

Table 3.3
Prevalence of asthma in children, most recent health survey results, Australia, 2001–2004

Location	Survey	Year	Age range	Rates	95% CI
Ever doctor-diagnosed asthma					
Australia	(1)	2001	0 to 17 years	24.8%	23.7–25.9%
NSW	(2)	2001	2 to 12 years	26.4%	25.4–27.4%
SA	(3)	2003–04	2 to 15 years	25.0%	22.6–27.4%
WA	(4)	2004	0 to 15 years	20.2%	17.2–20.8%
Ever doctor-diagnosed asthma AND symptoms of asthma or taken treatment for asthma in last 12 months					
NSW	(2)	2001	2 to 12 years	15.7%	14.7–16.8%
SA	(3)	2003–04	2 to 15 years	18.4%	16.3–20.7%
WA	(4)	2004	0 to 15 years	14.6%	12.1–17.2%
Ever doctor-diagnosed asthma AND 'Yes' to 'Do you still get asthma'?					
Australia	(1)	2001	0 to 17 years	13.8%	12.9–14.7%

Notes

1. Only most recent estimates were included in this table from surveys periodically repeated in the same population using the same methods (e.g. repeat state CATI health surveys)
2. Data from earlier surveys and other studies of asthma prevalence among children are provided in Chapter 2.

Sources: These estimates were obtained from the following surveys and studies: (1) ABS National Health Survey 2001 (CURF); (2) NSW Child Health Survey 2001, (Centre for Epidemiology and Research (NSW Department of Health) 2002); (3) South Australian Monitoring and Surveillance System, Population Research and Outcome Studies Unit, SA Department of Human Services (unpublished data) 2005; (4) Health and Wellbeing Surveillance System, Health Information Centre, WA Department of Health (unpublished data) 2005.

Time trends in the prevalence of current asthma

There are widespread reports that asthma has become more common in the last 20 years, particularly in Western nations (Burney 2002; Peat et al. 1994; Robertson et al. 1991). Some recent studies, however, suggest this trend may be levelling or decreasing (Anderson et al. 2004; Braun-Fahrlander et al. 2004; Devenny et al. 2004; Mommers et al. 2005; Robertson et al. 2004; Wong et al. 2004). However, the interpretation of these reports is complex since small differences in study methodology and definitions may confound comparisons between surveys. Furthermore, most surveys are based on self-reports of diagnosed asthma and these may be subject to changes in the tendency of doctors to apply the diagnostic label 'asthma'. Confident conclusions about time trends in the prevalence of asthma can only be made if the following criteria are met:

- Two or more studies of sufficient size have used the same survey methods and definitions for asthma, in the same survey populations separated by a period of several years.
- The observed trends are consistent across several different measures of asthma (preferably including an objective measure).
- The trends are consistent across a broad geographic region.

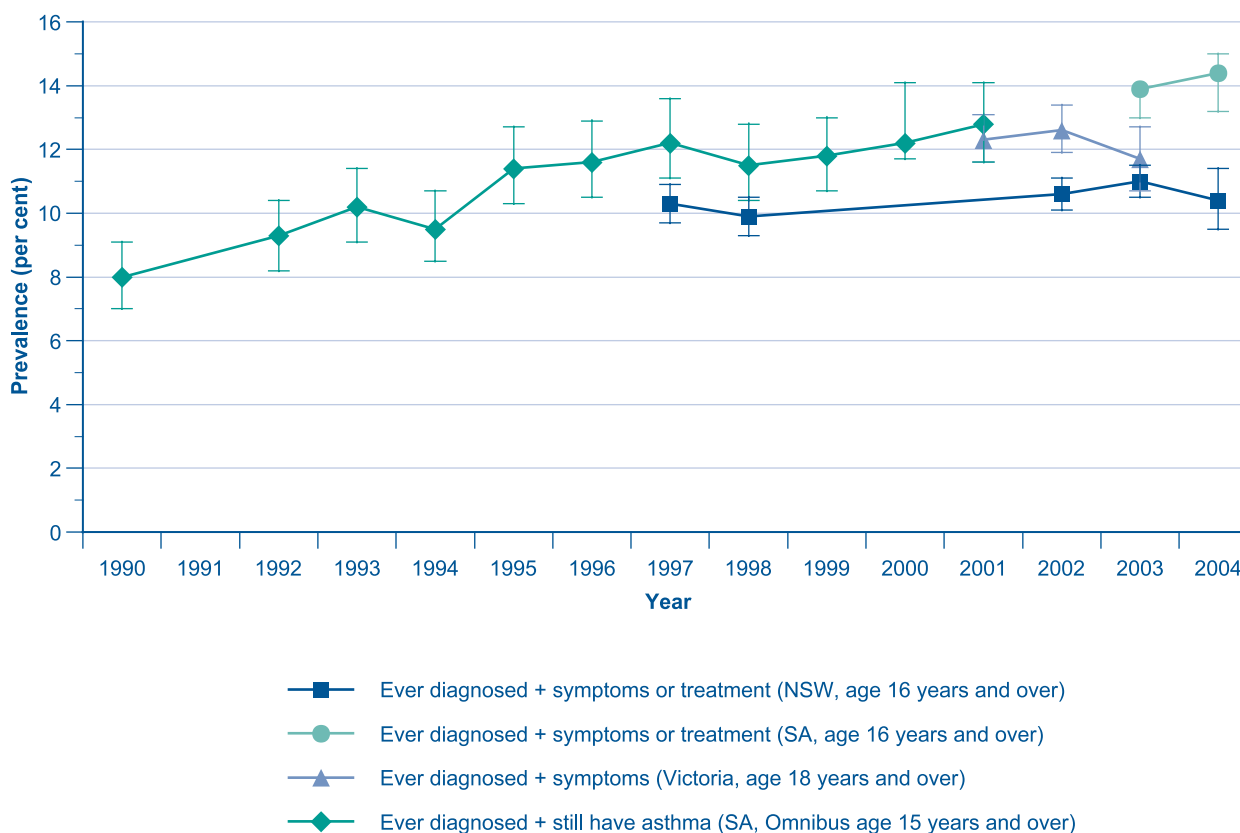
The finding of a consistent trend in one age group, for example children, does not necessarily imply that the same trend exists in other age groups.

There are some surveys that have been conducted using the same methodology in the same populations, although few have used a broad range measures of asthma and even fewer have used objective measures.

The available data on trends in the prevalence of asthma in Australia are shown in Figure 3.1 for adults and Figure 3.2 for children. In these figures, each line represents a series of surveys conducted in a single population using the same methodology, including the same measure of asthma. In some instances two measures of asthma from the same series of surveys are presented, each represented by a different line. It is important to point out that these lines should be interpreted as independent trends. The relation between the positions of these lines is difficult to interpret because it reflects methodological differences between the surveys, including the way in which asthma was measured.

There is evidence of a rising trend in the prevalence of asthma among adults since the early 1990s (Figure 3.1). This is most evident in the long series of surveys conducted in South Australia (Wilson et al. 2002). Over the more recent period, since the late 1990s, when several series are available, the prevalence of asthma appears to be stable in adults. There is also consistent evidence of a rise in the prevalence of asthma among children during the 1980s and into the early 1990s (Figure 3.2). More recent data suggest that this rising trend may have peaked.

Figure 3.1
Prevalence of current asthma, adults, Australia, 1990–2004



Note: Different definitions of asthma are used. NSW: Asthma = Ever diagnosed with asthma by a doctor plus asthma symptoms or treatment in the last 12 months; SA: Asthma = Ever diagnosed with asthma by a doctor plus symptoms when didn't have a respiratory infection or treatment in the last 12 months; Victoria: Asthma = Ever diagnosed with asthma by a doctor plus asthma symptoms in the last 12 months; SA Omnibus: Asthma = ever diagnosed with asthma by a doctor plus 'Yes' to 'Do you still have asthma?'.

Sources: Victorian Department of Human Services, Population Research and Outcome Studies Unit; SA Department of Human Services; Centre for Epidemiology and Research, NSW Department of Health; Wilson et al. 2002, 2003.