

# What is the forecasted prevalence and incidence of long-term conditions in Wales: a Rapid Evidence Map

June 2023

## EXECUTIVE SUMMARY

### **What are Rapid Evidence Maps?**

Our Rapid Evidence Maps (REMs) use abbreviated systematic mapping or scoping review methods to describe the nature, characteristics and volume of evidence for a particular policy domain or research question. (They do not include a synthesis of the results.)

### **Who is this summary for?**

The question was requested by the Science and Evidence Advice division, Welsh Government.

### **Background / Aim of Rapid Evidence Map**

This rapid evidence map reports forecasted prevalence and incidence data across a range of long-term conditions in Wales to support planning about how best to organise and finance care for the increasing population with long-term conditions over the next 10 years.

### **Key Findings**

The findings are organised by conditions: atrial fibrillation (AF), cancer (breast, colorectal and lung, prostate), cardiovascular diseases (CVD) (coronary heart disease (CHD), peripheral vascular disease (PVD); stroke, dementia, diabetes, heart failure (HF), hypertension, mental illness (anxiety, bipolar disorder, depression, psychosis, schizophrenia) and multi-morbidities. Three risk factors for long term conditions were also included, i.e. poor diet/nutrition, obesity, and smoking.

#### *Extent of the evidence base*

- AF- 2 modelling studies.
- Cancer - 7 modelling studies, 1 UK dataset and 1 Welsh dataset.
- CVD (including stroke) - 6 modeling studies and 1 Welsh dataset.
- Dementia - 8 modeling studies and 2 Welsh datasets.
- Diabetes - 3 modeling studies, 1 Welsh dataset and data from 1 organisational website.
- Hypertension - 1 modelling study.
- Mental illness (depression) - 2 modeling studies and 1 Welsh dataset.
- Multi-morbidities - 1 modelling study.
- Obesity - 9 modeling studies (across 10 reports) and 1 Welsh dataset.
- Smoking - 1 modeling study and 1 Welsh dataset.
- No evidence was found for anxiety, bipolar disorders, HF, PVD, poor diet / nutrition.

#### *Recency of the evidence base*

- The review included evidence from 2012 to March 2023.

#### *Projected prevalence:*

- Incidence and prevalence data for each condition are presented in a Table, with a specific focus on Wales where projections were available. The trends for each condition, the projection date and the geographical area are summarised below.
- AF prevalence is projected to increase by 2060 in the UK.
- Cancer prevalence is projected to increase by 2040 in Wales.

- CVD data are varied, but some scenarios project a decline in prevalence by 2029 in England and Wales, and by 2035 for 65-74 year-olds in Wales. CVD related disability is also estimated to decline by 2025 for 65-84 year-olds in England and Wales.
- Stroke incidence is projected to increase by 2045 in the UK.
- Dementia prevalence is projected to increase by 2040 in Wales.
- Diabetes prevalence is projected to increase by 2035 in England.
- Hypertension prevalence is projected to increase by 2035 in England.
- Depression prevalence is projected to decline by 2035 in England for over 65 year-olds.
- Multi-morbidity prevalence is projected to increase by 2035 in England.
- Obesity prevalence is projected to increase by 2035 in Wales although in UK this is projected to decline for 2060.
- Smoking prevalence is projected to decline by 2050 in England.

*Projected incidence:*

- Incidence of AF related events are projected to increase by 2050 in the UK.
- Mental illness (psychotic disorders) is projected to increase (probable first episode psychosis and treated caseloads) by 2025 in England.

**Summary of the evidence gaps**

We did not identify any Welsh modelled prevalence or incidence data for AF, HF, hypertension, PVD or multi-morbidities.

**Implications for policy and practice**

- Results show which long-term conditions are projected to increase over 10 years or more.
- Further preventive interventions through behavioural science approaches (lifestyle change and public health interventions), with increased investment, should be considered to mitigate the rising prevalence of several preventable conditions.
- Smoking, excessive drinking and obesity are candidates for targeted preventive work, especially in areas of deprivation, to lessen health inequalities.
- Further research is needed for AF, HF, hypertension, and multi-morbidities and to provide a more comprehensive understanding of the burden of these conditions in Wales.
- Earlier diagnosis by genetic and genomic technologies and enabling lifestyle changes or by more cost-effective home care could reduce NHS costs of some long-term conditions.

**Economic considerations** (see also section 3.6)

- Mental Health problems cost the Welsh economy £4.8 billion per annum. 72% of these incurred costs are attributed to productivity losses of people living with mental health conditions and costs experienced by unpaid informal carers.
- CVD costs the Welsh economy £800 million per annum.
- Dementia costs the Welsh economy £700 million per annum.
- People living in the most deprived areas in Wales face reduced healthy life expectancy and this strongly correlates with reduced labour market participation.

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