



Key points—*Asthma in Australia 2008*

This section presents selected findings from the report. Also, each chapter begins with its own lists of key points.

Asthma in Aboriginal and Torres Strait Islander Australians

- Asthma represents the second most common self-reported illness affecting the Indigenous population.
- Compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander Australians:
 - have a higher prevalence of asthma, particularly among older persons, children and those living in non-remote localities
 - have a higher rate of mortality due to asthma
 - have higher rates of hospitalisation for asthma
 - have almost double the rate of smoking
 - have relatively high rates of exposure to passive smoke as children, both before and after birth
 - are less likely to use inhaled corticosteroids for asthma, at least among children
 - are more likely to have diabetes and mental and behavioural disorders as a comorbid condition with asthma.

Prevalence

- Asthma remains a significant health problem in Australia, with prevalence rates that are high by international standards.
- In 2004–05, the prevalence of asthma in Australia was 10.2% (equivalent to 2,010,212 people).
- Compared with 2001, the prevalence of asthma in 2004–05 decreased slightly in children and young adults but remained unchanged in older adults.
- Among those aged 0–14 years, the prevalence of asthma is higher among boys than girls, but among those aged 15 years and over, asthma is more prevalent in females than males.
- The gap in prevalence between the least disadvantaged and most disadvantaged localities increased between 2001 and 2004–05.
- The majority of children with asthma in Australia have infrequent episodic asthma while very few (less than 5%) have persistent asthma.
- The majority of adults with asthma have mild or very mild forms of the condition.
- Asthma commonly coexists with other chronic conditions.

Mortality

- There were 402 deaths attributed to asthma as the underlying cause in 2006. This represents 0.30% of all deaths in that year.
- There was a 69% decrease in the mortality attributed to asthma between 1989 and 2006.
- The rate of mortality due to asthma in Australia is high on an international scale.
- The risk of dying from asthma increases with age but the rate of increase is less than for all-cause mortality.
- People living in more socioeconomically disadvantaged areas have a higher risk of dying from asthma than people who live in more advantaged areas.

Use of health-care services

General practice encounters

- There has been a decrease in the rate of general practice encounters for asthma among adults (–24%) and children (–37%) between 1998 and 2008.
- Inhaled corticosteroids are prescribed at more than half of asthma-related general practice encounters.
- Lung function testing and provision of asthma action plans occur in less than 10% of general practice encounters for asthma.
- Claims for completed Practice Incentives Program Asthma Cycle of Care:
 - are highest among boys aged 0–14 years and women aged 65 years and over
 - are lower among people aged 15–34 years, people living in remote areas and people living in areas of a relatively higher socioeconomic status
 - tend to peak in the winter months.

Hospitalisations and emergency department visits

- Children have higher rates of hospitalisation for asthma than adults.
- There has been a reduction in the rate of hospital admissions for asthma between 1993–94 and 2006–07 among both adults (–45%) and children (–42%).
- Hospital admissions for asthma are higher among:
 - adults living in remote areas than those residing in major cities
 - people living in socioeconomically disadvantaged areas compared with those living in the least disadvantaged areas.
- Peaks in hospital admissions for asthma vary by age, with rates highest in February and May among children and highest in the winter months among adults.
- In 2006–07, 11.7 out of every 1,000 hospitalisations for asthma included a period of mechanical ventilation (that is, on a ‘life-support machine’).

Health-care expenditure

- Health expenditure on asthma was \$606 million in 2004–05.
- Asthma expenditure accounted for 1.2% of total allocated health-care expenditure in 2004–05.
- When compared with total allocated health expenditure, less asthma expenditure can be attributed to admitted patient hospital care but a substantially higher proportion of asthma expenditure is attributable to prescription pharmaceuticals.

Management

Asthma action plans

- The majority of people with asthma do not have a written asthma action plan, despite national guidelines recommending their use for the management of asthma for nearly 20 years.
- Young men and those living in socioeconomically disadvantaged areas are less likely to possess a written asthma action plan than others.

Medication use

- The use of almost all medications for asthma increases with age.
- As expected, use of inhaled corticosteroids is less common in children than in adults with asthma.
- Children are more commonly prescribed the less potent formulations of inhaled corticosteroids while prescriptions for combination formulations containing long-acting beta-agonists are relatively uncommon in children.
- Among adults, the majority of inhaled corticosteroids are prescribed in combination with long-acting beta-agonists.
- There has been a recent reduction in prescribing the most potent formulations of inhaled corticosteroids.
- Intermittent use of inhaled corticosteroids is the most common mode of use in adults and children, despite treatment guidelines recommending regular use in people with persistent asthma.

Smoking and occupational exposures

- People with asthma continue to smoke at least as commonly as people without asthma, despite the known adverse effects.
- The prevalence of smoking is higher among younger people with asthma than older people with asthma.
- Socioeconomic position is an important determinant of the risk of smoking among people with asthma.
- An estimated 11% of children with asthma reside in homes where smoking occurs inside the home.
- Nearly 10% of adult-onset asthma is caused by occupational exposures and, hence, could be avoided if exposure to triggering agents in the workplace was eliminated.

Quality of life

- Asthma is associated with poorer quality of life.
- People with asthma rate their health worse than people without asthma.
- People with asthma report a substantially higher proportion of days of reduced activity than those without the condition.
- Most of the impact of asthma is on physical functioning and on the ability to perform social roles.
- Australians with asthma report worse psychological health than those without asthma, and the difference is more pronounced in females and in older persons.