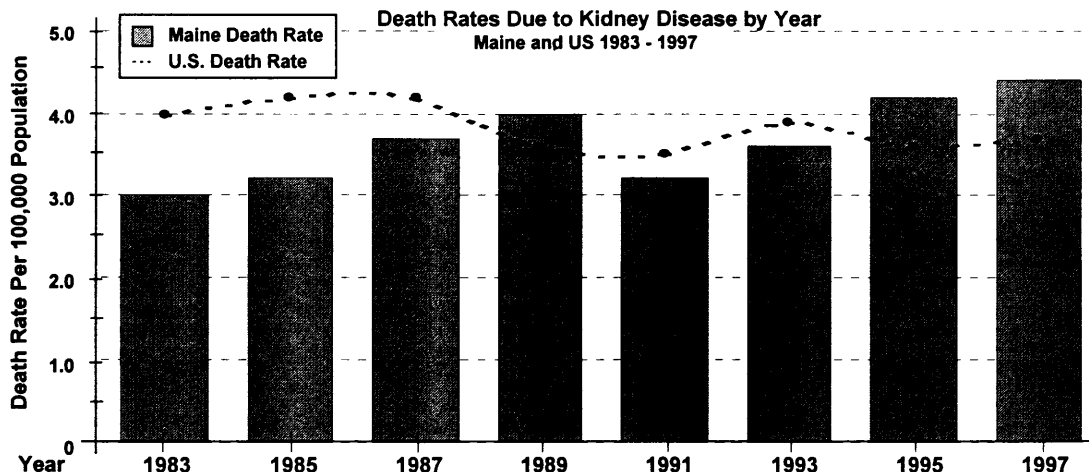


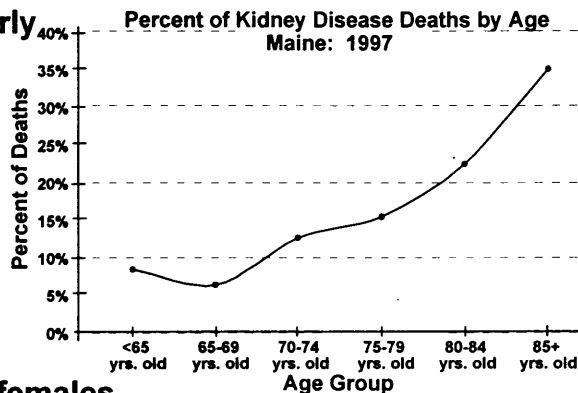
DEATHS DUE TO KIDNEY DISEASE

Maine Residents: 1997

- ➔ Nationwide, there are over 24,000 deaths each year from kidney disease - nephritis, nephrotic syndrome, and nephrosis.¹ In Maine, there were 143 deaths from this cause in 1997 making it the 9th leading cause of death in the state. This resulted in a death rate of 4.5 deaths per 100,000 population; a rate comparable to what was observed nationally.
- ➔ Although 15 years previously, in 1983, Maine's death rate from this cause was significantly lower than the national rate, the rate has risen in Maine while nationwide it has declined. The rise in Maine's rate is a statistically significant increase; the drop in the national rate is a statistically significant decrease.



- ➔ Well over half (57%) of all deaths due to kidney disease were to residents 80 years old or older. Nearly 92% of deaths were to residents 65 years old or older.
- ➔ Over the past 15 years, Maine males have consistently died at a higher rate from kidney disease than Maine females - on average, a death rate of nearly 5 deaths/100,000 population for males compared to 3 deaths for females. This trend continued in 1997 and was consistent with the national trend.
- ➔ In 1997, Maine had the 2nd highest death rate for kidney disease in the New England states (after Massachusetts). Nationwide, Maine's death rate from this cause ranked 18th highest in the country.



Notes: Kidney disease deaths are deaths attributed to ICD-9 cause of death codes 580.0 - 589.9. All rates are for underlying cause of death, and are age-adjusted to the US 1940 standard population; these are rates that have been standardized to eliminate differences due solely to variations in the age composition of the populations. All national data (national data are for whites only) and age-adjusted rates were obtained from CDC Wonder. Unless noted, differences in rates are not statistically significant, i.e., they could be accounted for by chance alone.

Footnote 1: FASTATS: A to Z (1996 data), Centers for Disease Control and Prevention: May 18, 1999. Full citations are available upon request.

For further data on this topic, please contact:

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