

4.9 Chronic respiratory conditions

Chronic respiratory conditions affect the airways and are characterised by symptoms such as wheezing, shortness of breath, chest tightness and cough. Conditions include: *asthma*, a chronic inflammatory condition of the airways associated with episodes of wheezing, breathlessness and chest tightness; *chronic obstructive pulmonary disease* (COPD), which includes both emphysema and chronic bronchitis; and a range of *other conditions*, such as allergic rhinitis ('hay fever'), chronic sinusitis, cystic fibrosis, bronchiectasis, occupational lung diseases and sleep apnoea (see Glossary).

Smoking is a major risk factor for chronic respiratory conditions. A range of environmental factors (such as exposure to viral infections and air pollutants) and genetic factors (such as for cystic fibrosis) also play a role.

This snapshot does not examine acute respiratory conditions such as the common cold and influenza.

How common are these conditions?

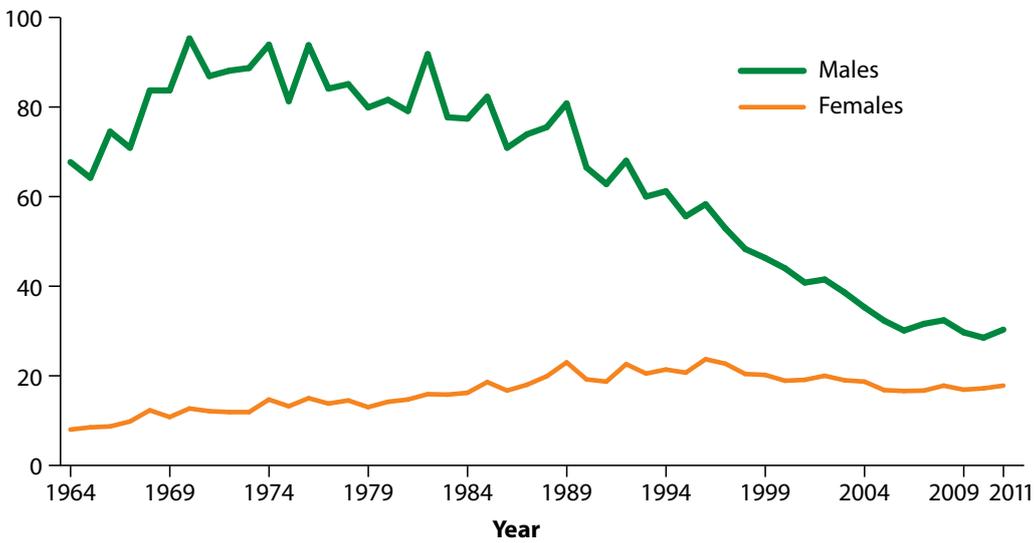
- In 2011–12, about 3 in 10 Australians (29%) suffered from 1 or more chronic respiratory conditions (6.3 million people).
- Hay fever and asthma were the 2 most common conditions, affecting an estimated 3.7 million (17%) and 2.3 million Australians (10%) respectively.
- Asthma was one of the most common chronic health conditions among children, affecting an estimated 393,000 children aged 0–14 (9%) in 2011–12.
- COPD was comparatively rarer, affecting an estimated 529,000 Australians (2%).
- Both COPD and asthma were more common in areas of lowest socioeconomic status than in areas with the highest status (4% compared with 2% for COPD, and 12% compared with 9% for asthma).
- There was a small fall in the age-standardised prevalence of asthma and COPD between 2001 and 2011–12, from 12% to 10% for asthma and from 4% to 2% for COPD (ABS 2012).

Deaths

- In 2011, COPD caused 5,900 deaths, asthma 378 deaths and bronchiectasis 314 deaths.
- The age-standardised death rate from asthma fell from a peak of 6.6 per 100,000 population in 1989 to 1.5 per 100,000 in 2011.
- The death rate from COPD for males has decreased markedly over the past 40 years, with the age-standardised rate in 2011 less than one-third of that in 1970 (falling from 95 to 30 per 100,000 population). In contrast, there was a small rise in the death rate for females over this period (from 13 to 18 per 100,000 population) (Figure 4.12). This may reflect differences in smoking prevalence and history among males and females.

Figure 4.12

Deaths per 100,000 population



Notes

1. Rates have been age-standardised to the 2001 Australian population.
2. Deaths registered in 2009 and earlier are based on the final version of cause of death data; deaths registered in 2010 and 2011 are based on revised and preliminary versions, respectively, and are subject to further revision by the ABS. Data for 2010 have not been adjusted for the additional deaths arising from outstanding registrations of deaths in Queensland in 2010.

Source: AIHW National Mortality Database.

Death rates for COPD, 1964–2011

Health care

- Chronic respiratory conditions are predominantly managed in primary health care. Survey data suggest that asthma was the most common chronic respiratory condition managed by general practitioners, accounting for about 2 per 100 GP–patient encounters in 2012–13 (Britt et al. 2013).
- In 2011–12, only 24% of people who reported asthma as a long-term condition had a written asthma action plan (ABS 2013).
- The hospitalisation rate for asthma was 173 per 100,000 population in 2011–12. The age-standardised hospitalisation rate fell by 38% between 1998–99 and 2011–12 (37% for males and 39% for females).
- The hospitalisation rate for COPD (among those aged 55 and over) was 1,200 per 100,000 population. The age-standardised hospitalisation rate for males aged 55 and over fell by 18% between 1998–99 and 2011–12. The rate for females aged 55 and over varied little over the same period.

What is missing from the picture?

The prevention, management and treatment of chronic respiratory conditions beyond hospital settings, including the appropriateness of care with respect to clinical guidelines, cannot be examined in detail because of a lack of information about primary health care.

There is also a lack of nationally comparable information in specific areas such as access to, and use of, long-term oxygen therapy and pulmonary rehabilitation for respiratory diseases such as COPD (AIHW et al. 2013a), management of asthma during pregnancy (AIHW et al. 2013b) and uptake of recommended vaccinations among people with chronic respiratory conditions (AIHW 2012).

Where do I go for more information?

More information on chronic respiratory conditions in Australia is available at www.aihw.gov.au/chronic-respiratory-conditions. The report *Asthma in Australia 2011* and other recent publications are available for free download.

References

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