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GROWTH IN LIFE EXPECTANCY IN AUSTRALIA SLOWS

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AFTER 20 years of rapid increases in life expectancy at birth, the rate of growth Australia is now falling behind most other high-income nations, meaning better control of health risk factors such as obesity will be needed if further life expectancy increases are to be achieved, according to the authors of research published today by the *Medical Journal of Australia*.

"From 1981 to 2003, life expectancy at birth increased rapidly in Australia, both in absolute terms and in comparison with other high-income countries," wrote the authors, Laureate Professor Alan Lopez, the Rowden-White Chair of Global Health and Burden of Disease Measurement, and Dr Tim Adair, both from the University of Melbourne.

"The main contributor to greater increases for males in Australia than in western Europe was lower mortality from ischaemic heart disease; compared with the United States, mortality from ischaemic heart disease, cerebrovascular disease, and transport-related injuries was lower.

"Since 2003, life expectancy has increased more slowly for both sexes than in most other high-income countries, mainly because declines in mortality from cardiovascular disease and cancer have slowed.

"Together with the high prevalence of obesity ... this suggests that future life expectancy increases will be smaller than in other high-income countries," Lopez and Adair wrote.

They analysed data for Australia and 26 other high-income countries from the Global Burden of Disease Study, for the period 1980-2016. Between 1981 and 2003, the difference in life expectancy for males between Australia and 26 other high-income countries increased from +0.7 years to +2.3 years; it was +2.3 years in 2015. Between 1981 and 2003, the difference in life expectancy for females between Australia and other high-income countries increased from +0.9 years to +1.3 years; it was +1.1 years in 2015.

"Life expectancy in Australia is among the highest in the world, a testament to boldly progressive public health interventions over several decades," Lopez and Adair concluded.

"However, there are several major barriers to marked increases, including the notably higher mortality of more recent birth cohorts and the comparative failure of efforts to reduce levels of overweight and obesity.

"Other high-income countries have greater scope for reducing the prevalence of smoking. As a result, our high global ranking with regard to life expectancy at birth is unlikely to be maintained unless new strategies for reducing mortality associated with specific behaviours are developed and deployed effectively."

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