This paper reported trends in mortality, incidence and prevalence of coronary heart disease (CHD), stroke, heart attack, angina and heart failure over the past 50 years.

Methods Mortality data were provided by the UK national statistics agencies. For morbidity data we reviewed the peer-reviewed and grey literature for comparable estimates from different time points over the last 50 years.

Results Around half of the UK population died from CVD in the 1960s; by 2009 this had dropped to a third. CHD mortality rates have remained 30%–40% higher in Scotland than in England since 1961. Incidence rates for heart attack have decreased since the 1960s, while survival has improved; prevalence in those over 75 has increased by around 40% since the mid-1990s. Over the past 20 years heart failure incidence decreased by over a third in Scotland. Between 1970 and 1991, prevalence of angina nearly tripled for men over 75 and has continued to rise.

Conclusion Mortality from CVD has declined over the past 50 years, but striking geographic inequalities have remained. Incidence of two major CVD conditions have declined, but continuing increases in prevalence and an ageing population mean that the burden of CVD is still a major issue for the UK.

Introduction Ankle sprains are one of the most common injuries presenting to emergency departments, representing 3% to 5% of all visits in the UK, and 10% of all injury-related visits in the USA. Ankle injuries have significant physical and economic consequences for the affected individuals.

Objectives To describe the epidemiology of ankle sprains and fractures among the general population; and to determine the direct and indirect costs related to the diagnosis and treatment of ankle injuries.

Methods A comprehensive literature review of Ovid MEDLINE, Embase, Cochrane DSR, ACP Journal Club, AMED, Ovid Healthstar, and CINAHL was conducted for English-language studies on ankle sprains and fractures published from 1980 to 2010. The search identified 2594 studies of which 47 were selected for analysis. A majority of the studies were published in the last decade. The incidence of ankle sprains was 2 to 7 per 1000 person-years, while the incidence of ankle fractures was 1 per 1000 person-years. The costs of emergency ankle sprain management ranged from $1692.82 to $15,802.26 (2009 CAD) per patient. The economic management costs were higher for ankle fractures: $126.13 to $2356.21 per patient (2009 CAD), depending on fracture severity. The management costs were higher for ankle fractures: $126.13 to $2356.21 per patient (2009 CAD), depending on fracture severity. The management costs were higher for ankle fractures: $126.13 to $2356.21 per patient (2009 CAD), depending on fracture severity. The management costs were higher for ankle fractures: $126.13 to $2356.21 per patient (2009 CAD), depending on fracture severity. The management costs were higher for ankle fractures: $126.13 to $2356.21 per patient (2009 CAD), depending on fracture severity. The management costs were higher for ankle fractures: $126.13 to $2356.21 per patient (2009 CAD), depending on fracture severity.

Conclusions Information on the epidemiology of ankle sprains and fractures may help plan for health policy and the provision of health services. Moreover, the cost data may inform future studies undertaking economic evaluations of the diagnosis and treatment of ankle injuries.