3.10 Chronic respiratory conditions

Chronic respiratory conditions affect people’s airways and are characterised by symptoms such as wheezing, shortness of breath, chest tightness and cough. Conditions include asthma, chronic obstructive pulmonary disease (COPD)—which includes 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).

There are a range of behavioural, environmental and genetic risk factors that are associated with chronic respiratory conditions, including smoking, exposure to viral infections and air pollutants, and inheritance of genes associated with respiratory illnesses, such as cystic fibrosis.

How common are chronic respiratory conditions?

Based on the self-reported data from the Australian Bureau of Statistics (ABS) 2014–15 National Health Survey (NHS) (ABS 2015):

- more than 3 in 10 Australians (31% or 7 million people) had one or more chronic respiratory conditions
- hay fever and asthma were the two most common conditions, affecting 4.5 million Australians (19% of the population) and 2.5 million Australians (11% of the population), respectively. COPD was comparatively rarer, affecting an estimated 600,000 Australians (2.6%)
- asthma was one of the most common chronic health conditions among children, affecting 479,000 children aged 0–14 (11%)
- almost two-thirds (65% or 388,000) of the 600,000 Australians with COPD were aged 55 and over
- both asthma and COPD were more common in people living in low socioeconomic areas than in people living in high socioeconomic areas (13% compared with 10% for asthma, and 4.1% compared with 1.5% for COPD).

Between 2001 and 2014–15 there was a fall in the age-standardised prevalence of self-reported asthma (from 12% to 11%) and of COPD (from 3.6% to 2.4%).

Deaths

COPD was the fifth leading underlying cause of death in Australia in 2013 (4.4% of all deaths).

In 2013:
- there were around 6,500 deaths due to COPD, about 400 deaths due to asthma and nearly 300 deaths due to bronchiectasis
- 95% (6,200) of deaths due to COPD were among people aged 55 and over.
Between 2001 and 2013, among those aged 55 and over, the age-standardised death rate for COPD fluctuated, ranging from 97 to 127 deaths per 100,000 population (Figure 3.10.1). The rate for males fell from 183 to 137 deaths per 100,000 males, while the rate for females had no clear trend, ranging from 74 to 89 deaths per 100,000 females.

Between 2001 and 2013, among those of all ages, the age-standardised death rates for asthma and bronchiectasis remained relatively steady at fewer than 2.2 deaths per 100,000 population.

**Figure 3.10.1: Age-standardised death rates (2001 to 2013) and hospitalisations (2001–02 to 2013–14) for asthma (all ages), bronchiectasis (all ages) and COPD (ages 55 and over)**

<table>
<thead>
<tr>
<th>Deaths per 100,000 population</th>
<th>Hospitalisations per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>2001</td>
<td>2001–02</td>
</tr>
<tr>
<td>2013</td>
<td>2013–14</td>
</tr>
<tr>
<td>COPD (aged 55+)</td>
<td>COPD (aged 55+)</td>
</tr>
<tr>
<td>Asthma</td>
<td>Asthma</td>
</tr>
<tr>
<td>Bronchiectasis</td>
<td>Bronchiectasis</td>
</tr>
</tbody>
</table>

**Notes**
1. Rates have been age-standardised to the 2001 Australian population.
2. Deaths registered in 2011 and earlier are based on the final version of cause of death data; deaths registered in 2012 and 2013 are based on revised and preliminary versions, respectively and are subject to further revision by the ABS.
3. Data for COPD are for those aged 55 and over.

**Sources:** AIHW National Mortality Database and AIHW National Hospitals Morbidity Database.

**Health care**

- Chronic respiratory conditions are predominantly managed in primary health care. In 2011–12, more than half (57%) of people with asthma visited a general practitioner (GP) for asthma at least once in the previous year (ABS 2013). People aged 0–14 were most likely to have visited a GP at least once for their asthma (73%).

- Asthma guidelines recommend that all people with asthma should have a written asthma action plan. However, in 2011–12, based on self-reported survey data, only 24% of people with asthma as a long-term condition had a written asthma action plan (ABS 2013). See also ‘Chapter 7.1 Indicators of Australia’s health’.

- Between 2001–02 and 2013–14 there was a fall in the age-standardised hospitalisation rates for asthma (down 22% from 212 to 165 hospitalisations per 100,000 population of all ages) and for COPD (down 14% from 1,172 to 1,007 hospitalisations per 100,000 population aged 55 and over) (Figure 3.10.1).
What is missing from the picture?
The prevention, management and treatment of chronic respiratory conditions beyond hospital settings, including the appropriateness of care relating to clinical guidelines, cannot be examined in detail because of a lack of data on primary health care. Future linkage work may provide insight into these issues.

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 reports *Asthma in Australia 2011; Mortality from asthma and COPD in Australia; Respiratory medication use in Australia, 2003–2013: treatment of asthma and COPD* and other recent publications can be downloaded for free.

References