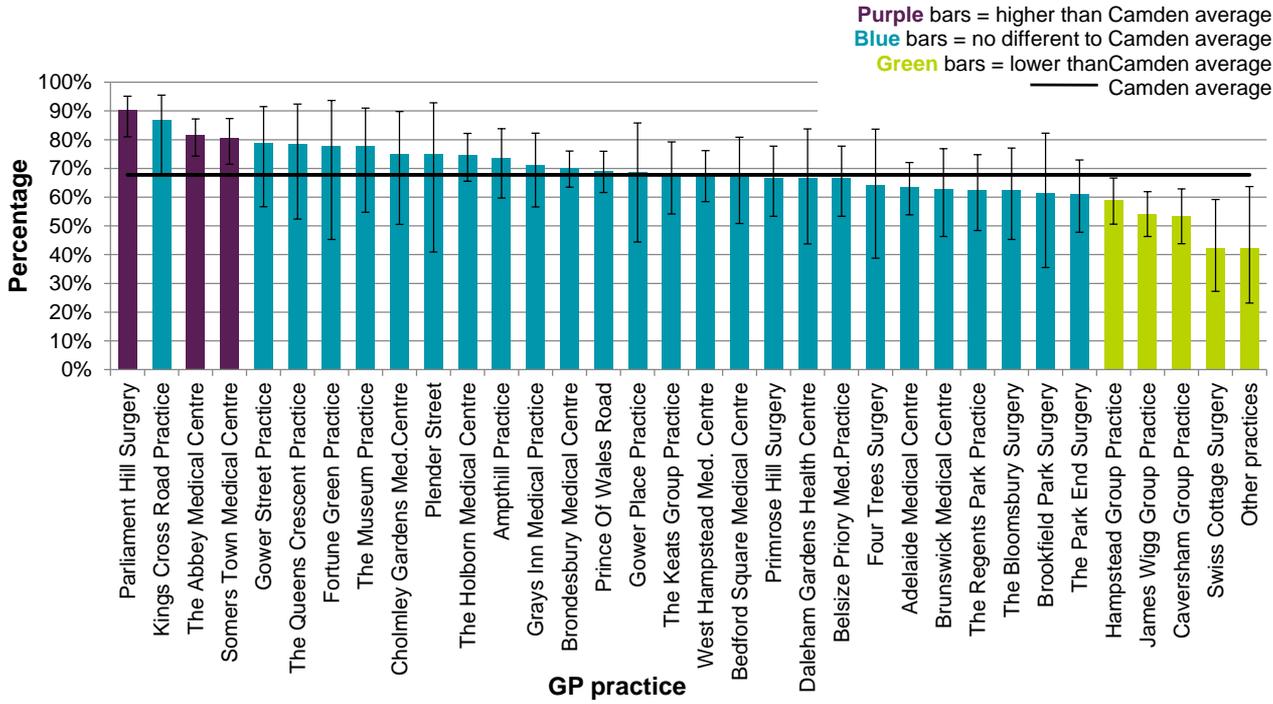


Note: Numbers are too small to provide a breakdown by CLD type and practice. Due to small numbers eight practices are not included individually in the chart and six practices are not included in this chart due to unavailable data. Source: Camden's GP PH dataset, 2012

- Twenty-five percent of people diagnosed with CLD have an uncontrolled high blood pressure in Camden (510 people).
- Two practices have a significantly higher proportion of people diagnosed with CLD with high blood pressure compared to the Camden average.
- One practice (The Abbey Medical Centre) has a significantly lower proportion of people diagnosed with CLD with a high blood pressure.

Recording of cholesterol in people diagnosed with CLD

Percentage of people diagnosed with CLD with cholesterol recorded in the last 15 months, by GP practice, Camden's registered population aged 18+, 2012

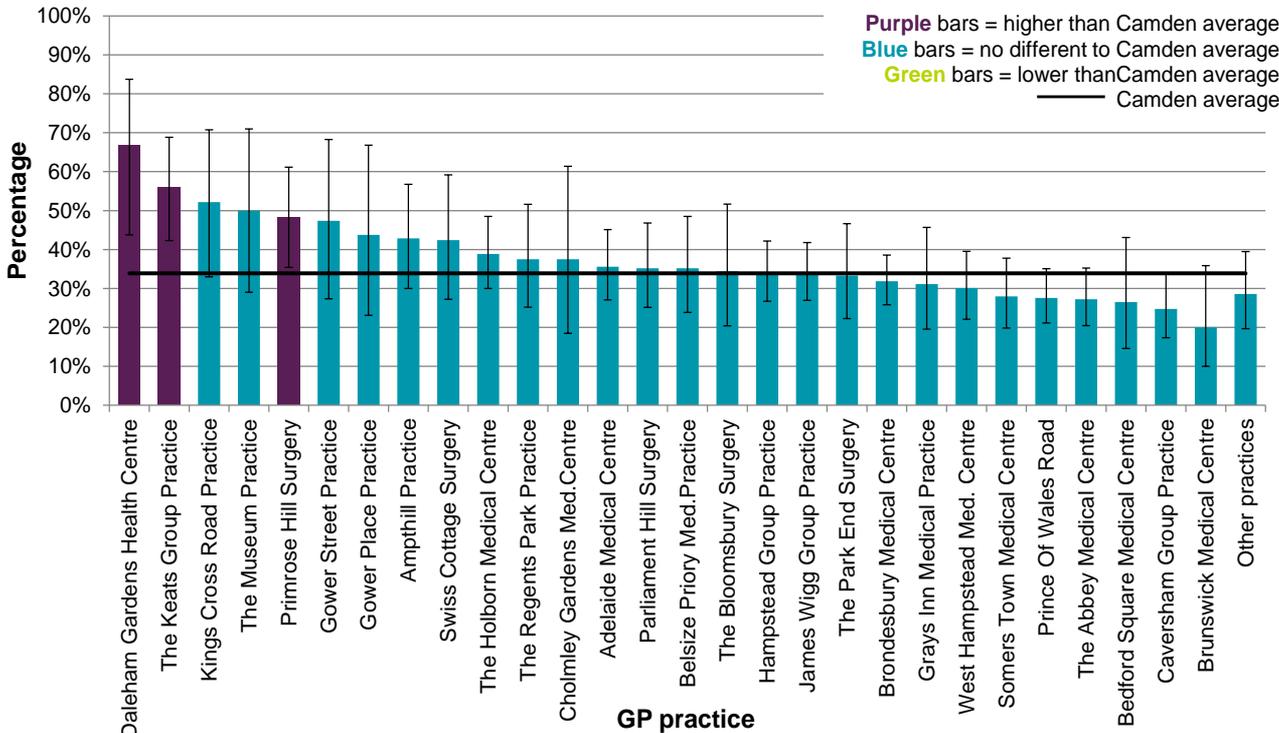


Note: Numbers are too small to provide a breakdown by CLD type and practice. Due to small numbers four practices are not included individually in this chart. Source: Camden's GP PH dataset, 2012

- The percentage of people diagnosed with CLD with a recent recording of cholesterol is 68% in Camden.
- This ranges from 90% at Parliament Hill Surgery to 42% at Swiss Cottage Surgery.
- There are three practices that are significantly higher than Camden and four practices that are significantly lower.
- The number of people diagnosed with CLD with a recent cholesterol recording ranges from 140 at Brondesbury Medical Centre to fewer than 5 for some practices.

Percentage of people diagnosed with CLD with cholesterol above 5mmol/l

Percentage of people diagnosed with CLD and with cholesterol above 5mmol/l, by GP practice, Camden's registered population aged 18+, 2012

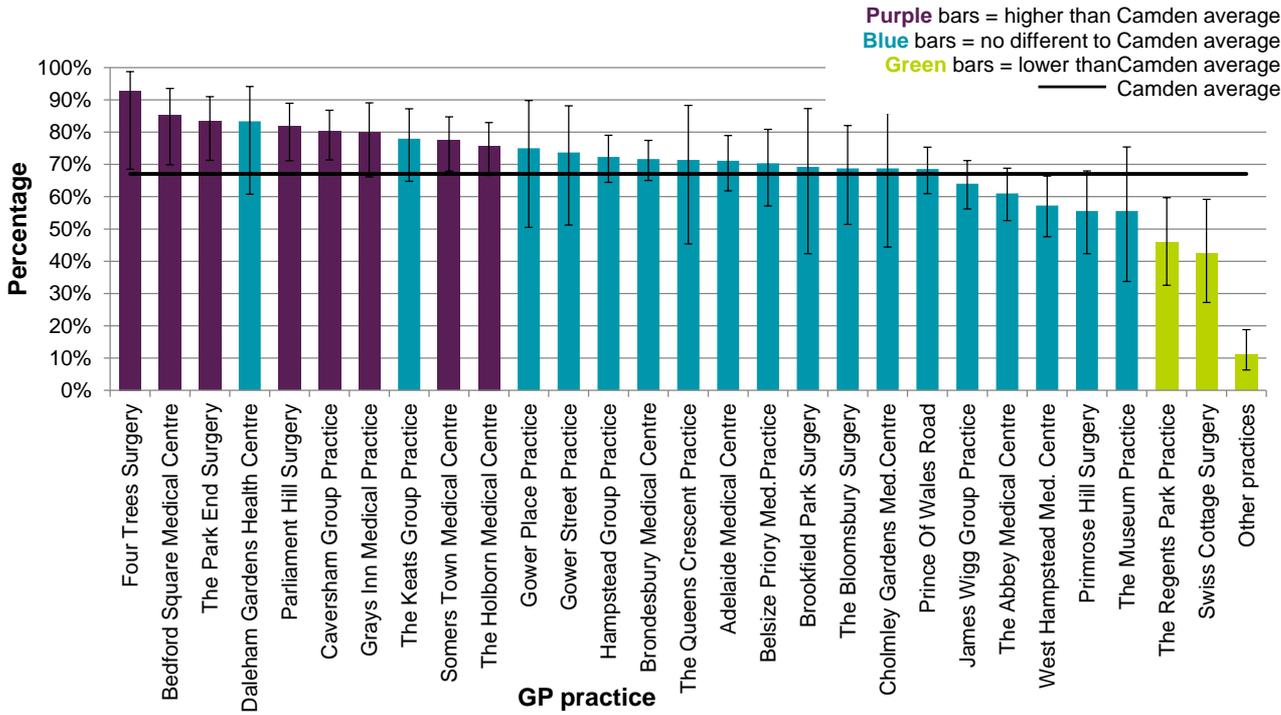


Note: Numbers are too small to provide a breakdown by CLD type and practice. Due to small numbers nine practices are not included individually in the chart. Source: Camden's GP PH dataset, 2012

- Thirty-four percent of people diagnosed with CLD have an uncontrolled cholesterol level in Camden (690 people).
- Three practices have a significantly higher proportion of people diagnosed with CLD with a high cholesterol level compared to the Camden average.
- None of the practices have a significantly lower proportion of people diagnosed with CLD with a high cholesterol level compared to the Camden average.

Percentage of people diagnosed with CLD and given flu vaccination

Percentage of people diagnosed with CLD who received a flu vaccination, by GP practice, Camden's registered population, September 2012

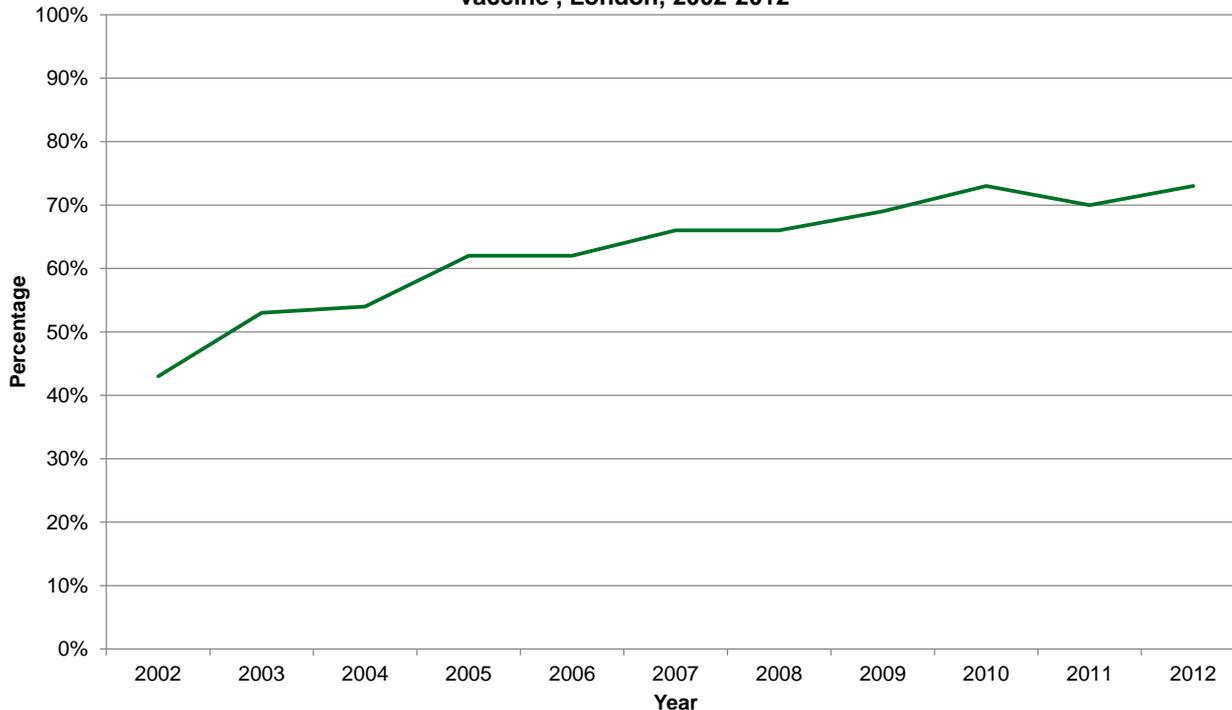


Note: Numbers are too small to provide a breakdown by CLD type and practice. Due to small numbers seven practices are not included individually in the chart. Two practices are not included in the analysis as no data are recorded. **Source:** Camden's GP PH dataset, 2012

- Sixty-seven percent of people diagnosed with CLD have had a flu vaccination in Camden.
- This ranges from 93% at Four Trees Surgery to 42% at Swiss Cottage Surgery.
- There are eight practices that are significantly higher than Camden and two practices that are significantly lower.
- The number of people diagnosed with CLD and have had a flu vaccination ranges from 140 at Brondesbury Medical Centre to fewer than 5 for other practices.

Hepatitis B vaccine coverage in PWIDs

Percentage of people who inject drugs (PWIDs) that have reported having a hepatitis B vaccine, London, 2002-2012



Source: Hepatitis B Annual Report, Public Health England, 2013

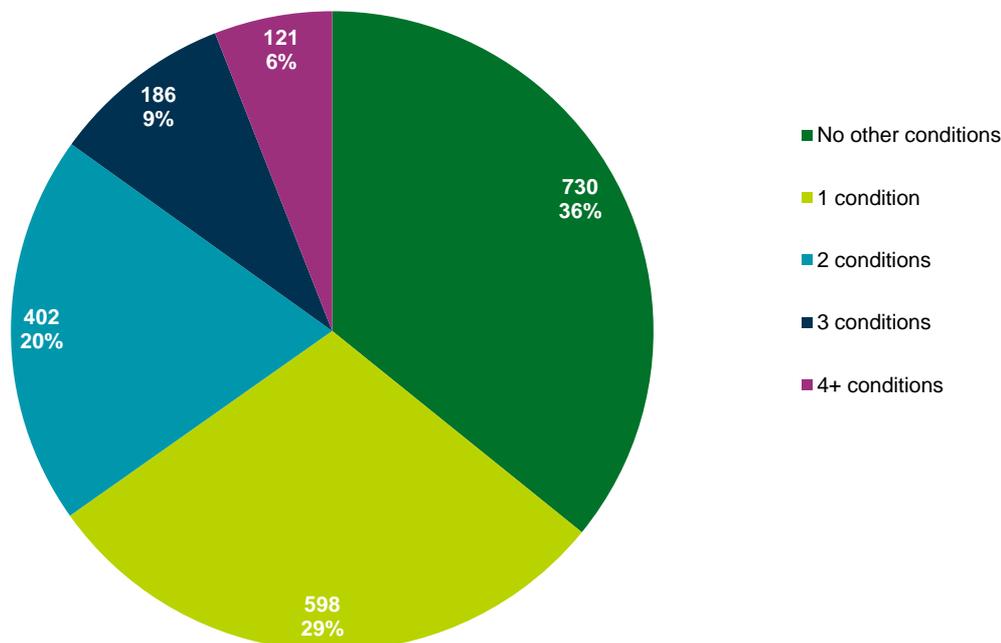
- The reported hepatitis B vaccine uptake for people who inject drugs (PWIDs) in London has increased from 43% in 2002 to 73% in 2012.
- In 2012, approximately 400 PWIDs have had the hepatitis B vaccine.

PREVALENCE OF CLD AND OTHER LONG TERM CONDITIONS

This section looks at comorbidities among people with CLD.

Number of comorbidities

Percentage of people diagnosed with CLD by the number of diagnosed comorbidities, Camden's registered population aged 18+, September 2012

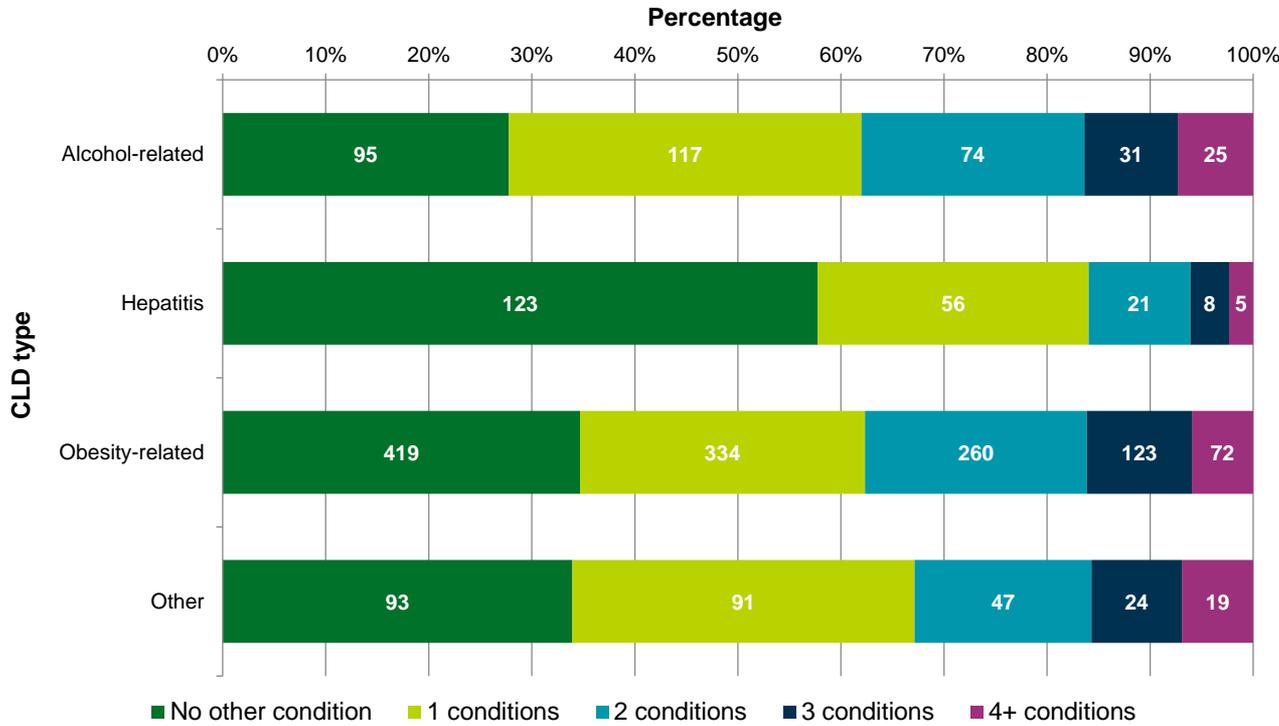


- In Camden, 64% of people diagnosed with CLD have one or more additional long term conditions. This equates to 1,310 people.
- A third of people diagnosed with CLD have one other long term condition and a fifth have two other long term conditions.
- Six percent of people diagnosed with CLD are diagnosed with 4 or more other long term conditions.

Source: Camden's GP PH Dataset, 2012

Number of comorbidities by CLD type

Percentage of people with diagnosed chronic liver disease by number of diagnosed comorbidities and CLD type, Camden's registered population 18+, September 2012

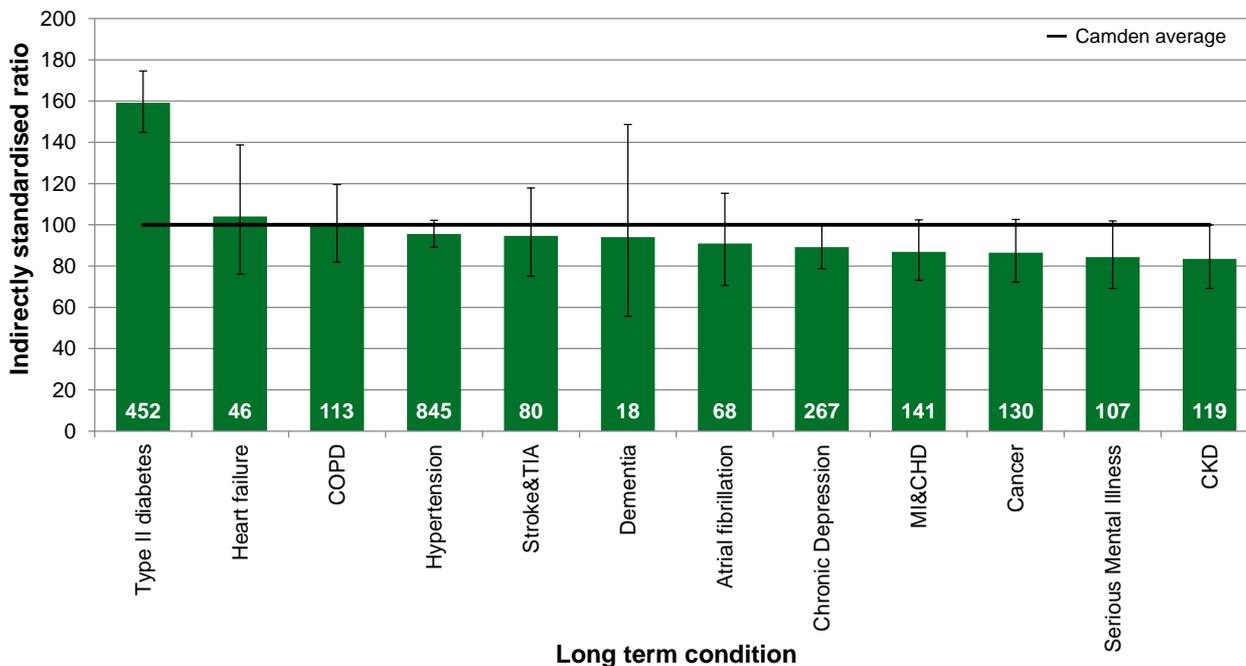


Source: Camden's GP PH Dataset, 2012

- A higher percentage of people diagnosed with alcohol-related CLD are diagnosed with additional long term conditions (72%) compared to CLD related to hepatitis, obesity and other causes.
- People diagnosed with hepatitis were the least likely to have an additional diagnosis, with 58% of people having no other condition.

CLD by long term conditions

Indirectly standardised ratio of long term conditions among people diagnosed with chronic liver disease, Camden's registered population aged 18+, September 2012



Source: Camden's GP PH dataset, 2012

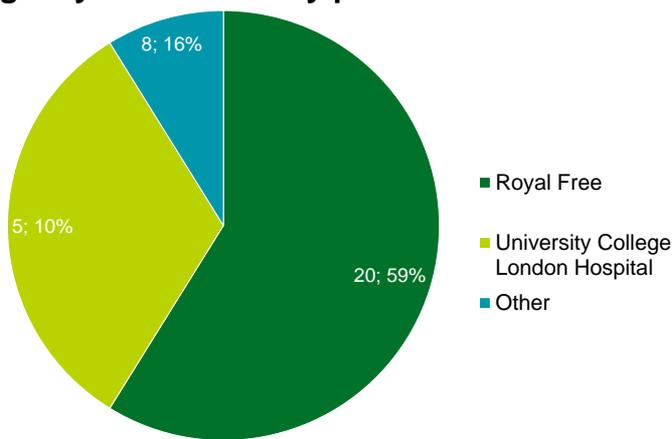
- People diagnosed with CLD are 59% more likely to be diagnosed with type II diabetes compared to the general population, adjusted for age.
- However, people diagnosed with CLD are 16% less likely to be diagnosed with chronic kidney disease compared to the general population.

HOSPITAL ADMISSIONS

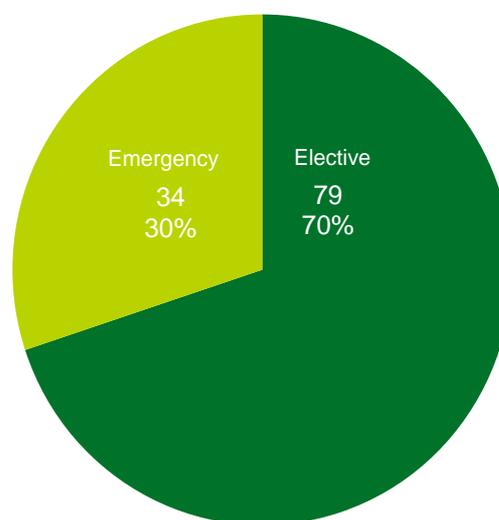
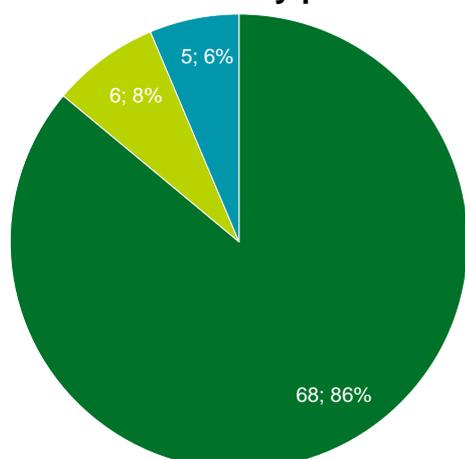
This section describes the level of emergency hospital admissions, elective admissions and readmissions related to CLD in Camden.

Hospital admissions from CLD

Emergency admissions by provider



Elective admissions by provider



- Overall, the number of hospital admissions for CLD by provider differ between elective and emergency admissions.
- In 2012-13, the largest share of CLD emergency and elective admissions are at Royal Free hospital (59% and 86% respectively).

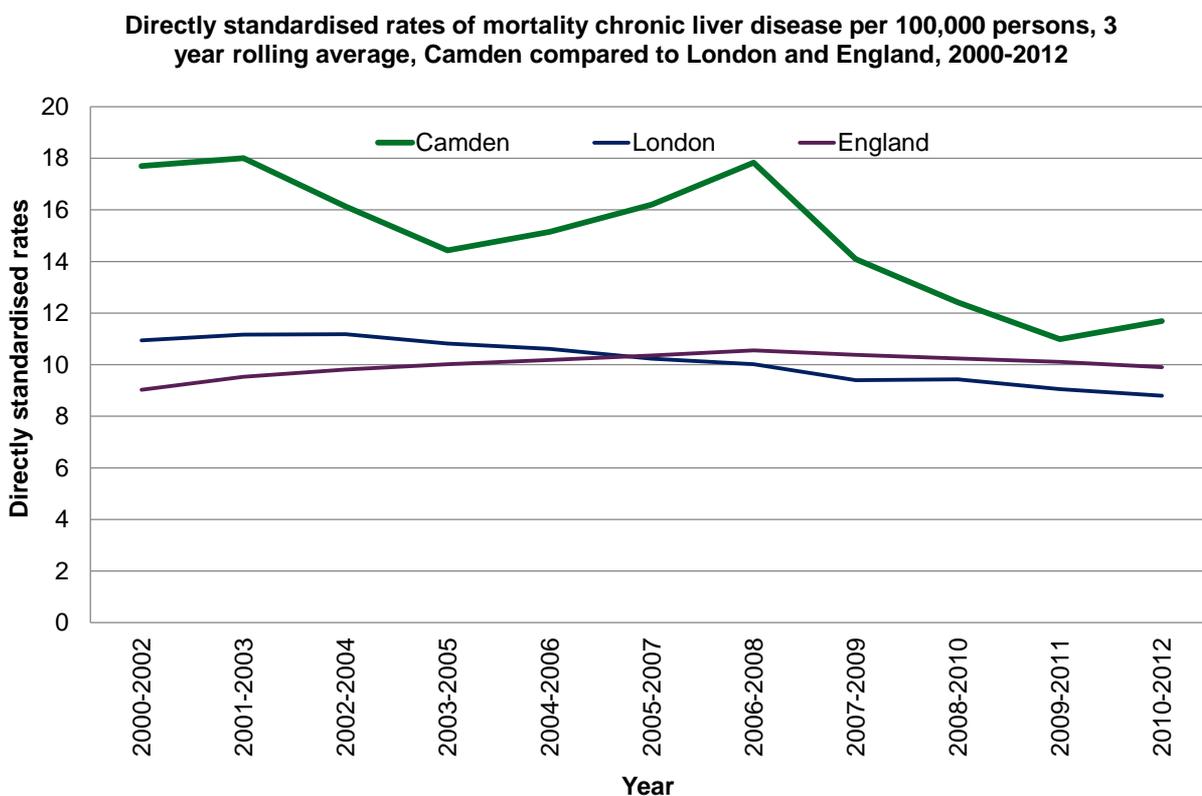
Source: SUS, 2012/13

DEATHS FROM CLD

This section describes time trends for mortality from CLD. It looks at mortality from CLD in all ages and in people aged under 75 (premature mortality).

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Time trend of CLD mortality



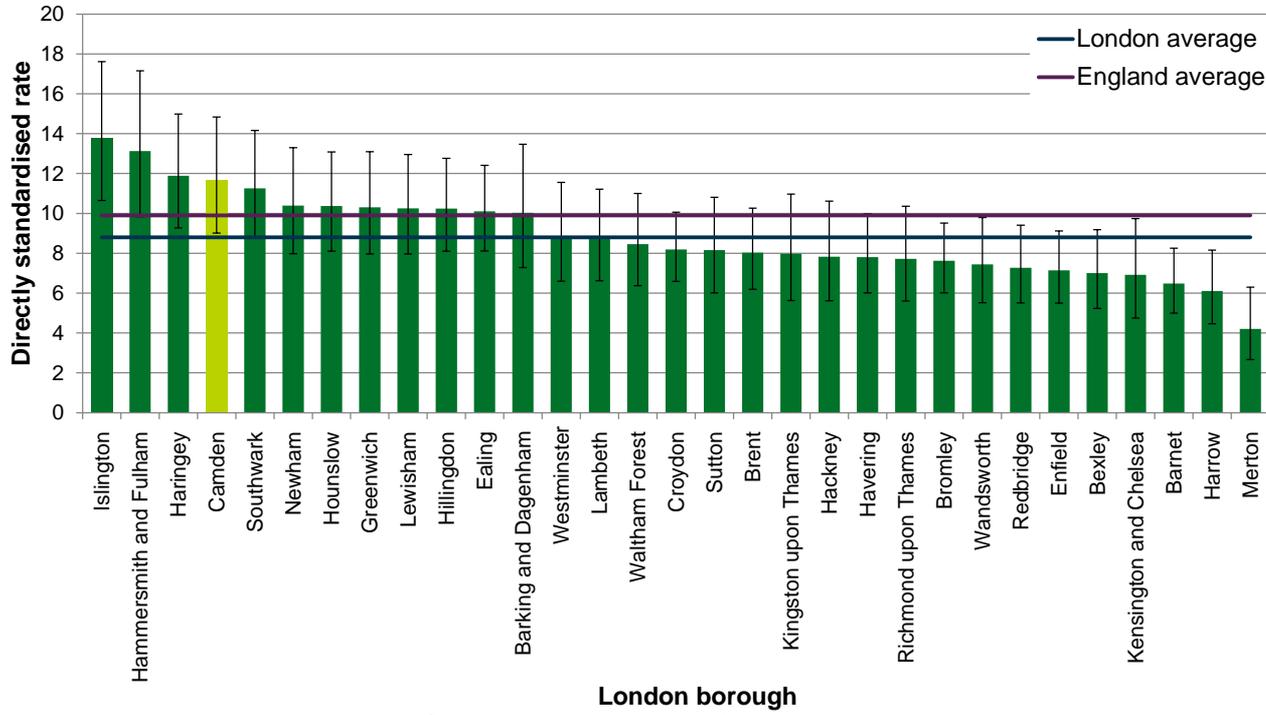
Source: HSCIC, 2014

- Overall the directly standardised rate for mortality from CLD in all ages has been higher in Camden compared to London and England.
- Since 2006-2008 mortality from CLD has decreased in Camden from 18 per 100,000 persons to 12 per 100,000 persons in 2010-2012.
- The fluctuations between 2001-2003 and 2006-2008 could be explained by the relatively small numbers of deaths occurred in the period of time in Camden.

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Mortality from CLD, all ages, by London local authority

Directly standardised rate of mortality from CLD per 100,000 population by London local authority, resident population, all ages, 3 year average, 2010-2012

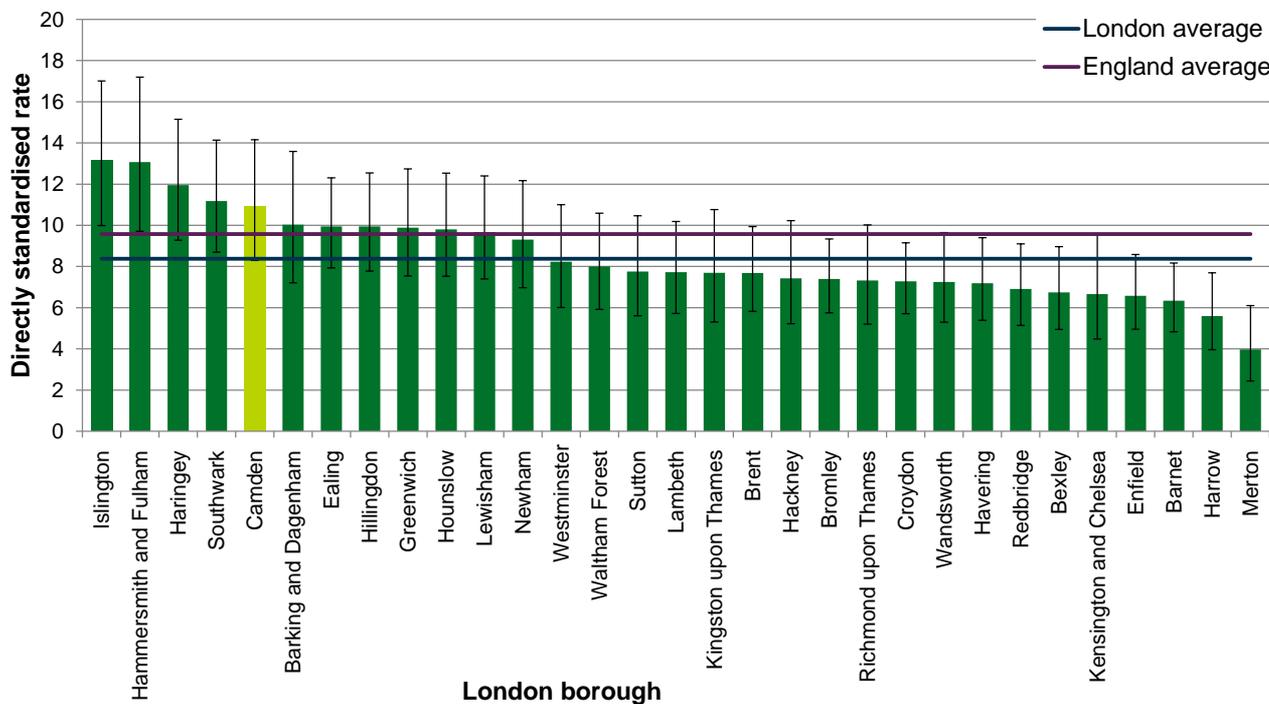


- Camden has the fourth highest directly standardised rate of mortality from CLD compared to the other London boroughs.
- In 2010-12 there were on average 69 deaths per year due to CLD in Camden. This equates to a directly standardised rate of 12 per 100,000 population.

Note: Due to small numbers Tower Hamlets and City of London are not included in this analysis.
Source: HSCIC, 2014

Mortality from CLD, age under 75 years

Directly standardised rate of mortality from CLD per 100,000 population by London local authority, resident population, aged under 75, 3 year average, 2010-2012

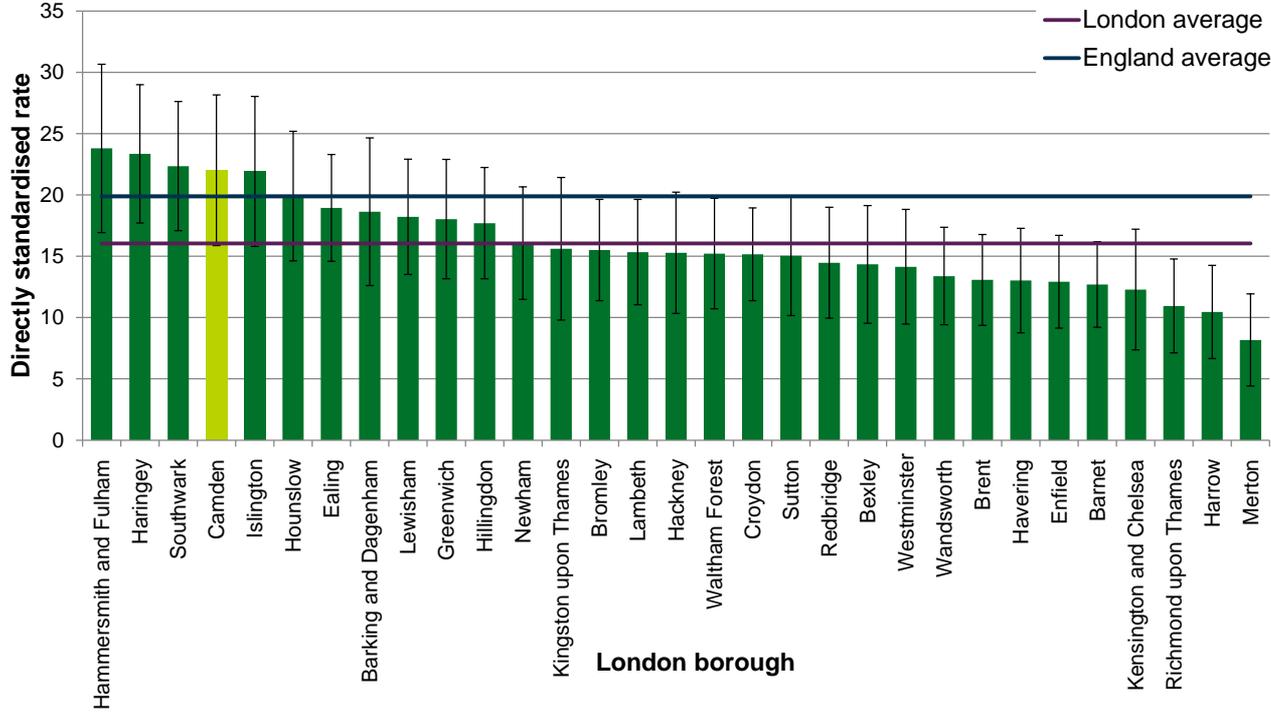


- Camden has the fifth highest directly standardised rate of premature mortality (aged under 75) from CLD compared to the other London boroughs.
- In 2010-12, Camden had a directly standardised rate of 11 per 100,000 population aged under 75.

Note: Due to small numbers Tower hamlets and City of London are not included in this analysis.
Source: HSCIC, 2014

Years of life lost due to mortality from CLD

Directly standardised rate of years of life lost due to mortality from CLD per 10,000 persons, aged under 75, by local authority, 2010-12



- Twenty two years of life are lost to CLD per 10,000 Camden residents under 75 years of age in 2010-12.
- The rate for Camden was not significantly different to England and London averages.

Note: Due to small numbers Tower Hamlets and City of London are not included in this analysis, **Source:** Office for National Statistics (ONS) and Health & Social Care Information Centre (IC)

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Tanya Khera-Butler.

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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