

H600.6 p928 87/11/14

NON-CIRCULATING



# Texas Preventable Disease

# NEWS

Frank Bryant, Jr. MD, FAAFP  
Chairman  
Texas Board of Health

Robert Bernstein, MD, FACP  
Commissioner

**contents:**  
Smoking-attributable Deaths and Years of  
Potential Life Lost  
AIDS Notes

TEXAS STATE DOCUMENTS  
COLLECTION

**Bureau of Disease Control and Epidemiology,  
1100 West 49th Street, Austin, Texas 78756 (512-458-7455)**

## SMOKING-ATTRIBUTABLE DEATHS AND YEARS OF POTENTIAL LIFE LOST

The tremendous health burden caused by regular cigarette use is well documented. Smoking is the largest cause of excess cancer mortality in the US (Surgeon General's Report 1982); the most important modifiable risk factor for coronary heart disease (Surgeon General's Report 1983); and the major cause of chronic obstructive lung disease in the US population (Surgeon General's Report 1984). The scientific data establishing cigarette smoking as a risk factor for certain diseases is now overwhelming, totaling more than 50,000 studies.

Smokers are at increased risk for multiple diseases primarily from three diagnostic categories: cancer, respiratory diseases, and cardiovascular diseases. Former smokers are also at increased risk for these diseases for a period of time after quitting. The risk for ex-smokers, however, diminishes with prolonged abstinence.

Not only is it known that smoking poses a greater risk for certain diseases, but due to epidemiologic studies which examine the impact of smoking on multiple disease outcomes, it is now possible to estimate the relative risks for both current and former smokers for approximately 20 different diseases. The risks resulting from smoking associated with these diseases were applied to 1984 Texas mortality data to estimate the number of smoking-attributable deaths in the state (adjustments were made for differences in age and gender). The number of smoking-attributable deaths is consistent with an earlier report done by the Bureau of Epidemiology (now Bureau of Disease Control and Epidemiology) of the Texas Department of Health that reported deaths due to smoking in Texas grouped by county (Smoking Is Killing Your Constituents: Smoking Related Deaths in Counties by Texas Legislative Districts. Bureau of Epidemiology, TDH, July 1986).

Smokers are not only more likely than non-smokers to die from certain diseases, but are also more likely to die at an earlier age than non-smokers who contract the same disease. Using Texas mortality data, it is possible to estimate the years of potential life lost (YPLL) due to premature death associated with smoking.

There are an estimated 15,838 smoking-related deaths annually in Texas. This represents 13.6% of total deaths in the state (Figure 1).

**Figure 1.**  
Smoking-related deaths vs total deaths in Texas

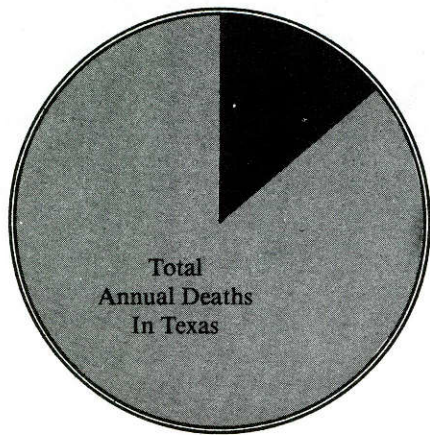


Table 1 shows the smoking-related deaths by sex and age. Smoking-related mortality for men is considerably higher than for women, regardless of age (Figure 2).

Table 1.  
Texas smoking-attributable mortality, adults, ages 20+

Diagnostic Group	Males	Females	Both Sexes Ages 20-64	Both Sexes Ages 65 +
Lung Cancer	3736	758	1882	2612
Other Neoplasms	908	388	516	780
Ischemic Heart Disease	2708	843	1303	2248
Other Cardiovascular	1608	1623	643	2588
Respiratory	2181	922	610	2494
Tuberculosis	28	0	15	13
Ulcers	71	62	38	95
Column Total	11240	4596	5007	10830
Grand Total		15838		

Figure 2.  
Smoking-attributable mortality by gender

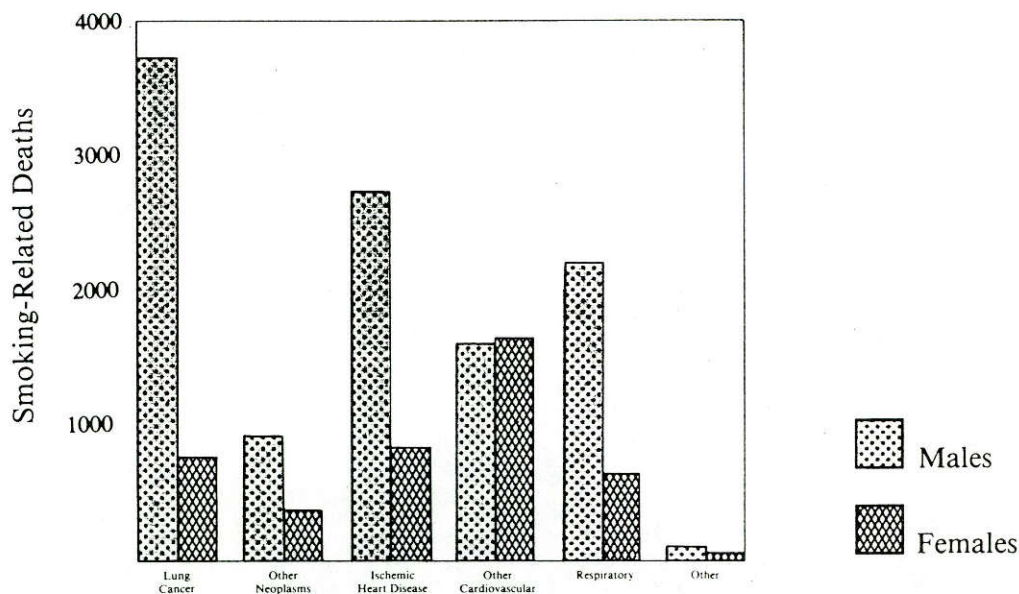


Table 2 shows the years of potential life lost due to premature death associated with smoking for both sexes. Males exceed females in all diagnostic groups, accounting for 69% of all potential years of life lost due to smoking.



Table 2.  
Texas smoking-attributable years of potential life lost (YPLL)  
adults, ages 20+

Diagnostic Group	Males	Females	Both Sexes Ages 20-64	Both Sexes Ages 65 +
Lung Cancer	47915	13215	38343	22787
Other Neoplasms	11492	6632	11678	6446
Ischemic Heart Disease	32984	10333	27776	15540
Other Cardiovascular	17061	15791	14856	17996
Respiratory	19663	11436	12291	18808
Tuberculosis	454	0	348	106
Ulcers	845	660	836	668
Column Total	130413	58067	106128	82351
Grand Total		188480		

Prepared by: Office of Smoking and Health, Division of Public Health Promotion, Texas Department of Health.

\* \* \*

## AIDS NOTES

**Publication of Revised Case Definition for AIDS Surveillance:** CDC, in collaboration with public health and clinical specialists, has developed a revised case definition for surveillance of acquired immunodeficiency syndrome (AIDS). The document presenting this new definition, "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," was released as an MMWR supplement on August 14, 1987. The Council of State and Territorial Epidemiologists has officially recommended the adoption of this revised definition for national reporting of AIDS which went into effect on September 1, 1987.

Copies of the supplement (MMWR, Vol. 36, Supplement No. 1S) may be purchased from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402, telephone (202) 783-3238, or from MMS Publications, CSPO Box 9120, Waltham, MA 02254, telephone (617) 893-3800.

**Publication of Public Health Service Guidelines for Counseling and Antibody Testing to Prevent HIV Infection and AIDS:** Public Health Service guidelines for counseling and antibody testing to prevent HIV infections and AIDS were published in the August 14, 1987, issue of MMWR (Vol. 36, No. 31). These guidelines are the outgrowth of the 1986 recommendations published in the MMWR (1986; 35:152-5); the report on the February 24-25, 1987, Conference on Counseling and Testing; and a series of meetings with representatives from the Association of State and Territorial Health Officials, the Association of State and Territorial Public Health Laboratory Directors, the Council of State and Territorial Epidemiologists, the National Association of County Health Officials, the United States Conference of Local Health Officers, and the National Association of State Alcohol and Drug Abuse Directors.

These guidelines include statements on: 1) interpretation of HIV -antibody test results, 2) counseling and testing for HIV-antibody test results, and 3) confidentiality and antidiscrimination considerations. Please consult the above-cited MMWR for the complete text.

**Publication of Recommendations for Prevention of HIV Transmission in Health-care Settings:** On August 21, 1987, CDC released an MMWR supplement entitled "Recommendations for Prevention of HIV Transmission in Health-care Settings." This document consolidates and updates previous recommendations. Copies of the supplement (MMWR Vol. 36, Supplement No. 2S) may be purchased from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402, telephone (202) 783-3238, or from MMS Publications, CSPO Box 9120, Waltham, MA 02254; telephone (617) 893-3800.

---

TEXAS PREVENTABLE DISEASE NEWS (ISSN 8750-9474) is a free, weekly publication of the Texas Department of Health, 1100 West 49th Street, Austin, TX 78756. Second-class postage paid at Austin, TX. POSTMASTER: Send address changes to TEXAS PREVENTABLE DISEASE NEWS, 1100 West 49th Street, Austin, TX 78756.

---

**TEXAS PREVENTABLE DISEASE NEWS**  
Texas Department of Health  
1100 West 49th Street  
Austin, TX 78756

**SECOND CLASS POSTAGE  
PAID AT AUSTIN, TX**

**RETURN POSTAGE GUARANTEED**

