INTRODUCTION

Mortality rates from cardiovascular diseases have been declining for several decades in Europe. The decline in mortality from some common cancers is more recent, since the early 90s, and this trend varies with the type of cancer.

In Portugal, cardiovascular diseases and cancer were responsible for almost 60% of all deaths, in 2008. Cardiovascular diseases and cancer interact as mutual competitive risks and additionally share some risk factors, with smoking and obesity playing a particularly important role.

OBJECTIVE

We aim to describe time trends of death rates from cardiovascular diseases and cancer in the Portuguese population in 1980-2009 and to quantify the contribution of the variation in population's size and age structure, and epidemiologic risk to the change in number of deaths.

RESULTS

The trends of age-adjusted mortality from all cardiovascular diseases, cerebrovascular diseases and ischaemic heart disease were very similar between men and women, showing a decrease in risk that is accelerating in more recent years, reaching a maximum decrease of age-independent risk of 9% per year for cerebrovascular disease after the mid-1990s (Figure 1 and Table 1). The age-adjusted rates of all outcomes were consistently higher among men, and translated into a higher burden of ischemic heart disease in men but a higher burden of cerebrovascular disease in women (Figure 1).

The age-adjusted mortality rate from all cancers increased between 1980 and 1996, and then declined until 2009, among men. Among women, we observed a decrease in the mortality rate from all cancers from 1990 to 2006, and then an increase of 1.7% per year, attributable mainly to breast cancer (Figure 2).

The risk of death varies according to the type of cancer and the period considered. For stomach and prostate cancer, the risk of death decreased approximately 4% per year. Among women, the risk of death from lung cancer increased 3% per year in the whole period considered (Table 2).

CONCLUSION

The 20th century witnessed the success in controlling cardiovascular diseases, and stomach, prostate and breast cancers. The sustainability of these gains is threatened by current trends in some risk factors, particularly smoking among women and excess weight. Mortality trends warn of future population-wide increases in risk.