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Joan B Soriano Adrián Peláez Esteve Fernández Julio Ancochea

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# Impact of the COVID-19 pandemic in mortality due to respiratory diseases: A comparative analysis of 2021 and 2020 vs 2019 in Spain

Joan B Soriano, 1,2 Adrián Peláez, 2,3 Esteve Fernández, 2,4,5,6 & Julio Ancochea 2,3,7

#### Author for correspondence:

Joan B Soriano. Servei de Pneumologia - Despatx 303Q, Hospital Universitari Son Espases-UIB

Carretera de Valldemossa 79. 07010 Palma (Illes Balears) Email: jbsoriano2@gmail.com

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<sup>&</sup>lt;sup>1</sup> Facultat de Medicina, Universitat de les Illes Balears, Palma, Spain

<sup>&</sup>lt;sup>2</sup> Centro de Investigación Biomédica en Red de Enfermedades Respiratorias (CIBERES), Instituto de Salud Carlos III, Madrid, Spain

<sup>&</sup>lt;sup>3</sup> Servicio de Neumología, Hospital Universitario de la Princesa, Madrid, Spain

<sup>&</sup>lt;sup>4</sup> Unidad de Control del Tabaco, Centro Colaborador de la OMS para el Control del Tabaco, Institut Català d'Oncologia - Barcelona(Spain)

<sup>&</sup>lt;sup>5</sup> Grupo de Investigación en Control del Tabaco, Programa de Epidemiología y Salud Pública (EPIBELL), Institut d'Investigació Biomèdica de Bellvitge (IDIBELL), L'Hospitalet de Llobregat (Barcelona), España

<sup>&</sup>lt;sup>6</sup> Facultad de Medicina y Ciencias de la Salud, Universitat de Barcelona, L'Hospitalet de Llobregat (Barcelona), España

<sup>&</sup>lt;sup>7</sup> Facultad de Medicina, Universidad Autónoma de Madrid, Madrid, Spain

#### **Abstract**

**Introduction**: We previously reported an increase in respiratory mortality in 2020 in Spain after COVID-19. It is unclear if this rise is sustained in the longer-term. We aimed to determine whether respiratory mortality in 2021 in Spain returned to pre-pandemic levels.

*Material and Methods*: In an observational, large study using official INE data, we explored deaths due to respiratory diseases, that is, all causes of death by the standard WHO list of diseases of the respiratory system plus COVID-19, tuberculosis and lung cancer. Using the latest available official data of Spain, we analysed changes in the mortality pattern in Spain from January 2019 to December 2021. We endorsed STROBE guidance for observational research.

**Results**: There were 98,714 deaths due to respiratory diseases in 2021 in Spain, corresponding to 21.9% of all deaths, becoming second in the ranking of causes of death. Respiratory diseases mortality in Spain has not returned to pre-pandemic levels in 2021, still with an increase of 30.3% (95% C.I. 30.2-30.4) compared to rates in 2019. All respiratory-specific causes of death decreased in 2021, except for lung cancer, that increased in women and decreased in men compared to 2019 (both p < 0.05). In a multivariate analysis some established risk factors for respiratory diseases mortality were confirmed, such as male gender and older age; further, an association with reduced mortality in rural Spain was observed, still with a large geographical variability.

**Conclusions**: The COVID-19 pandemic has had a lasting impact on deaths due to respiratory diseases and certain specific causes of death in 2021, and it has disproportionately affected certain regions.

Abstract word count: 262 words

# Impacto de la pandemia de COVID-19 en la mortalidad por enfermedades respiratorias: Análisis comparativo de 2021 y 2020 vs 2019 en España

#### Resumen

*Introducción*: Previamente informamos de un aumento de la mortalidad respiratoria en 2020 en España tras la COVID-19. No está claro si este aumento se mantiene a largo plazo. Nuestro objetivo fue determinar si la mortalidad respiratoria en 2021 en España volvió a los niveles previos a la pandemia.

**Métodos**: En un gran estudio observacional con datos oficiales del INE, exploramos las muertes por enfermedades respiratorias, es decir, todas las causas de muerte según la lista estándar de enfermedades del sistema respiratorio de la OMS más COVID-19, tuberculosis y cáncer de pulmón. Utilizando los últimos datos oficiales disponibles de España, analizamos los cambios en el patrón de mortalidad en España desde enero de 2019 hasta diciembre de 2021. Seguimos la guía STROBE para investigación observacional.

**Resultados**: Se produjeron 98.714 muertes por enfermedades respiratorias en 2021 en España, lo que corresponde al 21,9% del total de muertes, situándose en el segundo lugar del ranking de causas de muerte. La mortalidad por enfermedades respiratorias en España no ha vuelto a los niveles previos a la pandemia en 2021, aún con un aumento del 30,3% (I.C. 95% 30,2-30,4) respecto a las tasas de 2019. Todas las causas de muerte específicas de las vías respiratorias disminuyeron en 2021, excepto el cáncer de pulmón, que aumentó en mujeres y disminuyó en hombres en comparación con 2019 (ambos p <0,05). En un análisis multivariado se confirmaron algunos factores de riesgo establecidos para la mortalidad por enfermedades respiratorias, como el género masculino y la edad avanzada; además, se observó una una asociación con reducción de la mortalidad en la España rural, aún con una gran variabilidad geográfica.

**Conclusiones**: La pandemia de COVID-19 ha tenido un impacto duradero en las muertes por enfermedades respiratorias y ciertas causas específicas de muerte en 2021, y ha afectado de manera desproporcionada a ciertas regiones.

**Palabras clave**: Certificado de defunción; COVID-19; Enfermedades del sistema respiratorio; INE; Mortalidad

#### Introduction

The COVID-19 pandemic has had a significant impact on mortality around the world, with many countries experiencing a surge in deaths during the initial months of the pandemic. We previously reported an increase in respiratory mortality in 2020 in Spain, with a corresponding decrease in other due to substitution of causes of death.<sup>1</sup>

Others have reported increases in cancer and chronic conditions mortality, such as diabetes, cardiovascular diseases, and some oncological diseases, related with the interruption of population-based early detection programmes and diagnostic and therapeutic delays associated with the collapse in primary care and associated hospital services, adding significant stress to already overstretched health systems.<sup>2</sup> Many of these general, global aspects need to be implemented and carefully assessed in Spain.<sup>3</sup> Three years and counting from the onset of the COVID-19 pandemic,<sup>4</sup> with the perspective of seven pandemic waves, and with a population vaccination coverage above 80% in most age strata in Spain, it is unclear if this mortality rise will sustain in the longer-term.

The diseases of the respiratory "system" in the current classification of the WHO (and any competent national bodies) do not fully reflect the reality of all diseases certainly affecting the respiratory system, and do not include conditions that are part of the day-to-day care of patients from pulmonologists, such as tuberculosis, lung cancer or COVID-19 itself, among others. A dialogue to try to correct and interpret well future statistics remains necessary.

In this research, we aimed to determine whether proportionate mortality by respiratory diseases, including tuberculosis, lung cancer and COVID-19 in Spain returned to pre-pandemic levels before COVID-19 in 2021.

#### Methods

We endorsed STROBE guidance for observational research.<sup>5</sup> We had a particular interest in deaths due to respiratory diseases, that is all causes of death by the standard WHO list of diseases of the respiratory system plus COVID-19, tuberculosis and lung cancer. Using the latest available data from the Instituto Nacional de Estadística (INE) of Spain,<sup>6,7</sup> we analysed proportionate mortality trends in Spain from January 2019 to December 2021. In particular, we used 2019 as the reference year, free from COVID-19, and report proportionate mortality in 2020 and in 2021.

Mortality microdata data were obtained from the INE website<sup>8</sup>. As previously indicated,<sup>1</sup> the so-called Short List of 101 causes of death ICD-10, and its correspondence with ICD-9, was reviewed and regrouped for Group VIII - Diseases of the respiratory system: Flu; Pneumonia; Chronic diseases of the lower respiratory tract (except asthma); Asthma; Respiratory insufficiency; and Other diseases of the respiratory system; and also other diseases of the respiratory system such as tuberculosis, or of daily practice in the field of Pulmonology such as malignant tumours of the trachea, bronchi and lung, were added as respiratory causes of death (what we have labelled as Group VIII-bis). The causes "COVID-19 Virus identified" and "COVID-19 Virus not identified (suspected)" were also included (Table 1). A descriptive analysis of the absolute frequencies of deaths and proportionate mortality by gender, age, and Autonomous Communities (regions) was performed. The percentages of change in proportionate mortality between pre-pandemic (2019) and post-pandemic (2020 and 2021)

years were calculated. A crude and multivariable logistic regression analysis was performed with the microdata to obtain the odds ratios (ORs) and their 95% confidence interval (CI), as estimators of the association of the independent variables with mortality. We had a new, particular interest in an analysis by size of the location and location of birth of those deceased. In any comparison, a value of p<0.05 was considered statistically significant. 9,10,11

#### **Results**

There were 98,714 deaths due to respiratory diseases in 2021 in Spain (VIII-bis in our classification), corresponding to 21.9% of all deaths, becoming second in the ranking of causes of death, right after diseases of the circulatory system with 119,196 (26.4%), and ahead of cancer with 75,549 (16.8%) (**Table 1**). Our results show that respiratory mortality in Spain has not returned to pre-pandemic levels in 2021, still with an increase of 30.3% (95% C.I. 30.2-30.4) compared to background rates in 2019 (it was a 68.5% (95% C.I. 68.4-68.6) increase in 2020).

When we analyzed mortality by respiratory-specific causes of death versus 2019, we found that all significantly or nominally decreased in 2021 (**Table 2**), except for lung cancer, that increased in women and decreased in men compared to 2019 (both p <0.05) (**Table 3 & Figure 1**). Additionally, we observed large regional differences by Autonomous Communities in mortality, with some regions experiencing a greater impact on overall, respiratory-related and specific respiratory diseases mortality compared to others.

In the multivariate logistic regression analysis some established risk factors for respiratory diseases mortality were confirmed, such as male gender and older age; further, a protection in rural Spain was observed, still with a large geographical variability, and those born from elsewhere in Europe and LatinAmerica had significantly lower respiratory mortality compared to others born in any other continents (**Table 4 & Figure 2**).

Finally, with an intention to be comprehensive in our descriptive analyses, the number of deaths and percentage of mortality by diseases of the respiratory system in 2021 in Spain are presented by Autonomous Community (eTable 1), and also by age (eTable 2).

#### Discussion

We report that the COVID-19 pandemic has had a lasting impact on both general and specific causes of death due to respiratory diseases in 2021 in Spain, and it has disproportionately affected certain regions, mainly Madrid and Catalunya. By accounting COVID-19, tuberculosis and lung cancer deaths within the WHO list of diseases of the respiratory system, it can be stated that 21.9% of all deaths in 2021 in Spain were due to respiratory diseases, becoming second in the ranking of causes of death. Respiratory mortality in Spain has not returned to pre-pandemic levels in 2021, still with an increase of 30.3% compared to background rates in 2019.

Respiratory conditions are responsible for a large population burden of disease, morbidity and mortality, both in Spain and in the world. According to the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD), of the 50.5 million deaths that occurred in 1990 in the world, 4.3 million were attributed to pneumonia, 2.2 million to tuberculosis, 2.0 million to chronic obstructive pulmonary disease (COPD) and 0.95 million to lung cancer. In addition, it was estimated that for 2020, of the 68.3 million predictable deaths, 11.9 million would be from

respiratory causes as per the standard WHO list, estimating that they became the third cause of death in 2020.<sup>12</sup> In Spain, with a relatively aged population and yet with alarming rates of smoking,<sup>13</sup> and of smoking-related deaths,<sup>14,15</sup> respiratory diseases also have a huge impact on individual and population health.<sup>16,17</sup> Its magnitude and diversity mean that the clinical management of respiratory health, beyond Pulmonology, also requires a large part of the daily dedication of health professionals in Primary Care, Internal Medicine and other specialties.<sup>18,19</sup>

It is well known that respiratory mortality statistics from death certificates are underreported compared to cancer, cardiovascular and metabolic diseases. This bias occurs for various reasons.<sup>20,21</sup> Among other, it is a clinical challenge to attribute a death to a respiratory cause, since the symptoms and determinants are non-specific and overlap with those of cardiovascular or other diseases, and many patients with chronic respiratory diseases die with them and not from them. 22,23 Current standardized coding manuals for death certificates from the World Health Organization (WHO), as well as from the European Union and its EUROSTAT, or from the National Institute of Statistics (INE) are homogeneous. The INE is governed by the rules established by the WHO as established by Regulation (EU) No. 328/2011 of the Commission of April 5, 2011, which applies Regulation (EC) No. 1338/2008 of the European Parliament and of the Council on Community statistics on public health and on health and safety at work. Regarding statistics on the causes of respiratory death, only those from Group VIII (with ICD10 062-067) are considered as causes of death of the Respiratory System, namely: Influenza; Pneumonia; Chronic diseases of the lower respiratory tract (except asthma); Asthma; Respiratory insufficiency; and Other diseases of the respiratory system.<sup>24</sup> However, as above mentioned, other diseases that also directly affect the respiratory system such as tuberculosis, or daily practice in the field of Pulmonology and Thoracic Surgery such as lung cancer ("malignant tumours of the trachea, bronchi and lung"), are considered for statistical purposes as deaths of infectious and oncological causes, respectively, might be reconsidered as respiratory as well in future reclassifications.

This analysis has a number of strengths such as its immediacy, urgency, obvious relevance, and internal consistency. In addition, it contributes to the current debate on classifying by underlying cause vs. all basic death contributions. In particular, all INE Causes of Death Statistics offer data on the basic cause of death and also on all those other diseases that have contributed to death and that the certifying doctor has reported on the medical death certificate (multiple causes). All of them can be considered as advantages. However, we must highlight a series of limitations related with an observational study design, and some of which are inherent to the death certificate. In general, it is considered established that many patients with COPD, asthma or other respiratory diseases die with them as mentioned above. 25,26

Explanatory factors are the general population's lack of knowledge about respiratory diseases and the lack of specificity of most respiratory symptoms and signs, compared to other major causes of disease and death, such as cardiovascular or oncological causes. This will require the design of complex long-term strategies, and therefore difficult to implement. However, overestimation should be avoided. Strictly speaking, the COVID-19 clinical care task of the pulmonologist could only be considered directly in deaths occurring in the hospital. For example, during the first wave in Spain, people who died in residences, or at their homes, did not represent a true care burden to pulmonologist. Of course, Pulmonology shares the treatment and management of respiratory patients with Internal Medicine, Primary Care and other specialties. Multisectoral coordination and dialogue should contribute to a better management of these patients.

Our findings suggest that, while proportionate mortality has largely returned to pre-pandemic levels overall, the pandemic has had a lasting impact on deaths due to respiratory diseases and certain specific causes of death, and has disproportionately affected certain regions. We conclude that respiratory mortality in Spain has not returned to pre-pandemic levels in 2021, still with an increase of 30.3% compared to background rates in 2019. Further research is needed to understand the factors contributing to these differences and to inform policies aimed at reducing respiratory diseases mortality in the post-pandemic era.

**Table 1.** Number of deaths, proportionate mortality (%) and percent change by causes of death in Spain in 2019, 2020 and 2021.

				<u> </u>				
Cause	Total (N = 1,363,223)	2019 (n = 418,703) <sup>a</sup>	2020 (n = 493,776) b	2021 (n = 450,744) <sup>c</sup>	Change in % Between 2020 vs. 2019	Change in % Between 2021 vs. 2019		
I-Infectious and parasitic	17,405	5,902	5,759	5,744	47.2	0.6		
diseases	(1.3%)	(1.4%)	(1.2%) <sup>d</sup>	(1.3%)	-17.3	-9.6		
	226,822	75,774	75,499	75,549				
II- Tumours	(16.6%)	(18.1%)	(15.3%)	(16.8%)	-15.5	-7.4		
III- Diseases of the blood and	( ,	, , ,	( )	, ( ,				
haematopoietic organs, and	6,279	2,012	2,062	2,205	40.4			
certain disorders affecting	(0.5%)	(0.5%)	(0.4%)	(0.5%)	-13.1	1.8		
the mechanism of immunity	, ,	, ,						
IV- Endocrine, nutritional and	43,765	13,351	15,290	15,124	2.0	F 3		
metabolic diseases	(3.2%)	(3.2%)	(3.1%)	(3.4%)	-2.9	5.2		
V- Mental and behavioural	65,105	22,896	21,697	20,512	17.0	16.0		
disorders	(4.8%)	(5.5%)	(4.4%)	(4.6%)	-17.0	-16.8		
VI- Diseases of the nervous	78,642	26,120	27,508	25,014	10.6	11.0		
system and sensory organs	(5.8%)	(6.2%)	(5.6%)	(5.5%)	-19.6	-11.0		
VII- Diseases of the circulatory	355,664	116,615	119,853	119,196	10.7	Г 1		
system	(26.1%)	(27.9%)	(24.3%)	(26.4%)	-10.7	-5.1		
VIII- bis Diseases of the	308,983	70,389	139,880	98,714				
respiratory system		(16.8%)	(28.3%)	(21.9%)	68.5	30.3		
(+COVID-19)	(22.7%)	(10.6%)	(20.3%)	• •				
COVID -19 (alone)	114,922		74,839	40,083				
	(8.4%)		(15.2%)	(8.9%)				
IX- Diseases of the digestive	66,166	22,038	21,565	22,563	-17.0	-4.9		
system	(4.9%)	(5.3%)	(4.4%)	(5.0%)	17.0	7.5		
X- Diseases of the skin and	5,698	1,775	1,902	2,021	-9.1	5.8		
subcutaneous tissue	(0.4%)	(0.4%)	(0.4%)	(0.4%)	3.1	5.0		
XI- Diseases of the	15,500	5,162	5,225	5,113				
musculoskeletal system	(1.1%)	(1.2%)	(1.1%)	(1.1%)	-14.2	-8.0		
and connective tissues		, ,						
XII- Diseases of the	91,206	28,917	30,632	31,657	-10.2	1.7		
genitourinary system	(6.7%)	(6.9%)	(6.2%)	(7.0%)		,		
XIII- Pregnancy, childbirth and	27	6	10	11	41.3	70.3		
puerperium	(0.0%)	(0.0%)	(0.0%)	(0.0%)		- 3 <b>.3</b>		
XIV- Conditions originating in	1,630	584	518	528	-24.8	-16.0		
the perinatal period	(0.1%)	(0.1%)	(0.1%)	(0.1%)	_			
XV- Congenital malformations,	2,471	815	823	833	-14.4	-5.1		
deformities and	(0.2%)	(0.2%)	(0.2%)	(0.2%)				

chromosomal abnormalities						
XVI- Symptoms, signs and						
abnormal clinical and	28,810	10,206	9,475	9,129	-21.3	-16.9
laboratory findings, not	(2.1%)	(2.4%)	(1.9%)	(2.0%)	-21.5	-10.9
elsewhere classified						
XVII- External causes of	49,050	16,141	16,078	16,831	15.5	2.1
mortality	(3.6%)	(3.9%)	(3.3%)	(3.7%)	-15.5	-3.1

<sup>&</sup>lt;sup>a</sup>Percentage of each cause of death compared to the total causes of death in 2019.

Table 2. Number of deaths, proportionate mortality (%) and percent change by diseases of the respiratory system in Spain in 2019 to 2021.

Cause	Total (N = 1,363,223)	2019 (n = 418,703) <sup>a</sup>	2020 (n = 493,776) b	2021 (n = 450,744) <sup>c</sup>	Change in % Between 2020 vs. 2019	Change in % Between 2021 vs. 2019
00A Covid-19 Virus identified	99,802 (7.3%)		60,358 (12.2%) <sup>d</sup>	39,444 (8.8%)		-
00B Covid-19 Unidentified virus (suspected)	15,076 (1.1%)		14,481 (2.9%)	595 (0.1%)		
00C Covid-19 associated multisystemic inflammatory syndrome COVID-19	44 (0.0%)		0 (0.0%)	44 (0.0%)		
002 Tuberculosis and its late effects	589 (0.0%)	217 (0.1%)	198 (0.0%)	174 (0.0%)	-22.6%	-25.5%
018 Malignant tumour of the trachea, bronchi and lung	66,363 (4.9%)	22,007 (5.3%)	21,918 (4.4%)	22,438 (5.0%)	-15.6%	-5.3%
019 Other respiratory and intrathoracic malignancies	1,462 (0.1%)	484 (0.1%)	502 (0.1%)	476 (0.1%)	-12.1%	-8.6%
062 Influenza (includes influenza due to identified pandemic or zoonotic influenza viruses)	2,377 (0.2%)	1,459 (0.3%)	894 (0.2%)	24 (0.0%)	-48.0%	-98.5%
063 Pneumonia	24,951 (1.8%)	9,384 (2.2%)	8,768 (1.8%)	6,799 (1.5%)	-20.8%	-32.7%
064 Chronic lower respiratory tract diseases (except asthma)	35,095 (2.6%)	12,815 (3.1%)	11,786 (2.4%)	10,494 (2.3%)	-22.0%	-23.9%
065 Asthma	2,742 (0.2%)	993 (0.2%)	948 (0.2%)	801 (0.2%)	-19.0%	-25.1%
066 Respiratory failure	6,159 (0.5%)	2,171 (0.5%)	2,039 (0.4%)	1,949 (0.4%)	-20.4%	-16.6%

<sup>&</sup>lt;sup>b</sup>Percentage of each cause of death compared to the total causes of death in 2020.

<sup>&</sup>lt;sup>c</sup>Percentage of each cause of death compared to the total causes of death in 2021.

<sup>&</sup>lt;sup>d</sup>Significant differences (p< 0.01) against causes of death in 2019 are indicated by bold text.

067 Other diseases of the respiratory system	54,323 (4.0%)	20,859 (5.0%)	17,988 (3.6%)	15,476 (3.4%)	-26.9%	-31.1%
TOTAL "Causes of death of the respiratory system"	308,983 (22.7%)	70,389 (16.8%)	139,880 (28.3%)	98,714 (21.9%)	68.5%	30.3%
001-102 I-XXII.All Causes	1,363,223 (100.0%)	418,703 (30.7%)	493,776 (36.2%)	450,744 (33.06%)	17.9%	7.7%

Table 3. Number of deaths and percentage of mortality by diseases of the respiratory system in 2019, 2020 and 2021 in Spain, by gender.

Course		Men			Women				
Cause	2019	2020 <sup>a</sup>	2021 <sup>b</sup>	2019	2020	2021			
00A Covid-19 Virus		32,498	22,449		27,860	16,995			
identified	-	(13.0%) <sup>c</sup>	(9.7%)		(11.4%)	(7.7%)			
00B Covid-19		6,419	309		8,062	286			
Unidentified virus	-	(2.6%)	(0.1%)	-	(3.3%)	(0.1%)			
(suspected)		(2.0%)	(0.170)		(3.3%)	(0.1/0)			
00C Covid-19 associated									
multisystemic	_	0	29	_	0	15			
inflammatory syndrome		(0.0%)	(0.0%)		(0.0%)	(0.0%)			
COVID-19									
002 Tuberculosis and its	134	124	111	83	74	63			
late effects	(0.1%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)			
018 Malignant tumour									
of the trachea, bronchi									
and lung 019 Other	16,935	16,615	16,772	5,072	5,303	5,666			
malignant tumours of	(8.0%)	(6.7%)	(7.2%)	(2.5%)	(2.2%)	(2.6%)			
the trachea, bronchi and									
lung									
019 Other respiratory	332	359	316	152	143	160			
and intrathoracic	(0.2%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)			
malignancies	(0.270)	(0.170)	(0.170)	(0.170)	(0.170)	(0.170)			
062 Influenza (includes									
influenza due to	680	446	14	779	448	10			
identified pandemic or	(0.3%)	(0.2%)	(0.0%)	(0.4%)	(0.2%)	(0.0%)			
zoonotic influenza	(0.070)	(0.2/0)	(0.0,0)	(3.175)	(0.2/0)	(0.075)			
viruses)									
063 Pneumonia	4,837	4,704	3,831	4,547	4,064	2,968			
	(2.3%)	(1.9%)	(1.7%)	(2.2%)	(1.7%)	(1.4%)			
064 Chronic lower				0.555					
respiratory tract	9,749	8,832	7,925	3,066	2,954	2,569			
diseases (except	(4.6%)	(3.5%)	(3.4%)	(1.5%)	(1.2%)	(1.2%)			
asthma)						<b>.</b>			
065 Asthma	158	212	175	835	736	626			
	(0.1%)	(0.1%)	(0.1%)	(0.4%)	(0.3%)	(0.3%)			
066 Respiratory failure		903 <b>927</b> 8		1,268	1,112	1,125			
	(0.4%)	(0.4%)	(0.4%)	(0.6%)	(0.5%)	(0.5%)			
067 Other diseases of	9,983	8,714	7,968	10,876	9,274	7,508			
the respiratory system	(4.7%)	(3.5%)	(3.4%)	(5.3%)	(3.8%)	(3.4%)			
	( , )	(0.070)	(5)	(3.370)	(5.5/5)	(5,5)			

<sup>&</sup>lt;sup>a</sup>Percentage of each cause of death compared to the total causes of death in 2019. <sup>b</sup>Percentage of each cause of death compared to the total causes of death in 2020.

 $<sup>^{\</sup>circ}$ Percentage of each cause of death compared to the total causes of death in 2021.  $^{\circ}$ Significant differences (p< 0.01) against 2019 causes are indicated by bold text.

TOTAL "Causes of death of the respiratory system"	43,711	79,850	60,723	26,678	60,030	37,991
	(20.6%)	(32.0%)	(26.2%)	(12.9%)	(24.6%)	(17.3%)
001-102 I-XXII.All Causes	212,683	249,664	231,410	206,020	244,112	219,334
	(30.7%)	(36.0%)	(33.4%)	(30.8%)	(36.5%)	(32.8%)

<sup>&</sup>lt;sup>a</sup>Percentage of each cause of death compared to the total causes of death for Men in its respective year.

<sup>b</sup>Percentage of each cause of death compared to the total causes of death for Women in its respective year.

year.  $^{\circ}$  dSignificant differences (p< 0.01) against 2019 causes are indicated by bold text.

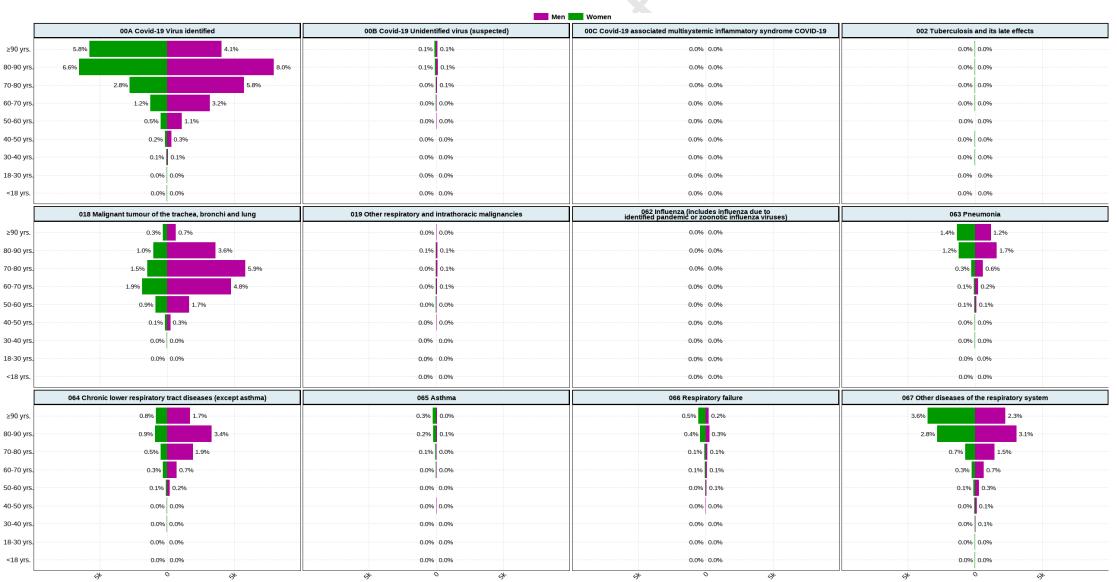


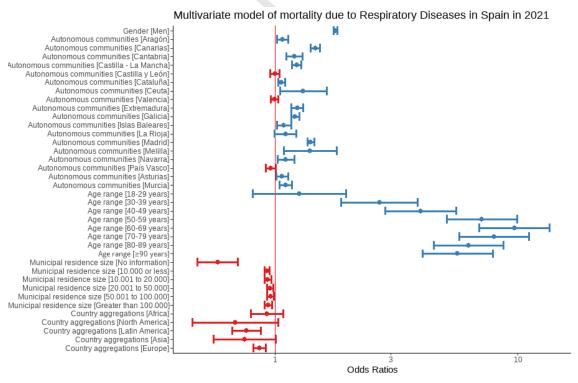
Figure 1: Population pyramid of respiratory system compared to the total causes of death of the respiratory system in 2021.

**Table 4:** Odds ratio for respiratory mortality (excluding COVID-19) in Spain in 2021, crude and multivariate.

Manialala	Catalana	Crude		Multivariate	
Variable	Category	OR [95%CI]	<i>p</i> -value <sup>a</sup>	OR [95%CI]	<i>p</i> -value
er	Men	1.884 [1.850 - 1.918]	<0.001	1.771 [1.738 - 1.804]	<0.001
Gender	Women	Ref		Ref	
	Andalucía	Ref		Ref	
	Aragón	1.055 [1.000 - 1.113]	0.050	1.072 [1.015 - 1.132]	0.012
	Canarias	1.469 [1.404 - 1.537]	< 0.001	1.462 [1.396 - 1.530]	< 0.001
	Cantabria	1.175 [1.089 - 1.267]	< 0.001	1.199 [1.111 - 1.294]	< 0.001
	Castilla La Mancha	1.181 [1.129 - 1.235]	< 0.001	1.224 [1.169 - 1.281]	< 0.001
	Castilla y León	0.975 [0.935 - 1.016]	0.222	0.995 [0.954 - 1.038]	0.823
	Cataluña	1.034 [1.003 - 1.067]	0.033	1.060 [1.027 - 1.094]	< 0.001
ities	Ceuta	1.284 [1.033 - 1.597]	0.024	1.304 [1.044 - 1.628]	0.019
Autonomous communities	Valencia	0.984 [0.951 - 1.018]	0.353	0.992 [0.958 - 1.027]	0.650
IS con	Extremadura	1.200 [1.136 - 1.268]	< 0.001	1.231 [1.163 - 1.302]	< 0.001
omo	Galicia	1.162 [1.119 - 1.207]	< 0.001	1.208 [1.162 - 1.255]	< 0.001
luton	Islas Baleares	1.074 [1.006 - 1.148]	0.033	1.087 [1.017 - 1.162]	0.015
4	La Rioja	1.075 [0.970 - 1.191]	0.171	1.102 [0.993 - 1.223]	0.067
	Madrid	1.384 [1.340 - 1.429]	< 0.001	1.400 [1.354 - 1.448]	< 0.001
	Melilla	1.309 [1.025 - 1.673]	0.031	1.392 [1.084 - 1.788]	0.009
	Navarra	1.074 [0.991 - 1.163]	0.080	1.105 [1.020 - 1.198]	0.015
	País Vasco	0.936 [0.894 - 0.980]	0.005	0.955 [0.912 - 1.001]	0.055
	Asturias	1.026 [0.970 - 1.084]	0.375	1.066 [1.007 - 1.128]	0.028
	Murcia	1.083 [1.024 - 1.146]	0.005	1.103 [1.042 - 1.168]	< 0.001
	<18 years	Ref			
	[18 - 29 years]	1.304 [0.839 - 2.029]	0.238	1.257 [0.808 - 1.956]	0.311
ange	[30 - 39 years]	2.737 [1.901 - 3.940]	< 0.001	2.687 [1.865 - 3.870]	< 0.001
Age Range	[40 - 49 years]	4.078 [2.906 - 5.722]	< 0.001	3.977 [2.832 - 5.582]	< 0.001
,	[50 - 59 years]	7.417 [5.320 - 10.340]	< 0.001	7.105 [5.093 - 9.912]	< 0.001
	[60 - 69 years]	10.163 [7.298 - 14.153]	< 0.001	9.675 [6.943 - 13.482]	< 0.001

_		-			
	[70 - 79 years]	8.203 [5.892 - 11.421]	< 0.001	7.970 [5.721 - 11.103]	< 0.001
	[80 - 89 years]	6.014 [4.321 - 8.372]	< 0.001	6.267 [4.500 - 8.730]	< 0.001
	[≥ 90 years]	4.993 [3.586 - 6.951]	< 0.001	5.649 [4.055 - 7.870]	< 0.001
	Capital of province	Ref			
size	No information	0.549 [0.457 - 0.661]	< 0.001	0.579 [0.477 - 0.702]	< 0.001
ance s	10.000 inhabitants or less	0.906 [0.885 - 0.928]	< 0.001	0.925 [0.902 - 0.947]	< 0.001
Municipal residence size	10.001 to 20.000	0.914 [0.886 - 0.944]	< 0.001	0.932 [0.902 - 0.963]	< 0.001
cipal	20.001 to 50.000	0.941 [0.915 - 0.967]	< 0.001	0.951 [0.924 - 0.978]	< 0.001
Muni	50.001 to 100.000	0.968 [0.937 – 1.000]	0.047	0.956 [0.924 - 0.988]	0.008
	Greater than 100.000	0.995 [0.9627 - 1.028]	0.745	0.936 [0.905 - 0.968]	< 0.001
	Spain	Ref			
tions	Africa	0.787 [0.678 - 0.913]	0.002	0.923 [0.792 - 1.077]	0.310
rega	North America	0.711 [0.475 - 1.066]	0.099	0.683 [0.454 - 1.027]	0.067
у авв	Latin America	0.735 [0.643 - 0.839]	<0.001	0.760 [0.665 – 0.870]	<0.001
Country aggregations	Asia	0.774 [0.579 - 1.035]	0.084	0.748 [0.557 - 1.004]	0.053
ŏ	Europe (not Spain)	0.902 [0.854 - 0.954]	< 0.001	0.859 [0.810 - 0.911]	<0.001

Cl: confidence interval; a Significant differences (p < 0.05) are indicated by bold text.



**Figure 2.** Forest plot of mortality predictors for Respiratory Diseases excluding COVID-19 [in Spain in 2021]

**ONLINE APPENDIX:** 

eTable 1. Number of deaths and percentage of mortality by diseases of the respiratory system in 2021 in Spain by autonomous community.

	1																			
Cause	Andalucía	Aragón	Canarias	Cantabria	Castilla La Mancha	Castilla y León	Cataluña	Ceuta	Madrid	Navarra	Valencia	Extremadura	Galicia	Islas Baleares	La Rioja	Melilla	País Vasco	Asturias	Murcia	España
00A Covid-19 Virus	6,647	1,396	614	239	2,171	2,645	7,017	61	5,855	353	5,331	1,067	1,541	577	252	68	1,640	935	1,035	39,444
identified	(40.6%) <sup>a</sup>	(42.8%) <sup>b</sup>	(17.4%)	(21.9%)	(42.8%)	(42.6%)	(44.8%)	(37.2%)	(42.5%)	(32.0%)	(46.7%)	(38.1%)	(25.3%)	(33.7%)	(36.5%)	(47.2%)	(38.4%)	(35.5%)	(38.5%)	(40.0%)
00B Covid-19 Unidentified	74	25	13	2	22	67	56	7	74	2	118	3	28	2	3	0	32	49	18	595
virus (suspected)	(0.5%)	(0.8%)	(0.4%)	(0.2%)	(0.4%)	(1.1%)	(0.4%)	(4.3%)	(0.5%)	(0.2%)	(1.0%)	(0.1%)	(0.5%)	(0.1%)	(0.4%)	(0.0%)	(0.7%)	(1.9%)	(0.7%)	(0.6%)
00C Covid-19 associated																				
multisystemic	32	1	0	1	1	2	0	0	6	0	0	0	1	0	0	0	0	0	0	44
inflammatory syndrome	(0.2%)	(0.0%)	(0.0%)	(0.1%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
COVID-19																				
002 Tuberculosis and its	28	12	3	4	6	19	21	2	15	3	18	5	12	4	1	3	7	9	2	174
late effects	(0.2%)	(0.4%)	(0.1%)	(0.4%)	(0.1%)	(0.3%)	(0.1%)	(1.2%)	(0.1%)	(0.3%)	(0.2%)	(0.2%)	(0.2%)	(0.2%)	(0.1%)	(2.1%)	(0.2%)	(0.3%)	(0.1%)	(0.2%)
018 Malignant tumour of																				
the trachea, bronchi and	3,742	745	974	347	903	1,321	3,369	33	2,640	342	2,540	621	1,588	518	142	22	1,225	735	631	22,438
lung	(22.8%)	(22.9%)	(27.6%)	(31.7%)	(17.8%)	(21.3%)	(21.5%)	(20.1%)	(19.2%)	(31.0%)	(22.2%)	(22.2%)	(26.1%)	(30.2%)	(20.6%)	(15.3%)	(28.7%)	(27.9%)	(23.5%)	(22.7%)
019 Other respiratory and	68	17	17	10	16	27	81	1	58	12	49	12	29	3	7	0	40	14	15	476
intrathoracic malignancies	(0.4%)	(0.5%)	(0.5%)	(0.9%)	(0.3%)	(0.4%)	(0.5%)	(0.6%)	(0.4%)	(1.1%)	(0.4%)	(0.4%)	(0.5%)	(0.2%)	(1.0%)	(0.0%)	(0.9%)	(0.5%)	(0.6%)	(0.5%)
062 Influenza (includes																				
influenza due to identified	4	1	4	1	1	1	5	0	5	0	0	0	0	1	0	0	0	0	1	24
pandemic or zoonotic	(0.0%)	(0.0%)	(0.1%)	(0.1%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.1%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
influenza viruses)																				
063 Pneumonia	1,007	244	564	64	410	434	845	11	1,030	71	769	266	446	110	38	7	130	134	219	6,799
	(6.1%)	(7.5%)	(16.0%)	(5.9%)	(8.1%)	(7.0%)	(5.4%)	(6.7%)	(7.5%)	(6.4%)	(6.7%)	(9.5%)	(7.3%)	(6.4%)	(5.5%)	(4.9%)	(3.0%)	(5.1%)	(8.1%)	(6.9%)
064 Chronic lower	1,788	358	445	154	599	546	1,644	23	1097	128	1,143	284	746	258	60	47	559	286	359	10,494
respiratory tract diseases			445 (12.6%)				•			(11.6%)	,				(8.7%)	17				
(except asthma)	(10.9%)	(11.0%)	(12.6%)	(14.1%)	(11.8%)	(8.8%)	(10.5%)	(14.0%)	(8.0%)	(11.6%)	(10.0%)	(10.1%)	(12.3%)	(15.1%)	(8.7%)	(11.8%)	(13.1%)	(10.9%)	(13.4%)	(10.6%)
065 Asthma	124	18	18	7	39	57	136	1	54	12	72	18	74	10	5	0	72	57	27	801
	(0.8%)	(0.6%)	(0.5%)	(0.6%)	(0.8%)	(0.9%)	(0.9%)	(0.6%)	(0.4%)	(1.1%)	(0.6%)	(0.6%)	(1.2%)	(0.6%)	(0.7%)	(0.0%)	(1.7%)	(2.2%)	(1.0%)	(0.8%)
066 Respiratory failure	410	24	66	27	67	85	343	1	478	13	145	40	111	26	22	1	48	21	21	1,949
	(2.5%)	(0.7%)	(1.9%)	(2.5%)	(1.3%)	(1.4%)	(2.2%)	(0.6%)	(3.5%)	(1.2%)	(1.3%)	(1.4%)	(1.8%)	(1.5%)	(3.2%)	(0.7%)	(1.1%)	(0.8%)	(0.8%)	(2.0%)
067 Other diseases of the	2,460	417	816	237	835	998	2,150	24	2472	167	1,239	485	1,513	204	160	26	519	393	361	15,476
respiratory system	(15.0%)	(12.8%)	(23.1%)	(21.7%)	(16.5%)	(16.1%)	(13.7%)	(14.6%)	(17.9%)	(15.1%)	(10.8%)	(17.3%)	(24.8%)	(11.9%)	(23.2%)	(18.1%)	(12.1%)	(14.9%)	(13.4%)	(15.7%)
TOTAL "Causes of death of	16,384	3,258	3,534	1,093	5,070	6,202	15,667	164	13,784	1,103	11,424	2,801	6,089	1,713	690	144	4,272	2,633	2,689	98,714
the respiratory system"	(20.5%)	(22.4%)	(20.3%)	(17.8%)	(24.5%)	(20.9%)	(22.6%)	(25.3%)	(28.0%)	(18.9%)	(22.7%)	(22.8%)	(18.5%)	(19.4%)	(20.3%)	(28.4%)	(18.7%)	(19.7%)	(21.2%)	(21.9%)
001-102 I-XXII.All Causes	80,050	14,557	17,410	6,144	20,664	29,636	69,264	649	49,299	5,842	50,333	12,268	32,924	8,843	33,94	507	22,893	13,397	12,670	450,744
001-102 I-AAII.AII Causes	(17.8%) <sup>c</sup>	(3.2%)	(3.9%)	(1.4%)	(4.6%)	(6.6%)	(15.4%)	(0.1%)	(10.9%)	(1.3%)	(11.2%)	(2.7%)	(7.3%)	(2.0%)	(0.8%)	(0.1%)	(5.1%)	(3.0%)	(2.8%)	(100%)

a. Percentage of each cause of death compared to the total causes of death in each autonomous community.

b. Significant differences (p < 0.01) are indicated by bold text.

c. Percentage of the total causes of death compared to the total causes of death in Spain in 2021.

**eTable 2.** Number of deaths and percentage of mortality by diseases of the respiratory system in 2021 in Spain by age range.

Cause	≤ 18 yrs.	18-29 yrs.	30-39 yrs.	40-49 yrs.	50-59 yrs.	60-69 yrs.	70-79 yrs.	80-89 yrs.	≥ 90 yrs.
00A Covid-19 Virus	8	47	142	474	1,588	4,393	8,488	14,475	9,829
identified	(0.0%) <sup>a</sup>	(0.0%)	(0.1%)	(0.5%)	(1.6%)	(4.5%)	(8.6%)	(14.7%)	(10.0%)
00B Covid-19 Unidentified	0	2	1	4	20	43	90	224	211
virus (suspected)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.1%)	(0.2%)	(0.2%)
00C Covid-19 associated multisystemic inflammator syndrome COVID-19	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	2 (0.0%)	1 (0.0%)	8 (0.0%)	22 (0.0%)	10 (0.0%)
002 Tuberculosis and its lat effects	0 (0.0%)	1 (0.0%)	4 (0.0%)	12 (0.0%)	16 (0.0%)	25 (0.0%)	36 (0.0%)	51 (0.1%)	29 (0.0%)
018 Malignant tumour of the trachea, bronchi and lung	0 (0.0%)	6 (0.0%)	44 (0.0%)	405 (0.4%)	2,498 (2.5%)	6,599 (6.7%)	7,295 (7.4%)	4,611 (4.7%)	980 (1.0%)
019 Other respiratory and intrathoracic malignancies 062 Influenza (includes	2 (0.0%)	3 (0.0%)	6 (0.0%)	17 (0.0%)	49 (0.0%)	91 (0.1%)	117 (0.1%)	157 (0.2%)	34 (0.0%)
influenza due to identified pandemic or zoonotic influenza viruses)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	1 (0.0%)	4 (0.0%)	7 (0.0%)	11 (0.0%)
063 Pneumonia	6 (0.0%)	4 (0.0%)	22 (0.0%)	46 (0.0%)	164 (0.2%)	338 (0.3%)	865 (0.9%)	2,822 (2.9%)	2,532 (2.6%)
064 Chronic lower respiratory tract diseases (except asthma)	4 (0.0%)	1 (0.0%)	7 (0.0%)	43 (0.0%)	309 (0.3%)	1,008 (1.0%)	2,391 (2.4%)	4,199 (4.3%)	2,532 (2.6%)
065 Asthma	3 (0.0%)	3 (0.0%)	4 (0.0%)	18 (0.0%)	21 (0.0%)	46 (0.0%)	91 (0.1%)	307 (0.3%)	308 (0.3%)
066 Respiratory failure	4 (0.0%)	10 (0.0%)	9 (0.0%)	35 (0.0%)	84 (0.1%)	149 (0.2%)	221 (0.2%)	679 (0.7%)	758 (0.8%)
067 Other diseases of the	17	18	79	177	409	912	2,191	5,887	5,786
respiratory system	(0.0%)	(0.0%)	(0.1%)	(0.2%)	(0.4%)	(0.9%)	(2.2%)	(6.0%)	(5.9%)
TOTAL "Causes of death of	44	95	319	1,232	5,160	13,606	21,797	33,441	23,020
the respiratory system"	(0.0%)	(0.0%)	(0.1%)	(0.3%)	(1.1%)	(3.0%)	(4.8%)	(7.4%)	(5.1%)
001-102 I-XXII.All Causes	1,625 (0.4%)	1,657 (0.4%)	2,967 (0.7%)	8,805 (2.0%)	24,340 (5.4%)	48,411 (10.7%)	83,197 (18.5%)	153,921 (34.1%)	125,821 (27.9%)

<sup>&</sup>lt;sup>a</sup>.Percentage of each cause of death of respiratory system compared to the total causes of death of the respiratory system in 2021 (*n* =98,714).

#### References

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<sup>&</sup>lt;sup>1</sup> Soriano JB, Peláez A, Fernández E, Moreno L, Ancochea J. The Emergence of COVID-19 as a Cause of Death in 2020 and its Effect on Mortality by Diseases of the Respiratory System in Spain: Trends and Their Determinants Compared to 2019. Arch Bronconeumol. 2022 Apr;58:13-21. doi: 10.1016/j.arbres.2022.03.001. Epub 2022 Mar 21. PMID: 35340748

<sup>&</sup>lt;sup>2</sup> Sachs JD, Karim SSA, Aknin L, Allen J, Brosbøl K, Colombo F, *et al*. The Lancet Commission on lessons for the future from the COVID-19 pandemic. Lancet. 2022 Oct 8;400(10359):1224-1280. doi: 10.1016/S0140-6736(22)01585-9. Epub 2022 Sep 14. PMID: 36115368

<sup>&</sup>lt;sup>3</sup> García-Basteiro A, Alvarez-Dardet C, Arenas A, Bengoa R, Borrell C, Del Val M, *et al*. The need for an independent evaluation of the COVID-19 response in Spain. Lancet. 2020 Aug 22;396(10250):529-530. doi: 10.1016/S0140-6736(20)31713-X. Epub 2020 Aug 6. PMID: 32771082

<sup>&</sup>lt;sup>4</sup> Soriano JB, Infante A. Aiming for the end of the COVID-19 pandemic: the what, how, who, where, and when. Chin Med J 2023 Chin Med J (Engl). 2023 Feb 9. doi: 10.1097/CM9.00000000000149. PMID: 36752803

<sup>&</sup>lt;sup>5</sup> STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) guidance for reporting observational research. (Accessed March 30, 2023; Available at http://strobe-statement.org/index.php?id=strobe-home).

<sup>&</sup>lt;sup>6</sup> Instituto Nacional de Estadística (INE). (2021). Mortalidad por mes y causa de defunción [Mortality by month and cause of death]. Available at: <a href="https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica C&cid=12547361">https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica C&cid=12547361</a> <a href="mailto:77009&menu=resultados&secc=1254736177011&idp=1254734710990">77009&menu=resultados&secc=1254736177011&idp=1254734710990</a> [Accessed on December 2022].

<sup>&</sup>lt;sup>7</sup> Defunciones según la Causa de Muerte Año 2021 (datos definitivos) y primer semestre 2022 (datos provisionales) <a href="https://www.ine.es/prensa/edcm\_2021.pdf">https://www.ine.es/prensa/edcm\_2021.pdf</a> . INE; Nota de prensa, 19 de diciembre de 2022.

<sup>&</sup>lt;sup>8</sup> Causa básica de defunción. INE. Disponible en: <a href="https://www.ine.es/dynt3/inebase/es/index.htm?padre=8273&capsel=8275">https://www.ine.es/dynt3/inebase/es/index.htm?padre=8273&capsel=8275</a>. [acceso el 17 de diciembre de 2021]

Wasserstein RL, Lazar NA. The ASA Statement on p-Values: Context, Process, and Purpose. The American Statistician, 70:2, 129-133, DOI: 10.1080/00031305.2016.1154108; Published online:09 Jun 2016 https://doi.org/10.1080/00031305.2016.1154108

<sup>&</sup>lt;sup>10</sup> Greenland S, Senn SJ, Rothman KJ, Carlin JB, Poole C, Goodman SN, Altman DG. Statistical tests, P values, confidence intervals, and power: a guide to

misinterpretations. Eur J Epidemiol. 2016 Apr;31(4):337-50. doi: 10.1007/s10654-016-0149-3. Epub 2016 May 21. PMID: 27209009

- <sup>11</sup> Amrhein V, Greenland S, McShane B. Scientists rise up against statistical significance. Nature. 2019 Mar;567(7748):305-307. doi: 10.1038/d41586-019-00857-9. PMID: 30894741
- <sup>12</sup> GBD Chronic Respiratory Disease Collaborators. Prevalence and attributable health burden of chronic respiratory diseases, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet Respir Med. 2020 Jun;8(6):585-596. doi: 10.1016/S2213-2600(20)30105-3. PMID: 32526187.
- <sup>13</sup> Gallus S, Lugo A, Liu X, Behrakis P, Boffi R, Bosetti C, *et al.* Who Smokes in Europe? Data From 12 European Countries in the TackSHS Survey (2017-2018). J Epidemiol. 2021 Feb 5;31(2):145-151. doi: 10.2188/jea.JE20190344. Epub 2020 Apr 4. PMID: 32249267
- <sup>14</sup> Rey-Brandariz J, Pérez-Ríos M, Santiago-Pérez MI, Galán I, Schiaffino A, Varela-Lema L, et al. Trends in smoking-attributable mortality in Spain: 1990–2018. Eur J Public Health. 2022;32(6):919–25. doi: 10.1093/eurpub/ckac165
- <sup>15</sup> Peruga A, Fernández E, Fernández R, Pérez-Ríos M, Rodríguez-Lozano F, Martínez C. Has the reduction in tobacco consumption in Spain stopped? no, but we have to speed it up. Arch Bronconeumol. 2023. Feb 16:S0300-2896(23)00035-2. doi: 10.1016/j.arbres.2023.02.008. Online ahead of print. PMID: 36863995
- <sup>16</sup> Soriano JB, Rojas-Rueda D, Alonso J, Antó JM, Cardona PJ, Fernández E, *et al*. The burden of disease in Spain: Results from the Global Burden of Disease 2016. Med Clin (Barc). 2018 Sep 14;151(5):171-190. doi: 10.1016/j.medcli.2018.05.011. PMID: 30037695
- <sup>17</sup> Lazarus JV, Ortiz A, Tyrovolas S, Fernández E, Guy D, White TM, *et al*. A GBD 2019 study of health and Sustainable Development Goal gains and forecasts to 2030 in Spain. Sci Rep. 2022 Dec 7;12(1):21154. doi: 10.1038/s41598-022-24719-z. PMID: 36477107
- <sup>18</sup> Libro Blanco: La Neumologia en España. Dirección General: Pilar de Lucas Ramos. ISBN: 978-84-944106-2-8 Dep. Legal: B 15359-2015 Editado y coordinado por RESPIRA-Fundación Española del Pulmón-SEPAR. 2015.
- <sup>19</sup> Lodenkemper R, Gibson GJ, Sibille Y. European Lung White Book. The first comprehensive survey on respiratory health in Europe. Lausanne: European Respiratory Society, European Lung Foundation. 2003.
- <sup>20</sup> Schluger NW, Koppaka R. Lung disease in a global context. A call for public health action. Ann Am Thorac Soc. 2014 Mar;11(3):407-16. doi: 10.1513/AnnalsATS.201312-420PS. PMID: 24673697

- <sup>21</sup> Soriano JB, Soriano C, Fernández E. Medicina Respiratoria Planetaria. Arch Bronconeumol. 2017 Jun;53(6):297-299. doi: 10.1016/j.arbres.2016.10.016. Epub 2016 Dec 13. PMID: 27979636
- <sup>22</sup> Hansell AL, Walk JA, Soriano JB. What do chronic obstructive pulmonary disease patients die from? A multiple cause coding analysis. Eur Respir J. 2003 Nov;22(5):809-14. doi: 10.1183/09031936.03.00031403. PMID: 14621089
- <sup>23</sup> Burney P, Jarvis D, Perez-Padilla R. The global burden of chronic respiratory disease in adults. Int J Tuberc Lung Dis. 2015 Jan;19(1):10-20. doi: 10.5588/ijtld.14.0446. PMID: 25519785
- <sup>24</sup> Lista reducida de causas de muerte CIE-10 y su correspondencia con la CIE-9. INE. Disponible en: <a href="https://www.ine.es/daco/daco42/sanitarias/lista">https://www.ine.es/daco/daco42/sanitarias/lista</a> reducida CIE10.pdf [acceso el 17 de diciembre de 2021]
- <sup>25</sup> Hansell AL, Walk JA, Soriano JB. What do chronic obstructive pulmonary disease patients die from? A multiple cause coding analysis. Eur Respir J. 2003 Nov;22(5):809-14. doi: 10.1183/09031936.03.00031403. PMID: 14621089
- <sup>26</sup> Burney P, Jarvis D, Perez-Padilla R. The global burden of chronic respiratory disease in adults. Int J Tuberc Lung Dis. 2015 Jan;19(1):10-20. doi: 10.5588/ijtld.14.0446. PMID: 25519785