

Table and Graph Criticism Exercise

Table principles

- Should be self-explanatory!!!
- It is easier to compare numbers in columns.
- Round aggressively, preferably to two effective digits (ie where the numbers differ). *Exception: you need to convey precise results.*
- Order rows and/or columns purposefully to convey information. Compare across columns
- Lightly use visual elements to ease comparisons.

Graph principles

- Should be self-explanatory.
- Aim for interocular traumatic impact. Use the ideas below to convey your message clearly.
- Choose a graph type to emphasize your desired message.
- **Maximize the data to ink ratio.**
- Minimize the impact of non-data ink.
- Use colors, marker symbols and line types purposefully (Excel is ☹).

Group assignment

For table and graph

- What works? (3+ things)
- What doesn't work? (3+ things)
- How did the papers purpose constrain the presentation?

Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017

GBD 2017 Disease and Injury Incidence and Prevalence Collaborators*



Summary

Background The Global Burden of Diseases, Injuries, and Risk Factors Study 2017 (GBD 2017) includes a comprehensive assessment of incidence, prevalence, and years lived with disability (YLDs) for 354 causes in 195 countries and territories from 1990 to 2017. Previous GBD studies have shown how the decline of mortality rates from 1990 to 2016 has led to an increase in life expectancy, an ageing global population, and an expansion of the non-fatal burden of disease and injury. These studies have also shown how a substantial portion of the world's population experiences non-fatal health loss with considerable heterogeneity among different causes, locations, ages, and sexes. Ongoing objectives of the GBD study include increasing the level of estimation detail, improving analytical strategies, and increasing the amount of high-quality data.

Methods We estimated incidence and prevalence for 354 diseases and injuries and 3484 sequelae. We used an updated and extensive body of literature studies, survey data, surveillance data, inpatient admission records, outpatient visit records, and health insurance claims, and additionally used results from cause of death models to inform estimates using a total of 68 781 data sources. Newly available clinical data from India, Iran, Japan, Jordan, Nepal, China, Brazil, Norway, and Italy were incorporated, as well as updated claims data from the USA and new claims data from Taiwan (province of China) and Singapore. We used DisMod-MR 2.1, a Bayesian meta-regression tool, as the main method of estimation, ensuring consistency between rates of incidence, prevalence, remission, and cause of death for each condition. YLDs were estimated as the product of a prevalence estimate and a disability weight for health states of each mutually exclusive sequela, adjusted for comorbidity. We updated the Socio-demographic Index (SDI), a summary development indicator of income per capita, years of schooling, and total fertility rate. Additionally, we calculated differences between male and female YLDs to identify divergent trends across sexes. GBD 2017 complies with the Guidelines for Accurate and Transparent Health Estimates Reporting.

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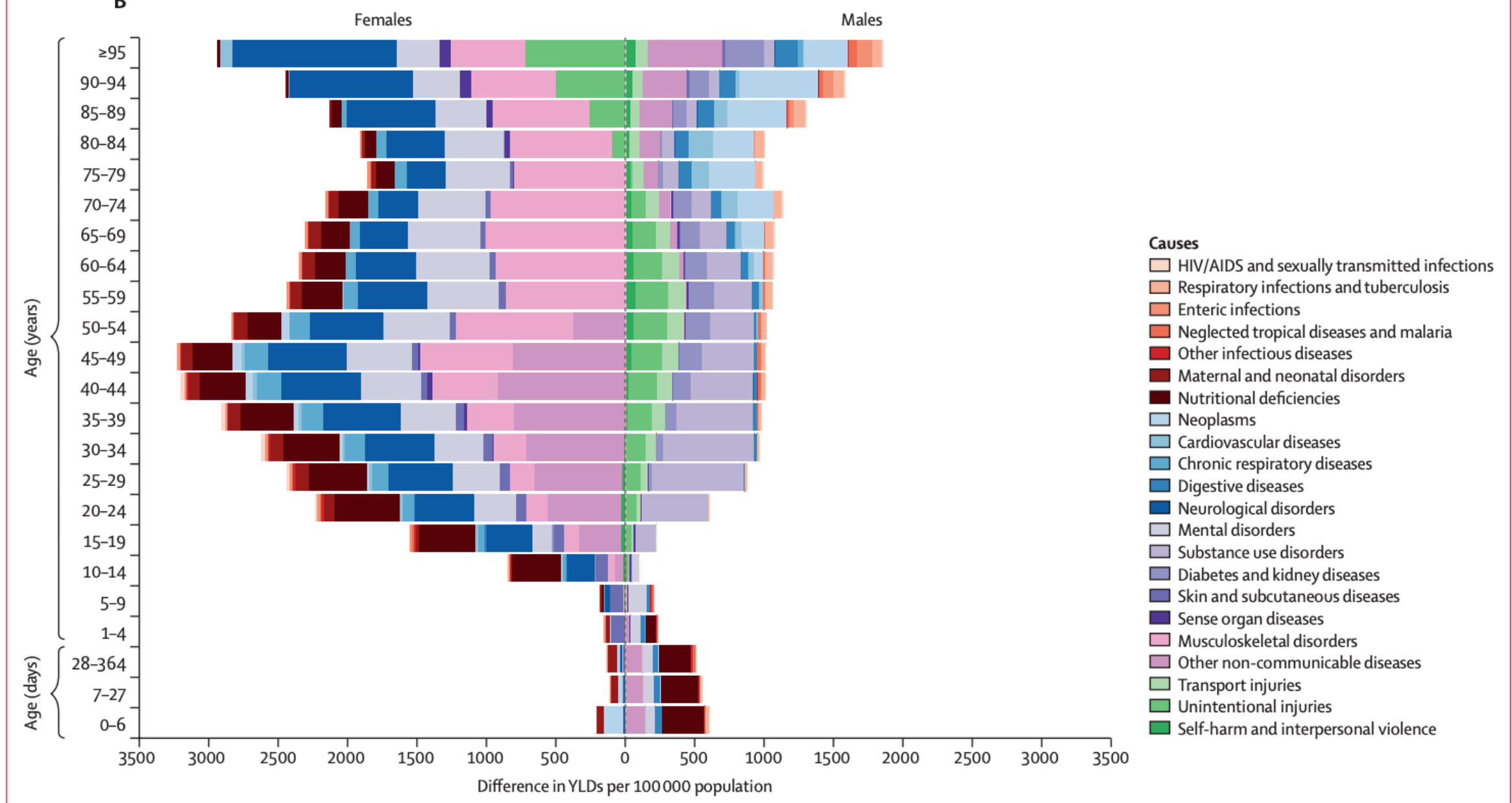


Figure 5: Sex differences in global prevalence and YLD rates per 100 000 for 22 Level 2 causes by age, 2017

The figure represents the difference in prevalence (A) and YLD rates (B) between males and females as well as the cause composition of those differences for each GBD age group for the Level 2 causes of non-fatal burden. GBD=Global Burden of Diseases, Injuries, and Risk Factors Study. YLDs=years lived with disability.