

Asthma is a disease of the bronchial tubes characterised by “wheezing” during breathing, shortness of breath or coughing. Asthma is the single most common chronic disease among children, and also affects many adults. It is a significant public health problem and a high-burden disease for which prevention is partly possible and treatment can be effective. Its causes are not well understood, but effective medicines are available to help in maintaining quality of life and avoiding disability and death (The Union/ISAAC, 2011).

Chronic obstructive pulmonary disease (COPD) – the term now used to describe chronic bronchitis and emphysema – is another high-burden disease causing disability and impairing quality of life, as well as generating high costs. COPD is characterised by difficult breathing that is not fully reversible and usually progressive. Patients are often smokers or ex-smokers, and their symptoms rarely develop before age 40. COPD is among the leading causes of chronic morbidity and mortality in the EU. Approximately 200 000 to 300 000 people die each year in Europe because of COPD, and among respiratory diseases, it is the leading cause of lost work days (European Lung Foundation, 2012). COPD is preventable and treatable. Proper management of both asthma and COPD in primary care settings can reduce exacerbation and costly hospitalisation (see Indicator 4.1 “Avoidable admissions: Respiratory diseases”).

In response to a health survey question asking whether adults aged 15 years and over had asthma during the last 12 months, prevalence ranged from 1.6% in Romania, to 7.0% in France (Figure 1.16.1). Rates also exceeded 5% in Germany, Hungary and Malta, and were less than 3% in Bulgaria, Estonia, Latvia, Romania and the Slovak Republic. Among 17 EU member states the average prevalence rate was 3.8%. Asthma was more commonly reported by females (4.3% vs. 3.3% for males). Slovenia is an exception, with a slightly higher male prevalence. The largest female-male disparity was in Turkey (5% vs. 2.5%), whereas no disparity existed in Cyprus (both 3.9%).

The reported prevalence of COPD among adults aged 15 years and over ranged from 1.2% in Malta, to 4.7% in Hungary, and 6.2% in Turkey (Figure 1.16.2). Among 16 EU member states, average prevalence was 3.1%, with slightly higher prevalence among females (3.5% vs. 2.9%). In Cyprus, France, Romania and Spain, however, prevalence was higher among males. The prevalence of COPD also increases with age.

Persons with low levels of education are more than twice as likely to report COPD than those with high levels

(Figure 1.16.3). Large disparities in COPD rates between persons with higher and lower levels of education are evident in Belgium, Romania, Spain and Estonia. Persons from low socio-economic groups also report higher rates of smoking, which is the major risk factor for COPD.

The lower reported asthma and COPD prevalence among new EU member states in all likelihood reflects underdiagnosis and undertreatment, although rates in these countries have increased sharply in recent years, possibly reflecting greater awareness of this condition along with changes in diagnostic practice (Braman, 2006; The Union/ISAAC, 2011).

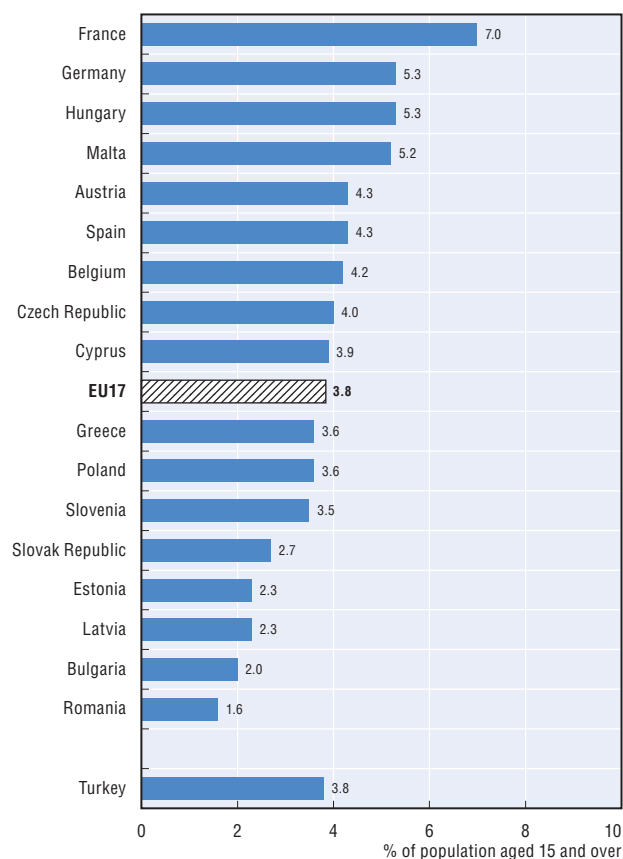
A number of EU actions reflect an increased focus on asthma and COPD. These include the Council Conclusions on prevention, early diagnosis and treatment of chronic respiratory diseases in children (12/2011), and the Commission Reflection Paper on Chronic Diseases (03/2012). Both aim to identify issues, gaps and suggestions for action to improve current policies and activities on chronic diseases such as asthma and COPD.

Definition and comparability

Estimates of the prevalence of asthma and chronic obstructive pulmonary disease (COPD) are derived from European Health Interview Survey questions, conducted in many EU member states between 2006 and 2010. Typically, respondents were asked: “Do you have or have you ever had any of the following diseases or conditions? 1) Asthma (allergic asthma included) (yes/no). 2) Chronic bronchitis, chronic obstructive pulmonary disease, emphysema (yes/no). If yes: Was this disease/condition diagnosed by a medical doctor? (yes/no). Have you had this disease/condition in the past 12 months? (yes/no).”

The same survey also asked for information on age, sex and educational level. Data rely on self-report, and are subject to errors in recall. Data are not age-standardised, with aggregate country estimates representing crude rates among respondents aged 15 years and over. The data, therefore, exclude the prevalence of childhood asthma (age 0-14 years).

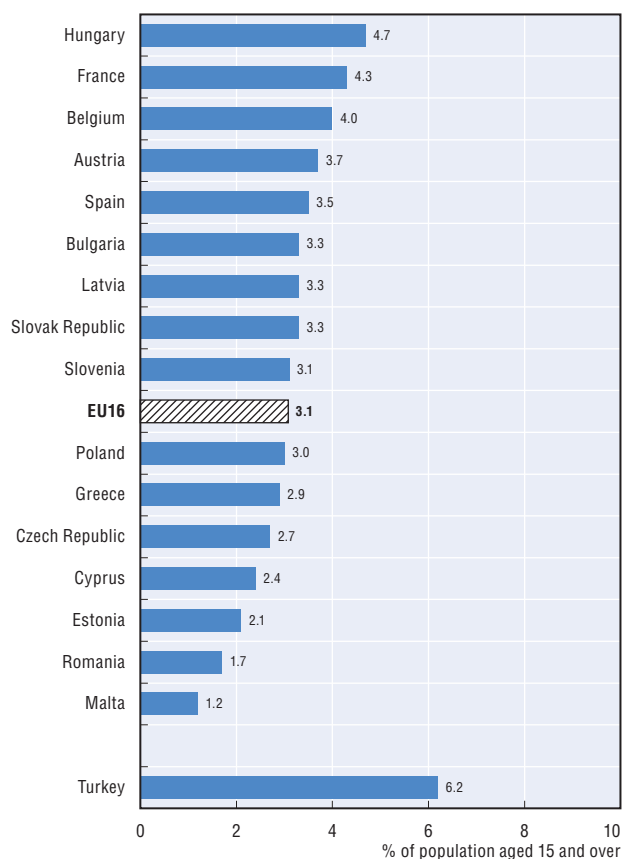
1.16.1. Self-reported asthma, 2008 (or nearest year)



Source: Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932703696>

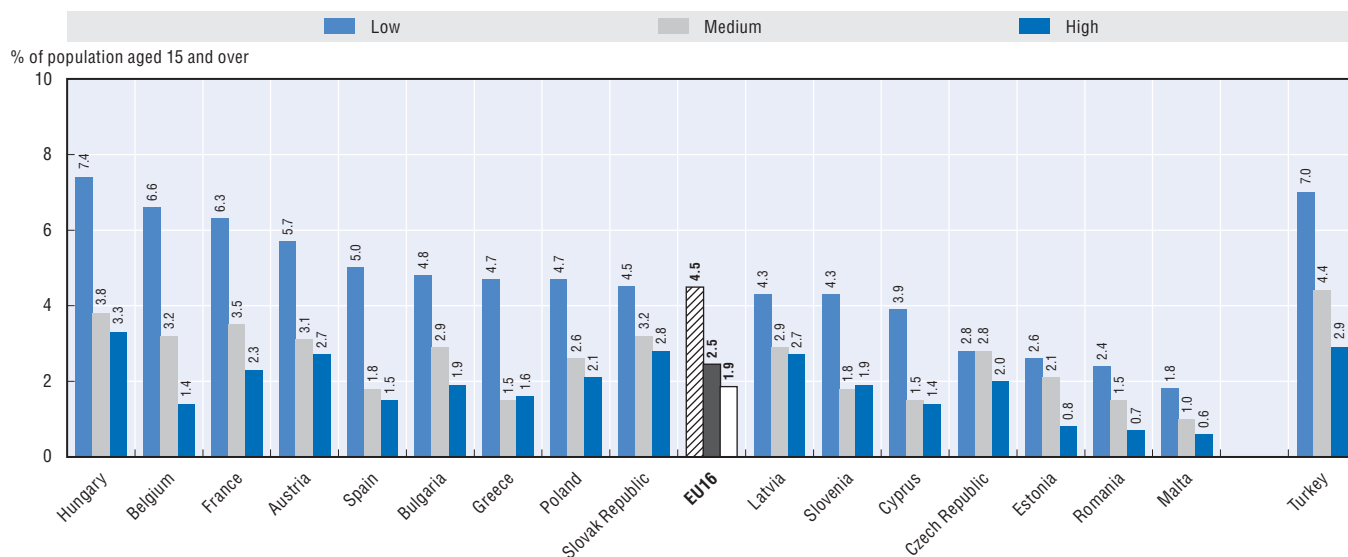
1.16.2. Self-reported COPD, 2008 (or nearest year)



Source: Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932703715>

1.16.3. Self-reported COPD by highest attained level of education, 2008 (or nearest year)



Source: Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932703734>