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Nota di contenuto	Summary; Abbreviations; 1 Introduction; 1.1 Purpose of this report; 1.2 Understanding the nature of health risks; 1.3 The risk transition; Figure 1: The causal chain. Major causes of ischaemic heart disease are shown. Arrows indicate some (but not all) of the pathways by which these causes interact.; ; Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different; 1.4 Measuring impact of risk Figure 3: An observed population distribution of average systolic blood pressure (SBP, right-hand distribution) and the ideal population distribution of average systolic blood pressure (left-hand distribution). 1.5 Risk factors in the update for 2004; Figure 4: Counterfactual attribution. Lung cancer deaths in 2004 (outer circle) showing the proportion attributed to smoking and urban air pollution. Deaths that would have been prevented by removing either exposure are represented by the area where the i; 1.6Regional estimates for 2004 Figure 5: Low- and middle-income countries grouped by WHO region,

2004. Refer to Table A5 (Annex A) for list of countries and definitions of categories.2 Results; 2.1 Global patterns of health risk; Figure 6: Deaths attributed to 19 leading risk factors, by country income level, 2004.; Figure 7: Percentage of disability-adjusted life years (DALYs) attributed to 19 leading risk factors, by country income level, 2004.; Table 1: Ranking of selected risk factors: 10 leading risk factor causes of death by income group, 2004

Table 2: Ranking of selected risk factors: 10 leading risk factor causes of DALYs by income group, 2004 2.2 Childhood and maternal under nutrition; Table 3: Deaths and disability-adjusted life years (DALYs) attributable to five risk factors for child and maternal under nutrition, and to all five risks combined; countries grouped by income, 2004; Figure 8: Major causes of death in children under 5 years old with disease-specific contribution of under nutrition, 2004.; 2.3 Other diet-related risk factors and physical inactivity

Table 4: Deaths and DALYs attributable to five diet-related risks and physical inactivity, and to all six risks combined, by region, 2004 Figure 9: Attributable disability-adjusted life year (DALY) rates for selected diet-related risk factors, and all six risks together, by WHO region and income level, 2004.; 2.4 Sexual and reproductive health; Figure 10: Burden of disease attributable to lack of contraception, by WHO region, 2004.; 2.5 Addictive substances

Table 5: Deaths and disability-adjusted life years (DALYs) attributable to alcohol, tobacco and illicit drug use, and to all three risks together, by region, 2004

Sommario/riassunto

This report uses a comprehensive framework for studying health risks that was developed for the World Health Report 2002, which presented estimates for the year 2000. The report provides an update for the year 2004 for 24 global risk factors. It uses updated information from WHO programs and scientific studies for both exposure data and the causal associations of risk exposure to disease and injury outcomes. The burden of disease attributable to risk factors is measured in terms of lost years of healthy life using the metric of the disability-adjusted life year (DALY). The DALY combines years