肺癌死亡率趨勢探討：以芬蘭與挪威爲例

Trend of Lung Cancer Mortality： A Comparison Between Finland and Norway

中文摘要

研究目的：近年來，肺癌已造成世界各國龐大的疾病負擔，但多數研究著重在個人層次的因子之討論，鮮少有研究討論到群體層次的影響因子，因此，本篇研究欲瞭解挪威及芬蘭的肺癌死亡率歷年趨勢，並探討可能造成肺癌死亡率的群體因子及其相關程度，以提供未來政策制定及其他各國的經驗參考。

材料與方法：本篇研究以 OECD 健康資料庫爲資料來源，在 1960 年到 2006 年，以芬蘭和挪威的男女肺癌死亡率做爲主要依變項，探討健康相關因子、健康照護資源及使用情形、健康相關支出、菸草消耗使用相關因子、整體經濟與飲食相關因子跟死亡率之間的關係，並比較兩國的菸草相關政策及策略。

結果：在肺癌死亡率的趨勢方面，挪威不論男女的肺癌死亡率都是呈現上升的趨勢，而芬蘭男性的肺癌死亡率在菸草消耗使用量下降 10 年後開始出現下降的趨勢，但女性肺癌死亡率仍爲上升的趨勢。和兩國女性肺癌死亡率相關程度相反且達統計上顯著的因子有：健康照護資源及使用情形、菸草消耗使用情形；和兩國男性肺癌死亡率相關程度相反且達統計上顯著的因子有：健康照護資源及使用情形、健康相關支出、菸草消耗使用情形、整體經濟因子、飲食相關因子。比較兩國政策發現，在芬蘭，以關切吸菸者健康的角度切入，透過整體社會觀感改變的方式；在挪威，則偏重在立法規範的部份。

結論：從兩國的菸草控制政策及相關策略中可以發現，不同的手段和方式，帶給人民的感受就有所差異，進一步造成兩國的菸草使用率下降幅度的差異，進而影響到其肺癌死亡率趨勢。

英文摘要

Objectives: In the recent years, lung cancer has become the leading cancer mortality in many parts of the world. Most studies on determinants of lung cancer focus on individual-level variables but rarely on group-level variables. The purpose of this research is to assess the trends of lung-cancer mortality and to identify relevant group-level predictors, using Finland and Norway as examples

Materials and Methods: Data were extracted from OECD Health Data 2008. Lung cancer mortality, health status, health care resource, tobacco consumption, health-related expenditures, nutritional variables, and economic variables from 1960 to 2006 were included in the analysis. Pearson’s correlation were used to assess the association with these variables and lung cancer mortality. Tobacco-related

policy/strategies were also compared between the two countries.
Results: Despite of showing a downward trend in tobacco consumption, Norway still exhibited a increasing trend in male lung-cancer mortality, contrary to what was observed in Finland. As for females, both countries showed an upward trend, consisted with most developed countries. Statistically significant factors related to female lung cancer mortalities were health care resources and utilization, and tobacco consumption. As for male lung-cancer mortality, the significant factors also included health expenditure, economic variables, and nutritional variables, in additional to health care resources and tobacco consumption. Comparing tobacco control policies revealed that Norway focused more on legislation while Finland placed more emphasis on changing attitudes and values of the general public.
Conclusion: Some ecological variables have been identified as predictors of lung-cancer mortality. However, the underlying mechanism of their effect on lung-cancer mortality needs to be further studies. While both Finland and Norway have reduced tobacco consumption over the years, differences in tobacco control policies may have affected the trends in lung-cancer mortality in both countries.