

Klinisch-chemisches Kolloquium

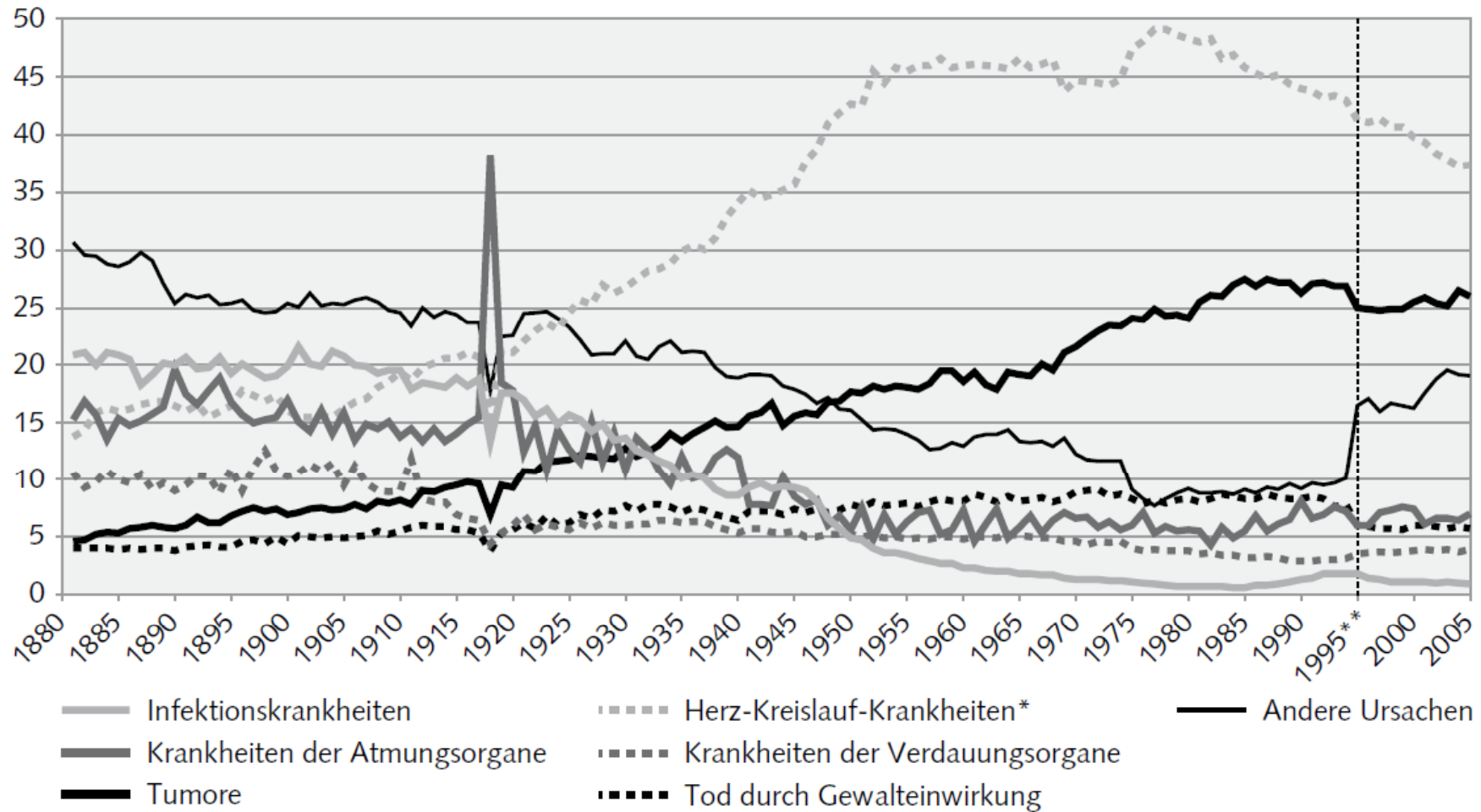
Prevalence, trends and
significance of cardiovascular
risk factors and mortality in
Switzerland

David Fäh

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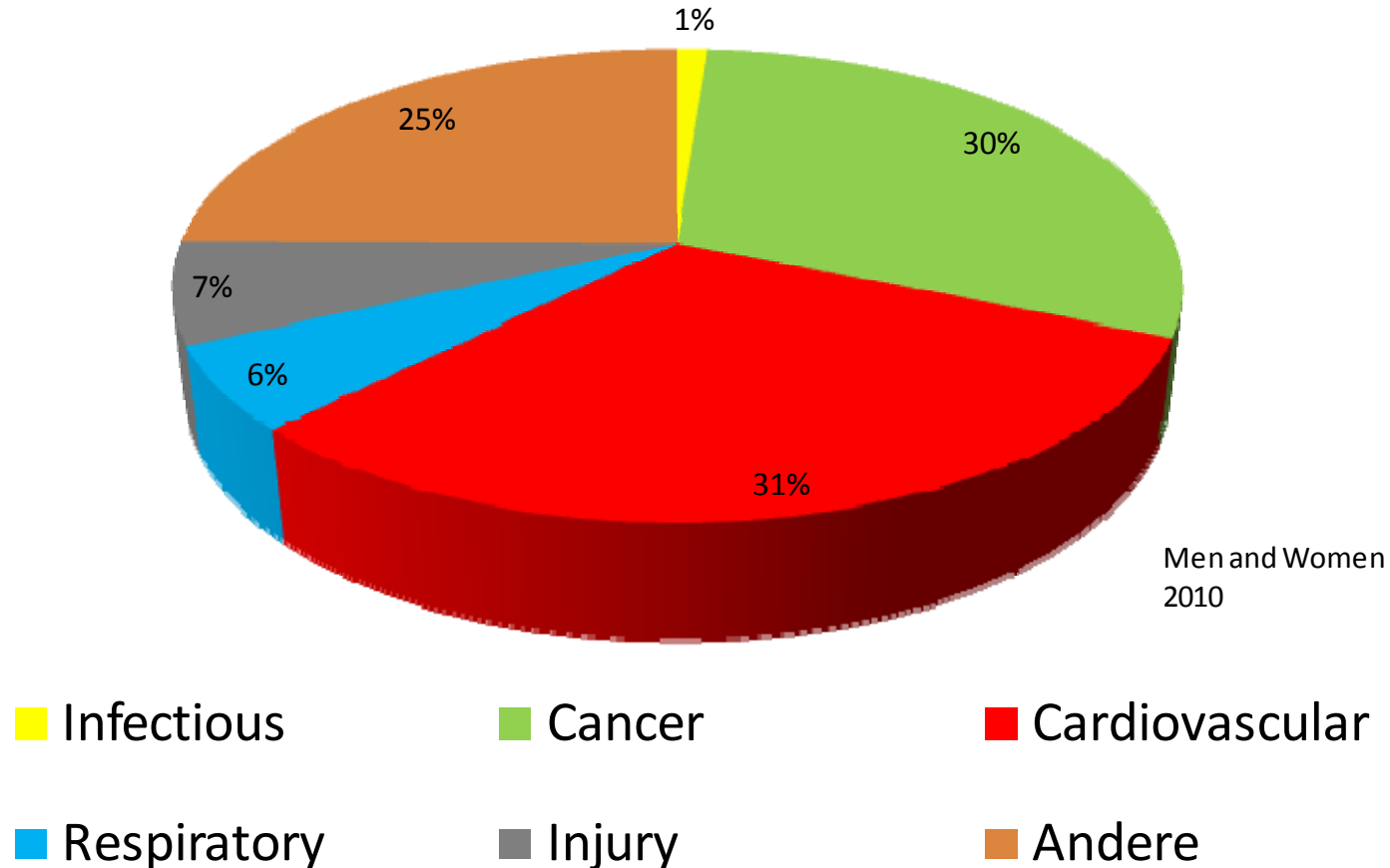
* mit Krankheiten des Nervensystems bis 1900

** Änderung der Klassifikation der Todesursachen (Übergang von CIM-8 zu CIM-10)

Raymond Kohli, Sterblichkeit nach Todesursachen, 1998/2003

© Bundesamt für Statistik (BFS)

Proportion of causes of death: Age standardized death rates per 100,000, Switzerland



Bundesamt für Statistik, 2010

David Fäh, Klinisch-chemisches Kolloquium, 22.10.2013

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Cardiovascular disease (CVD)

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graph TD; CVD[Cardiovascular disease (CVD)] --> Mortality[Mortality]; CVD --> Morbidity[Morbidity];
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Mortality

2010: 20'000 † (32% of all †);

IHD: 8'300 †;

Stroke: 3'800 †

M>F

90% of deaths after age 65

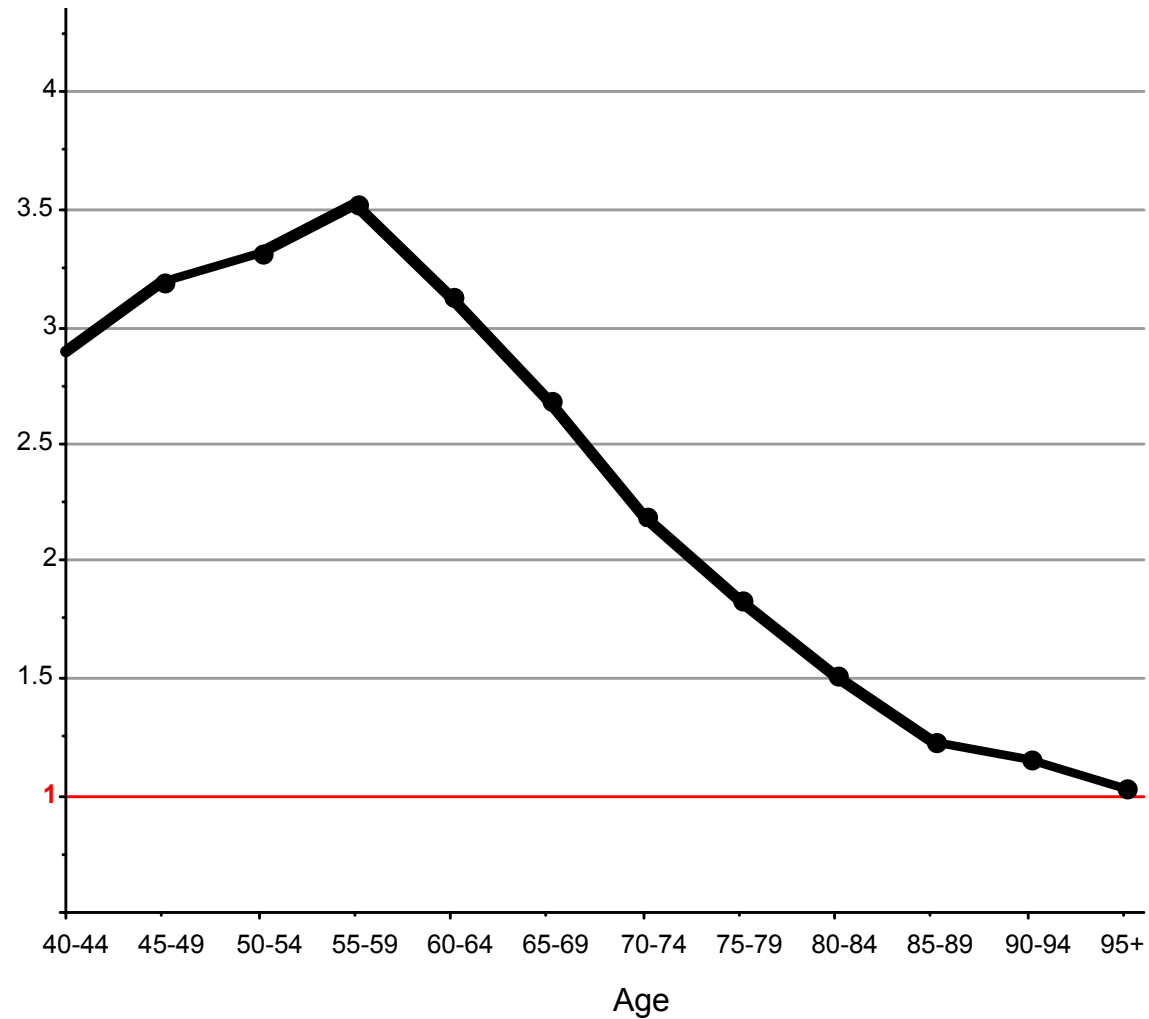
Swiss Heart Foundation, BFS

Morbidity

60'000 cases / year of myocardial infarction, stroke and cardiac arrest;

135'000 Hospitalisationen wegen HKK (2008)

Sex-ratio (men vs. women) in CVD-mortality (Switzerland 2001-2005)



Datenquelle: Todesursachenstatistik (BFS)

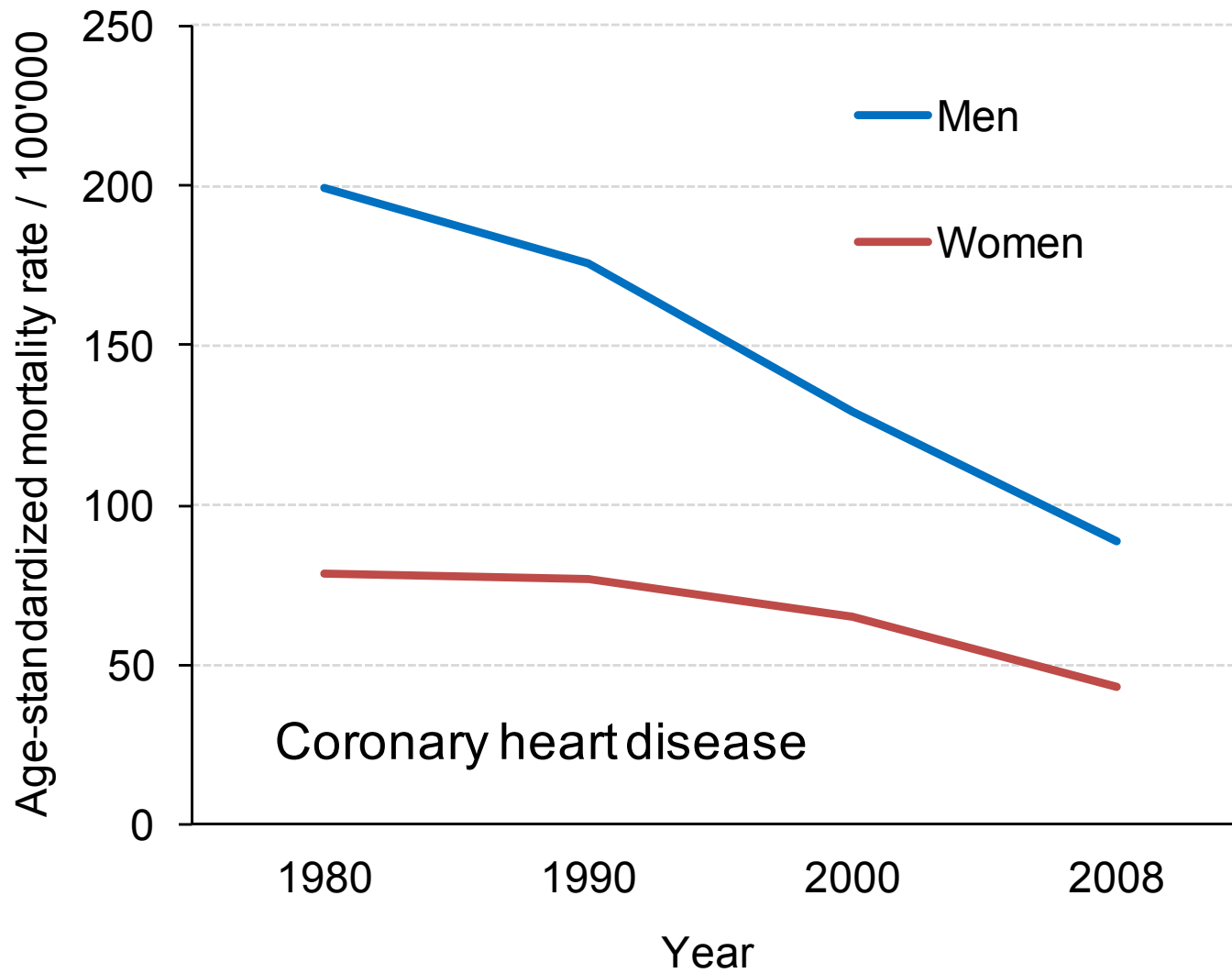
mb 2007

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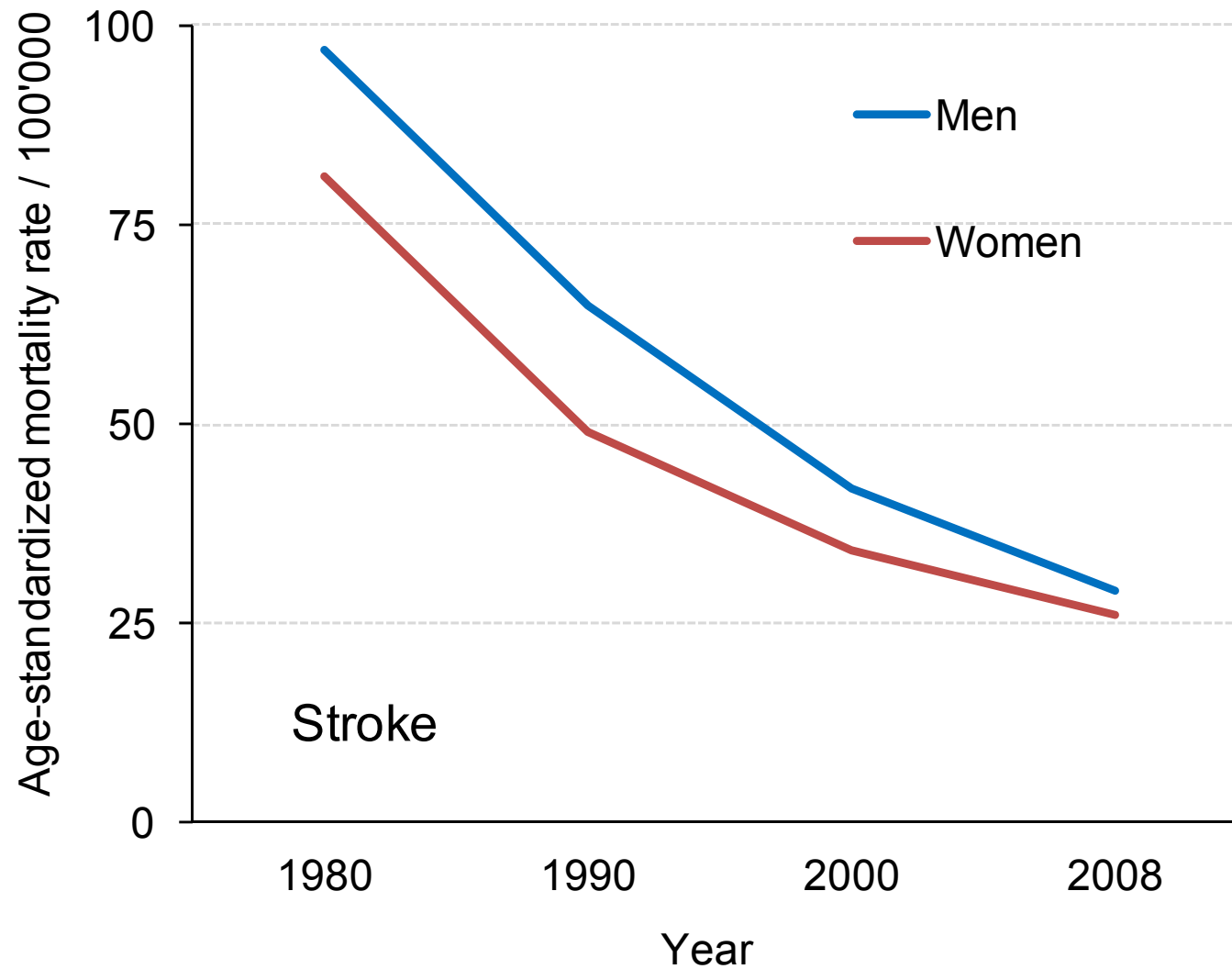


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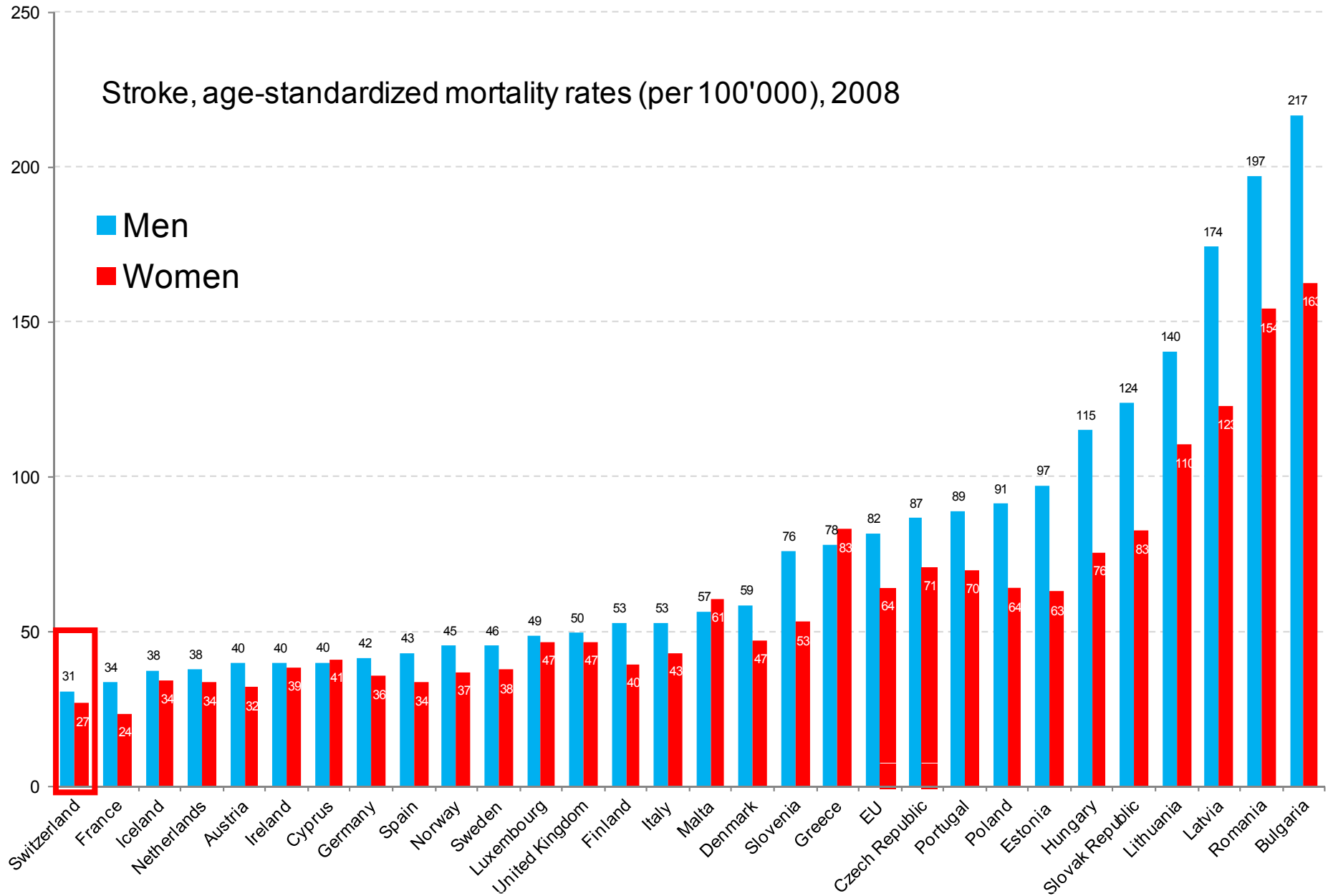
CHD mortality, Switzerland, 1980-2008

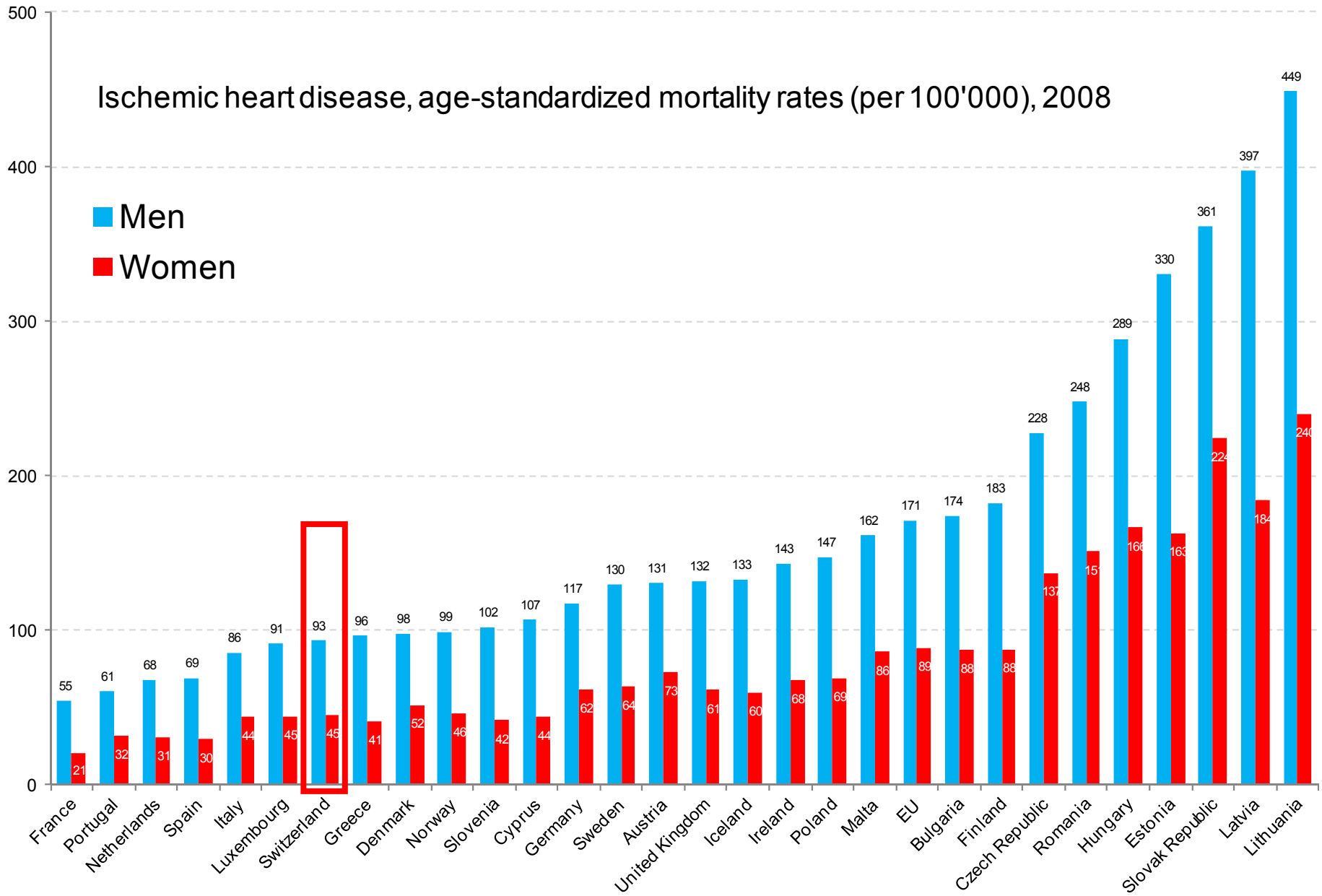


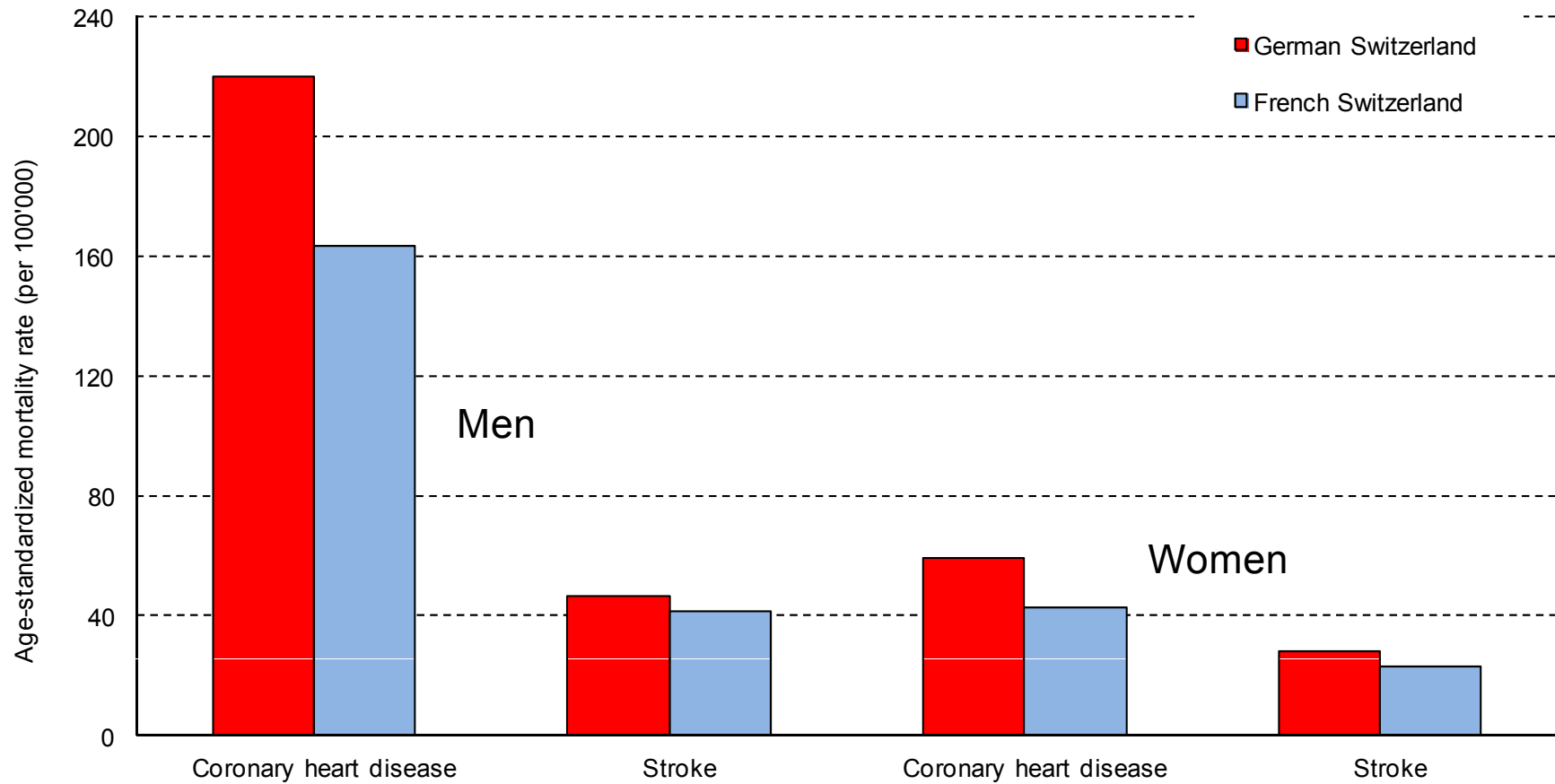
Stroke mortality, Switzerland, 1980-2008



Stroke, age-standardized mortality rates (per 100'000), 2008







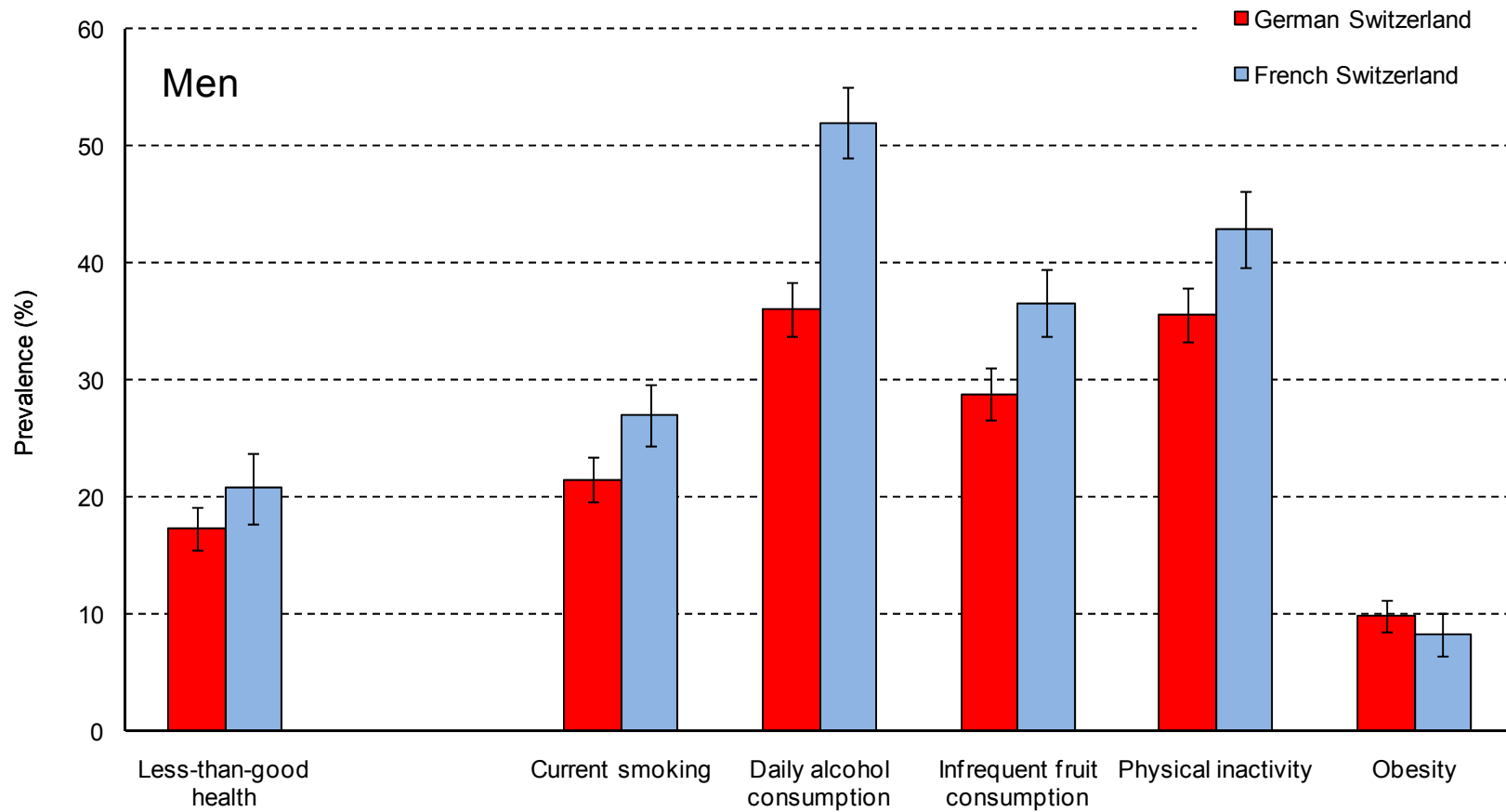
Faeh et al, JECH 2009 Aug;63(8):639-45

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Data: Swiss Health Survey 1992/93

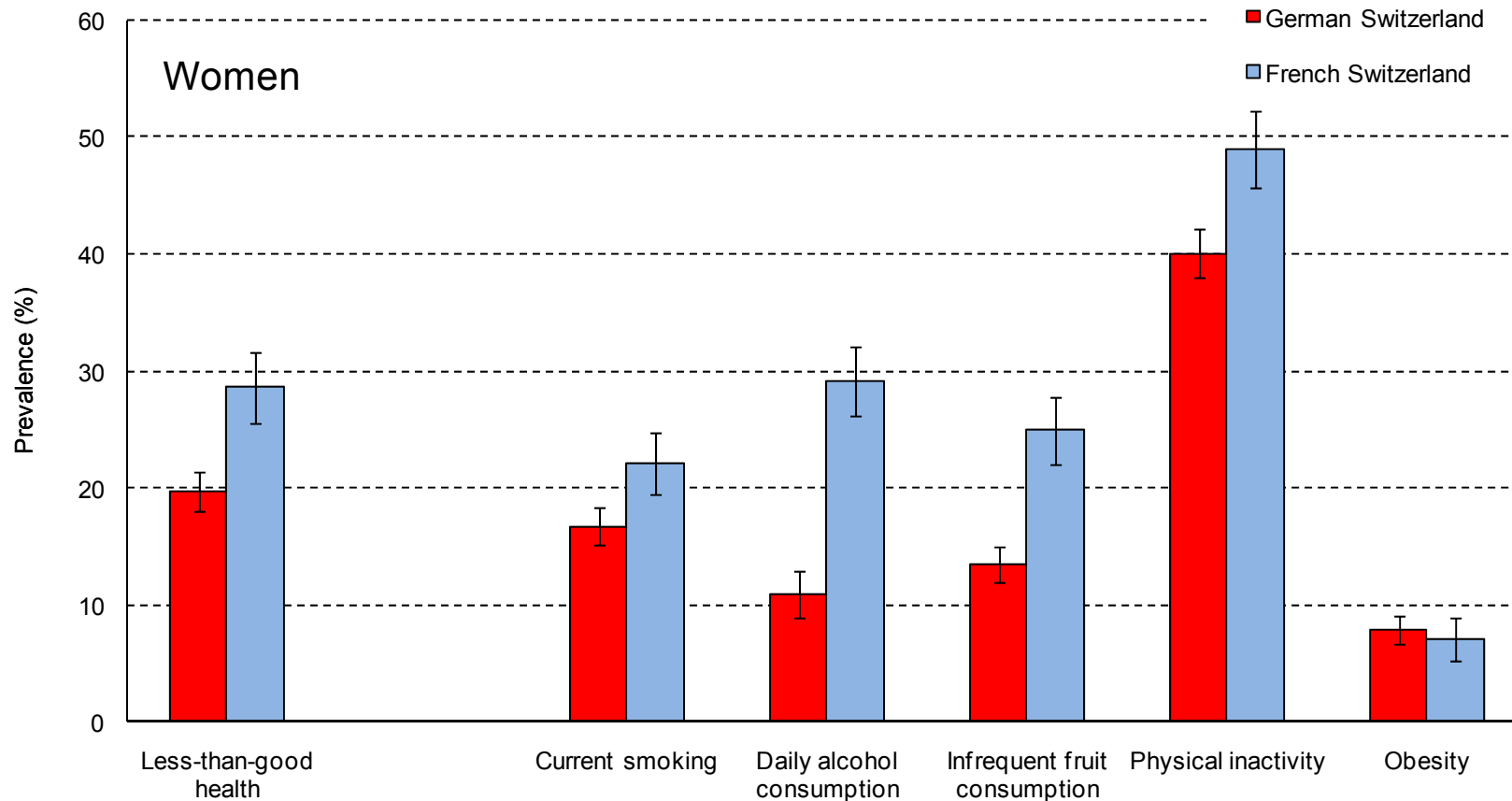
Faeh et al, JECH 2009 Aug;63(8):639-45

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Data: Swiss Health Survey 1992/93

Faeh et al, JECH 2009 Aug;63(8):639-45

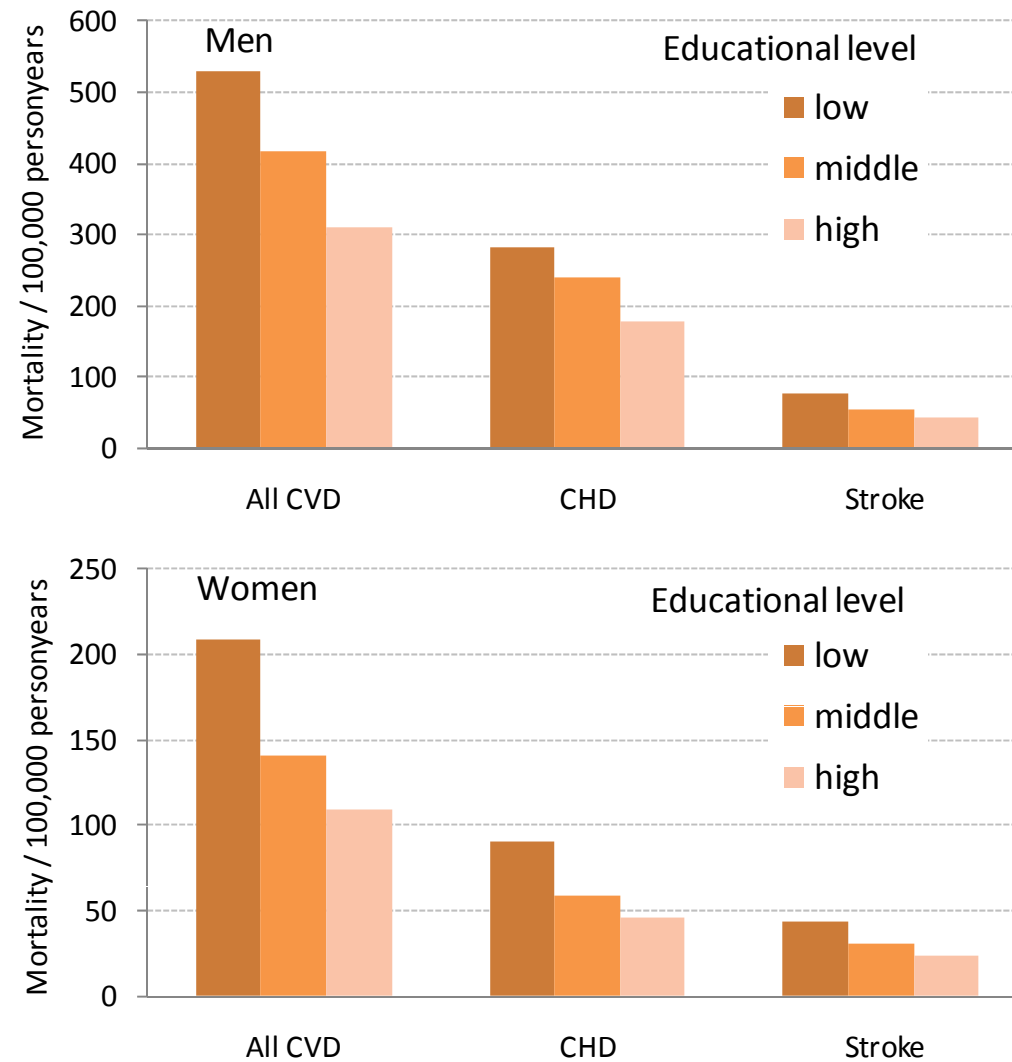
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Educational inequality in German Switzerland



Data: Swiss National Cohort 2000

Faeh et al, BMC Public Health. 2010 Sep 22;10:567

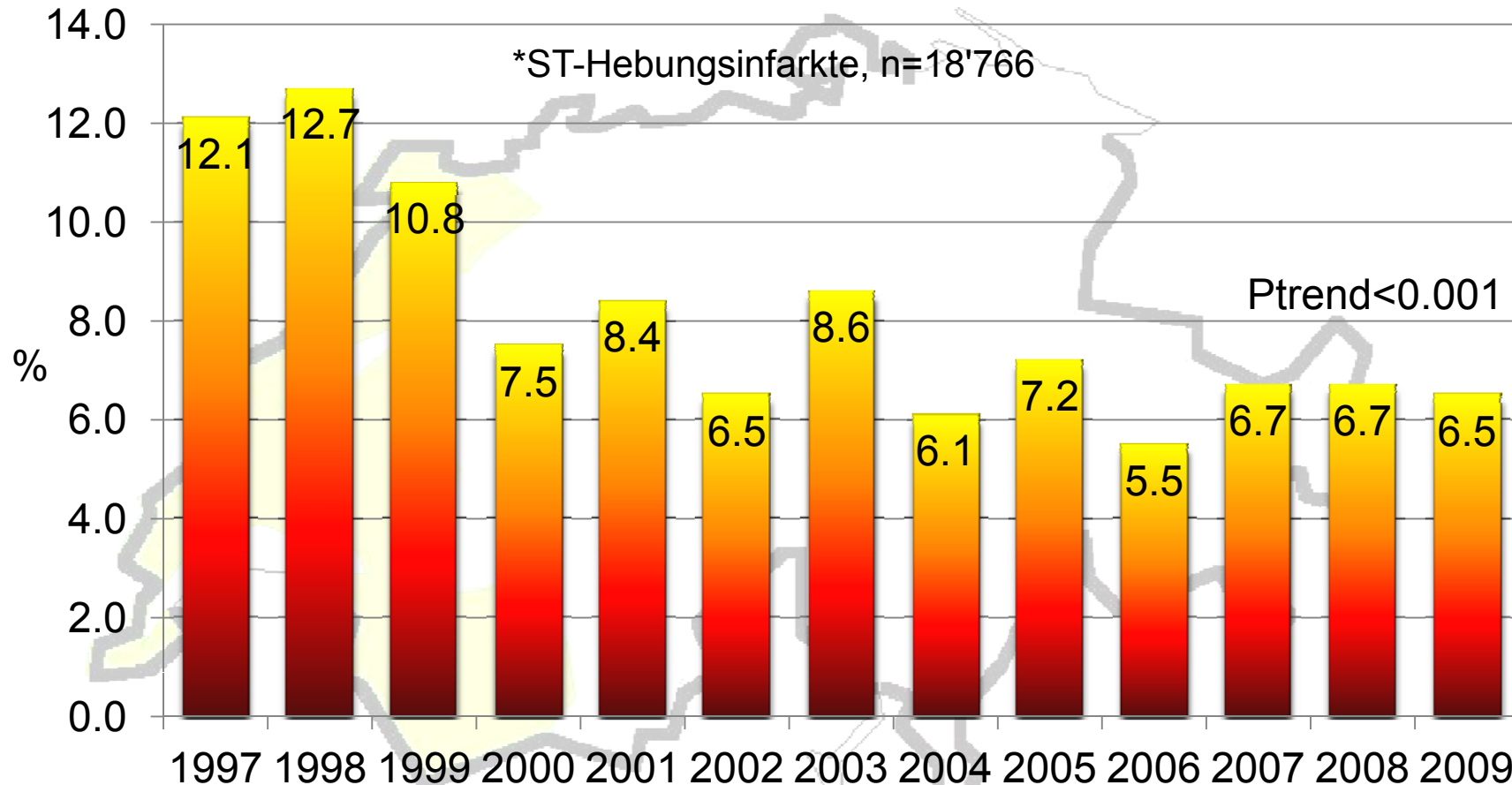
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Lethality of myocardial infarction over the first 30 days after hospital admission*



A Acute
M Myocardial
I Infarction in
S Switzerland

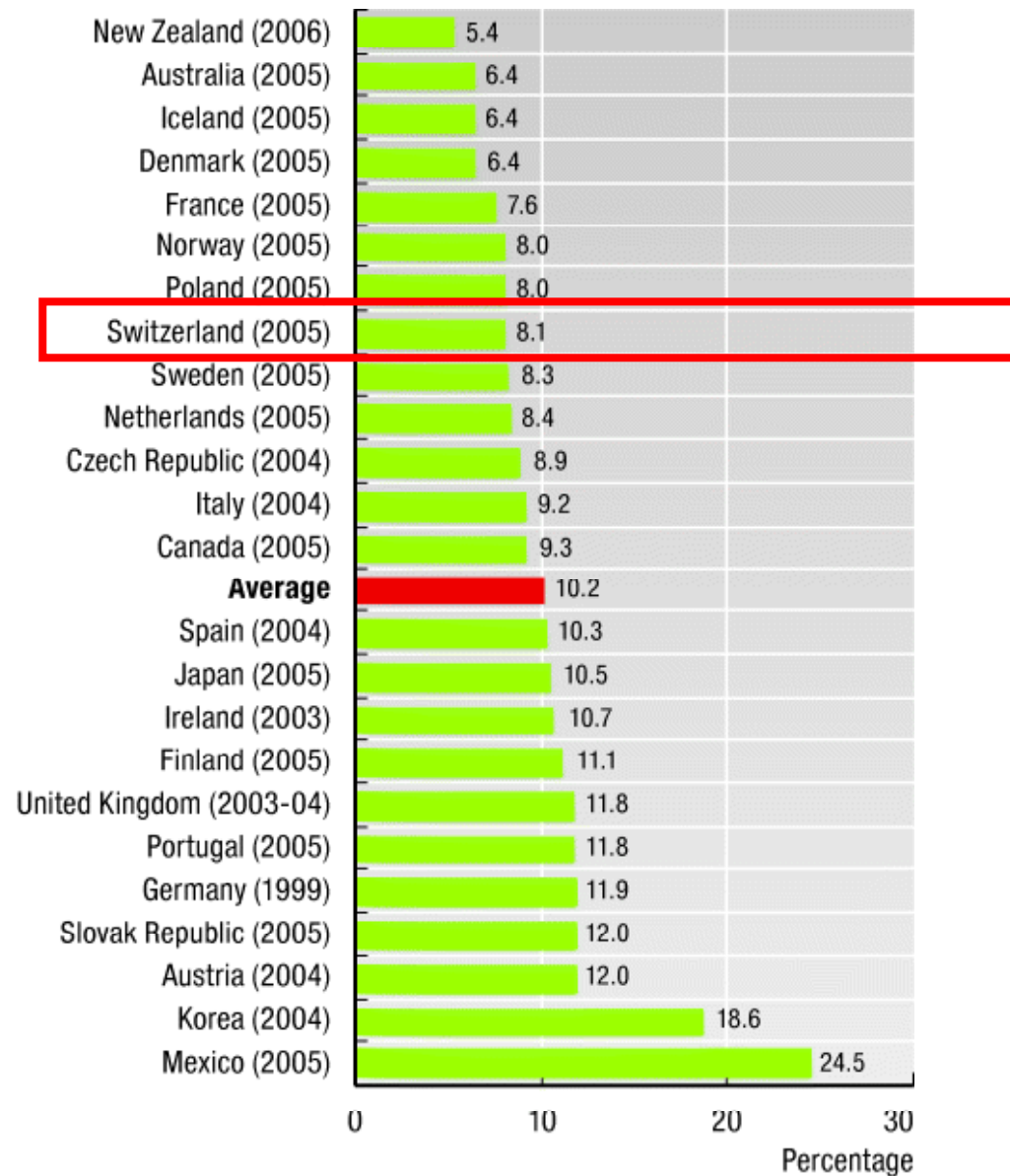
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Hospital lethality of myocardial infarction over the first 30 days, 2005



OECD (<http://lysander.Quelleoecd.org>)

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Relationship morbidity, mortality, lethality

	Morbidity*	Mortality**	Lethality***
men	356	141	39.6%
Women	109	43	39.4%

*All myocardial infarction events (age standardized rates per 100'000)

**Mortal myocardial infarction events

***Mortality / Morbidity x 100

Lethality of myocardial infarction (MI) & sudden cardiac death (SCD), 25-74 y

- **12%** die on the first day after hospitalisation
(= 29% of all death cases)
- **5.5%** die on day 2 - 28 after hospitalisation
(= 12% of all death cases)
- **24%** die, before they could be hospitalized
(= 59% of all death cases)

Source: MONICA/KORA-Herzinfarktregister Augsburg 2001-2003

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Sudden cardiac deaths (SCD) vs. surviving (24h) myocardial infarction (MI)-patients (25–74y)

Known disease	SCD	MI
High blood pressure	65%	65%
High cholesterol levels	40%	60%
Diabetes	35%	30%
Coronary heart disease	65%	30%
None	25%	25%

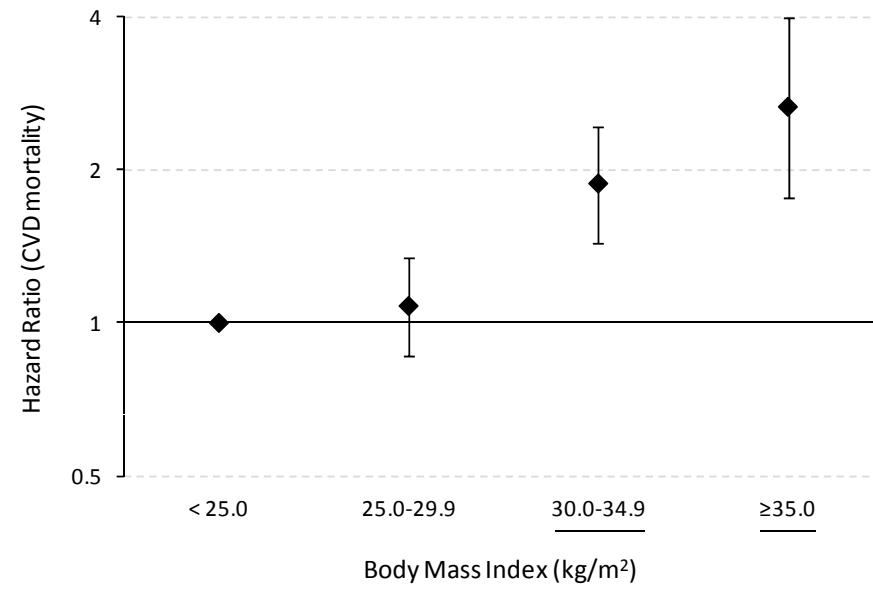
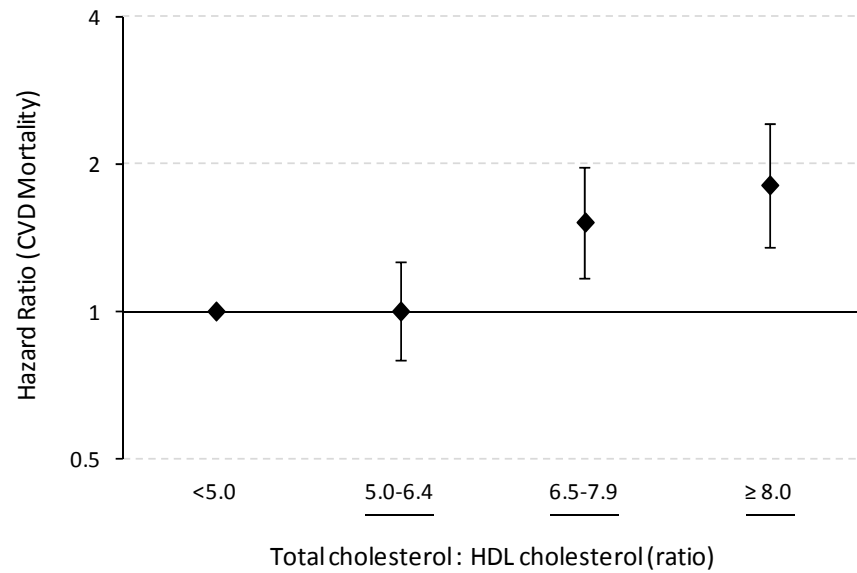
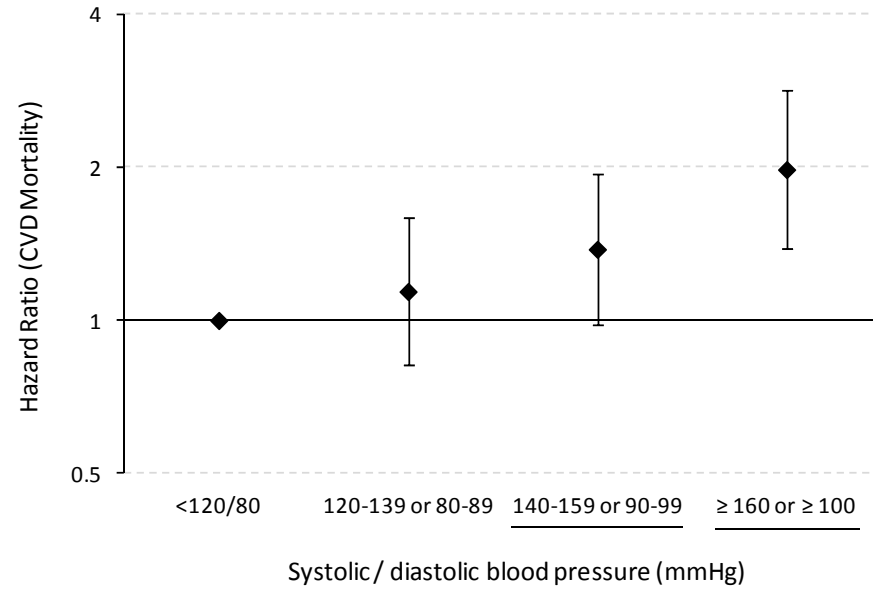
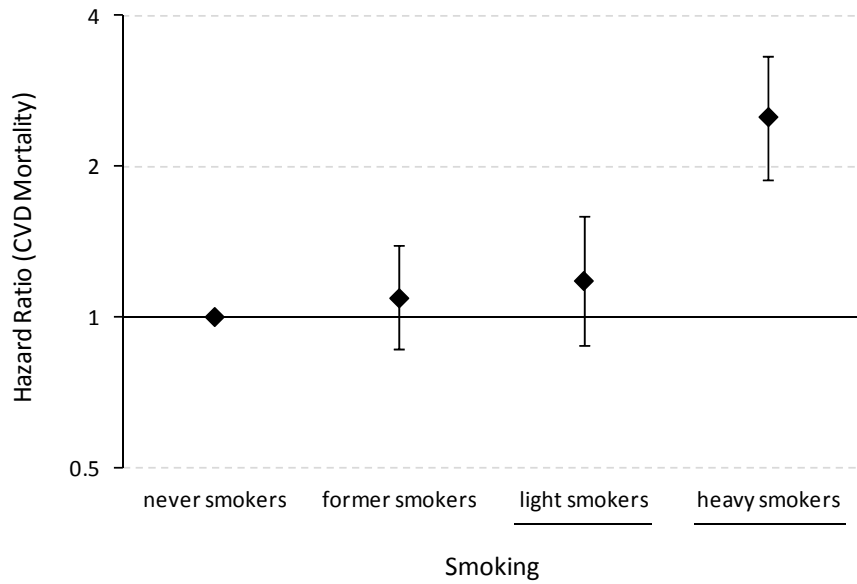
Source: Dtsch Med Wochenschr 127(44): 2311-6

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Faeh, Eur J Cardiovasc Prev Rehabil. 2011 Nov 11.

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Risk factors

- Smoking
- Obesity
- Hypertension
- Dyslipidemia
- Diabetes
- Combination of risk factors

World Health Organization WHO, <http://www.who.int>

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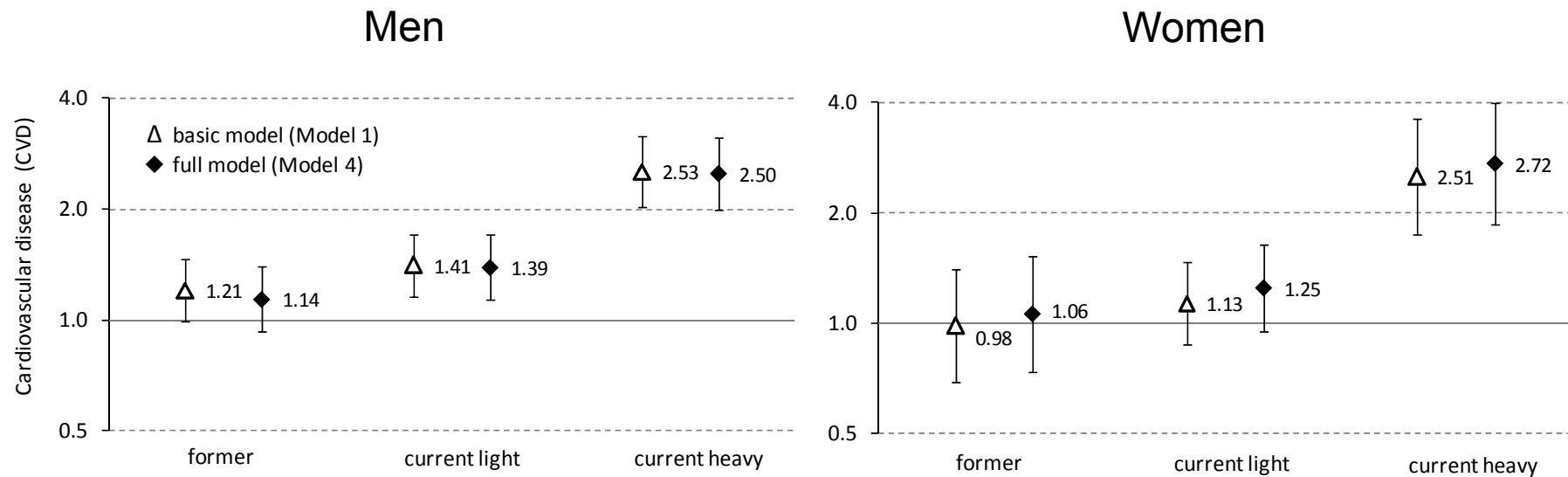
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Risk of (former) smokers vs. never-smokers, Switzerland



Maag, J. et al, Nicotine Tob Res. 2013 Sep;15(9):1588-97

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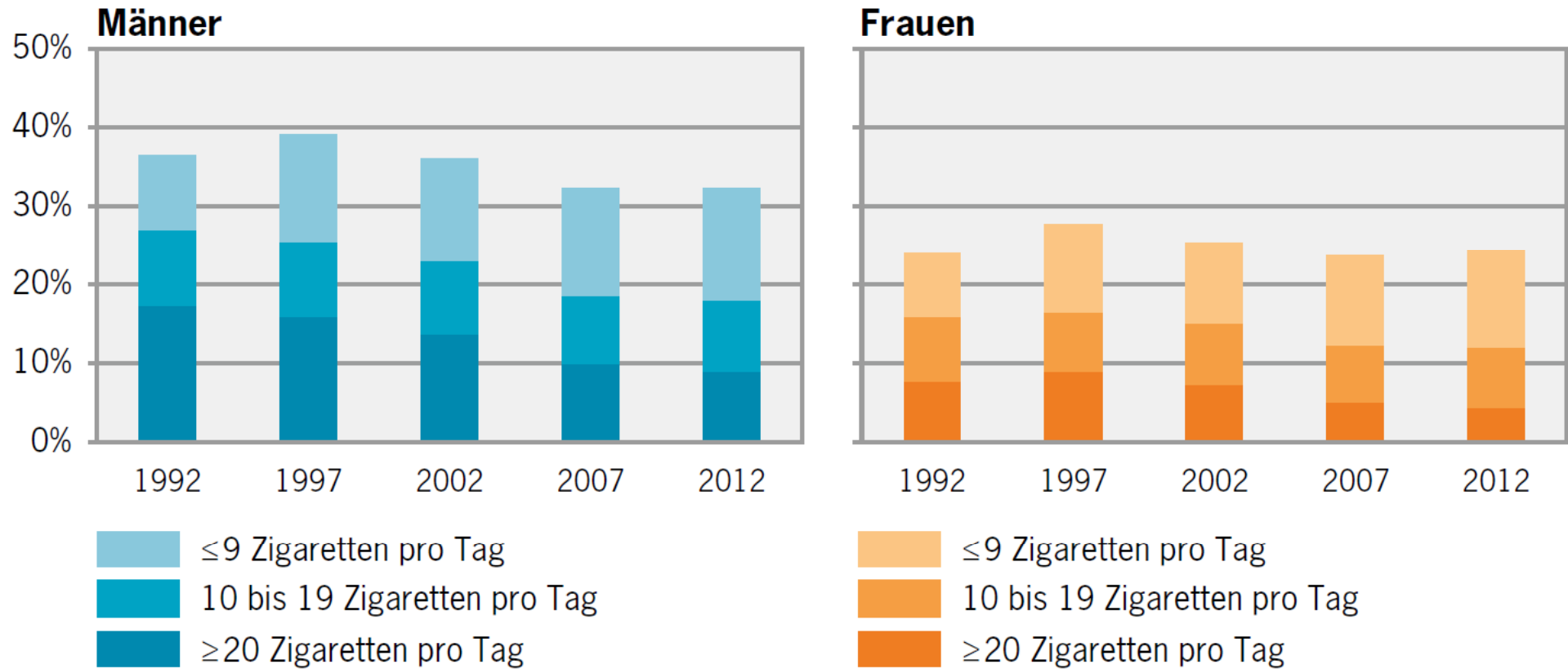
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Anzahl gerauchter Zigaretten pro Tag, 1992–2012

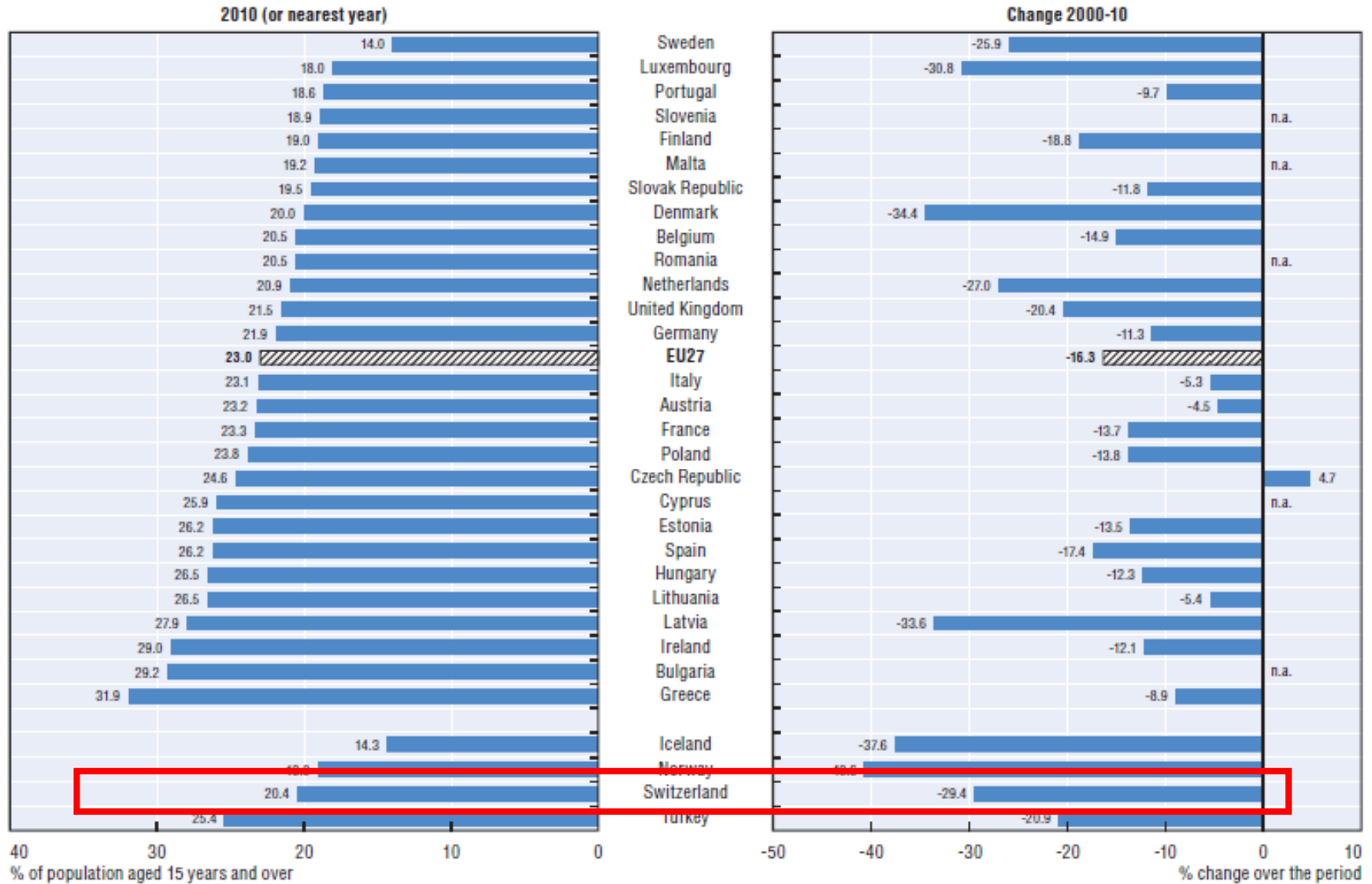
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Quelle: SGB

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2.5.1. Adult population smoking daily, 2010 and change in smoking rates, 2000-10 (or nearest year)



Source: OECD Health Data 2012; Eurostat Statistics Database; WHO Global Infobase.

OECD Health Data 2010; Eurostat Statistics Database

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World Health Organization WHO, <http://www.who.int>

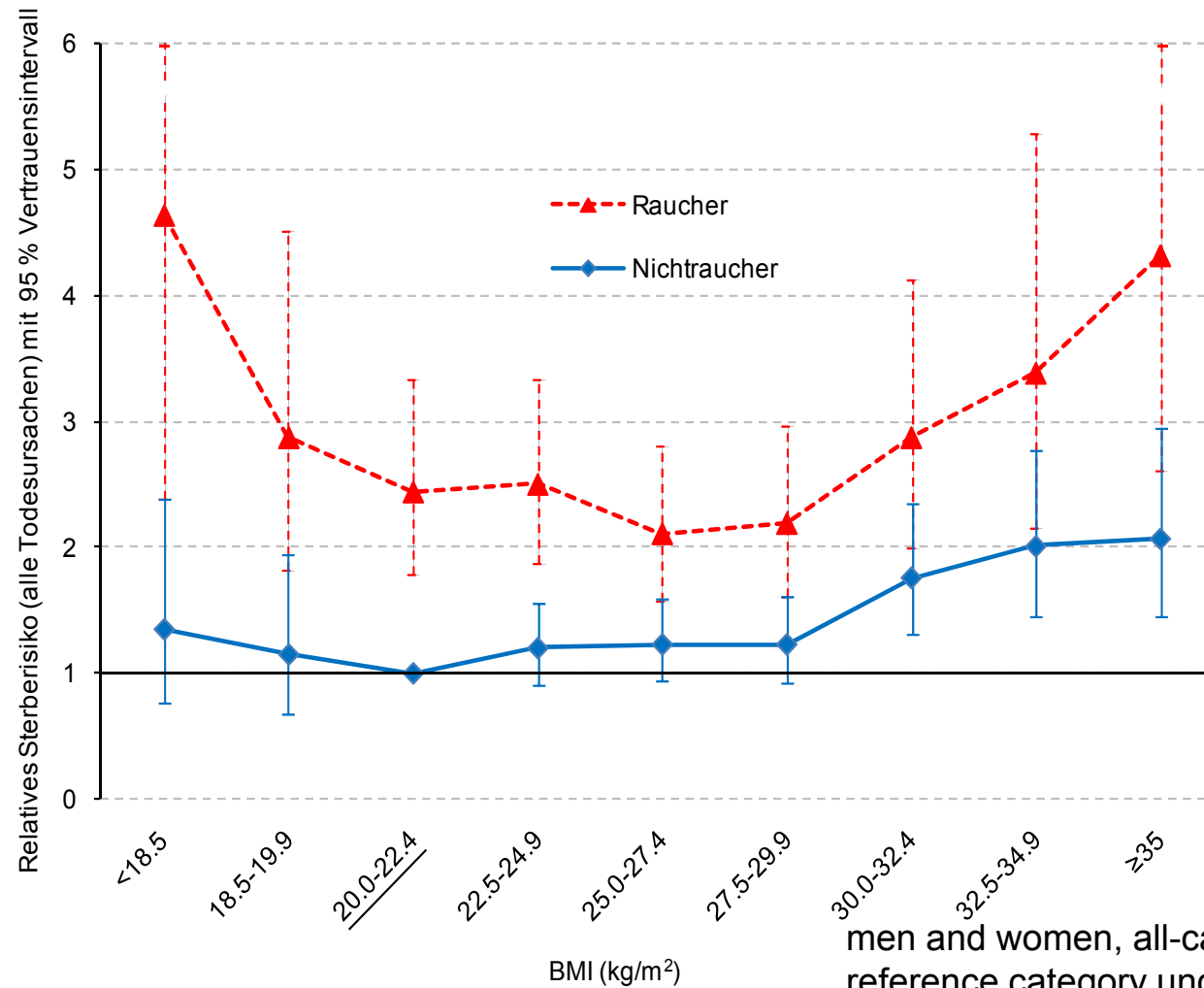
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Body mass index, risk, Switzerland



MONICA: Multinational
MONITORing of trends and
determinants in
CARDIOVASCULAR disease,
Switzerland, 1983-1992

men and women, all-cause mortality,
reference category underlined

Faeh, et al, Eur J Epidemiol. 2011 Aug;26(8):647-55

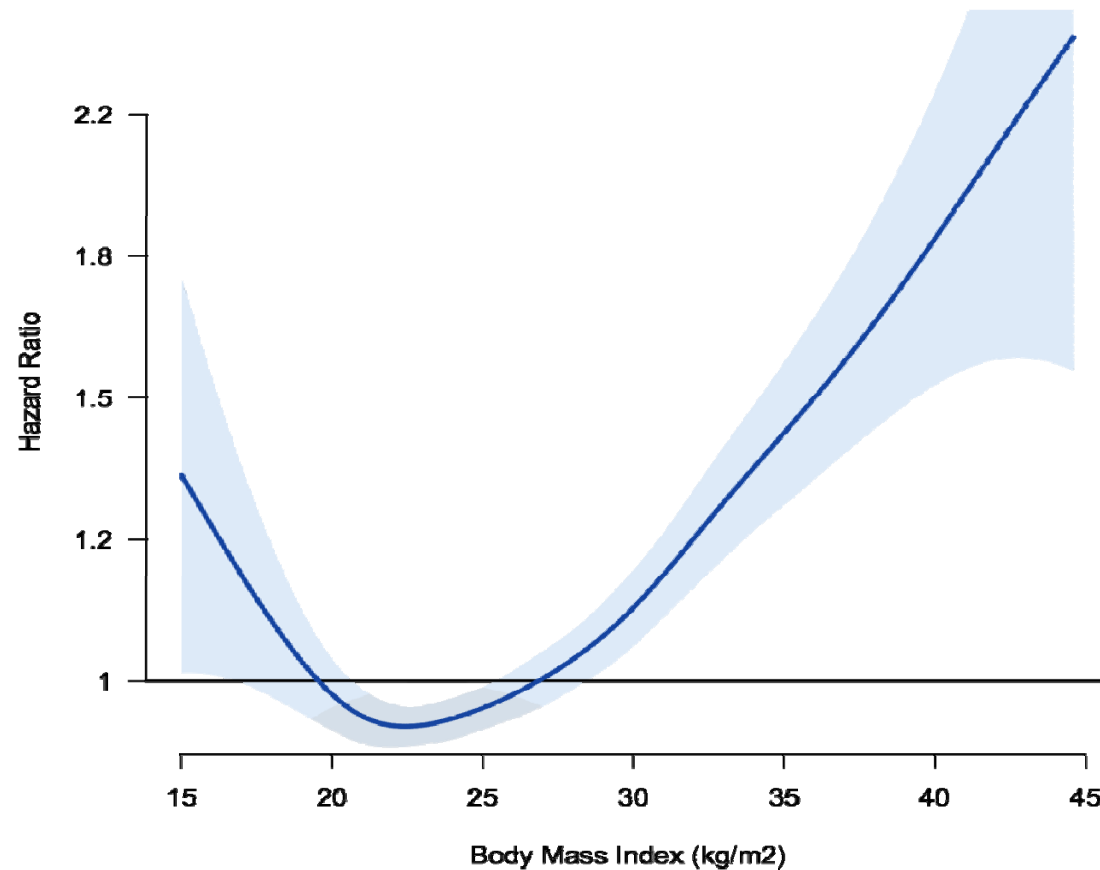
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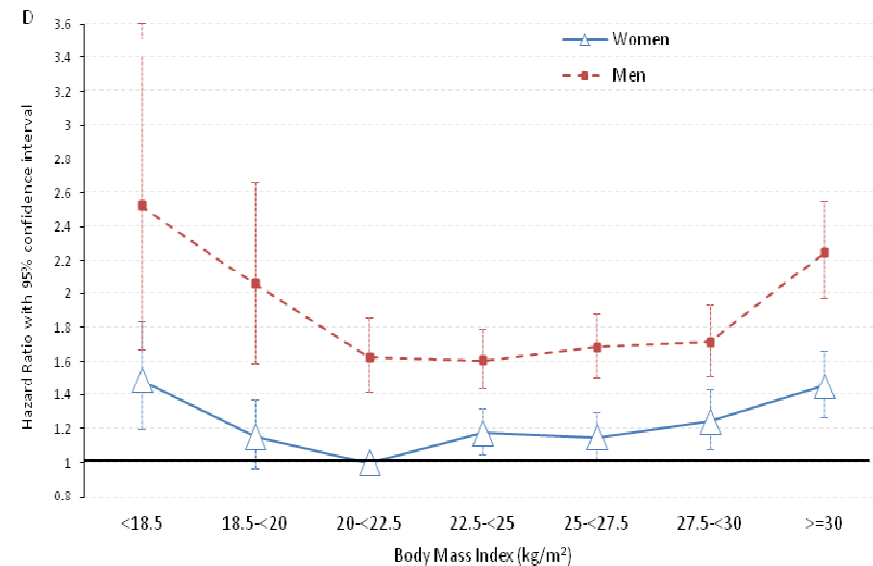
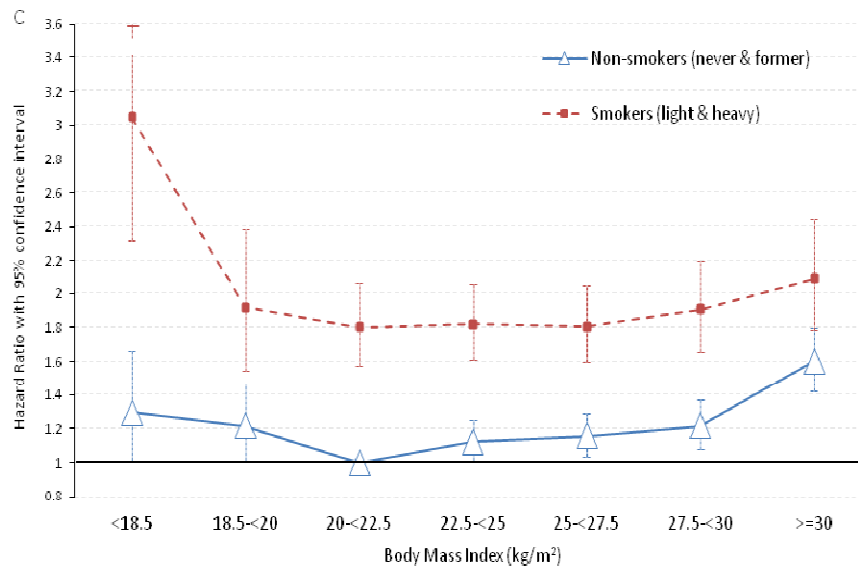
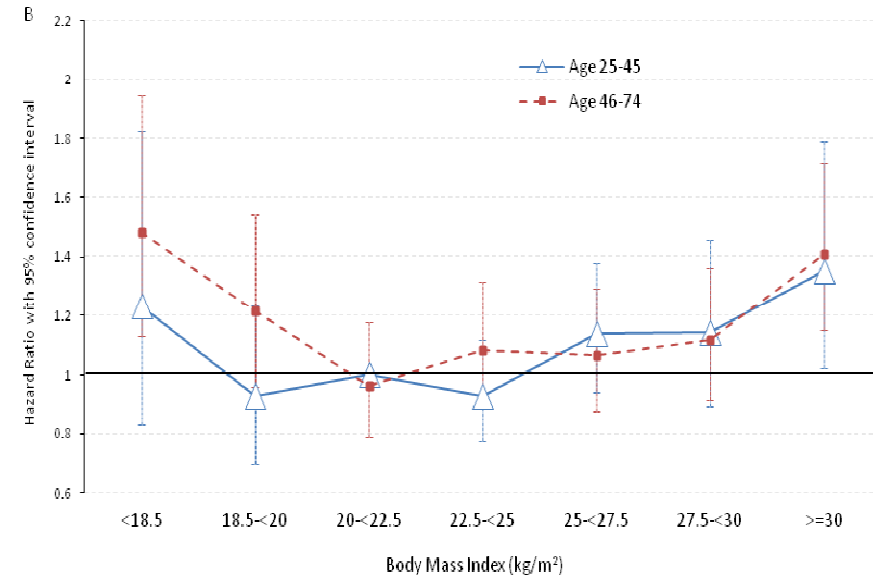
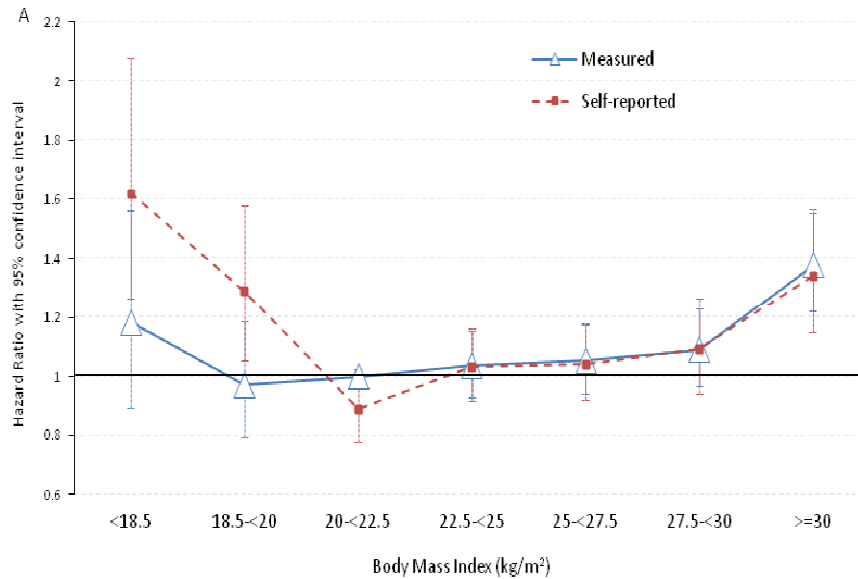


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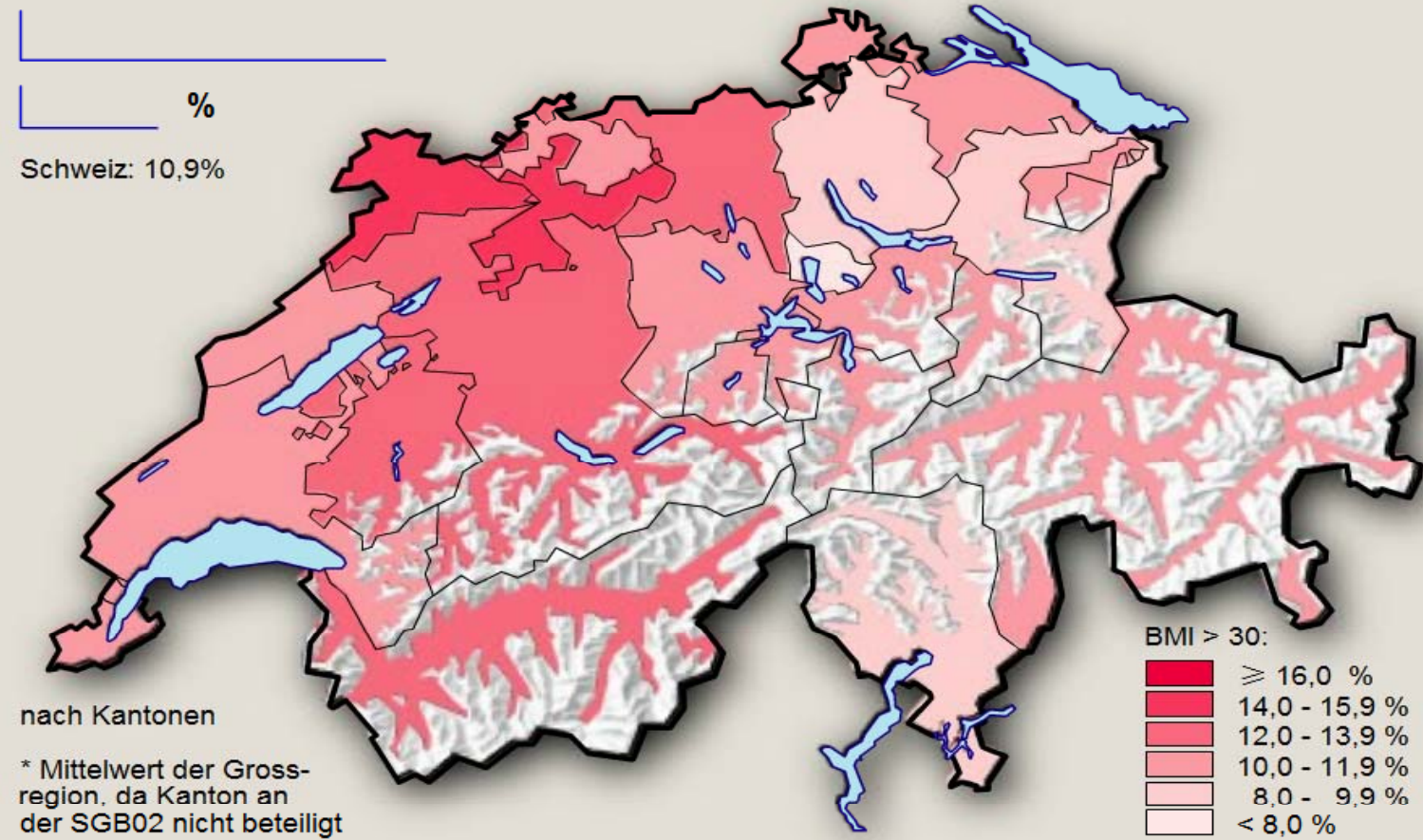
Body mass index and all-cause mortality in 40'000 study participants, Switzerland



Body mass index and all-cause mortality stratified by other categories



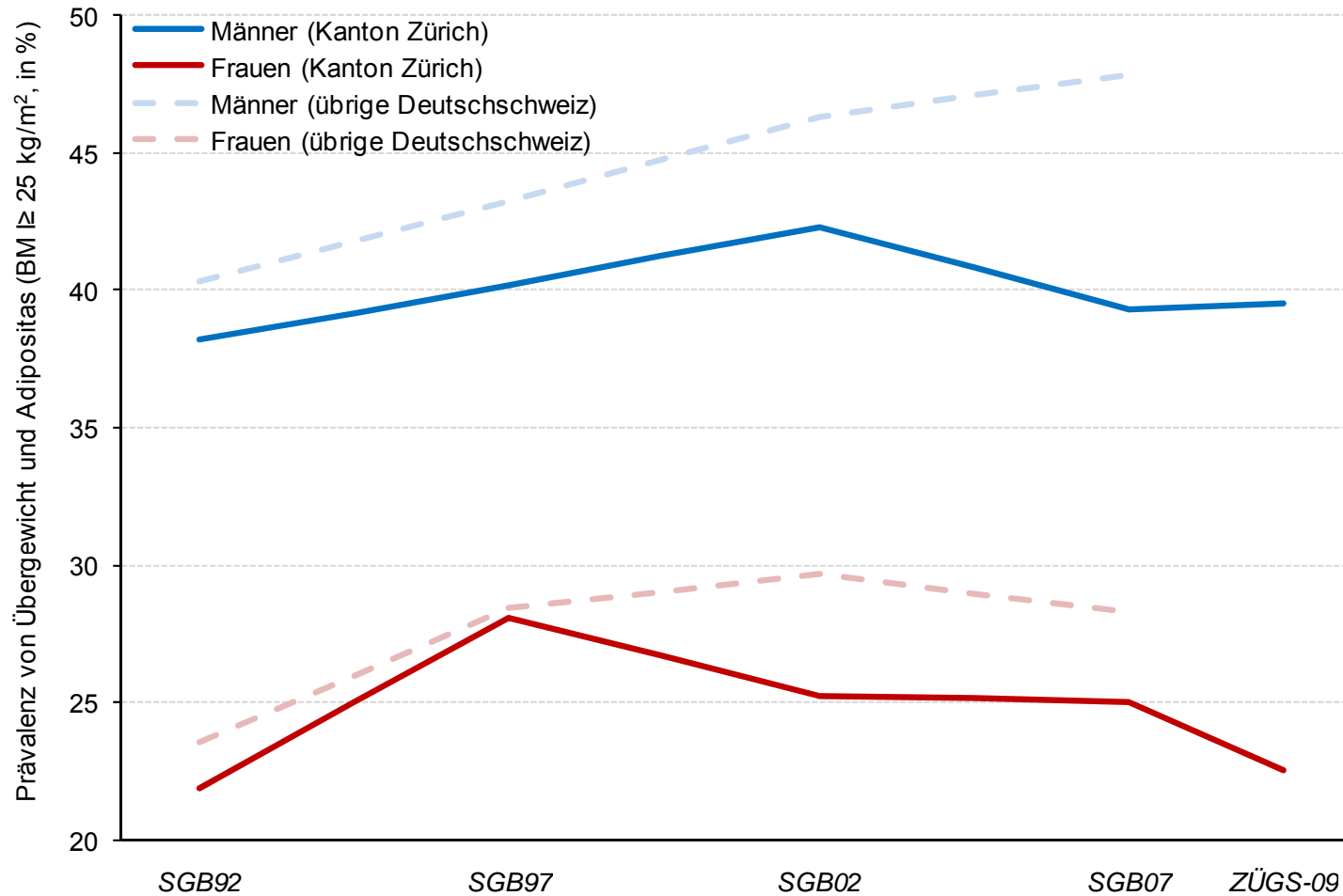
50-Jährige und Ältere mit starkem Übergewicht (BMI >30), 2002



© BFS, Themakart, Neuchâtel 2004 - PAVIE, LaboDÉmo, CIG

Quelle: Schweizerische Gesundheitsbefragung

Prevalence of overweight + obesity, canton of Zurich vs. rest of German Switzerland



Self-reported height and weight, 1992-2009, 18-74 years

Faeh, et. al, SMW 2010;140:w13090

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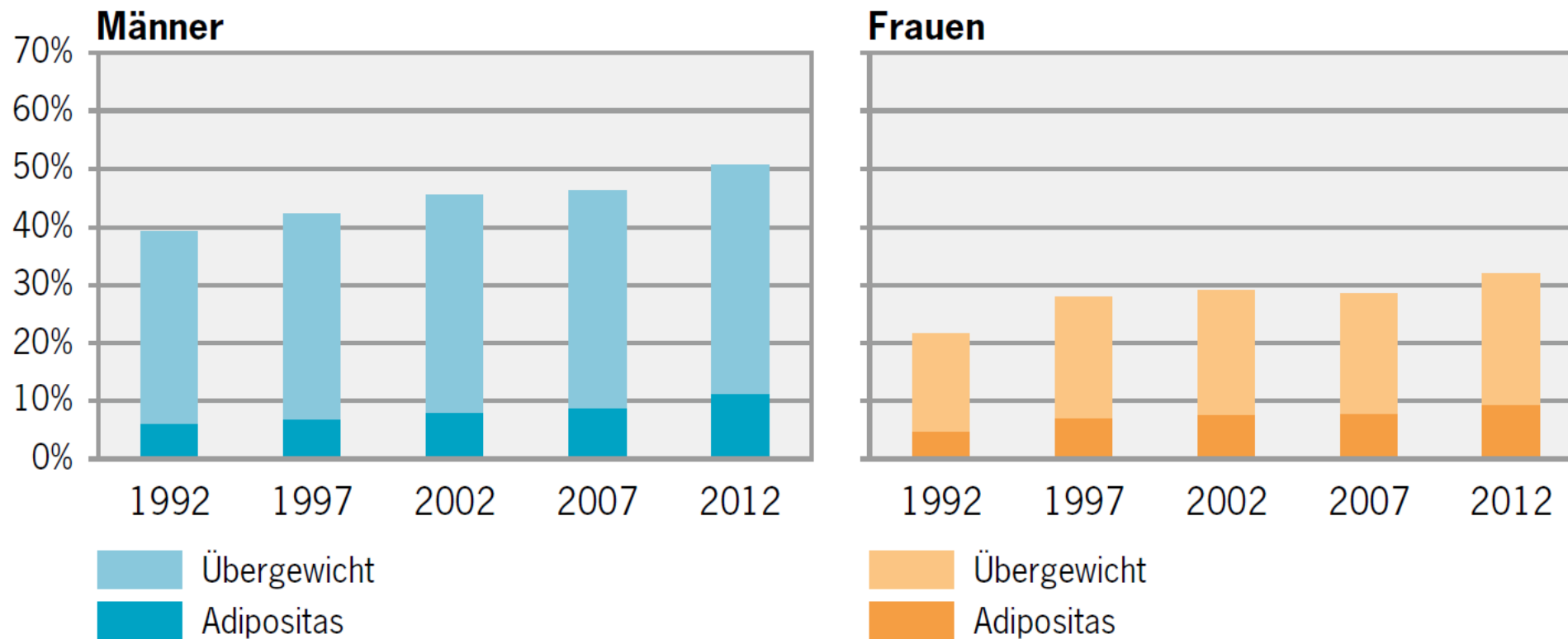
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Übergewicht und Adipositas, 1992–2012

G 5



Quelle: SGB

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Self-reported height and weight

BFS, Swiss Health Survey 2012

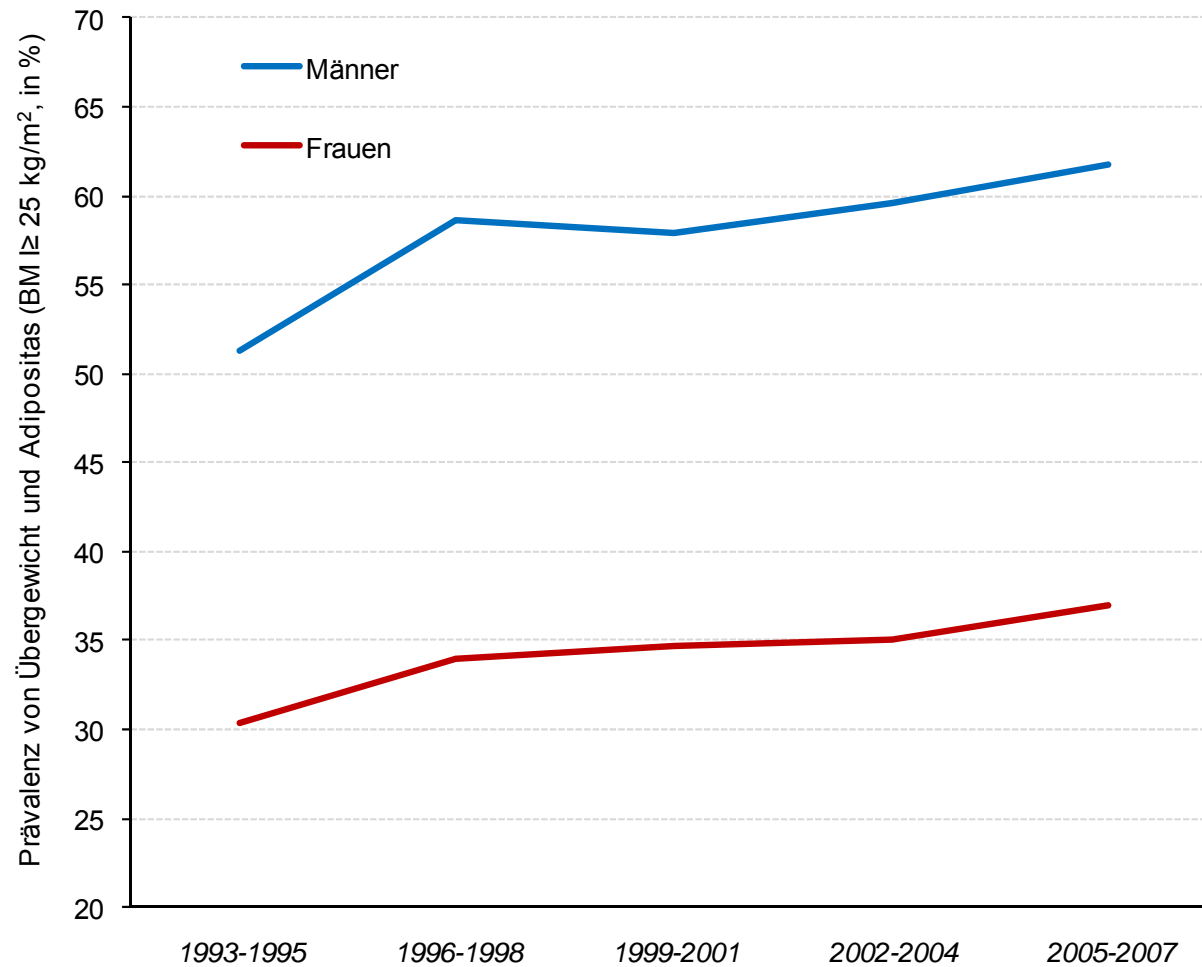
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Prevalence of overweight + obesity, canton of Geneva



Height and weight measured, 1993-2007, 35-74 years

Gaspoz et al, BAG, 2009

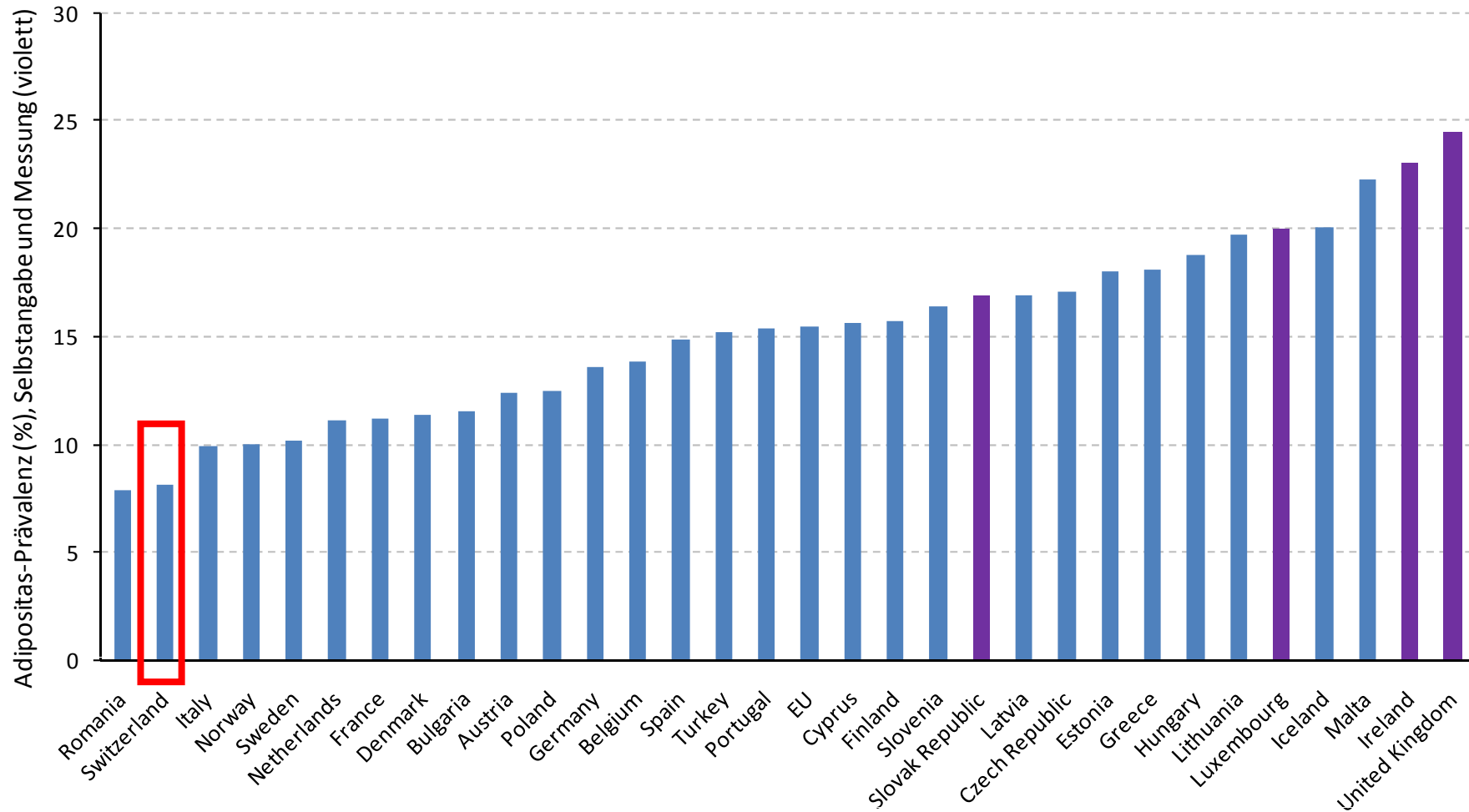
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Prevalence of obesity, adults (>15J), 2008



OECD Gesundheitsbericht, 2010

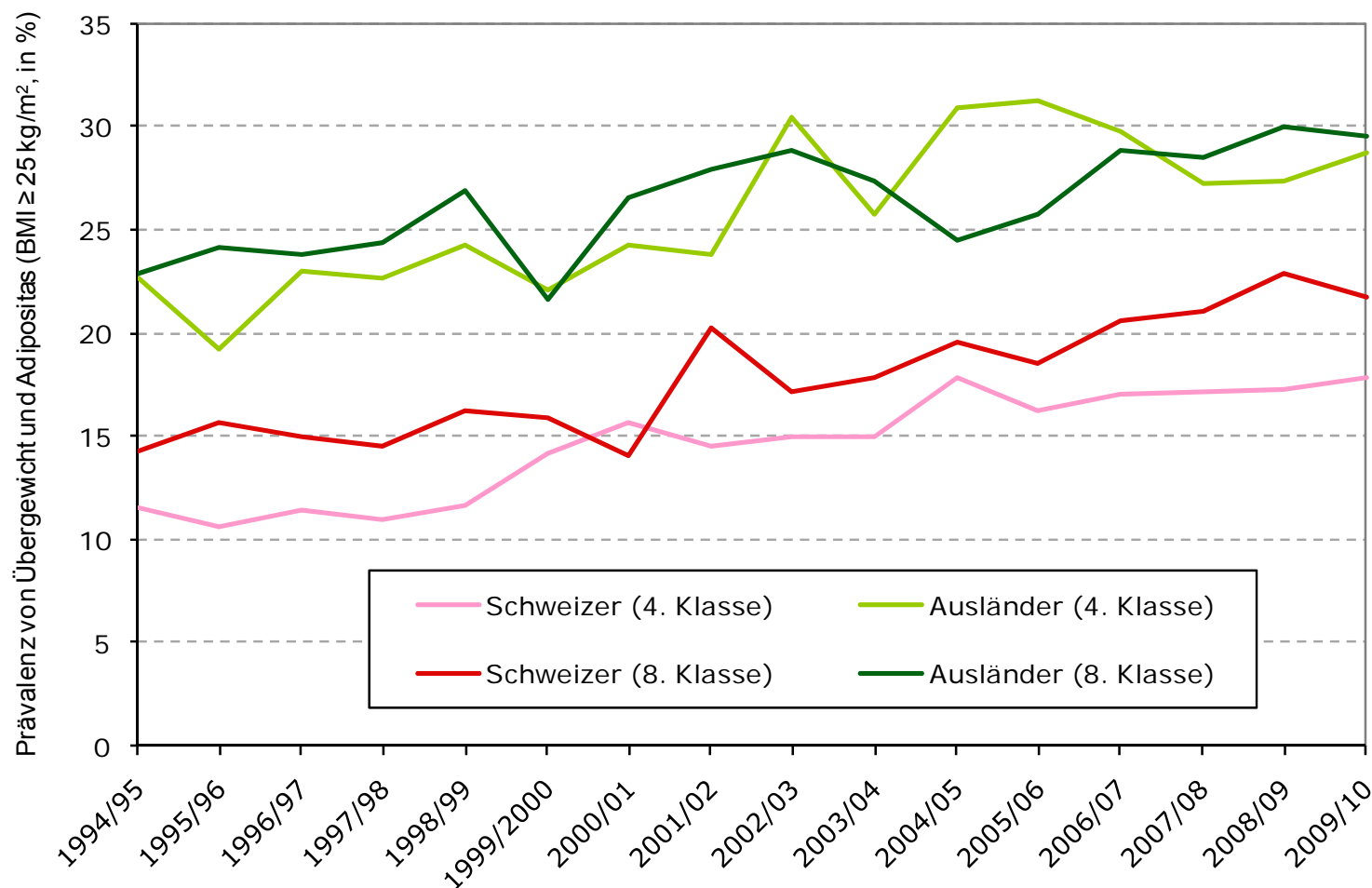
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Prevalence of overweight + obesity, students, by nationality, city of Zurich



Boys and girls, measured height and weight

Stronski-Huwiler, et. al. Übergewichtsbericht, Kanton Zürich, 2011

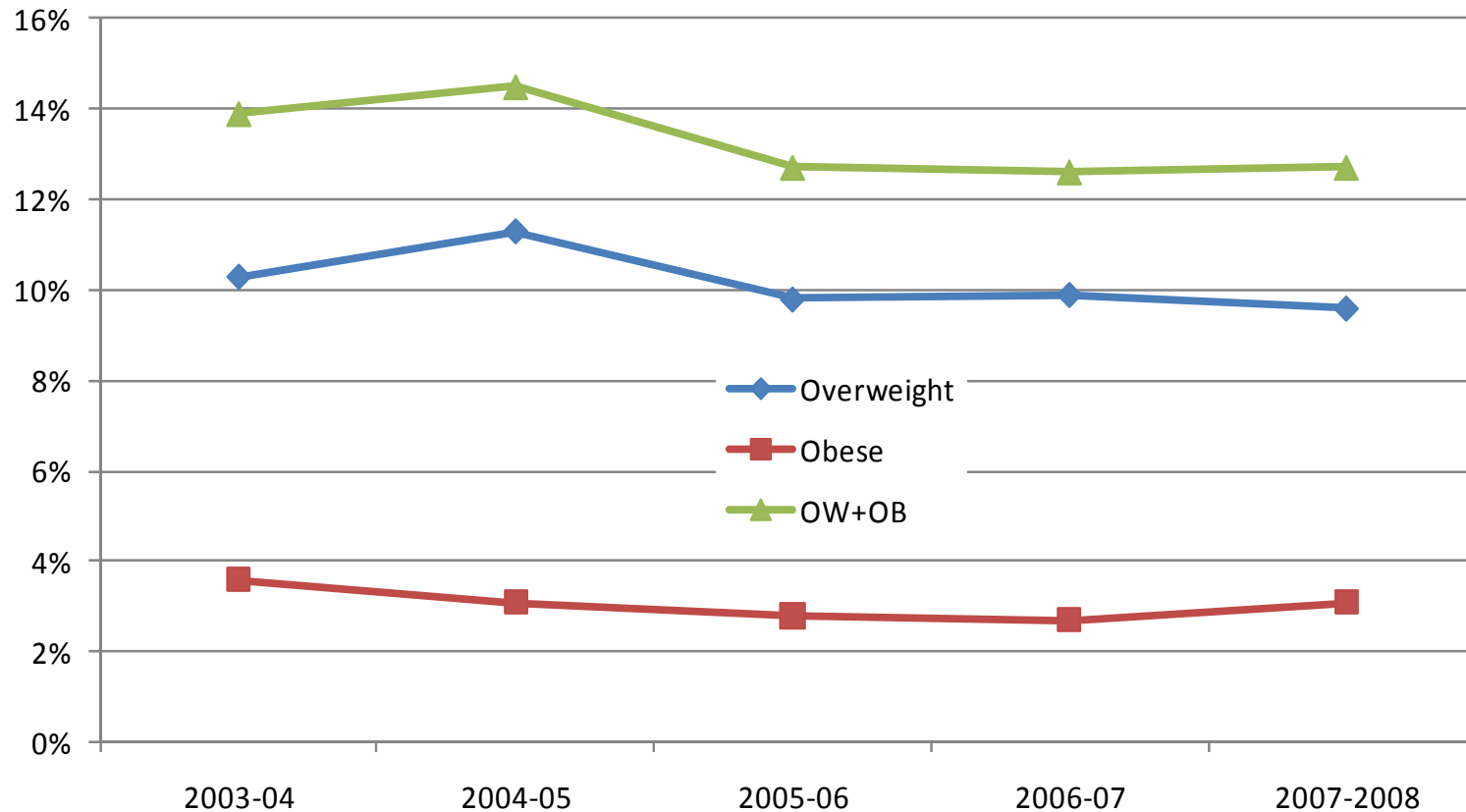
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Prevalence of overweight + obesity, children, canton of Geneva



Boys and girls aged 5-6, measured height and weight, 2003-08

Jeannot et al, SMW. 2010 Jul 22;140:w13040

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risk factors

- Smoking
- Obesity
- **Hypertension**
- Dyslipidemia
- Diabetes
- Combination of risk factors

World Health Organization WHO, <http://www.who.int>

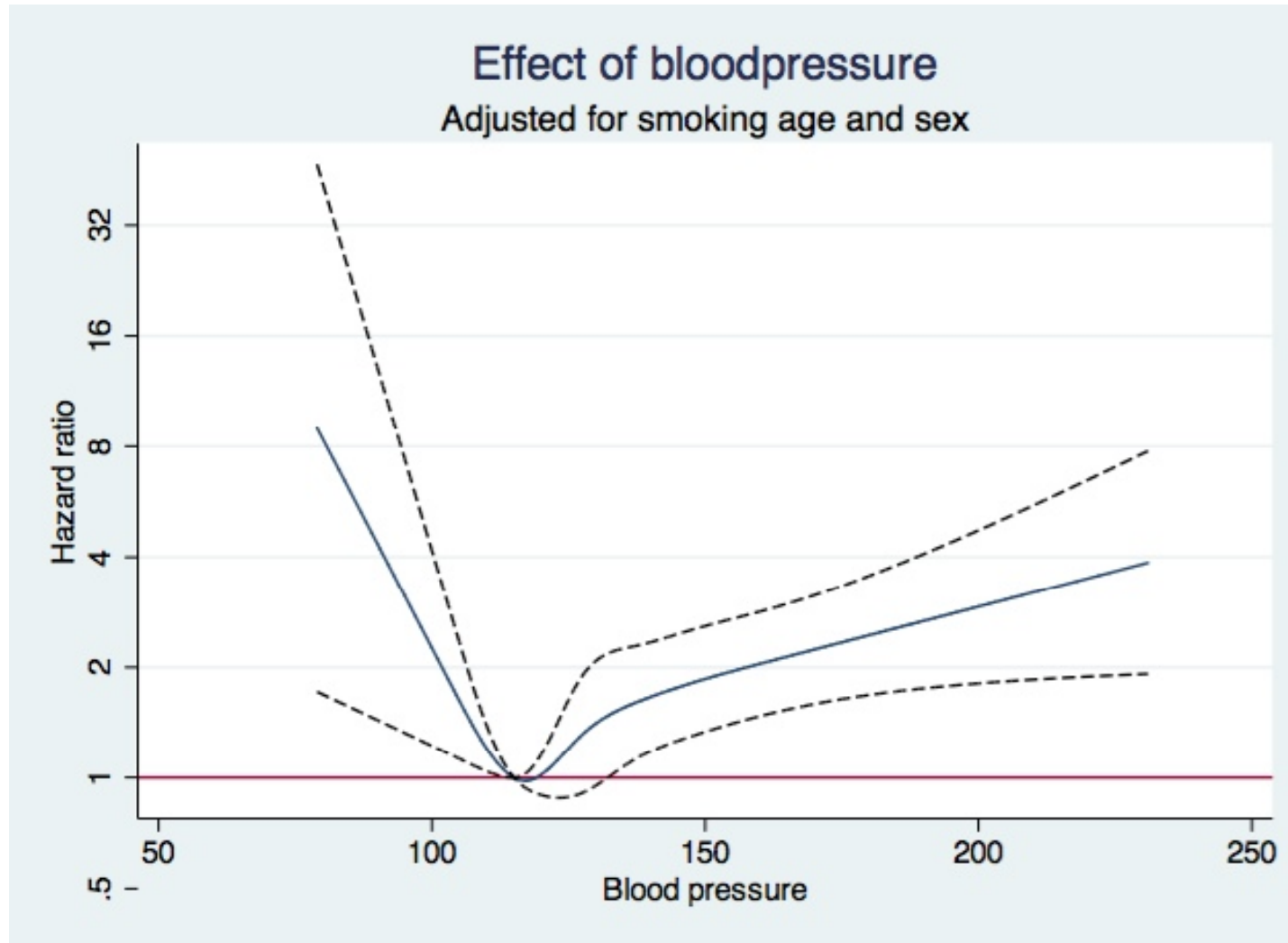
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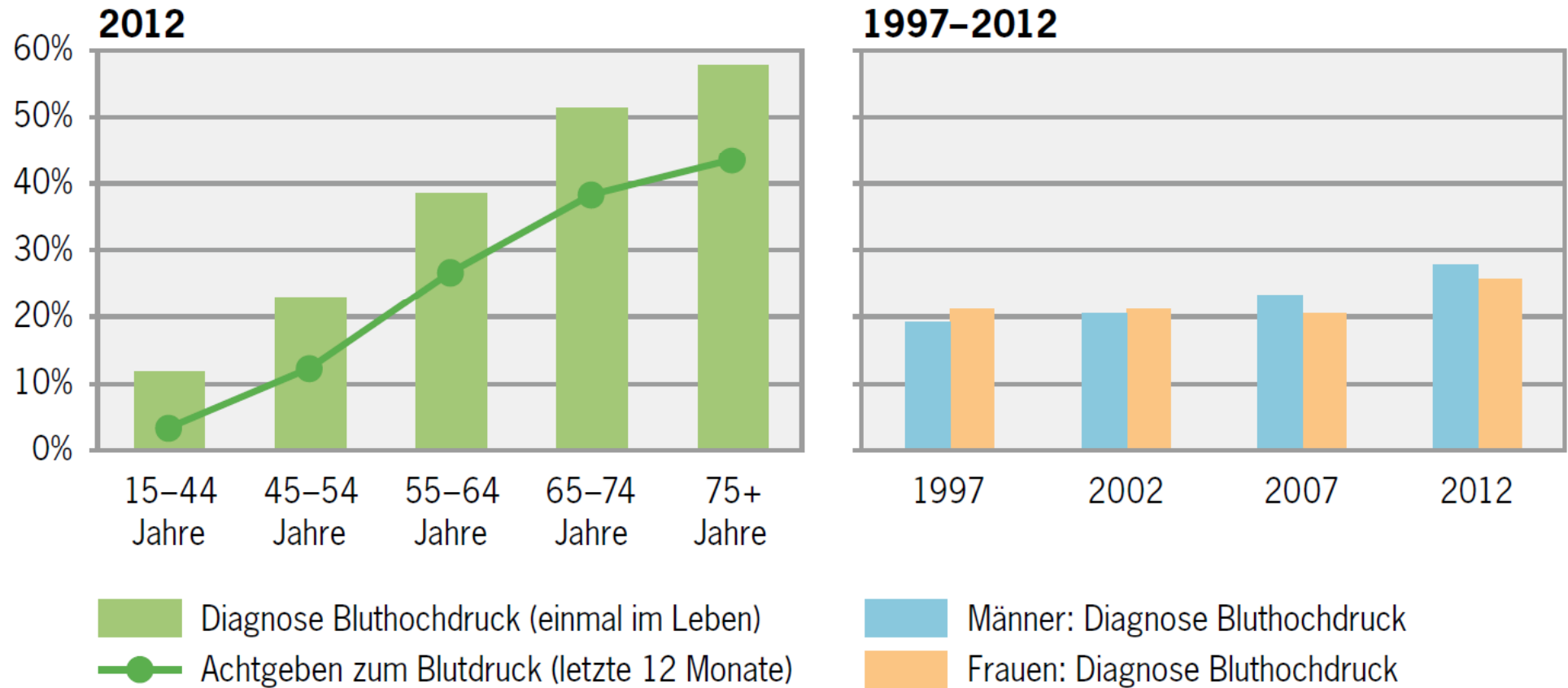
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Systolic BP and CVD mortality based on 10'000 participants of the Swiss MONICA

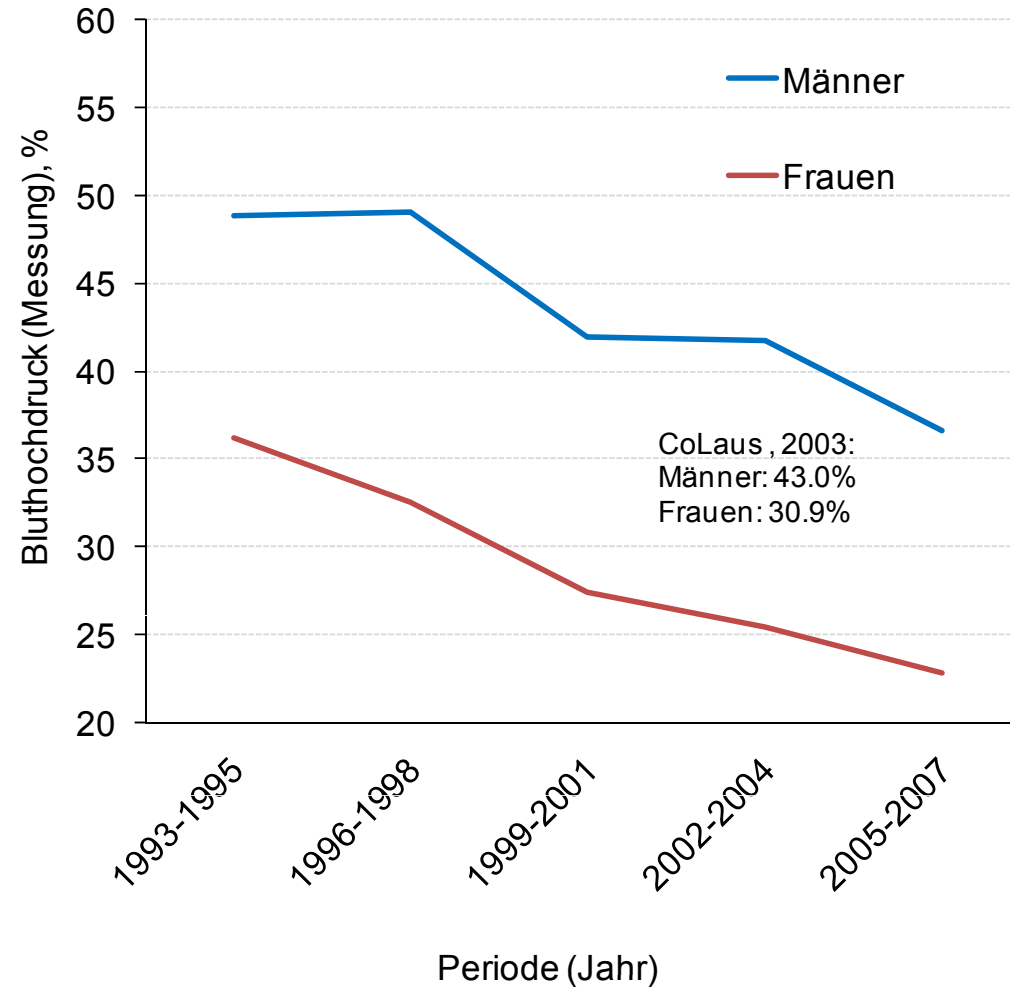




Quelle: SGB

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Prevalence of hypertension (measurement), trend, canton of Geneva



BusSanté, Gaspoz et al, BAG, 2009, 35-74J

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World Health Organization WHO, <http://www.who.int>

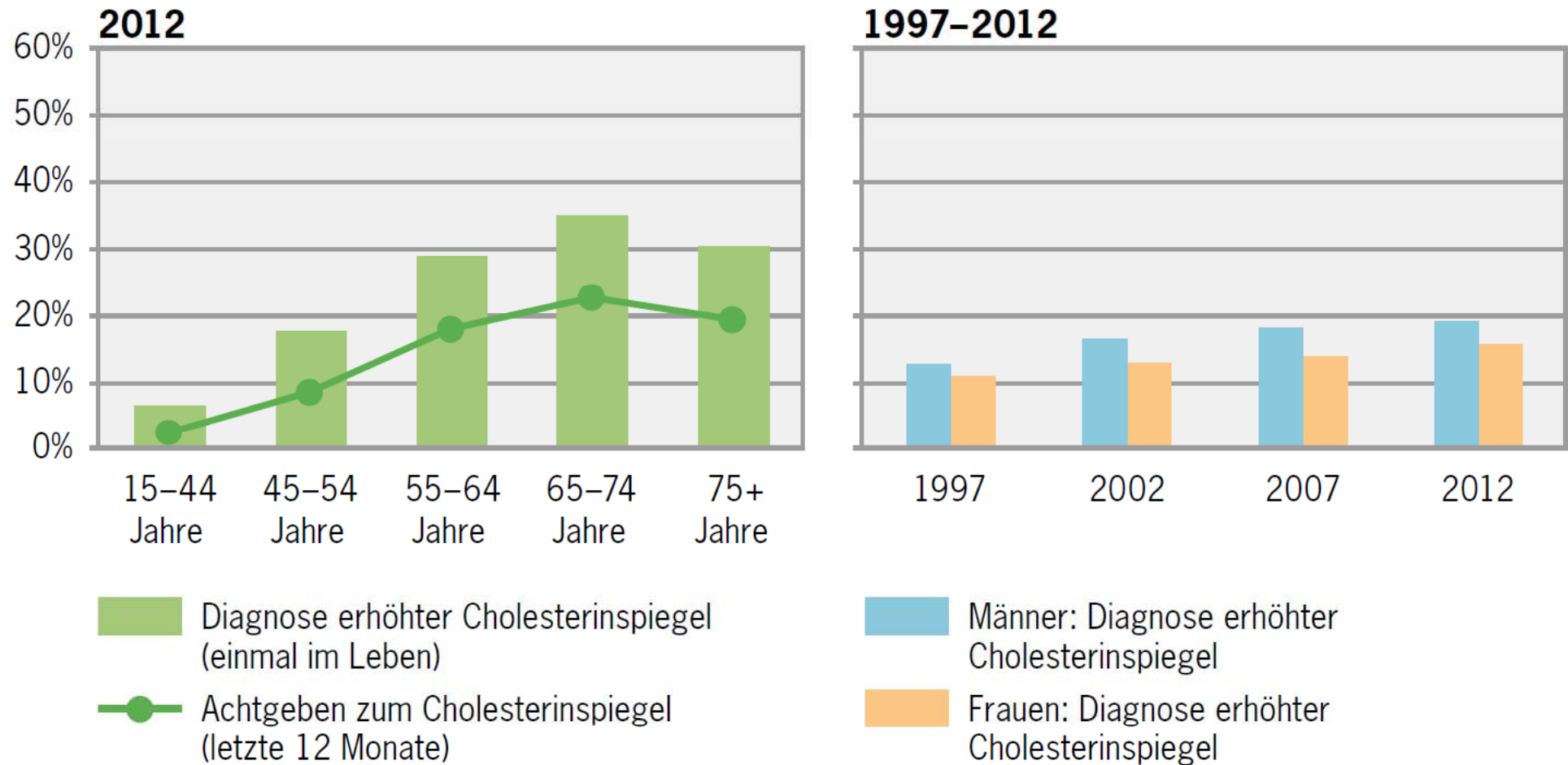
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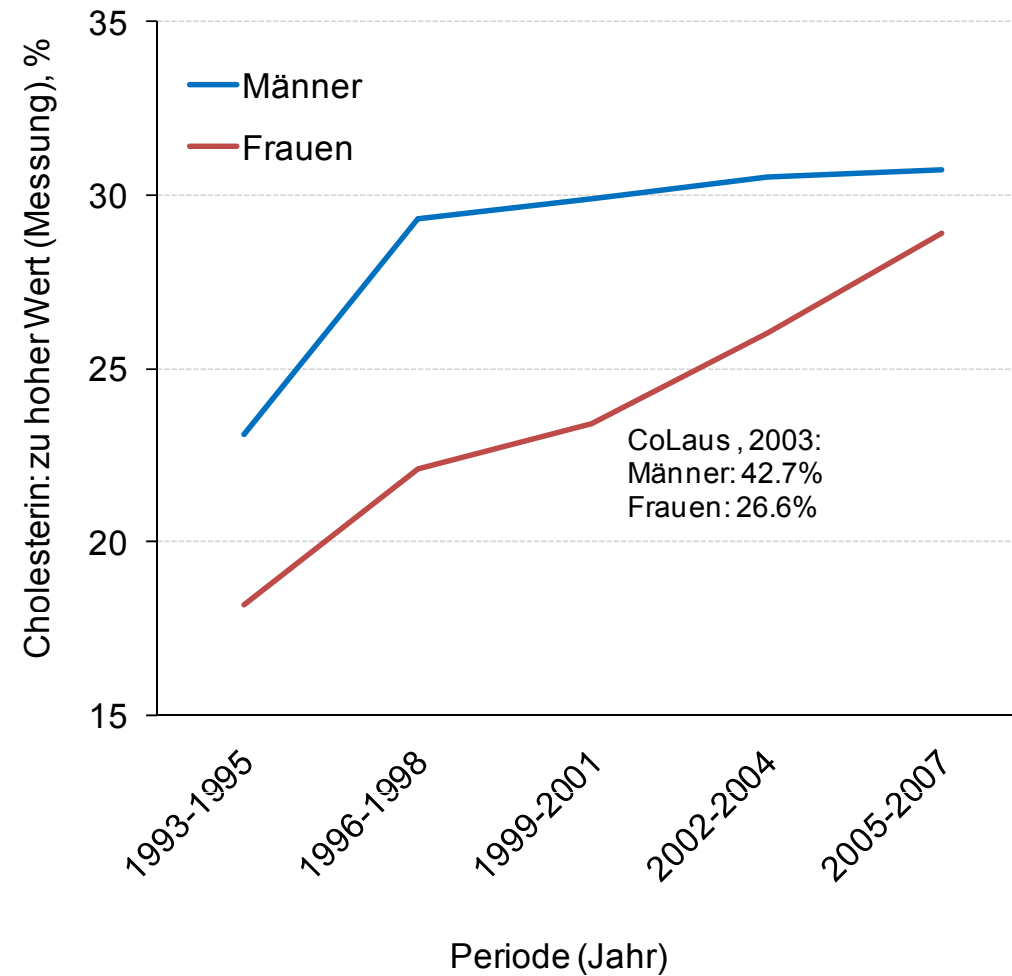
Erhöhter Cholesterinspiegel



Quelle: SGB

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Prevalence of hypercholesterolemia (measurement), trend, canton of Geneva



BusSanté, Gaspoz et al, BAG, 2009, 35-74 J

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World Health Organization WHO, <http://www.who.int>

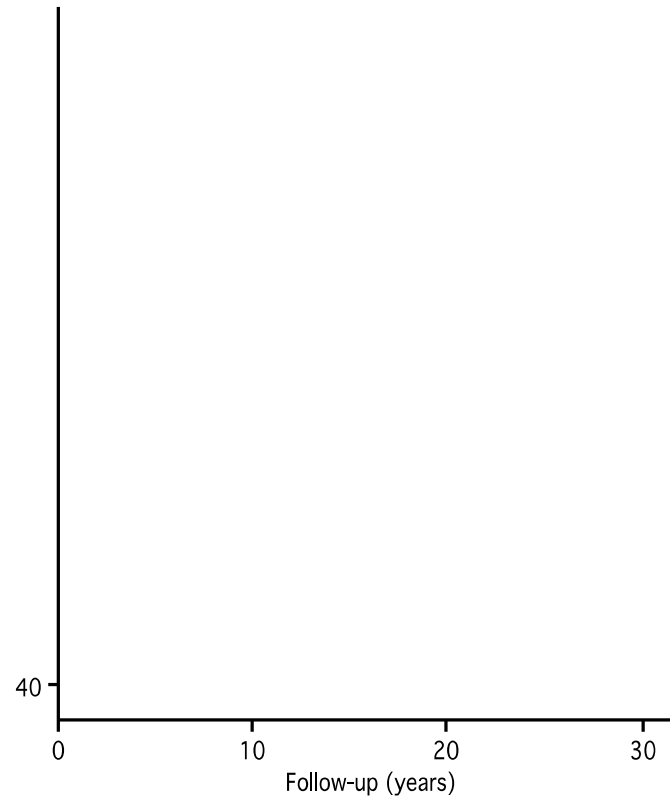
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Glycemia and survival, Switzerland



Von Gunten et al, Prev Med. 2013 Aug 28. doi:pii:
S0091-7435(13)00308-3

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Prevalence (%) of diabetes, canton of Geneva; city of Lausanne

Study	Year	n	All	Women	Men
	2004-				
Bus Santé	2009	8'014	5.2	2.9	7.5
CoLaus	2003	6'188	6.6	4.0	9.5

age: 35-75 years

BusSanté, Gaspoz et al, BAG, 2009; CoLaus, Firmann M, et. al. BMC Cardiovasc Disord 2008;8:6.

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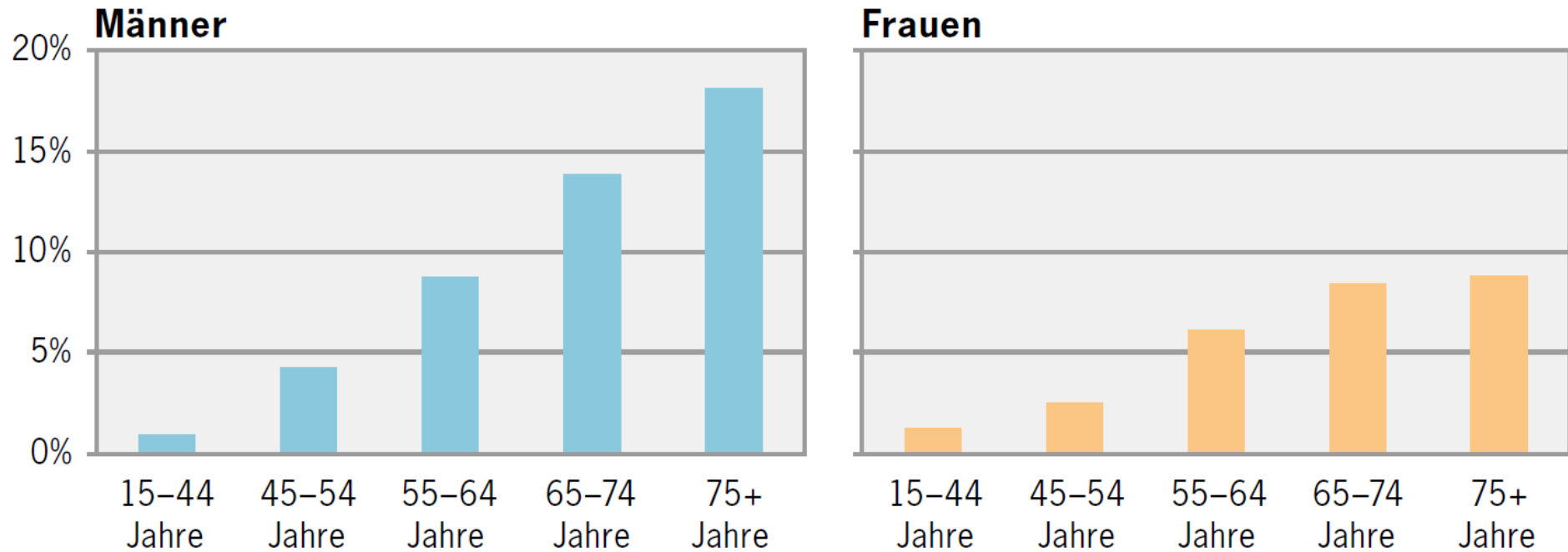
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Diabetes, 2012

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Quelle: SGB

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BFS, Swiss Health Survey 2012

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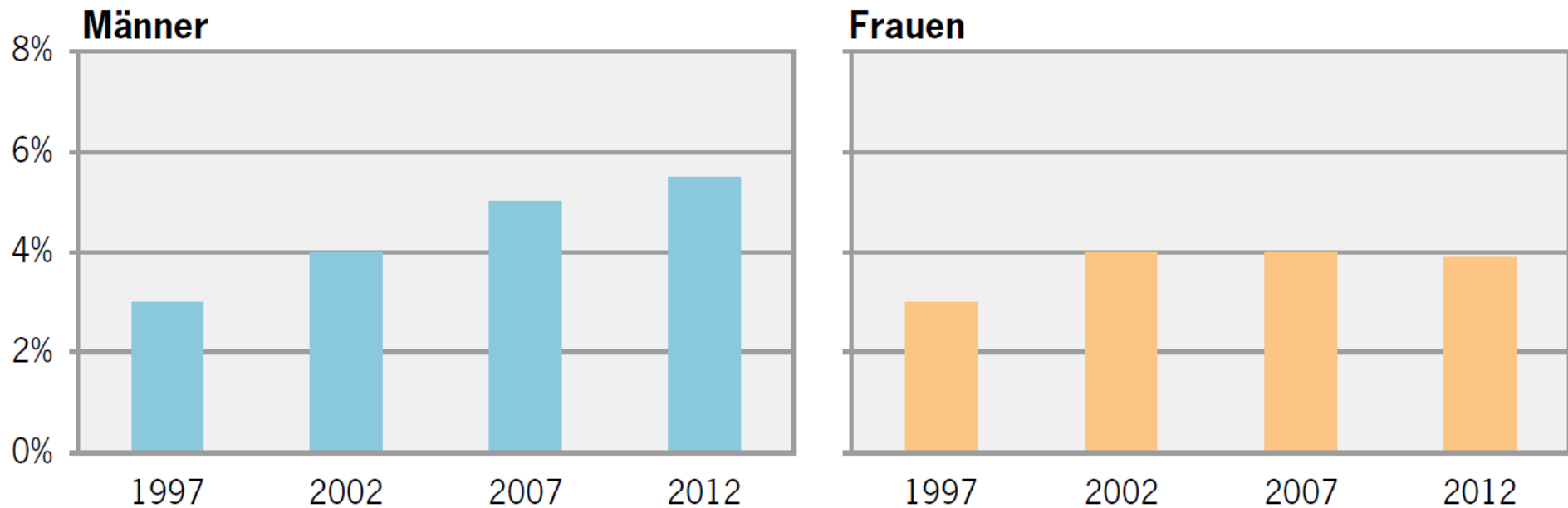
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Diabetes, 1997–2012

G 9



Quelle: SGB

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- Unknown diabetes: about 25-35%

BFS; Bopp, et al, Diabetes Care. 2011 Nov;34(11):2387-9;
Vollenweider et al. Rev. Med. Suisse; 2: 2528-33

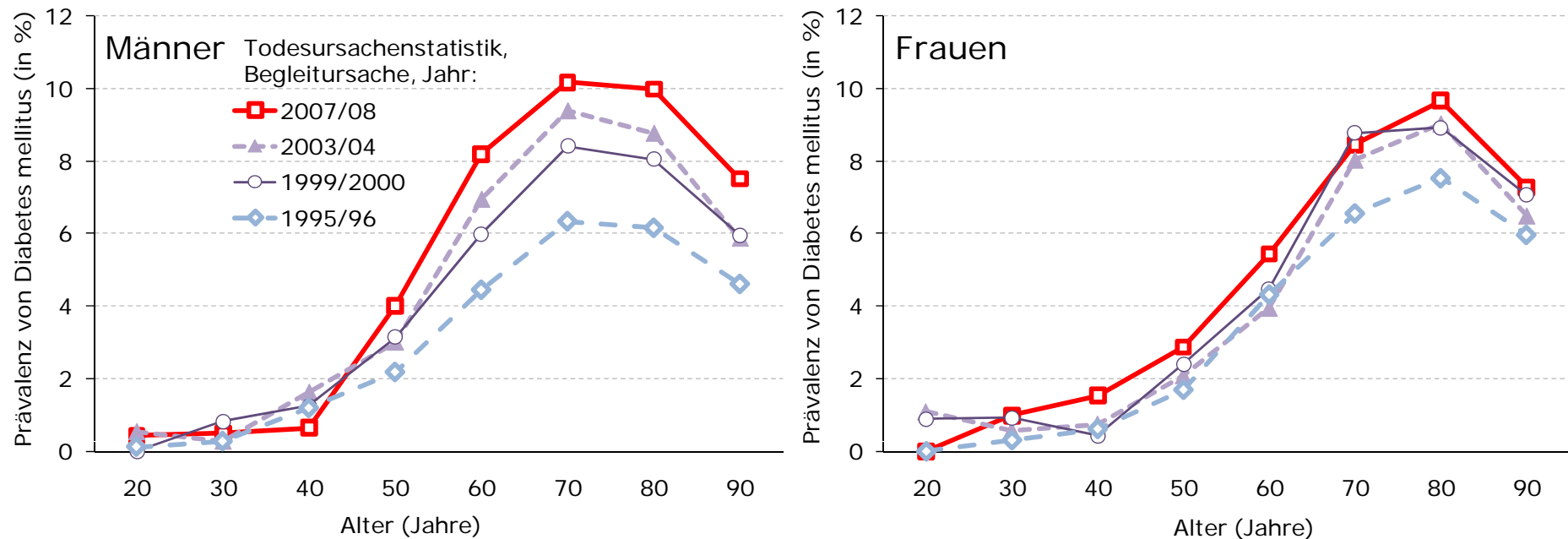
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Diabetes, prevalence, by age & sex Switzerland



Bopp, et al, Diabetes Care. 2011 Nov;34(11):2387-9

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Diabetes: prevalence & population at risk, Switzerland

- Prevalence of „prediabetes“ (IFG, IGT)
 - Probably 5-7%
- Persons at increased risk of diabetes
 - 13-25% in men
 - 6-16% in women

IFG: Impaired Fasting Glucose, 6.2-6.9 mmol/l

IGT: Impaired Glucose Tolerance, 2h Glucose 7.8 -11.0 mmol/l

Vollenweider et al. Rev. Med. Suisse; 2: 2528-33, Diabetes Care, 34, 18630 (2011)

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- Hypertension
- Dyslipidemia
- Diabetes
- **Combination of risk factors**

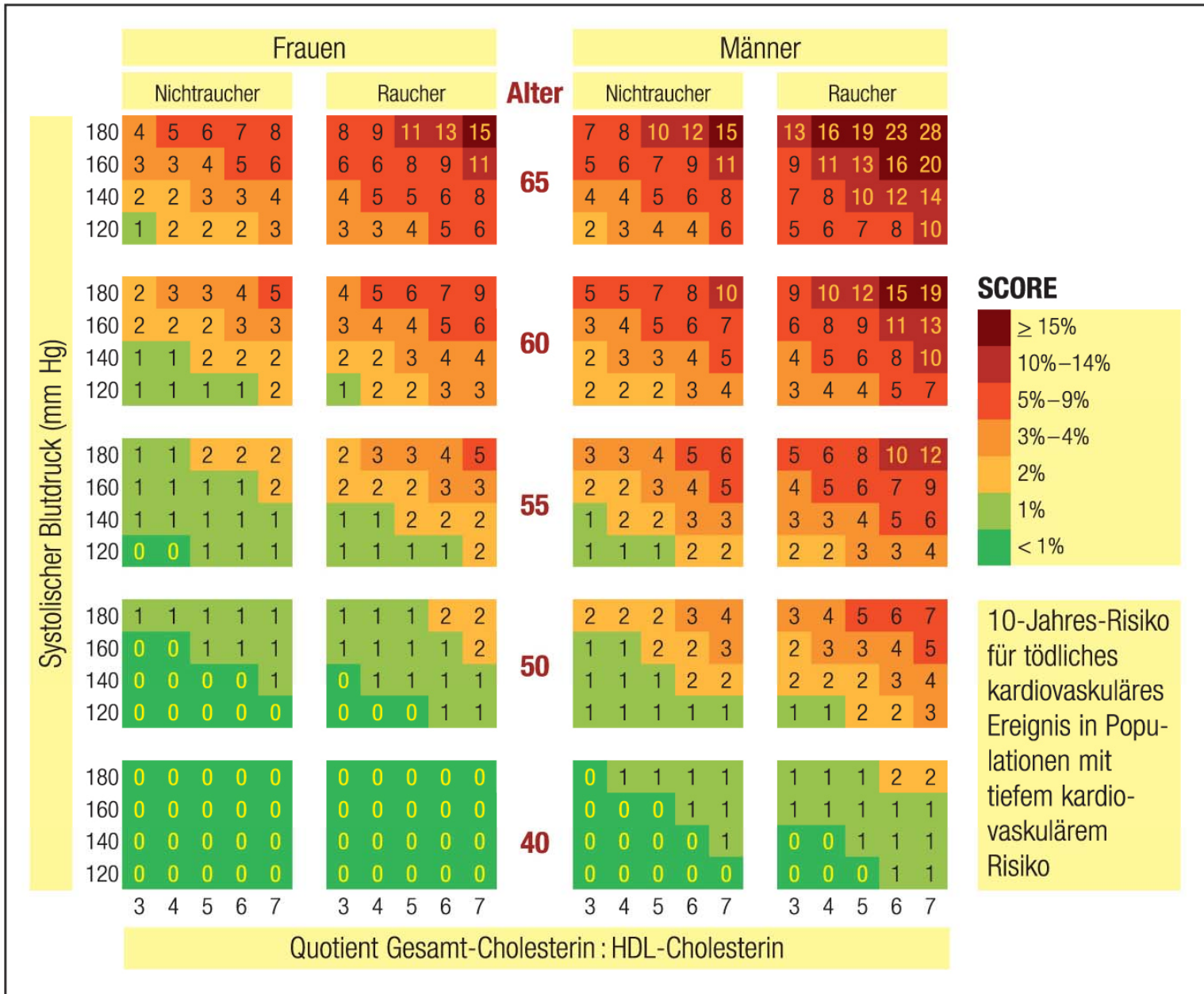
World Health Organization WHO, <http://www.who.int>

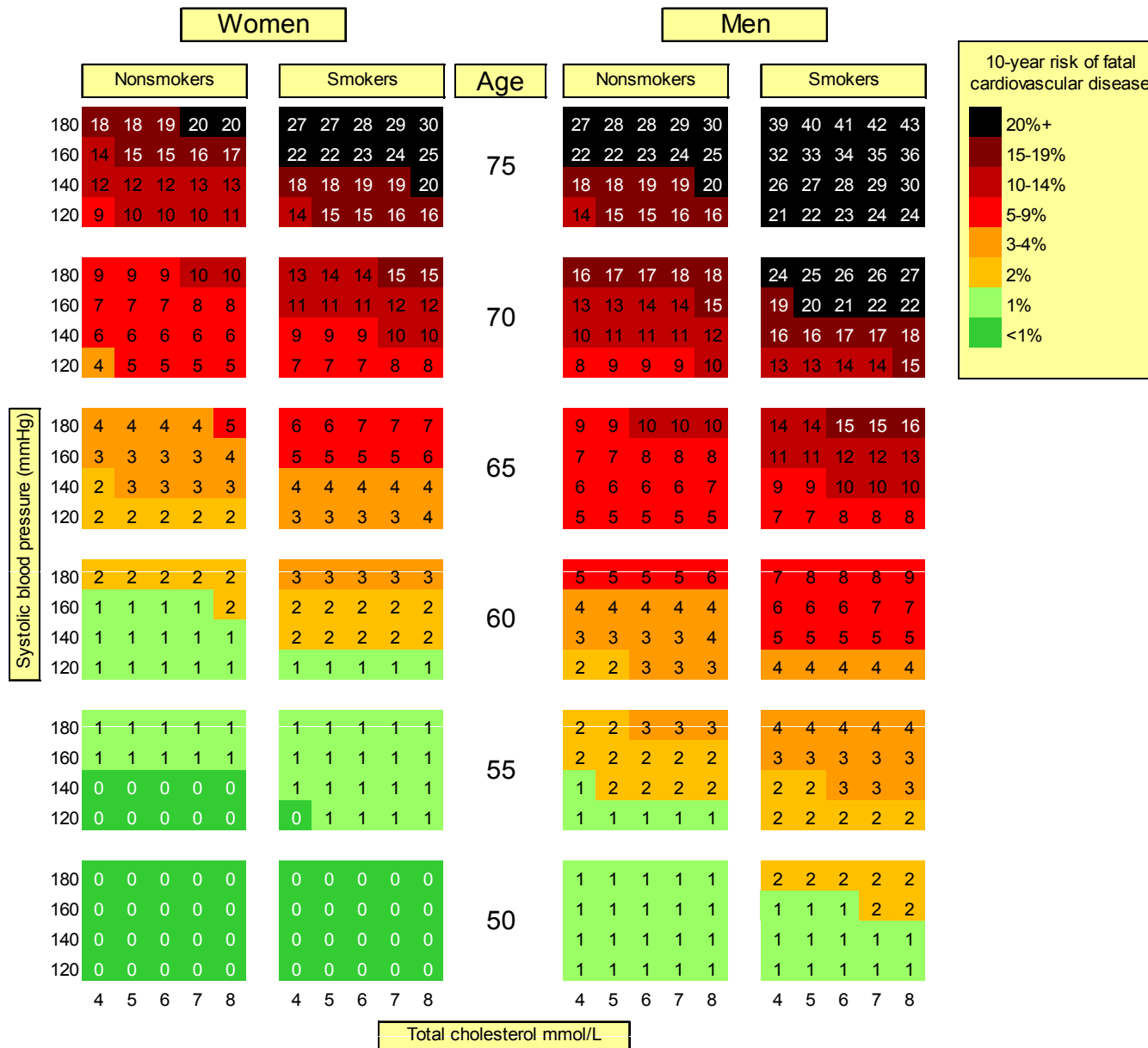
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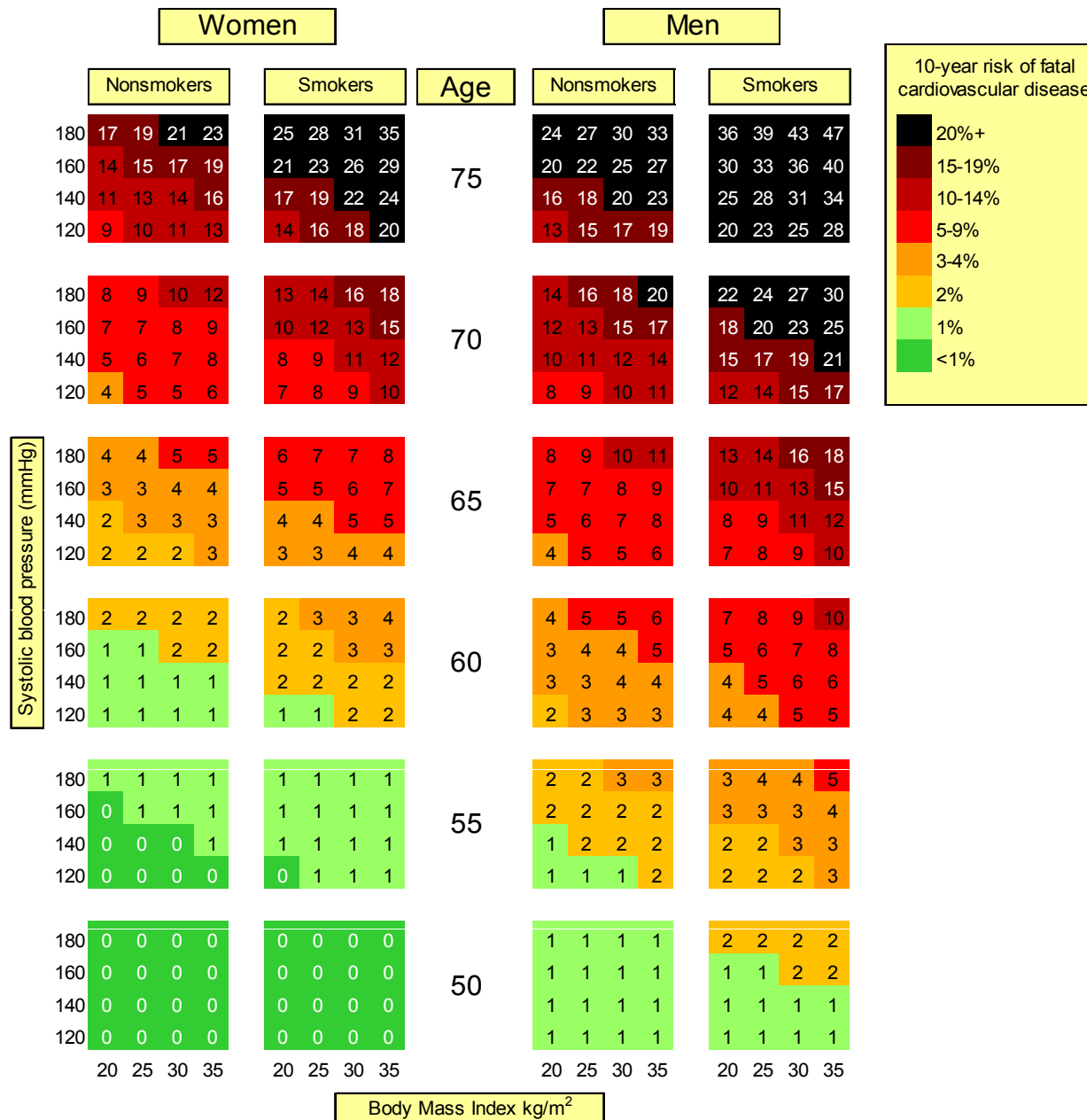
Faeh et al, PLoS One. 2013;8(2):e56149

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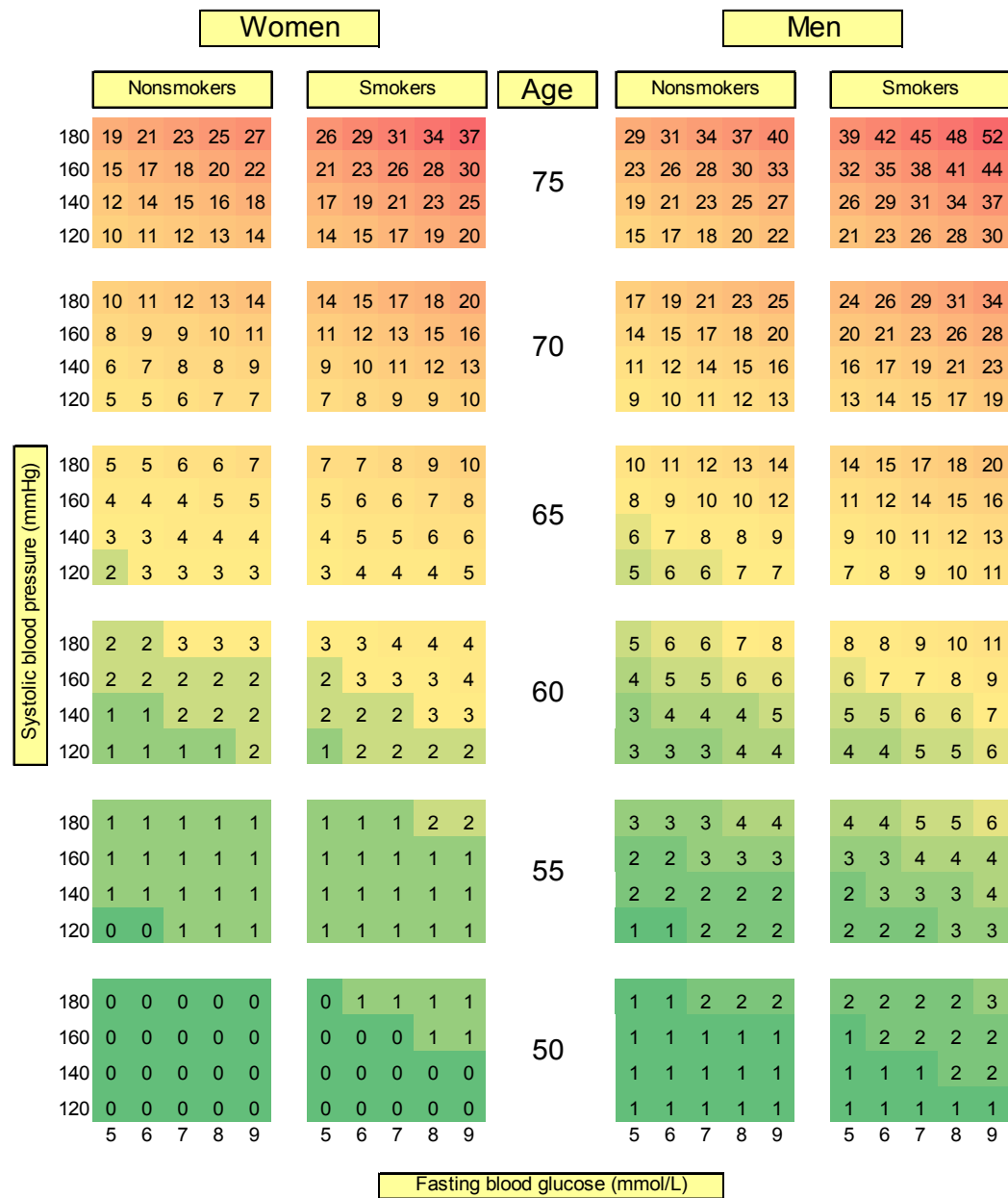
Faeh et al, Arch Intern Med. 2012 Dec 10;172(22):1766-8

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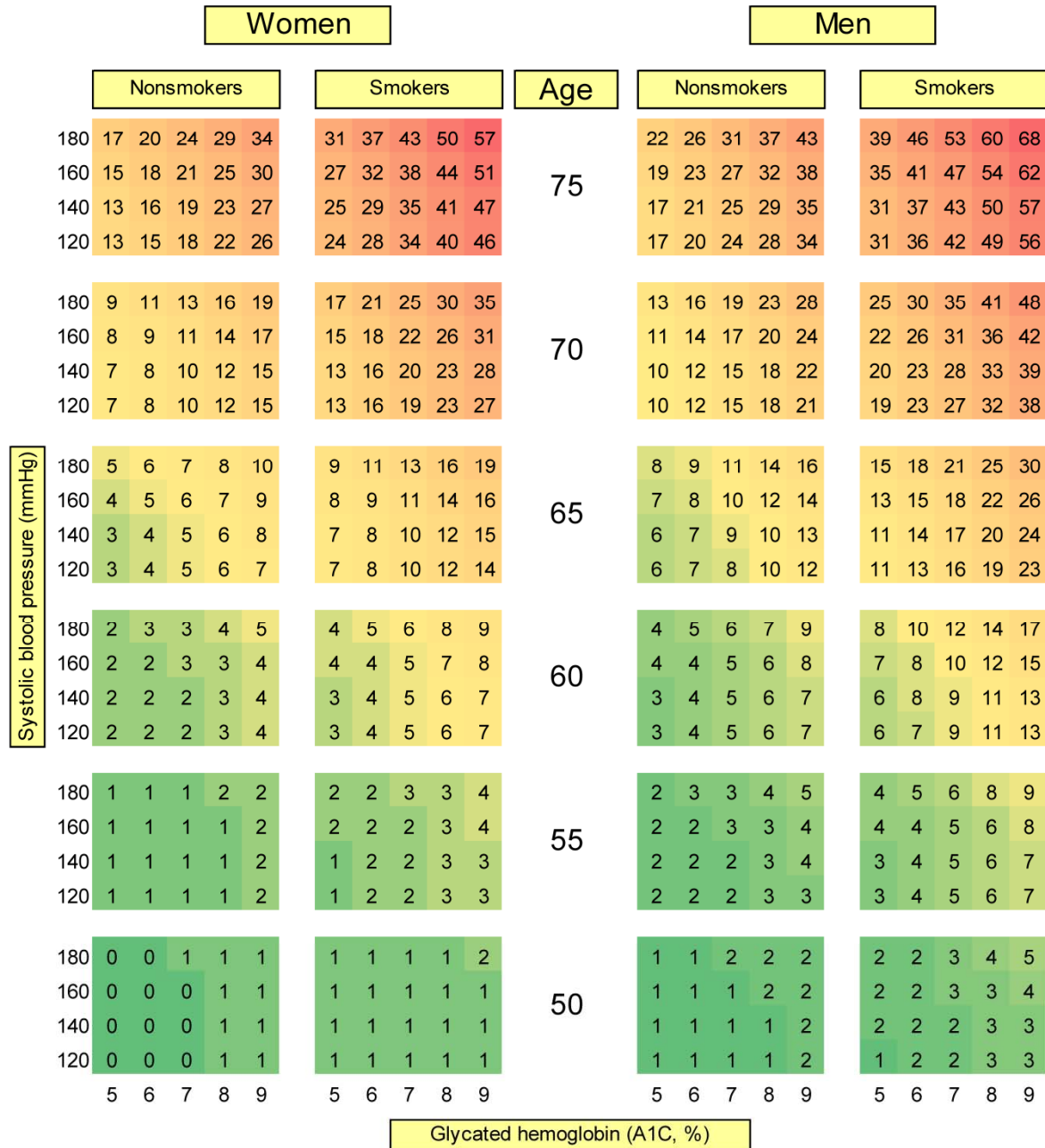
Faeh et al, Cardiovasc Diabetol. 2013 Jan 25;12:24

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Faeh et al, Eur J Epidemiol. 2013 Jul;28(7):551-5

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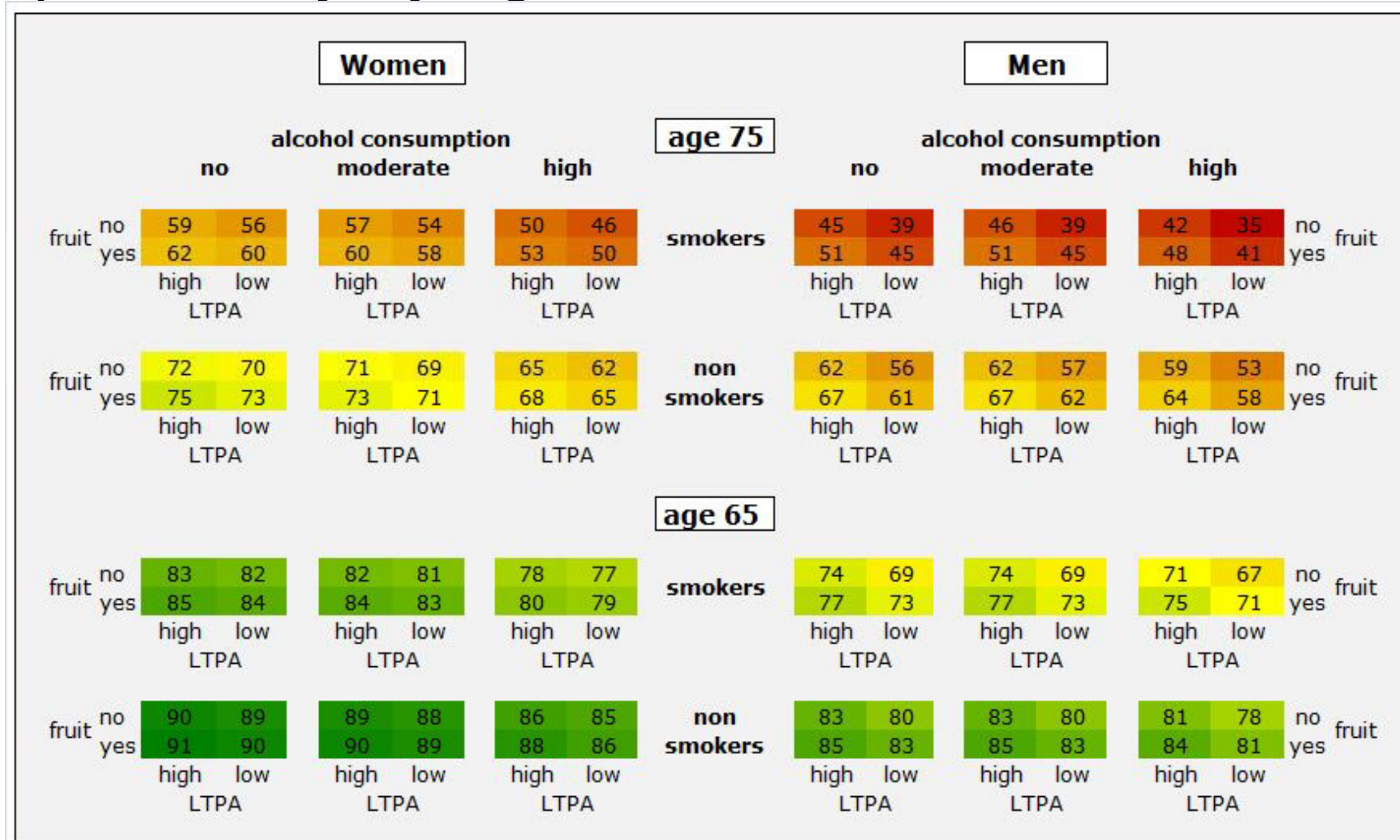
	Chart Models (5 variables)				Separate Model (6 variables)
	Total Cholesterol	Total-to-HDL-cholesterol	Glucose	A1C	A1C + total cholesterol
Current smoking (yes/no)	1.994 (1.760; 2.260)	1.990 (1.756; 2.255)	2.046 (1.806; 2.318)	2.011 (1.775; 2.279)	2.010 (1.774; 2.278)
Total Cholesterol (mmol/L)	1.058 (1.013; 1.104)				1.045 (1.001; 1.090)
Total-to-HDL-cholesterol (ratio)		1.073 (1.045; 1.102)			
Glucose (mmol/L)			1.087 (1.070; 1.105)		
Glycated hemoglobin (A1C, %)				1.226 (1.186; 1.267)	1.223 (1.184; 1.264)
Model comparison					
Scaled mean Brier Score	9.75%	9.97%	11.16%	11.62%	11.65%
Nagelkerke's R ²	0.0484	0.0547	0.0734	0.0865	0.0879
AIC	2075	2057	2003	1965	1963
BIC	2152	2133	2079	2041	2047
Integrated discrimination improvement (IDI)	0 (reference)	0.0010 (0.16)	0.0067 (<0.001)	0.0091 (<0.001)	0.0089 (<0.001)

		A1C < 5.7%					A1C ≥ 5.7%															
		Nonsmokers		Smokers			RPR	Nonsmokers		Smokers												
Systolic blood pressure (mmHg)	180	10	10	9	8	8	4	4	3	2	2	85	8	8	7	6	6	2	2	1	1	0*
	160	11	10	10	9	8	5	4	4	3	2		9	8	8	7	6	3	2	2	1	1
	140	12	11	10	10	9	5	5	4	4	3		10	9	8	8	7	4	3	2	2	1
	120	12	12	11	10	10	6	5	5	4	4		10	10	9	8	8	4	4	3	2	2
	180	11	10	9	9	8	5	4	3	3	2	80	9	8	7	7	6	3	2	2	1	0
	160	11	11	10	9	9	5	5	4	3	3		9	9	8	7	7	3	3	2	2	1
	140	12	11	11	10	9	6	5	5	4	3		10	9	9	8	7	4	3	3	2	2
	120	13	12	11	11	10	7	6	5	5	4		11	10	9	9	8	5	4	3	3	2
	180	11	10	10	9	9	5	4	4	3	3	75	9	9	8	7	7	3	3	2	1	1
	160	12	11	11	10	9	6	5	5	4	3		10	9	9	8	7	4	3	3	2	2
	140	13	12	11	11	10	6	6	5	5	4		10	10	9	9	8	4	4	3	3	2
	120	13	13	12	11	11	7	6	6	5	5		11	11	10	9	9	5	5	4	3	3
	180	12	11	10	10	9	6	5	4	4	3	70	10	9	8	8	7	4	3	3	2	1
	160	12	12	11	10	10	6	6	5	4	4		10	10	9	8	8	4	4	3	3	2
	140	13	12	12	11	10	7	6	6	5	4		11	10	10	9	8	5	4	4	3	3
	120	14	13	12	12	11	7	7	6	6	5		12	11	10	10	9	6	5	4	4	3
	180	12	11	11	10	10	6	5	5	4	4	65	10	9	9	8	8	4	4	3	2	2
	160	13	12	12	11	10	7	6	5	5	4		11	10	10	9	8	5	4	4	3	2
	140	14	13	12	12	11	7	7	6	5	5		11	11	10	10	9	5	5	4	4	3
	120	14	14	13	12	12	8	7	7	6	5		12	12	11	10	10	6	5	5	4	4
180	13	12	11	11	10	6	6	5	5	4	60	11	10	9	9	8	5	4	3	3	2	
160	13	13	12	11	11	7	7	6	5	5		11	11	10	9	9	5	5	4	3	3	
140	14	13	13	12	11	8	7	7	6	5		12	11	11	10	9	6	5	5	4	3	
120	15	14	13	13	12	8	8	7	7	6		13	12	11	11	10	7	6	5	5	4	

Total-to-HDL-cholesterol ratio



Impact of lifestyle factors on survival probability by age class & sex in Switzerland



LTPA: Leisure Time Physical Activity

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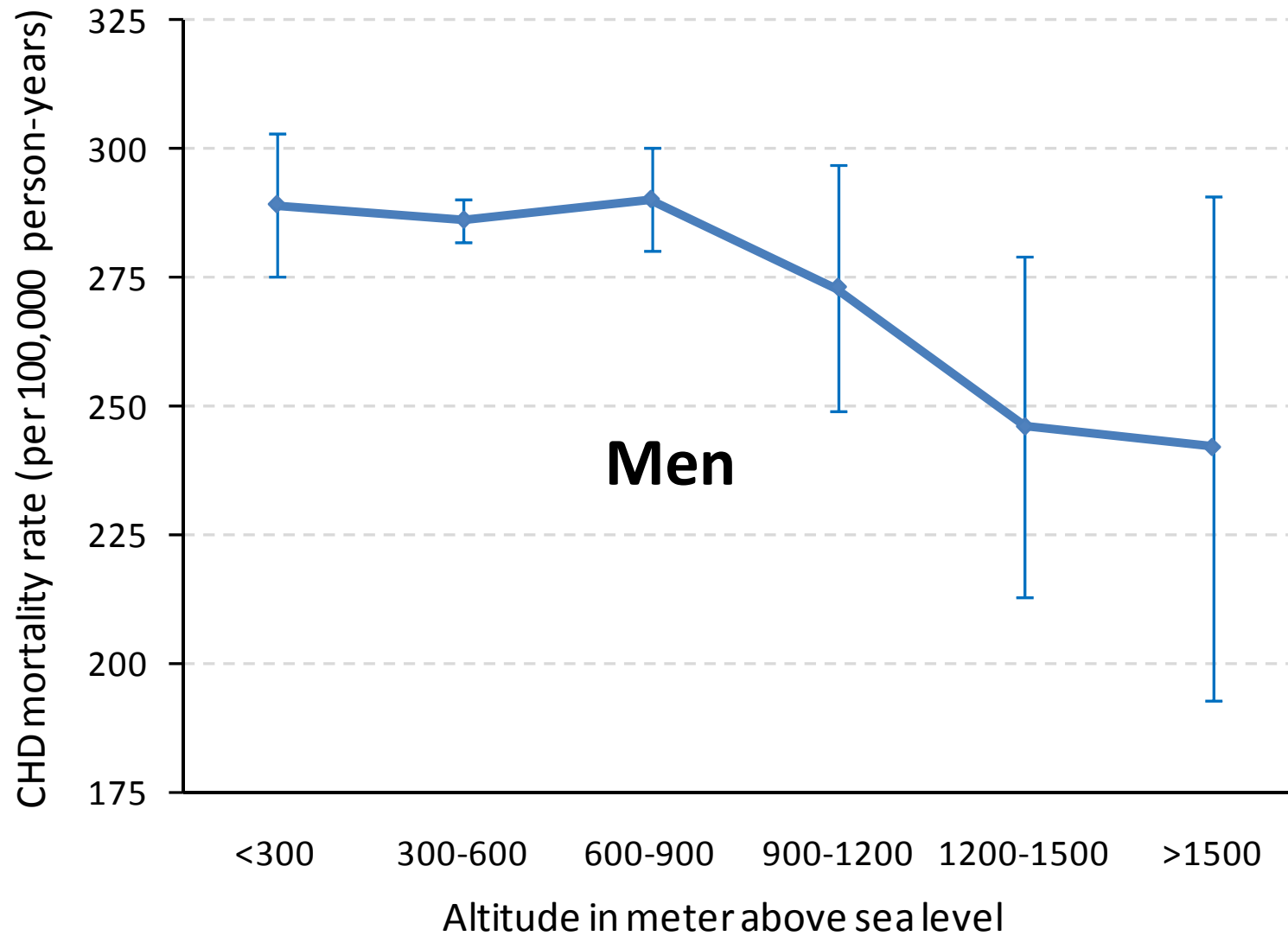
Environment and risk factors

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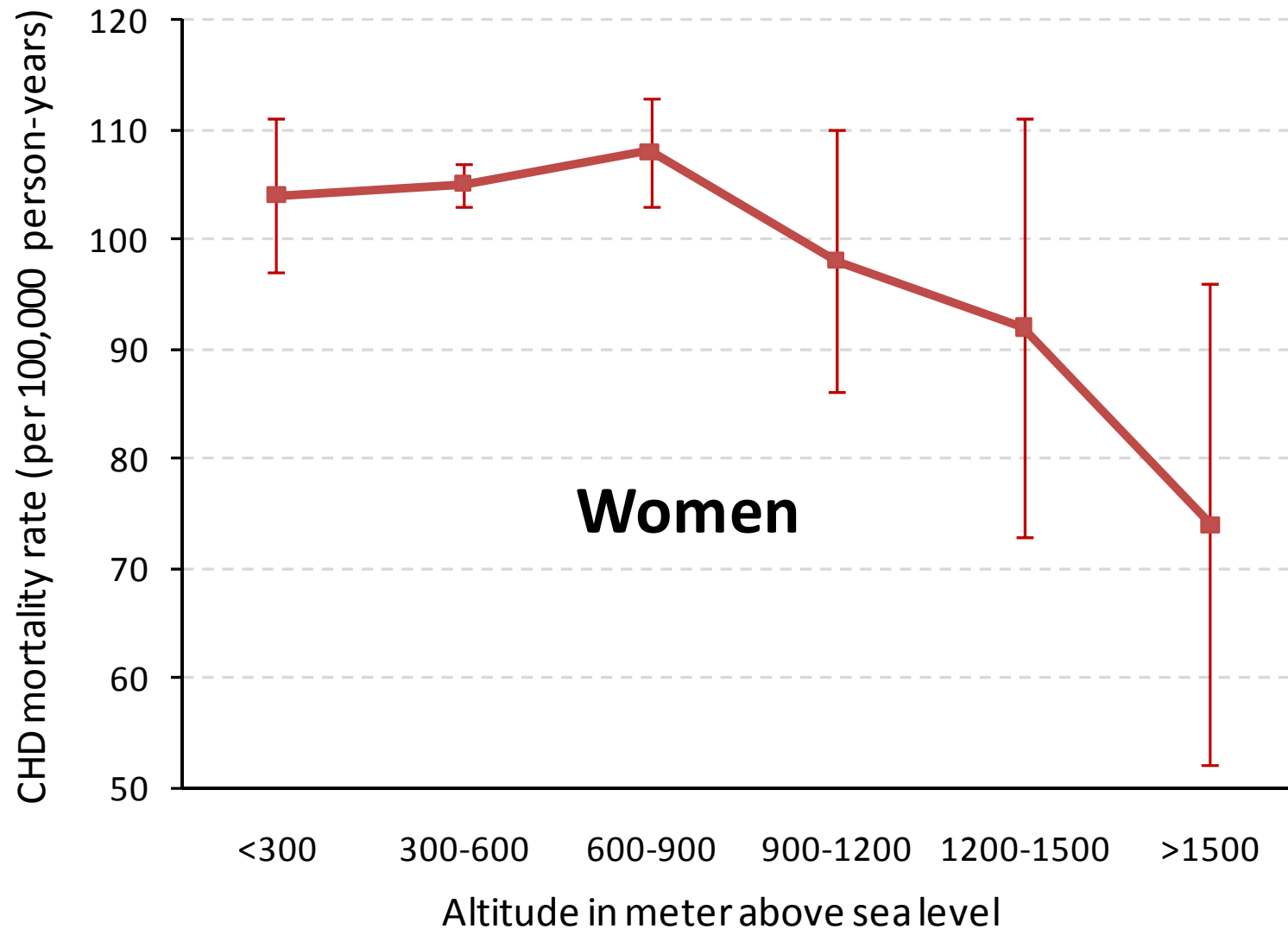
Circulation. 2009 Aug 11;120(6):495-501.

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Circulation. 2009 Aug 11;120(6):495-501.

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CHD and Stroke

- Per 1000m of increase in altitude (259-1960m, men and women 40-84y)
 - CHD mortality decreased by 22%
 - Stroke mortality decreased by 12%
 - Place of birth had an independent effect

Circulation. 2009 Aug 11;120(6):495-501.

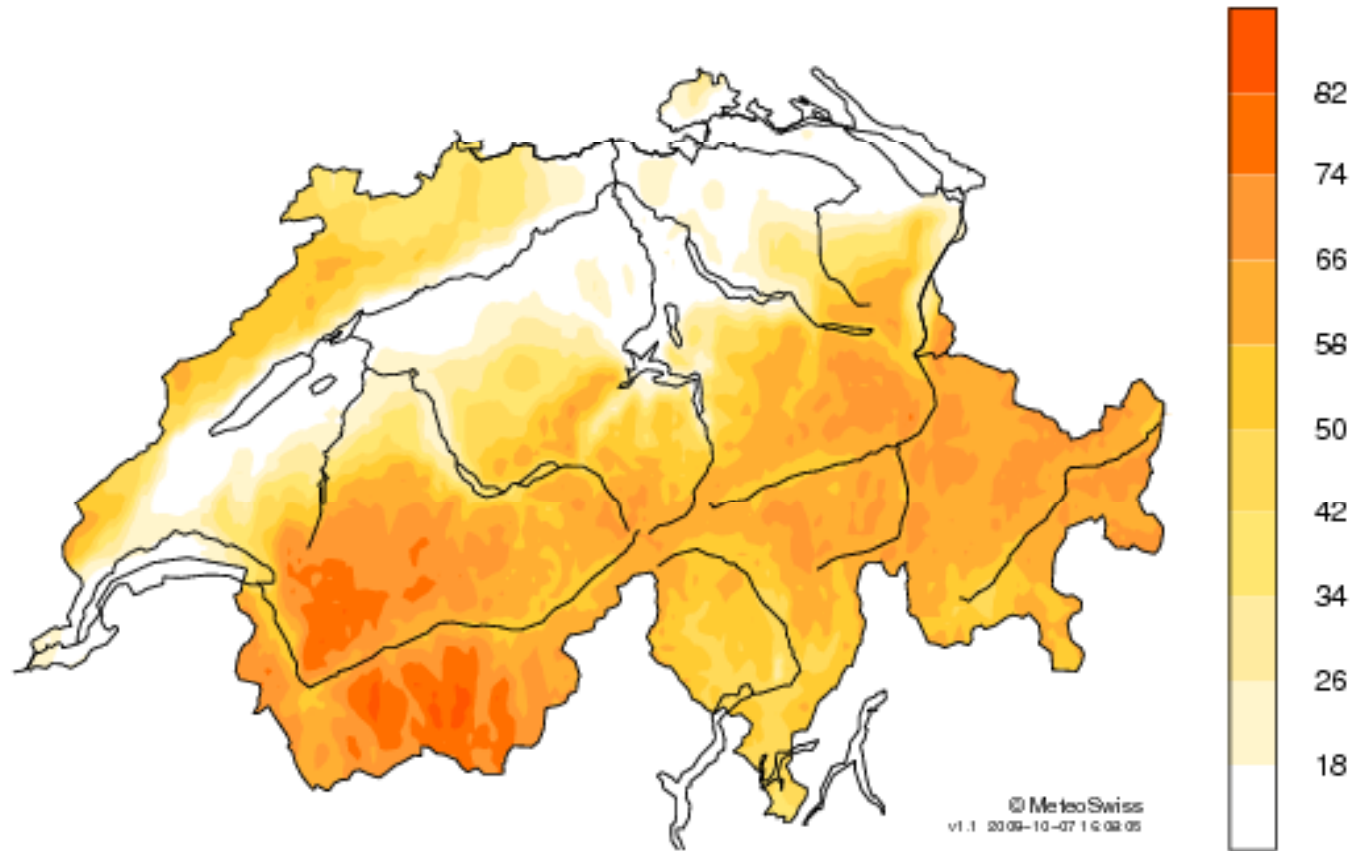
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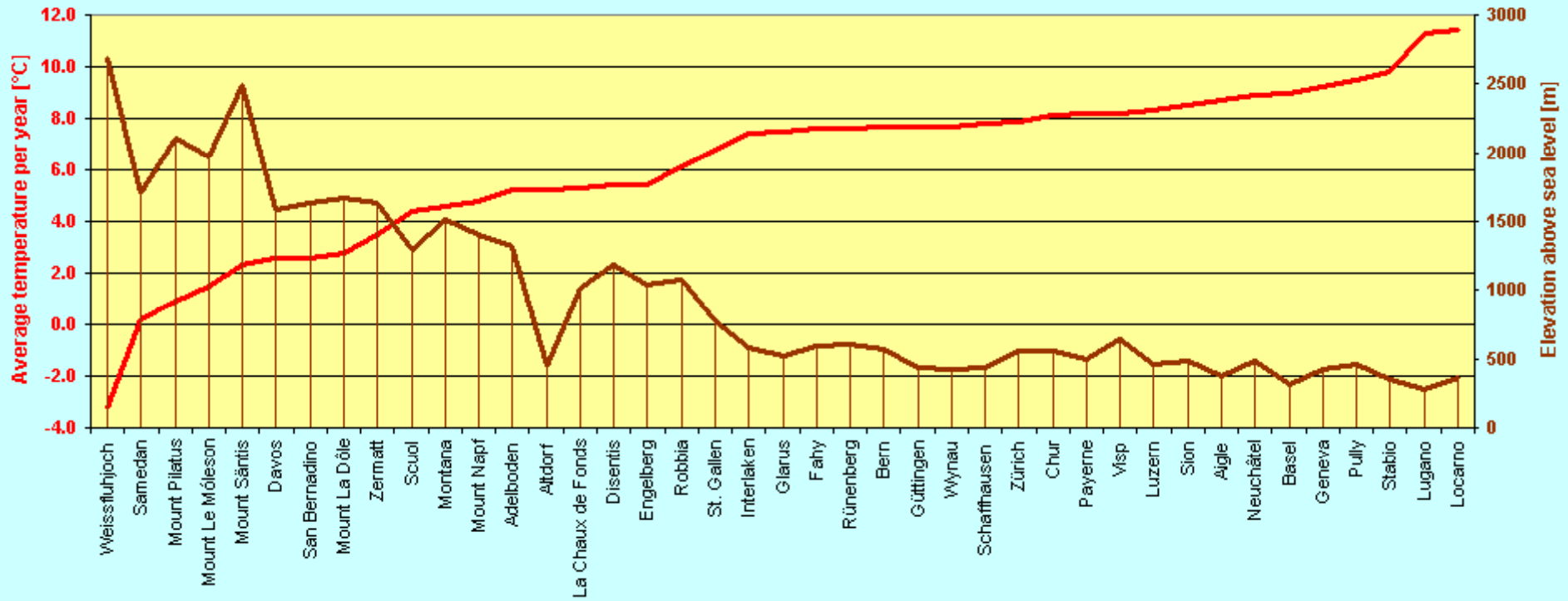


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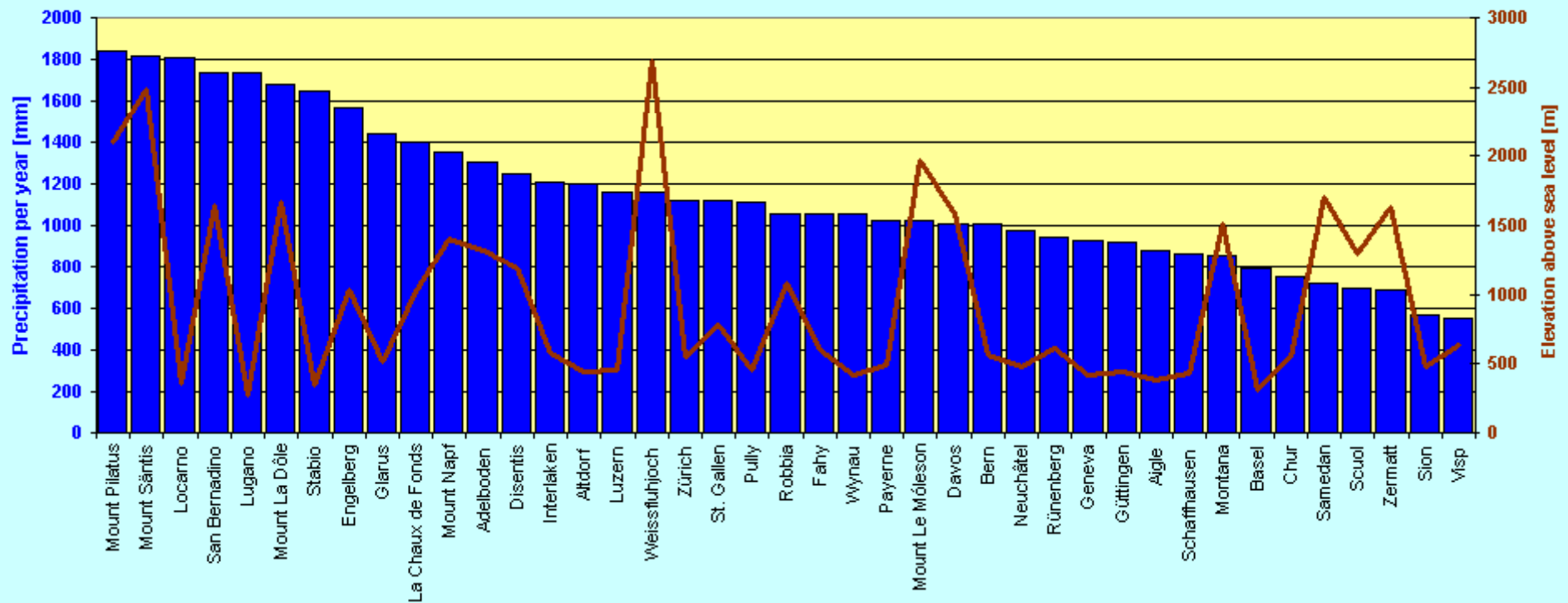
Monthly Relative Sunshine Duration (%) 2009-01



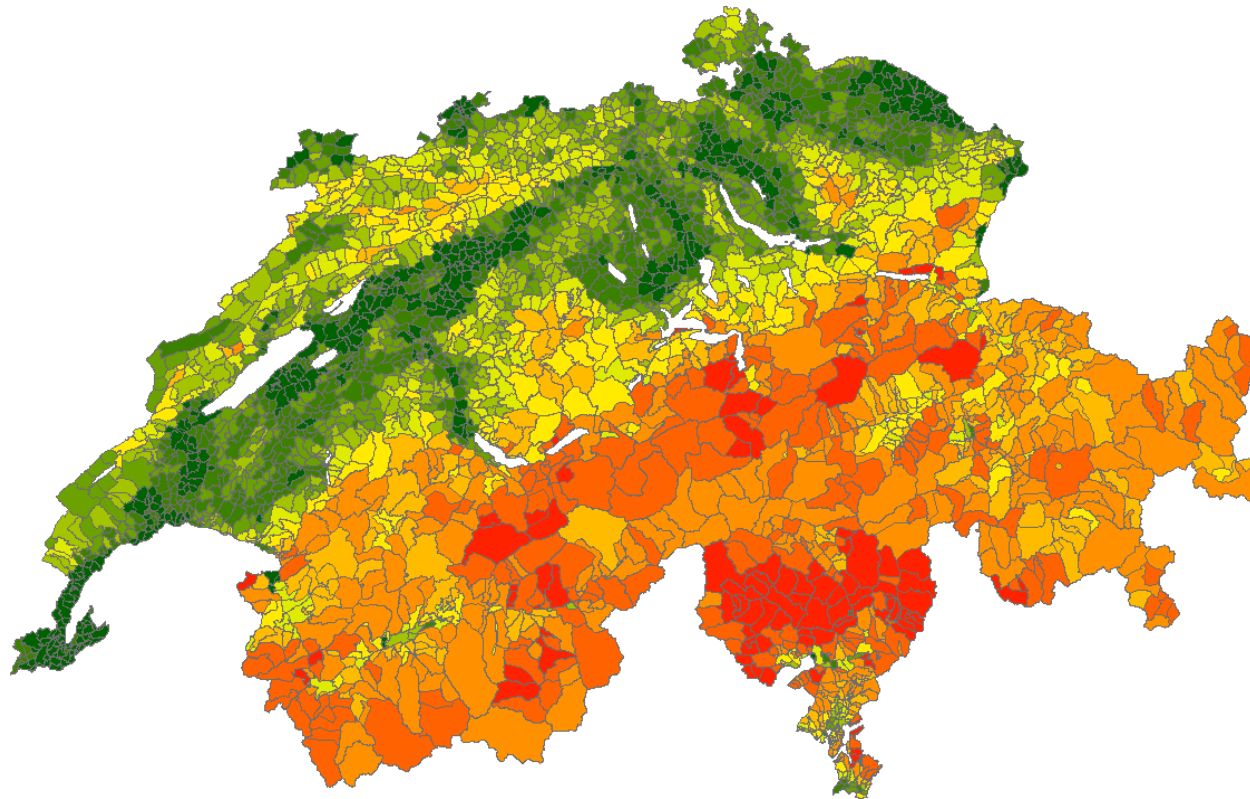
Temperature in Switzerland



Precipitation in Switzerland



Slope



Altitude and IHD...

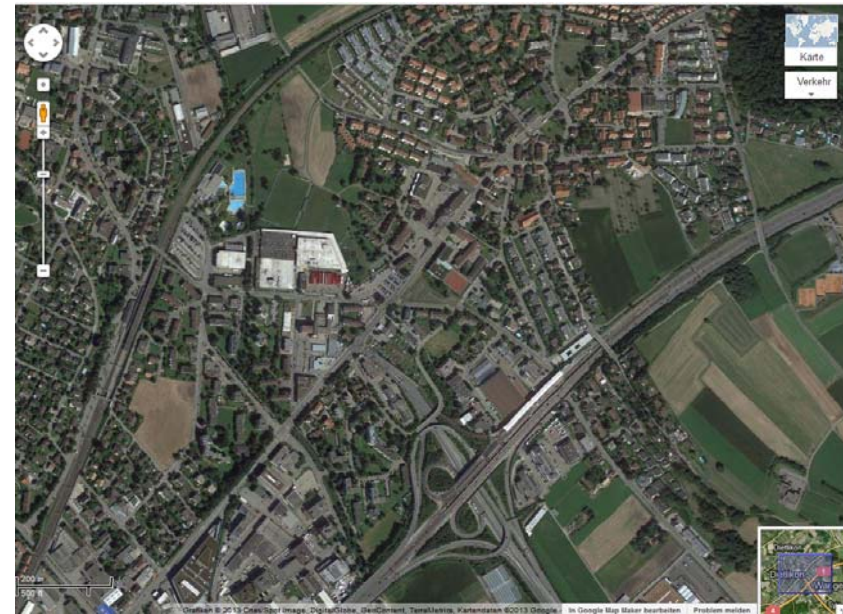
- ...remained significantly inversely associated after adjustment for
 1. language, nationality, education, household, marital status, urbanization
 2. Sunshine, rain, temperature
 3. Slope, aspect
 4. Distance to main roads

Can we identify characteristics of the natural and built neighborhood environments which determine active lifestyles, in particular levels of walking and cycling in Switzerland?

- Urban

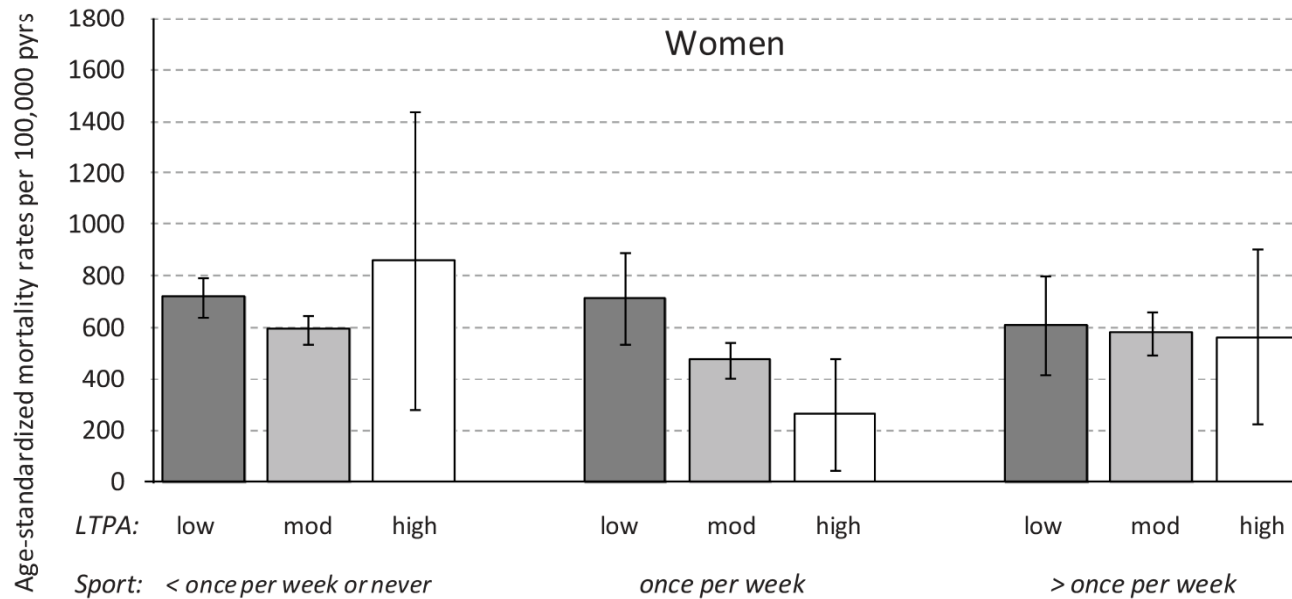
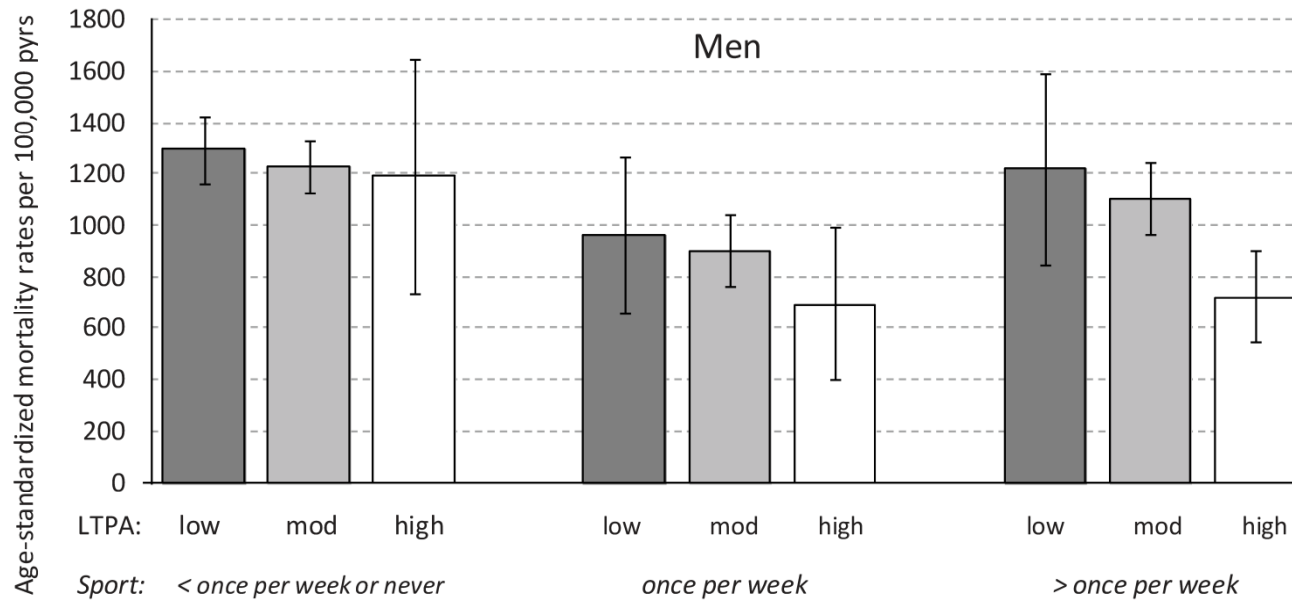


- Suburban



Lifestyle and risk factors





LTPA: Leisure Time Physical Activity

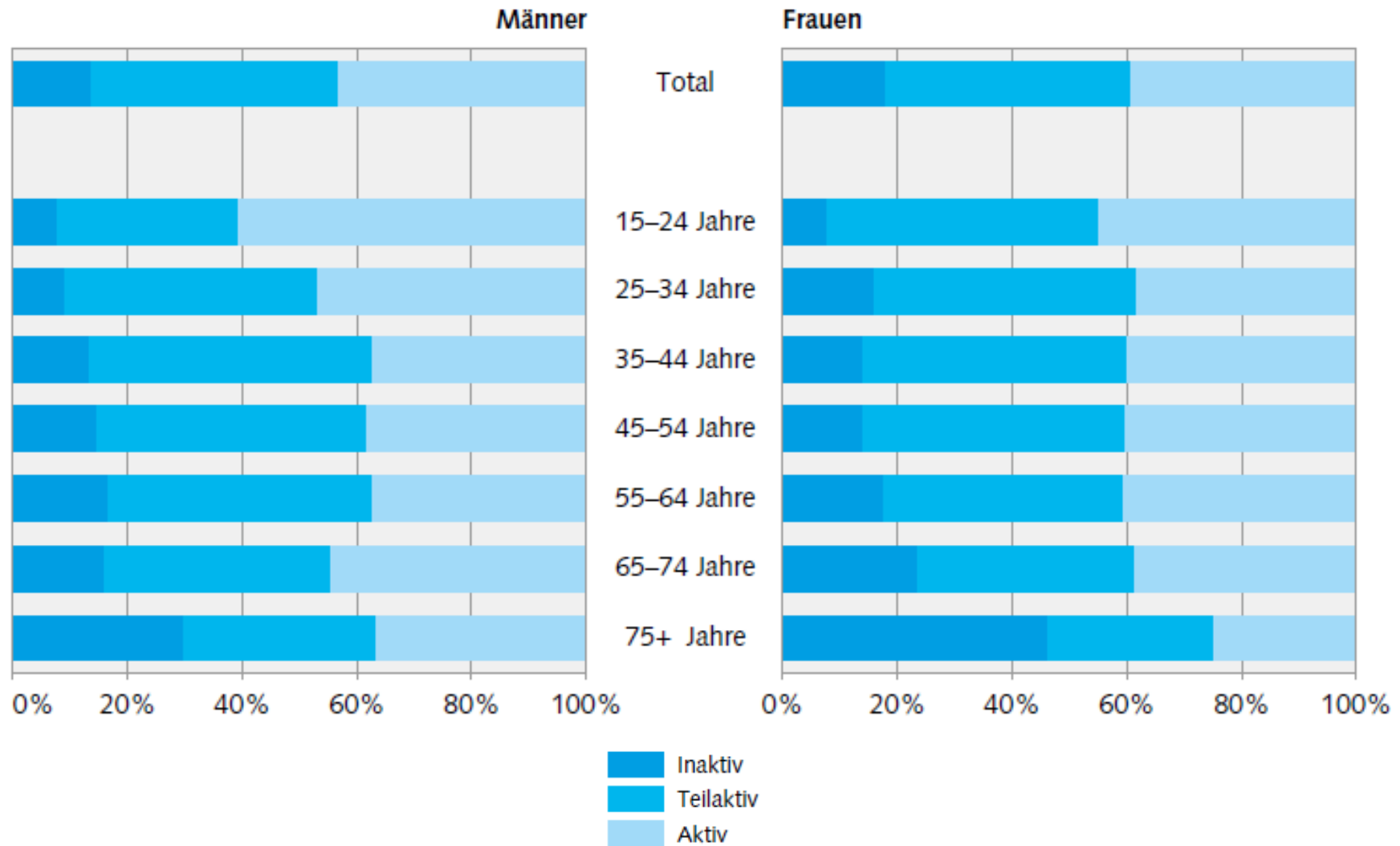
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Prevalence of physical activity, 2007 (≥ 15 years)



BFS, Swiss Health Survey 2007

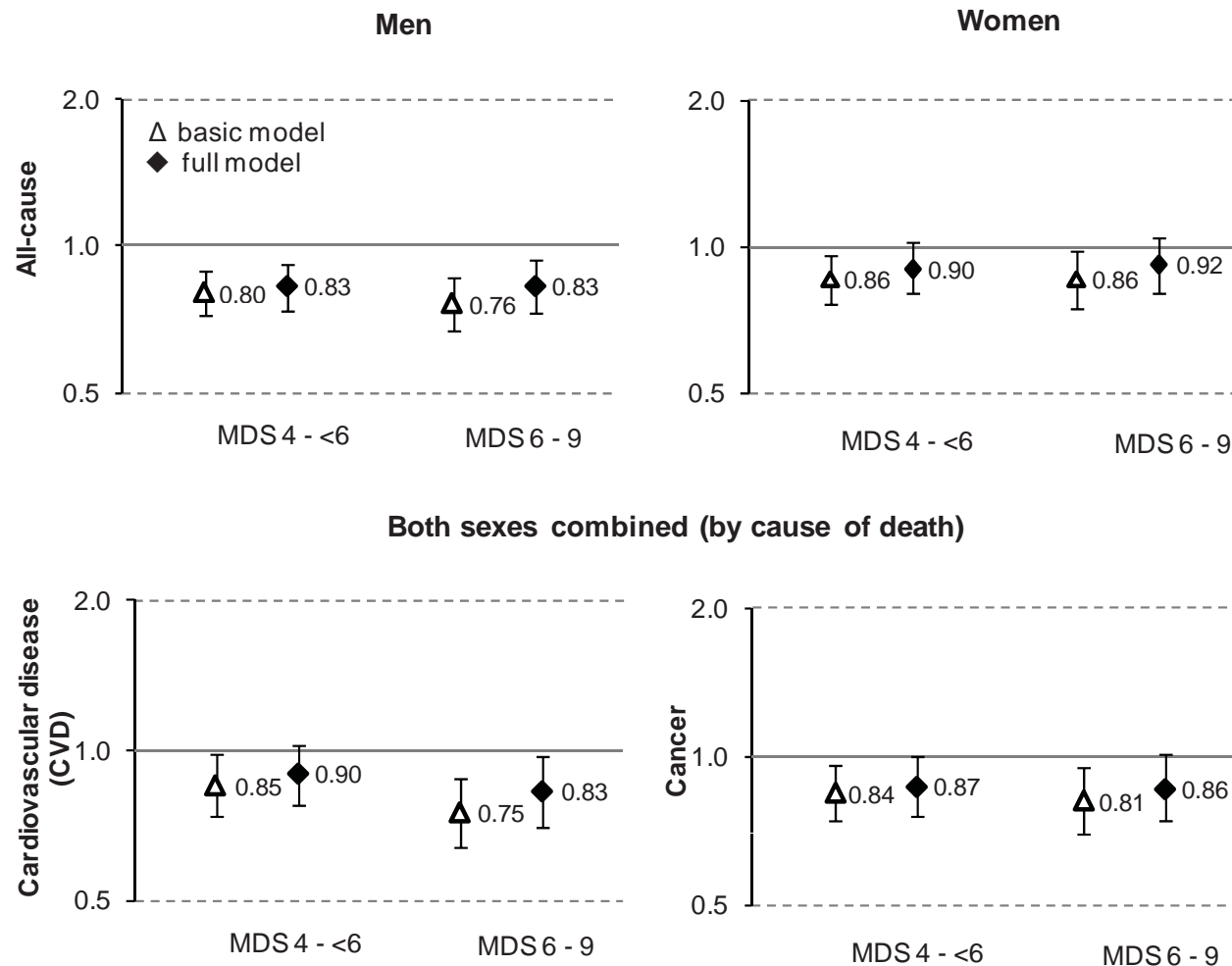
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Adherence to Mediterranean Diet (MD) in Switzerland and CVD, cancer and all-cause mortality



MDS: Mediterranean Diet Score from 0 (no adherence) to 9 (perfect adherence)

Mortality ratios associated with two unit increment in Mediterranean diet score (MDS) and after alternate subtraction of each of its dietary components

Dietary variable	Mortality ratio (95% CI)	P value	Reduction in apparent effect (%)
MDS overall	0.864 (0.802 to 0.932)	<0.001	0
MDS minus vegetables	0.886 (0.822 to 0.955)	0.002	16.2
MDS minus legumes	0.877 (0.815 to 0.944)	<0.001	9.7
MDS minus fruit and nuts	0.879 (0.818 to 0.946)	0.001	11.2
MDS minus cereals	0.872 (0.814 to 0.935)	<0.001	6.1
MDS minus monounsaturated/saturated lipids (ratio)	0.878 (0.806 to 0.957)	0.003	10.6
MDS minus dairy products	0.870 (0.806 to 0.939)	<0.001	4.5
MDS minus meat and meat products	0.887 (0.825 to 0.953)	0.001	16.6
MDS minus ethanol	0.896 (0.835 to 0.962)	0.002	23.5

BMJ. 2009 Jun 23;338:b2337.

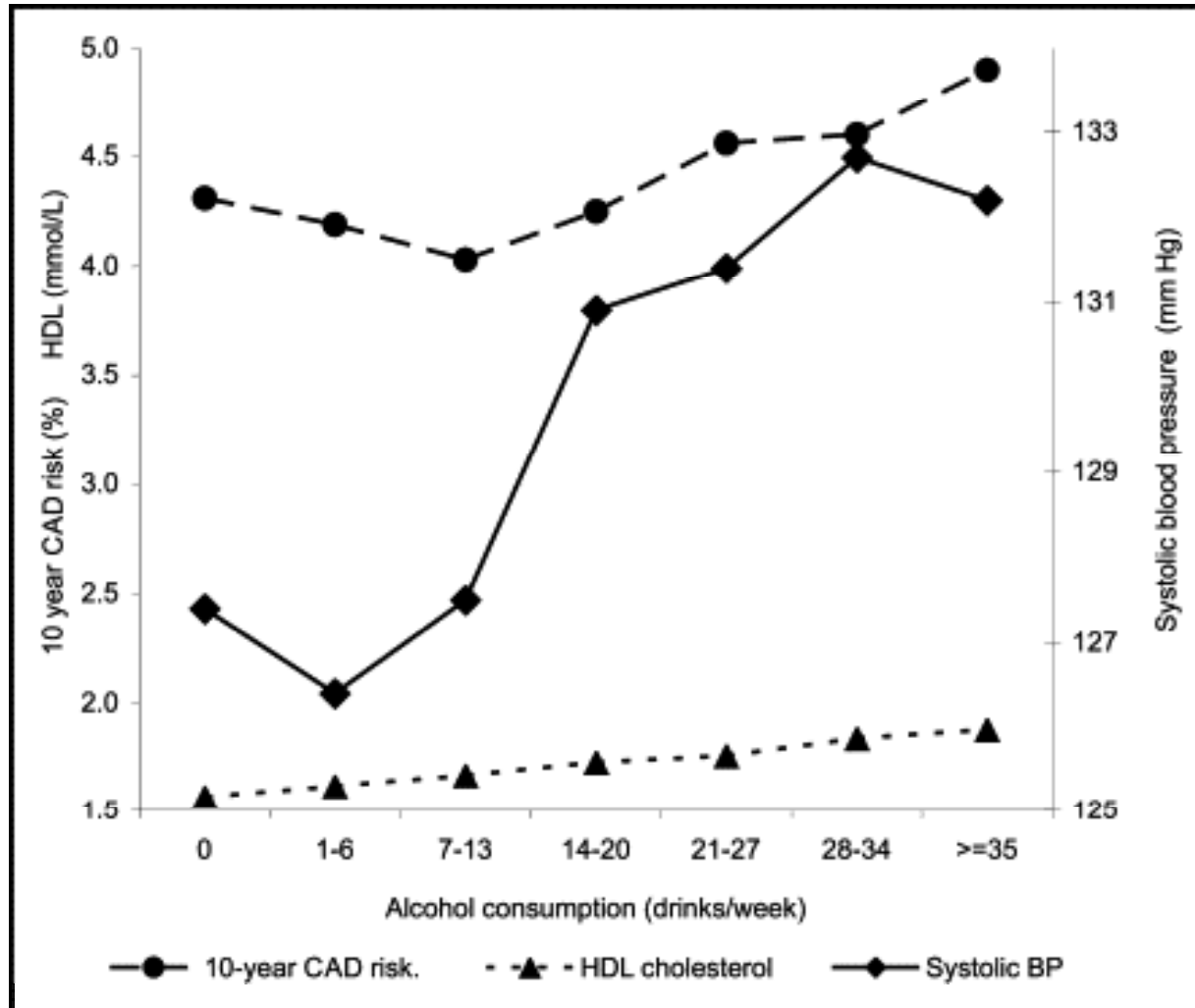
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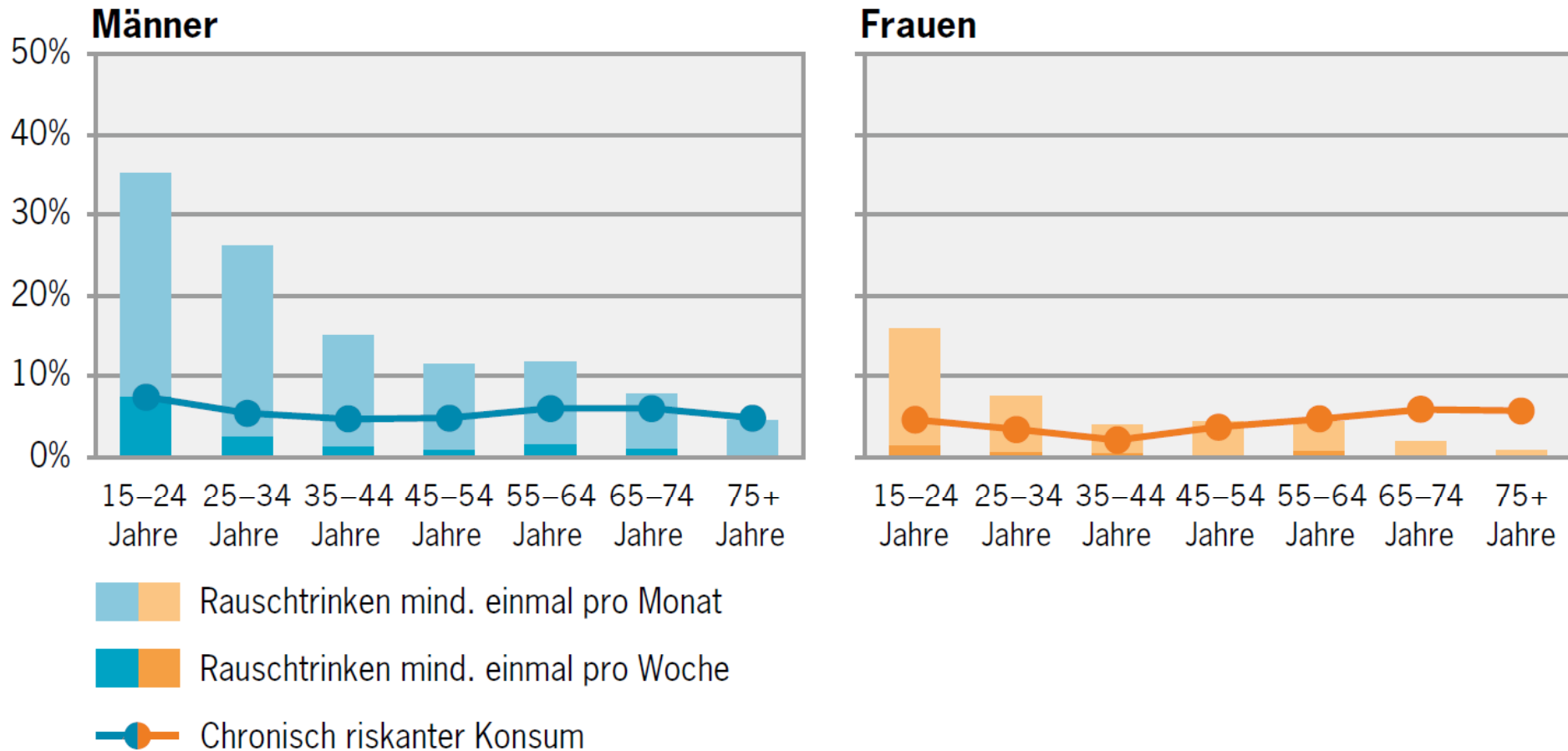


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Association between alcohol consumption, cardiovascular risk factors, and 10-year CAD risk.



HDL cholesterol, systolic blood pressure (BP), and 10-year coronary artery disease (CAD) risk according to last week alcohol consumption.



Rauschtrinken: 6 oder mehr Gläser eines alkoholischen Standardgetränks bei einer Gelegenheit (unabhängig vom Geschlecht).
 Chronisch riskanter Konsum: bei Männern im Durchschnitt mehr als 4 Gläser eines alkoholischen Standardgetränks (z.B. eine Stange Bier) pro Tag, bei Frauen mehr als 2 Gläser pro Tag.

Quelle: SGB

© Bundesamt für Statistik (BFS)

BFS, Swiss Health Survey 2012

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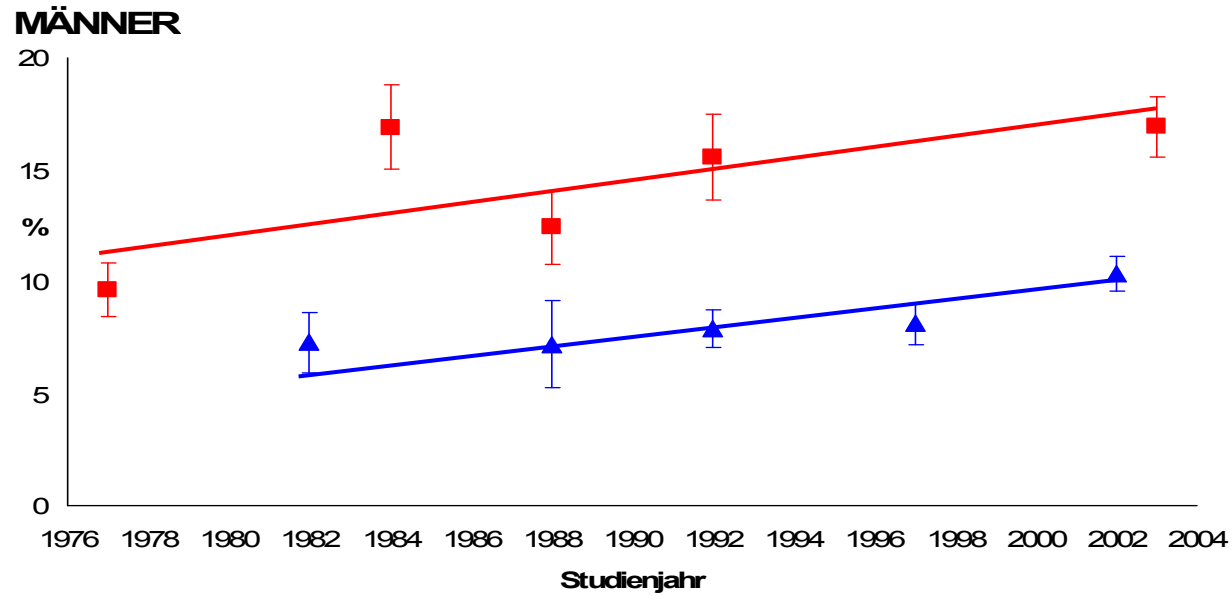
Thanks!



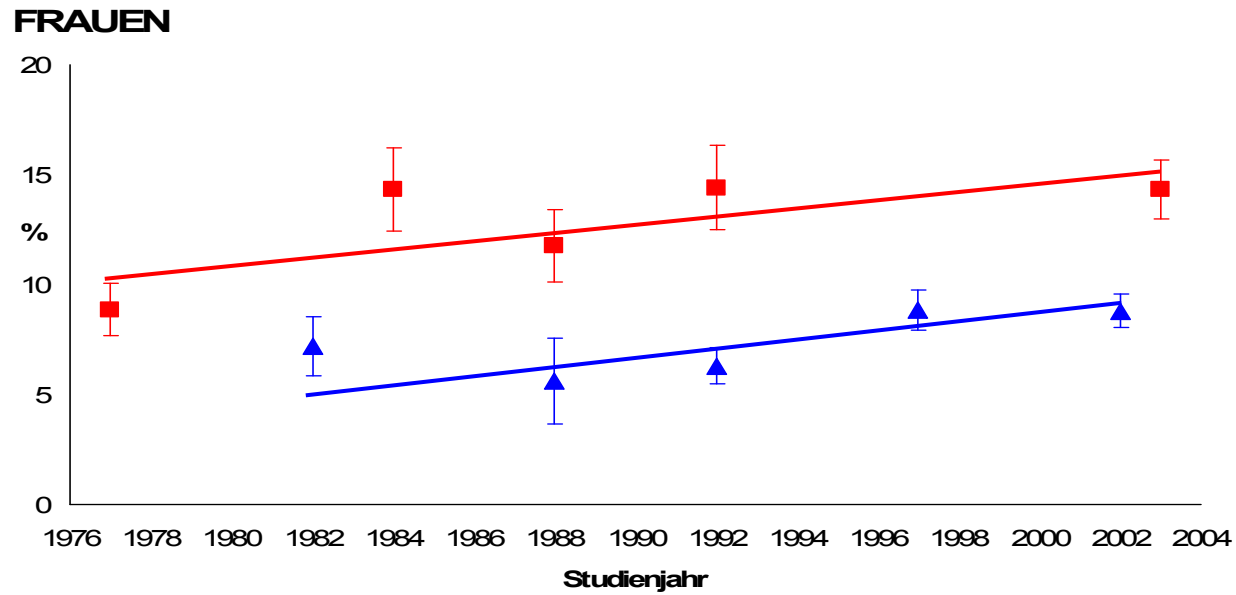
www.davidfaeh.ch/lehre



Prevalence
Obesity
Switzerland



Gemessen
self-report
(befragt)

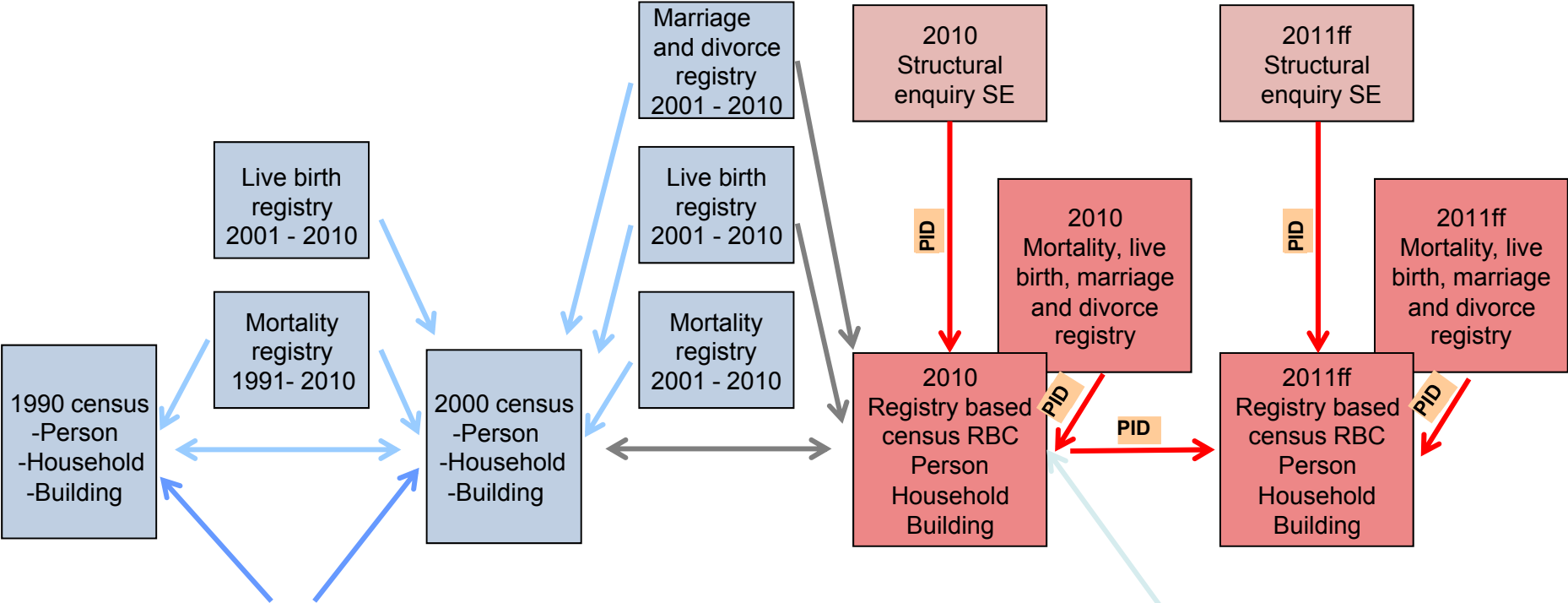


Confounders

- Probably no differences by altitude:
 - Obesity
 - Cigarette smoking
 - Physical inactivity
 - Eating pattern (e.g., fruit consumption)
 - Alcohol consumption
 - Diabetes
 - Genetic background

SNC 1.0

SNC 2.0



- Swiss Childhood Cancer Registry
- Regional Cancer Registries
- Medical Statistics of Hospitals
- SAPALDIA
- MONICA
- National Health Survey 92
- Swiss HIV Cohort Study
- ProAge
- Swiss Household Panel

- Environmental exposures
- Tax Revenue Data
- Lung Function Survey
- National Health Surveys 1997, 2002, 2007, 2012
- FIVNAT ART register
- Swiss Homicide Database
- Spinal Cord Injury Cohort (SwiSCI)
- Microcensus Mobility and Transport 2010

