NCHS Dataline

A new report from the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) describes the prevalence and pattern of serious psychological distress in the U.S. adult population. Another new report tracks trends in fetal mortality and shows a decline over the past decade. Autopsies used to be performed on a large percentage of deaths, but the latest data from NCHS show that number has steadily declined.

POOR MORE LIKELY TO EXPERIENCE PSYCHOLOGICAL DISTRESS, NEW STUDY SHOWS

About 3% of U.S. adults experience serious psychological distress, but this proportion increases to almost 10% among poor, non-Hispanic white adults, according to a new report, "Characteristics of Adults with Serious Psychological Distress as Measured by the K6 Scale, United States, 2001–2004."[1] Overall, those with serious psychological distress were more likely to be middle-aged, poor, female, lack a high school education, and be unmarried. Among all race/ethnic groups, those who are poor have a rate on average four times greater than those at higher income levels (200% of the poverty threshold or higher). The rate for women (3.9%) was higher than for men (2.4%). The survey found that the prevalence of serious psychological distress was highest in adults aged 35–64, lower in younger adults, and lowest in adults 65 years of age and older. Non-Hispanic white adults aged 65 and older had the lowest prevalence (2.1%) of any age group.

These findings on the extent of serious psychological distress were collected from 2001–2004 in CDC's National Health Interview Survey (NHIS), which monitors the health of the nation's civilian, noninstitutionalized population through interviews conducted in the home. The survey included six questions designed to measure nonspecific psychological distress rather than specific mental illnesses. It is intended to identify people with mental health problems severe enough to cause moderate to serious impairment in social, occupational, or school functioning and to require treatment.

Obesity and smoking were associated with psychological distress, as were chronic conditions such as heart disease, diabetes, stroke, and arthritis. Those with psychological distress were also more likely to need help with everyday personal and household tasks. They also used more medical care services, such as doctor visits and visits to mental health professionals, than adults without serious psychological distress. These associations are similar to the relationships found among those with serious mental illnesses (e.g., major depression or schizophrenia).

Copies of the report can be viewed or downloaded on the CDC website at http://www.cdc.gov/nchs.

FETAL MORTALITY DECLINES

The rate of fetal deaths occurring at 20 weeks of gestation or more (also known as stillbirths) declined substantially between 1990 and 2003. Although fetal mortality rates declined among all racial and ethnic groups from 1990–2003, the rate of decline for non-Hispanic black women was more than double that of non-Hispanic white women (11.56/1,000 vs. 4.94/1,000). A new report, "Fetal and Perinatal Mortality, United States, 2003,"[2] documents these changes and looks at intermediate (20–27 weeks) and late fetal deaths (stillbirths) as well as perinatal deaths (deaths occurring soon before or soon after birth).

Key findings show:

- The fetal death rate declined steadily by an average of 1.4% per year from 1990–2003.
- The decline in fetal deaths since 1990 has occurred primarily among pregnancies of 28 weeks gestation and longer; the fetal death rate for pregnancies from 20–27 weeks of gestation has changed little since 1990.
- The rate for American Indian or Alaska Native women (6.09/1,000) was 24% higher than the rate for non-Hispanic white women, whereas the rate for Hispanic women (5.46/1,000) was slightly higher than the rate for non-Hispanic white women. The rate for Asian or Pacific Islander women (4.98/1,000) was similar to that of non-Hispanic white women.

Relatively little is known about the causes of fetal mortality. However, recent research has identified a variety of risk factors, including smoking during pregnancy, maternal obesity, severe or uncontrolled high blood pressure, diabetes, infections, placental and cord problems, intrauterine growth retardation, and a woman having a previous case of perinatal death. The report is available on the CDC website.

AUTOPSY PATTERNS AND TRENDS

Autopsies were performed on 7% of deaths in 2003, down from a little less than 10% in 1993. The percentage of deaths autopsied was lower over this period regardless of geography, demographic characteristics, and other associated factors. A new report, "Autopsy Patterns in 2003,"[3] presents trends, compares data for 1993 (when autopsy data were last available) and 2003, and describes autopsy patterns in 2003.

Decedents with particular characteristics were more likely to be autopsied than others. For example, almost one-third of infant deaths, more than one-half of decedents aged 15–24 years, and almost none of the decedents aged 85 years and older were autopsied. Male decedents were autopsied twice as often as female decedents (10.6% vs. 4.8%). Autopsy rates varied by race, with rates almost twice as high (12.8%) for black decedents as for white decedents (6.8%). The highest rate was recorded for American Indian and Alaska Natives (15.1%). The percentage of deaths autopsied varied by geography, with the highest levels in the West and the lowest levels in the South. The place of death affected the likelihood of an autopsy, with rates highest for deaths occurring in the emergency room. The cause of death had the greatest effect on whether an autopsy would be performed. For example, autopsies were performed for more than 90% of the homicide deaths.

Through the first half of the 20th century the number of autopsies increased. Hospitals, physicians, and others valued the information provided through the autopsy to evaluate and expand clinical data and to identify other factors associated with the death. Accreditation requirements and medicolegal investigations encouraged the performance of autopsies. However, for the past several decades, autopsies steadily declined. Among the many reasons for that decline, accreditation standards changed, other methods of gaining information on the cause of death were developed or refined, and the cost of autopsies became a concern.

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REFERENCES

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