

Open access Journal International Journal of Emerging Trends in Science and Technology

Prospective of Medical Cost for Genitourinary Cancer for Sex and Age Group in Range 2012-2050: Case of Mexico

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Abstract

Medical costs are calculated for genitourinary cancer for all age groups of Mexican people and sex into range of 2012-2050. Probabilities of entrance or disease detection, permanence or in treatment and departure or death are calculated for each age group and sex. The maximum probabilities for each case are 0.038% (65+), 0.376%-0.388% (25-29, 85+) and 0.6438% (85+), for male. Analogously, for female are 0.0201% (60-64), 0.514% (35-39), and 0.1074% (85+), respectively. The treatment medical costs are not similarly between men and women. The maximum number of people in treatment is in (20-29) for male and (35-39) for female. The number of patients decreasing in the range. The unit costs are bigger for patients of 50 years old and more than all age group for male (+7.02%) whereas it is not for female.

Keywords: medical costs, prospective, aging, health, genicourinary cancer.

1. Introduction

Many Mexican man have genitourinary cancer (GC) however, they do not seek professional medical help and prefer to hide, SO that statistics underestimated. Evidence of this are Asociación Mexicana de Instituciones de Seguros (AMIS) data (Table 2) which data covering the population with resources to pay health insurance.

This work shows the economic impact over a horizon of 2012-2050 of GC in terms of percentages of gross domestic product (GDP), for the three scenarios: base, optimal and worse. The base scenario is calculated by adjusting a model AR(2)MA(2) [2] with weighting, the other two are given by experts and both depend on the effect of energy and labor reforms.

The available information is from public institutions: Ministry of Health (Secretaría de Salud, [8],[9],[11]), National Population Council (Consejo Nacional de Población, CONAPO[12]), Mexican Institute of Social Security (Instituto Mexicano del Seguro Social, IMSS [4],[6],[7]), National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía, INEGI [10]) and private: Mexican Association of Insurance Institutions (AMIS) and hospitals.

by CONAPO whose Population projections methodology appears on the official website [12] and decadal cohort of number of patients and unit costs for some diseases IMSS beneficiaries were used [6],[7]. IMSS information is not showed by age group neither sex (patients in treatment). New cases information appears since 1980 up to 1990 by big age group and sex and 1991-2011 by age group. Deceased people by GC is presented by age and sex. The cost of this disease is high for its treatment and its duration. As insured persons by IMSS represent 40% of the population, IMSS data are taken as sampling. The Mexican health system (SS) covers the following institutions: IMSS, Institute for Social Security and Services for State Workers (Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, ISSSTE), Popular Insurance (Seguro Popular, SP-IMSS), Oil Company (Petróleos Mexicanos, PEMEX), Ministry of Defense (Secretaría de la Defensa Nacional, SEDENA), Ministry of Navy (Secretaría de Marina, SEMAR), private institutions and other public institutions, so the numbers of deaths and new cases representative of the population.

2. Methodology

The proposed model is stochastic ^[2] with entrance, in treatment and death probabilities by GC, population, number of patients and unitary cost at time t by age group and sex (stock).

The probabilities are calculated for each year, t, as

Pr(death; age; sex; t) =
$$\frac{\text{# death by the disease(age; sex; t)}}{\text{# death by the disease(age; sex; t)}}$$
(1)

Pr(new cases; age; sex; t) =
$$\frac{\text{# new cases or #detected disease(age; sex; t)}}{\text{# death by the disease(age; sex; t)}}$$
(2)

$$Pr(+1; age; sex; t) = \frac{\text{\# death by the disease(age; sex; t)\# permanence or \#people who have survived the disease one more year(age; sex; t)}}{\text{\# death by the disease(age; sex; t)}}$$
(3)

The model diagram is showed in Figure 1. Several considerations must be taken by each patient's condition.

Deaths. It works with the records of the SS with respect to age, sex and cause key, excluding unspecified. It has the historical 1990 to 2011. Curve fitting are applied to these data by ordinary least-squares (OLS) after the transformation of equation (4). In most cases it is the exponential. The growth rates are denoted as λ 's. Prospective is constructed following behavior given these rates, for 2012-2050 taken as input data 2011.

The correlation coefficient of curve fitting are showed in Table 1.

$$death_{t} = be^{m}t \Rightarrow (4)$$

$$Ln(death_{t}) = Ln(death_{0} e^{\lambda t}) = Ln(death_{0}) + \lambda t$$

The equation (1) is calculated using both prospective, the population and the exponential behavior of deaths by GC. This latter based on the high correlation coefficients by age group and sex shown in Table 1.

Behavior of deaths was analyzed. The male age groups 45+ showed an exceptional exponential behavior with correlation coefficients greater than

89%. In the case of female the age group (5-9) and (80-84) are remarkable.

New Cases. From the database of the SS tables of major diseases are obtained by age group (<1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-44, 45-49, 50-59, 60-65 & 65+). Information was obtained from 1990-2011 data which its trend behavior and basic statistics (mean and standard deviation) was analyzed. In case non-trend was chosen to simulate an exponential growth between the extreme values for the entire period. As a base scenario was chosen the trend values as first option and minimum among all the options as second choice.

The equation (2) is calculated using both prospective, the population and the exponential behavior of new cases by GC.

For new cases exhibit this behavior with correlations of 3.1% for both women and men in general. The probabilities of entrance, in treatment and death to GC are dynamics and they are different in each stage. Their dynamic changes are gotten by LSO. Table of these dynamic changes by age group are shown in the appendix.

In Treatment. IMSS data were used to rebuild the intermediate years. The method Runge-Kuta was applied to

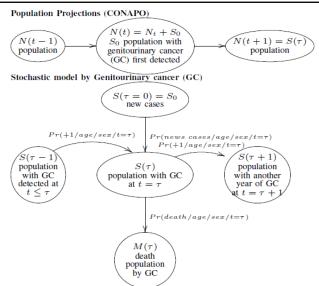
the exponential growth rates per period. Then data were redistributed according to death rates of SS for age groups. Subsequently normalized with respect to the prospective of the IMSS. The initial value is the amount of the average proportion of deaths ^[1] by age group by sex (2003-2011) multiplied by the number of patients treated according to IMSS prospective.

Data from 2011 patients in treatment are obtained by extrapolating the values of 2012 compared to exponential growth rates (2012-2020) of its prospective. The cases of initial values are the maximum, minimum and average in the period. After these are distributed by age and sex as mentioned in the previous paragraph.

The equation (3) is calculated using both prospective, the population and the exponential behavior of in treatment patients by GC. As the number of in treatment patients are IMSS data (sample), these were analyzed and calculated their behavior and prospective of both beneficiaries of the IMSS and beneficiaries who have survived the disease one more year. Latter, the probabilities by age group by sex by each year were gotten applying equation (3). After, these probabilities were input to make inference to population.

The AMIS published in 2011 the morbidity rate of GC for each 10,000. See Table 2.

Redistribution by age group (2012-2050) can be calculated using standard growth rates (about the death) following the general prospective IMSS or initial value using any of the three values obtained from the ratios of deaths by group age by sex by disease (1990-2012): average, maximum or minimum. And from the initial value to apply the before mentioned growth rates. The scenarios I, II and III use the average, maximum and minimal values as initial value (2011), respectively.



$$\label{eq:continuous_probability} \begin{split} & Pr(new\ cases/age/sex/t) \colon Entrance\ probability\ for\ age\ for\ sex\ at\ time\ t\\ & Pr(+1/age/sex/t) \colon Suffering\ a\ year\ over\ the\ disease\ probability\ by\ age\ by\ sex\ at\ time\ t\\ & Pr(death/age/sex/t) \colon Death\ probability\ by\ GC\ by\ age\ by\ sex\ at\ time\ t\\ \end{split}$$

Figure 1: Schematic model. Started CONAPO population projections estimated population with GC, new cases and dying from this disease from 2012 to 2050.

Table 1: Correlation coefficients for exponential behavior (Death)

age groups	male	female	age groups	male	female
0-4			45-49	0.89	
5-9		0.81	50-54	0.86	
10-14			55-59	0.93	0.78
15-19	0.62		60-64	0.85	0.70
20-24	0.78		65-69	0.87	0.64
25-29	0.89		70-74	0.93	
30-34	0.86	0.63	75-79	0.97	0.77
35-39		0.68	80-84	0.94	0.89
40-44	0.64	0.78	85 +	0.98	

Table 2: Morbidity rate of genitourinary cancer for each 10,000 (2011)

M	ALE	(N10-N19)	FEN	MALE	(N10-N19)
		Malignant			Malignant
age	Distribution	tumors of the	age	Distribution	tumors of the
group	of insured	genitourinary	group	of insured	genitourinary
		organs			organs
0-20	29%	9	0-20	26%	2
21-35	30%	41	21-35	33%	16
36-50	29%	26	36-50	29%	50
51-65	10%	315	51-65	10%	54
+ 65	2%	4672	+ 65	1%	263
TOTAL	100%	5064	TOTAL	100%	385
% casos/c	casos totales	0.57%	% casos/casos totales		0.18%

2.1 Gross Domestic Product scenarios: Basis, optimal and worse.

Base Scenario. Quarterly gross domestic product (GDP) data since 1996-I up to 2012-IV current prices are applied to AR(2)MA(2) model (Eq. (5)). Adjusted data are deflated to base year 2012.

$$GDP_t = 1.037568 GDP_{t-2} + [AR(2)]$$

= 0.730942,
 $MA(2) = -0.937709$, $1996 \le t \le 2012$ (5)

From Table 3, AR process is stationary and ARMA model is invertible. The model presents positive serial correlation because of Durbin-Watson statistical is between 1 and 2. Covariance matrix values appear in Table 4.

Table 3: Statistical parameter of model AR(2)MA(2)

$R^2 = 98.99\%$	Inv. AR Root (0.85,-0.85)
	Inv. MA Root (0.97,-0.97)
$s_{\epsilon} = 3.66x10^8$	t-Student (433.15, 8.79, -23.86)
n = 64	D-W = 1.160196

Table 4: Covariance matrix of model AR(2)MA(2)

	GDP(-2)	AR(2)	MA(2)
GDP(-2)	5.74E-06	-7.41E-05	-2.26E-05
AR(2)	-7.41E-05	0.006918	-0.000999
MA(2)	-2.26E-05	-0.000999	0.001545

The increasing GDP was 2.5% (January 2013) fall dawn 1.7% (December 2013). Average rate in June 2014 was 3.1% (fall dawn up to 2.5%) and last semester is expected 1.7%. The government expects an increasing rates during 2015 between (2.5% - 3.5%). In 2016, rates could be of (3.0% - 3.1%) and in 2017-2050 of 3%. If energy and labor reforms are successful, the GDP growth rates could be of up to 7% from 2020. The GDP prospective is showed in the Figure 2.

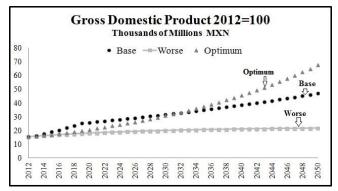


Figure 2: Curves fitted for each scenarios of gross domestic product are showed.

Optimum scenario. Upper limits of the ranges of the above paragraph.

Worse scenario. Lower limits of the ranges of the above paragraph.

2.2 Probabilities of entrance, in treatment and death for genitourinary cancer.

Dynamics probabilities prospective by patient condition by age group by sex by year are gotten from IMSS prospective for in treatment patients (Table 5) and applied to Runge-Kutta approximation to reconstruction year by year. Late, death data historic distribution by age groups and its prospective and applied to Table 6 data. Maximal rate for male is 0.07259% and 0.11582% for female at 2012. These rates are larger for women as men throughout the period. NOTE: In the IMSS prospective of in treatment patients, their rates are increasing from 2030 to differences obtained from the analysis of historical data from 1990 to 2011.

Table 5: IMSS prospective for in treatment patients of Genitourinary Cancer

Increasing rate	es of in								
treatment pa	treatment patients								
for range[9],	[10]:								
λ_1 2012-2020	-1.2%								
λ_2 2021-2030	-1.6%								
λ_3 2031-2040	-1.3%								
λ_4 2041-2050	-0.7%								
λ 2012-2050	-1.2%								

In the cases of death and new cases condition, dynamics probabilities prospective are fitted by LSO. SS data are age groups.

3. Results

From Figures 3 and 4, comparing two arbitrary years, 2019 and 2040, GC medical costs are higher for women than men about 0.00968% and 0.008813% of GDP, respectively, for base scenario. To worse scenario the differences are 0.013831% and 0.016125% for each reference year. To optimum scenario are 0.012246% and 0.007416%. All in absolute terms.

If the initial value of patients in 2011 is the historical minimum, the differences in medical costs

versus maximum are 0.000203% (2019) and 0.000124% (2040) for male. For female, the costs differences are 0.00274% and 0.001693%, respectively. All in absolute terms.

For historical minimum initial value versus average initial value, the differences in medical costs for male are 0.000090% (2019) and 0.000056% (2040) and for female are 0.001316% and 0.000811%, respectively. All in absolute terms.

From figure 5, 6 and 7, the unit costs present an increment of 7.01% (2019) and 7.02% (2040) for 50 and more years old male respect all disease population. For female, the unit costs for 50 and more years old respect all disease population are 85.705% and 85.704%, respectively.

The maximum number of people in treatment is (20-29) years old for male and, (25-39) years old for female.

Table 6: Probabilities by patient condition by sex by year (2012-2050)

Proba-		r (all	in tour		deatl	- (-11	death (50 +)	
				atment			death	(30 +)
bilities		roups)		groups)		roups)	1	C1-
YEAR	male	female	male	female	male	female	male	female
2010	0.000%	0.006%	0.089%	0.157%	0.011%	0.013%	0.066%	0.057%
2011	0.000%	0.007%	0.091%	0.156%	0.012%	0.013%	0.065%	0.056%
2012	0.000%	0.006%	0.077%	0.164%	0.012%	0.013%	0.065%	0.055%
2013	0.000%	0.006%	0.075%	0.160%	0.012%	0.013%	0.065%	0.053%
2014	0.000%	0.006%	0.073%	0.156%	0.013%	0.013%	0.064%	0.052%
2015	0.000%	0.006%	0.071%	0.152%	0.013%	0.013%	0.064%	0.051%
2016	0.000%	0.006%	0.069%	0.148%	0.013%	0.013%	0.064%	0.050%
2017	0.000%	0.006%	0.067%	0.144%	0.014%	0.013%	0.064%	0.049%
2018	0.000%	0.006%	0.065%	0.140%	0.014%	0.013%	0.063%	0.048%
2019	0.000%	0.006%	0.063%	0.136%	0.015%	0.013%	0.063%	0.047%
2020	0.000%	0.006%	0.061%	0.133%	0.015%	0.013%	0.063%	0.046%
2021	0.000%	0.006%	0.059%	0.128%	0.015%	0.014%	0.063%	0.045%
2022	0.000%	0.006%	0.057%	0.124%	0.016%	0.014%	0.063%	0.044%
2023	0.000%	0.005%	0.055%	0.120%	0.016%	0.014%	0.062%	0.043%
2024	0.000%	0.005%	0.053%	0.116%	0.017%	0.014%	0.062%	0.042%
2025	0.000%	0.005%	0.051%	0.112%	0.017%	0.014%	0.062%	0.042%
2026	0.000%	0.005%	0.049%	0.108%	0.018%	0.014%	0.062%	0.041%
2027	0.000%	0.005%	0.047%	0.104%	0.018%	0.014%	0.061%	0.040%
2028	0.000%	0.005%	0.046%	0.101%	0.019%	0.014%	0.061%	0.039%
2029	0.000%	0.005%	0.044%	0.097%	0.019%	0.014%	0.061%	0.038%
2030	0.000%	0.005%	0.042%	0.094%	0.020%	0.014%	0.061%	0.037%
2031	0.000%	0.005%	0.041%	0.091%	0.020%	0.014%	0.061%	0.037%
2032	0.000%	0.005%	0.040%	0.088%	0.021%	0.014%	0.060%	0.036%
2033	0.000%	0.005%	0.038%	0.085%	0.021%	0.014%	0.060%	0.035%
2034	0.000%	0.005%	0.037%	0.082%	0.022%	0.014%	0.060%	0.034%
2035	0.000%	0.005%	0.036%	0.080%	0.022%	0.015%	0.060%	0.034%
2036	0.000%	0.004%	0.035%	0.077%	0.023%	0.015%	0.060%	0.033%
2037	0.000%	0.004%	0.034%	0.075%	0.024%	0.015%	0.059%	0.032%
2038	0.000%	0.004%	0.033%	0.072%	0.024%	0.015%	0.059%	0.032%
2039	0.000%	0.004%	0.032%	0.070%	0.025%	0.015%	0.059%	0.031%
2040	0.000%	0.004%	0.031%	0.068%	0.026%	0.015%	0.059%	0.030%
2041	0.000%	0.004%	0.030%	0.066%	0.026%	0.015%	0.059%	0.030%
2042	0.000%	0.004%	0.029%	0.064%	0.027%	0.015%	0.058%	0.029%
2043	0.000%	0.004%	0.029%	0.062%	0.028%	0.015%	0.058%	0.028%
2044	0.000%	0.004%	0.028%	0.061%	0.029%	0.015%	0.058%	0.028%
2045	0.000%	0.004%	0.028%	0.059%	0.029%	0.015%	0.058%	0.027%
2046	0.000%	0.004%	0.027%	0.057%	0.030%	0.015%	0.058%	0.027%
2047	0.000%	0.004%	0.026%	0.056%	0.031%	0.015%	0.057%	0.026%
2048	0.000%	0.004%	0.026%	0.054%	0.032%	0.015%	0.057%	0.026%
2049	0.000%	0.004%	0.025%	0.053%	0.033%	0.016%	0.057%	0.025%
2050	0.000%	0.004%	0.025%	0.052%	0.034%	0.016%	0.057%	0.025%

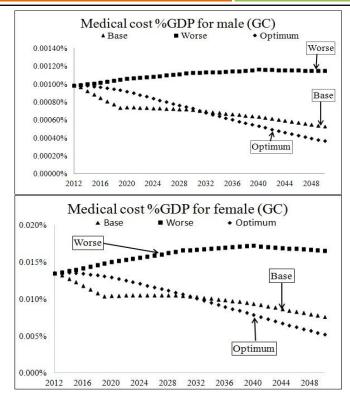
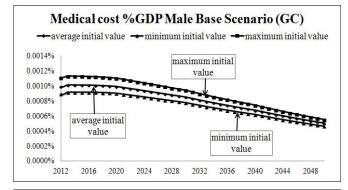


Figure 3: Medical cost as a percentage of GDP for male and female since 2012 up to 2050 for three scenarios: base, optimum and worse.



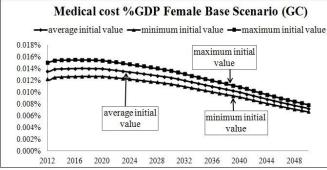


Figure 4: Medical cost as a percentage of GDP for male and female for base scenario.

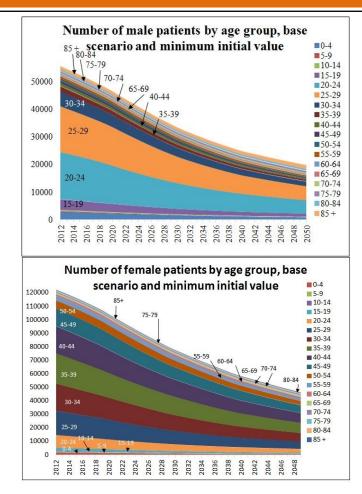
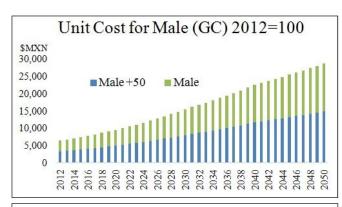


Figure 5: Comparative number of patients for male and female by age group for base scenario and minimum initial value.



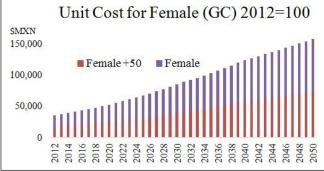
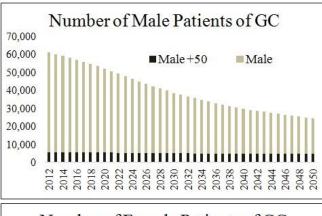


Figure 6: Comparative unit cost for male and female all age group vs. 50 and more years old.



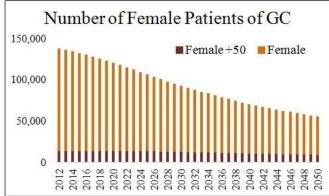


Figure 7: Comparative number of patients of GC for male and female all age group vs. 50 and more years old.

4. Conclusions

The genitourinary cancer is less expensive than degenerative chronic-diseases as diabetes mellitus ^[13], renal failure and hypertensive disease. After of 50 years old GC increasing costs for male conceivably owing to the survive probability are less. GC appears at early age (10-14) for female and (0-4) for male. The GC is more expensive for female then male.

It is necessary to construct consistent data bases for new cases and in treatment condition patient for age by sex by year to better models.

5. Appendix

Table 7: Probabilities of enter or disease detection – Male

Age									
Group/	2012	2015	2020	2025	2030	2035	2040	2045	2050
Year									
0-4	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
5-9	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
10-14	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
15-19	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
20-24	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.000%	0.000%
25-29	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%
30-34	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%
35-39	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%
40-44	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%
45-49	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%
50-54	0.006%	0.005%	0.004%	0.004%	0.003%	0.003%	0.003%	0.003%	0.003%
55-59	0.006%	0.005%	0.004%	0.004%	0.003%	0.003%	0.003%	0.003%	0.003%
60-64	0.018%	0.018%	0.018%	0.018%	0.018%	0.018%	0.018%	0.018%	0.018%
65-69	0.034%	0.030%	0.024%	0.020%	0.016%	0.013%	0.011%	0.010%	0.009%
70-74	0.034%	0.030%	0.024%	0.020%	0.016%	0.013%	0.011%	0.010%	0.009%
75-79	0.034%	0.030%	0.024%	0.020%	0.016%	0.013%	0.011%	0.010%	0.009%
80-84	0.034%	0.030%	0.024%	0.020%	0.016%	0.013%	0.011%	0.010%	0.009%
85 +	0.034%	0.030%	0.024%	0.020%	0.016%	0.013%	0.011%	0.010%	0.009%

Table 8: Probabilities of enter or disease detection – Female

Age Group/ Year	2012	2015	2020	2025	2030	2035	2040	2045	2050
	0.00004	0.0000	0.00004	0.00004	0.0000	0.0000	0.00004	0.00004	0.00004
0-4	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
5-9	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
10-14	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
15-19	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
20-24	0.002%	0.002%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%	0.001%
25-29	0.007%	0.007%	0.006%	0.006%	0.006%	0.005%	0.005%	0.005%	0.005%
30-34	0.007%	0.007%	0.006%	0.006%	0.006%	0.005%	0.005%	0.005%	0.005%
35-39	0.007%	0.007%	0.006%	0.006%	0.006%	0.005%	0.005%	0.005%	0.005%
40-44	0.007%	0.007%	0.006%	0.006%	0.006%	0.005%	0.005%	0.005%	0.005%
45-49	0.015%	0.014%	0.012%	0.011%	0.010%	0.010%	0.009%	0.009%	0.009%
50-54	0.015%	0.014%	0.011%	0.010%	0.009%	0.008%	0.007%	0.007%	0.007%
55-59	0.015%	0.014%	0.011%	0.010%	0.009%	0.008%	0.007%	0.007%	0.007%
60-64	0.019%	0.017%	0.013%	0.011%	0.009%	0.008%	0.007%	0.007%	0.006%
65-69	0.015%	0.013%	0.011%	0.009%	0.007%	0.006%	0.005%	0.004%	0.003%
70-74	0.015%	0.013%	0.011%	0.009%	0.007%	0.006%	0.005%	0.004%	0.003%
75-79	0.015%	0.013%	0.011%	0.009%	0.007%	0.006%	0.005%	0.004%	0.003%
80-84	0.015%	0.013%	0.011%	0.009%	0.007%	0.006%	0.005%	0.004%	0.003%
85 +	0.015%	0.013%	0.011%	0.009%	0.007%	0.006%	0.005%	0.004%	0.003%

Table 9: Probabilities of stock or in treatment – Male

Age									
Group/	2012	2015	2020	2025	2030	2035	2040	2045	2050
Year									
0-4	0.050%	0.046%	0.039%	0.033%	0.028%	0.024%	0.021%	0.018%	0.016%
5-9	0.006%	0.005%	0.004%	0.004%	0.003%	0.003%	0.002%	0.002%	0.002%
10-14	0.006%	0.005%	0.005%	0.004%	0.003%	0.003%	0.002%	0.002%	0.002%
15-19	0.071%	0.065%	0.056%	0.047%	0.040%	0.034%	0.029%	0.026%	0.023%
20-24	0.336%	0.308%	0.265%	0.224%	0.188%	0.162%	0.139%	0.123%	0.109%
25-29	0.365%	0.334%	0.288%	0.243%	0.205%	0.176%	0.151%	0.134%	0.118%
30-34	0.128%	0.117%	0.101%	0.085%	0.072%	0.062%	0.053%	0.047%	0.041%
35-39	0.048%	0.044%	0.038%	0.032%	0.027%	0.023%	0.020%	0.018%	0.016%
40-44	0.030%	0.028%	0.024%	0.020%	0.017%	0.015%	0.013%	0.011%	0.010%
45-49	0.028%	0.026%	0.022%	0.019%	0.016%	0.014%	0.012%	0.010%	0.009%
50-54	0.031%	0.029%	0.025%	0.021%	0.017%	0.015%	0.013%	0.011%	0.010%
55-59	0.043%	0.039%	0.034%	0.028%	0.024%	0.021%	0.018%	0.016%	0.014%
60-64	0.020%	0.019%	0.016%	0.013%	0.011%	0.010%	0.008%	0.007%	0.007%
65-69	0.031%	0.028%	0.024%	0.020%	0.017%	0.015%	0.013%	0.011%	0.010%
70-74	0.055%	0.051%	0.044%	0.037%	0.031%	0.027%	0.023%	0.020%	0.018%
75-79	0.099%	0.091%	0.078%	0.066%	0.056%	0.048%	0.041%	0.036%	0.032%
80-84	0.176%	0.161%	0.139%	0.117%	0.099%	0.085%	0.073%	0.064%	0.057%
85 +	0.355%	0.325%	0.280%	0.236%	0.199%	0.171%	0.147%	0.130%	0.115%

Table 10: Probabilities of stock or in treatment – Female

Age Group/	2012	2015	2020	2025	2030	2035	2040	2045	2050
Year	2012	2013	2020	2023	2030	2033	2040	2043	2030
0-4	0.034%	0.031%	0.027%	0.023%	0.019%	0.017%	0.014%	0.013%	0.011%
5-9	0.010%	0.009%	0.008%	0.006%	0.005%	0.005%	0.004%	0.004%	0.003%
10-14	0.010%	0.009%	0.008%	0.006%	0.005%	0.005%	0.004%	0.004%	0.003%
15-19	0.045%	0.041%	0.035%	0.030%	0.025%	0.022%	0.019%	0.016%	0.015%
20-24	0.179%	0.164%	0.141%	0.119%	0.101%	0.086%	0.074%	0.066%	0.058%
25-29	0.373%	0.341%	0.294%	0.248%	0.209%	0.180%	0.154%	0.136%	0.121%
30-34	0.440%	0.403%	0.347%	0.293%	0.247%	0.212%	0.182%	0.161%	0.142%
35-39	0.514%	0.470%	0.405%	0.342%	0.288%	0.248%	0.213%	0.188%	0.166%
40-44	0.503%	0.460%	0.396%	0.334%	0.282%	0.242%	0.208%	0.184%	0.162%
45-49	0.379%	0.347%	0.299%	0.252%	0.212%	0.182%	0.157%	0.139%	0.122%
50-54	0.215%	0.197%	0.169%	0.143%	0.120%	0.104%	0.089%	0.079%	0.069%
55-59	0.145%	0.133%	0.114%	0.096%	0.081%	0.070%	0.060%	0.053%	0.047%
60-64	0.079%	0.072%	0.062%	0.052%	0.044%	0.038%	0.033%	0.029%	0.025%
65-69	0.069%	0.063%	0.054%	0.046%	0.038%	0.033%	0.028%	0.025%	0.022%
70-74	0.073%	0.067%	0.057%	0.048%	0.041%	0.035%	0.030%	0.027%	0.024%
75-79	0.073%	0.066%	0.057%	0.048%	0.041%	0.035%	0.030%	0.027%	0.023%
80-84	0.078%	0.072%	0.062%	0.052%	0.044%	0.038%	0.032%	0.029%	0.025%
85 +	0.090%	0.082%	0.071%	0.060%	0.050%	0.043%	0.037%	0.033%	0.029%

Table 11: Probabilities of death – Male

Age Group/	2012	2015	2020	2025	2030	2035	2040	2045	2050
Year	2012	2013	2020	2023	2030	2033	2040	2043	2030
0-4	0.000%	0.000%	0.000%	0.000%	0.001%	0.001%	0.002%	0.003%	0.006%
5-9	0.000%	0.000%	0.000%	0.000%	0.002%	0.006%	0.021%	0.073%	0.257%
10-14	0.000%	0.000%	0.000%	0.001%	0.002%	0.006%	0.017%	0.046%	0.127%
15-19	0.001%	0.001%	0.002%	0.003%	0.004%	0.005%	0.007%	0.010%	0.015%
20-24	0.002%	0.002%	0.002%	0.003%	0.003%	0.004%	0.005%	0.006%	0.007%
25-29	0.002%	0.003%	0.003%	0.004%	0.004%	0.005%	0.007%	0.008%	0.010%
30-34	0.002%	0.002%	0.002%	0.003%	0.003%	0.004%	0.005%	0.006%	0.007%
35-39	0.001%	0.001%	0.002%	0.002%	0.002%	0.003%	0.004%	0.005%	0.007%
40-44	0.001%	0.001%	0.002%	0.002%	0.002%	0.002%	0.003%	0.003%	0.004%
45-49	0.002%	0.002%	0.002%	0.003%	0.003%	0.004%	0.005%	0.006%	0.008%
50-54	0.004%	0.005%	0.005%	0.006%	0.007%	0.008%	0.010%	0.011%	0.014%
55-59	0.009%	0.010%	0.010%	0.011%	0.012%	0.015%	0.018%	0.021%	0.025%
60-64	0.024%	0.023%	0.021%	0.020%	0.019%	0.020%	0.021%	0.023%	0.025%
65-69	0.050%	0.048%	0.044%	0.041%	0.039%	0.037%	0.037%	0.039%	0.043%
70-74	0.104%	0.104%	0.102%	0.097%	0.094%	0.093%	0.093%	0.098%	0.108%
75-79	0.188%	0.194%	0.200%	0.200%	0.195%	0.193%	0.195%	0.199%	0.214%
80-84	0.288%	0.306%	0.343%	0.374%	0.397%	0.409%	0.429%	0.460%	0.497%
85 +	0.482%	0.488%	0.511%	0.549%	0.585%	0.610%	0.618%	0.627%	0.644%

Table 12: Probabilities of death - Female

Age Group/ Year	2012	2015	2020	2025	2030	2035	2040	2045	2050
0-4	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
5-9	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
10-14	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
15-19	0.000%	0.000%	0.001%	0.001%	0.002%	0.003%	0.004%	0.006%	0.009%
20-24	0.001%	0.001%	0.001%	0.002%	0.002%	0.003%	0.003%	0.004%	0.005%
25-29	0.002%	0.003%	0.003%	0.004%	0.004%	0.005%	0.006%	0.007%	0.009%
30-34	0.004%	0.004%	0.005%	0.005%	0.006%	0.006%	0.007%	0.008%	0.009%
35-39	0.008%	0.008%	0.009%	0.011%	0.012%	0.014%	0.016%	0.018%	0.021%
40-44	0.012%	0.012%	0.012%	0.013%	0.014%	0.014%	0.015%	0.016%	0.018%
45-49	0.021%	0.020%	0.019%	0.020%	0.021%	0.021%	0.022%	0.024%	0.026%
50-54	0.028%	0.027%	0.024%	0.023%	0.023%	0.024%	0.024%	0.025%	0.026%
55-59	0.034%	0.032%	0.029%	0.027%	0.026%	0.026%	0.027%	0.028%	0.029%
60-64	0.043%	0.039%	0.034%	0.030%	0.027%	0.025%	0.024%	0.025%	0.025%
65-69	0.054%	0.050%	0.042%	0.036%	0.031%	0.028%	0.026%	0.025%	0.025%
70-74	0.063%	0.059%	0.053%	0.045%	0.040%	0.036%	0.032%	0.030%	0.030%
75-79	0.080%	0.076%	0.069%	0.061%	0.053%	0.046%	0.041%	0.037%	0.035%
80-84	0.097%	0.096%	0.095%	0.091%	0.086%	0.079%	0.073%	0.070%	0.067%
85 +	0.093%	0.085%	0.076%	0.069%	0.063%	0.056%	0.048%	0.042%	0.036%

6. Acknowledgment

The authors would like to thank Jorge Rodolfo Daudé Balmer, María Rebeca Ruíz Velasco, Gabriela Pérez García,

María de Lourdes Vázquez Díaz, María Guadalupe Aguilar Frías.

References

- (CELADE) División de Población de la CEPAL, "Guideliness for the modules making on aging in the dwelling surveys. Latinoamerican and Caribean Center of Demography [Directrices para la elaboración de módulos sobre envejecimiento en las encuestas de hogares Centro Latinoamericano y Caribeño de Demografía]," Publicación de las Naciones Unidas, ISSN versión impresa 1680-886x ISSN versión electrónica 1680-8878 ISBN: 978-92-1-323244-6 LC/L.2969-P N° de venta: S.08.II.G.81, Santiago de Chile, noviembre de 2008.
- 2. Prajneshu, "Diffusion approximations for models of population growth with logarithmic interactions," Stochastic Processes and their application, Vol. 10 pp. 87-99, North-Holland Publishing Company, 1980.
- 3. Secretaría de Salud, "The mortality in Mexico 2000-2004, avoidable deaths: magnitude, distribution and tendencies [La mortalidad en México, 2000-2004. Muertes Evitables: magnitud, distribución y tendencias]", Subsecretaría de Innovación y Calidad Dirección Gen. de Información en Salud, México, 2006.
- 4. Villarreal-Ríos Enrique, Campos Esparza Maribel, Galicia Rodríguez Liliana, Martínez González Lidia, Vargas Daza Emma Rosa, Torres Labra Guadalupe, Patiño Vega Adolfo, Rivera Martínez María Teresa, Aparicio Rojas Raúl, Juárez Durán Martín, "Annual cost per capital in the first attention level by gender [Costo anual per cápita en primer nivel de atención por género]," Unidad de Investigación Epidemiológica y en Servicios de Salud Querétaro, Instituto Mexicano del Seguro Social, Ciencia y Saúde Coletiva, 16(3):1961-1968, 2011.
- 5. Academia Nacional de Medicina de México, Academia Mexicana de Cirugía, Instituto de Geriatría, Universidad Nacional Autónoma de México, "Aging and health: a proposal for and action plan [Envejecimiento y salud: una propuesta para un plan de acción]," UNAM, México, 2012.

- 6. Instituto Mexicano del Seguro Social, "Finantial and actuarial report on December 31, 2009. [Informe Financiero y Actuarial al 31 de Diciembre de 2009.]"
- 7. Instituto Mexicano del Seguro Social, "Finantial and actuarial report on December 31, 2010. [Informe Financiero y Actuarial al 31 de Diciembre de 2010.]"
- Secretaría de Salud, Sistema Nacional de Información en Salud, Dirección de Registros Administrativos, Departamento Explotación de Información Estadística, "Statistical yearbooks, Mexico, 2013. [Anuarios estadísticos. México, 2013.]," DE (ver http://www.sinais. salud.gob.mx/basesdedatos/),11/04/2013,ver http://www.sinais.salud.gob.mx/publicaciones/a nuario.html. The National health information system (Sistema Nacional de Información en Salud, SINAI) presents in its official web site statistical yearbooks, newsletters statistical information, mortality and morbidity data, health accounts, health situation in Mexico (basic indicators), executive summaries, guides and manuals and other publications.
- 9. Secretaría de Salud, Dirección General de Epidemiología, "Morbility yearbooks, Mexico, 2013. [Anuarios de Morbilidad México 2013.]," DE (ver http://www.dgsi.salud.gob.mx), 11/04/2013. The General Management of Statistical Information (Dirección General de Información en Salud, DGIS) shows in its official web site demographics data and population projections and dynamic cubes to extract the necessary data.
- 10. Estudio Nacional de Salud y Envejecimiento en México (ENASEM) 2001 Documento Metodológico, Sistema de Cuentas Nacionales de México, "Satellite account of the health sector of Mexico 2008-2010 [Cuenta satélite del sector salud de México 2008-2010]," INEGI, ISBN 978-607-494-316-0, México, 2012.
- 11. Secretaría de Salud, "Historical information of vital statistics births and deaths 1893-2010 [Información histórica de estadísticas vitales nacimientos y defunciones 1893-2010]," Dirección General de Epidemiología, Subsecre-

- taria de Prevención y Promoción de la Salud, ISBN 978-607-460-235-7, México, 2011.
- 12. Database CONAPO, see link: http://www.conapo.gob.mx/es/CONAPO/Proye cciones Datos. The population projections of CONAPO are published along with demographic basic indicators and death data in its official web site.
- 13. Ledesma-Carrión Dora E., Hernández-Hernández L., Muciño-Porras María T.L., Prospective of Medical Cost for Diabetes Mellitus for Sex and Age Group in Range 2012-2050: Case of Mexico, Proceedings of the International MultiConference of Engineers and Computer Scientists 2015, Vol I, pp.67-72, ISBN: 978-988-19253-9-8, ISSN: 2078-0958 (Print);ISSN: 2078-0966 (Online), 2015.



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