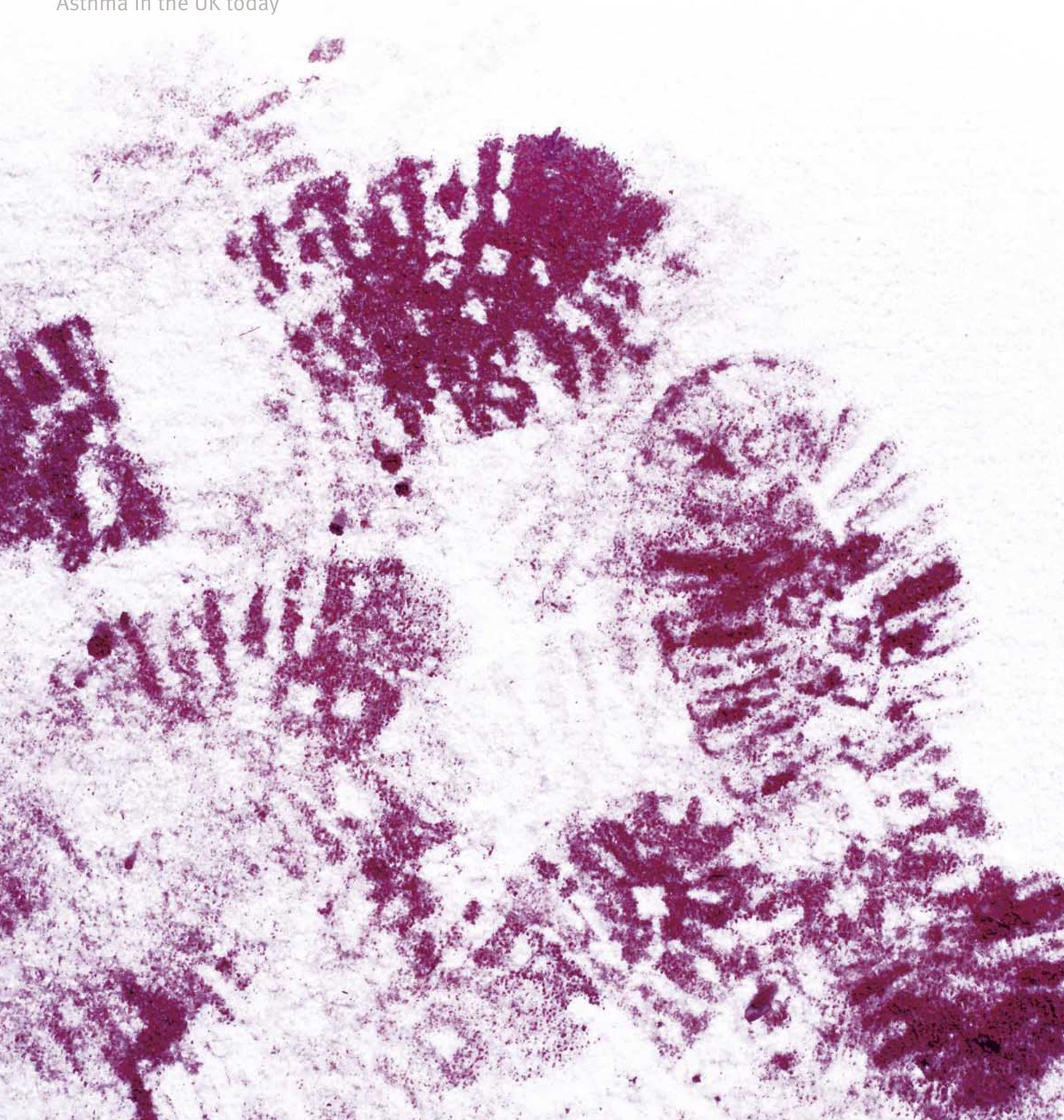




Where Do We Stand?

Asthma in the UK today



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There are **5.2 million**
people with asthma in the UK



Introduction: where do we stand?

The UK has one of the highest rates of people with asthma of any country in the world. When these people tell Asthma UK about their lives it is clear that many of them are living with symptoms unnecessarily. Providing services and solutions that meet the needs of people with asthma in the UK demands that we understand the areas where improvements could be made. But a top-ranking league position tells us little and detailed statistics about asthma in the UK are not widely available.

By working together with people with asthma, healthcare professionals and researchers, Asthma UK has attempted to fill this gap in our knowledge. *Where Do We Stand?* presents a unique set of key statistics documenting the extent of asthma in the UK today, for example, how:

- on average, asthma affects people in one in five households
- asthma accounts for at least 12.7 million work days lost each year
- on average, asthma is responsible for one hospital admission every 7.5 minutes.

The report draws on evidence gathered from research, the experiences and views of people with asthma, the national asthma management guidelines and statistical data collected with the help of the Lung & Asthma Information Agency. It highlights five aspects of asthma in the UK:

- How many people are living with the condition?
- How many are dying from asthma?
- What is asthma's impact on the NHS?
- How much does asthma cost the UK?
- How well is the NHS performing in helping people with asthma to manage their condition?

Where Do We Stand? gives an indication of where the efforts of policy-makers, NHS managers and politicians should be focused in order to improve the health and well-being of the 5.2 million people with asthma in the UK – of all ages and in all areas of society.

A handwritten signature in black ink, appearing to read 'Donna Covey'. The signature is stylized and somewhat abstract, with loops and flourishes.

Donna Covey
Chief Executive, Asthma UK
December 2004



‘I had been feeling out of breath and wheezing a lot more. I put this down to the fact that I was getting older, as I had always thought that you developed asthma as a child. When I visited my GP he told me that I had asthma.’ **MAXINE GREGORY**

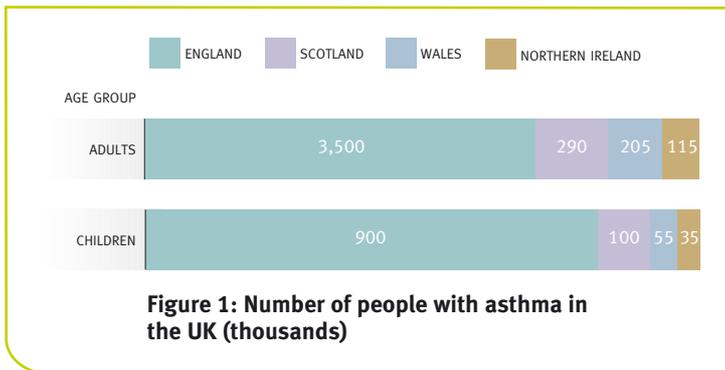
Living with asthma

Where do we stand?

Based on Asthma UK’s criteria and independent analysis of large-scale surveys, there are 5.2 million people with asthma in the UK today (see Figure 1).^[1]

This total includes:

- 700,000 people with asthma aged over 65 years
- 590,000 teenagers with asthma
- 2.9 million women and girls and 2.3 million men and boys. Around 60% of adults with asthma are women; approximately 54% of the children with asthma are boys.

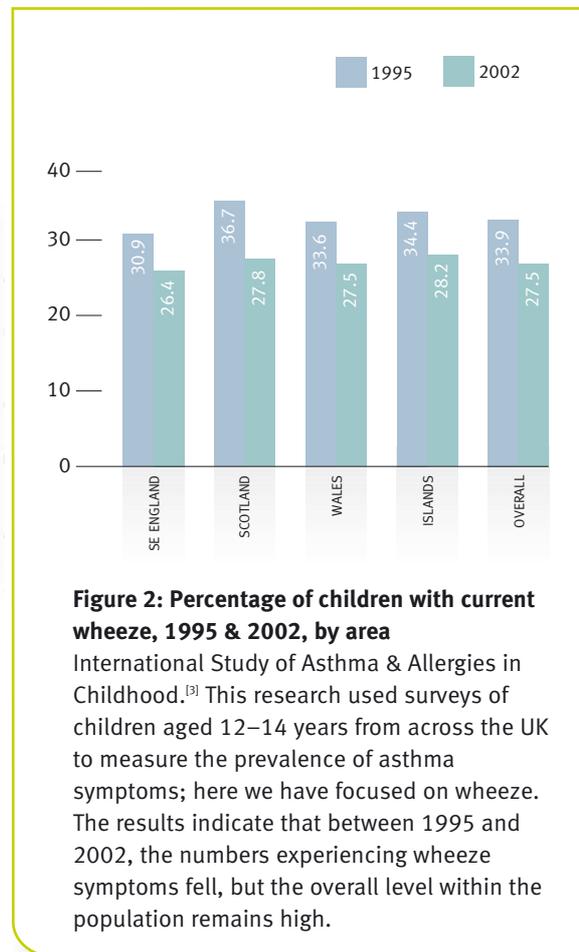


How did we get here?

Comparing these figures with previous snapshots of asthma reveals a shifting pattern:

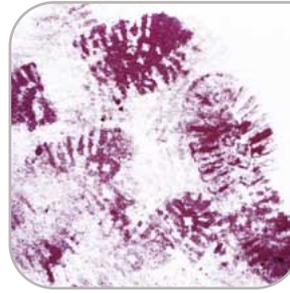
- There has been a rise of 400,000 in the number of adults with asthma in the UK – more than the population of Bristol – since the last audit of UK asthma in 2001.^[2]
- Even so, asthma is more widespread in children than in adults. It is the most common long-term childhood medical condition, affecting 1.1 million in the UK – one in ten children.

Offering explanations for these changes is difficult, but they are not unexpected. Recent research has shown a decline in the number of children with asthma symptoms from the peak seen in the early 1990s (see Figure 2).



There are

1.1 million
children with asthma in the UK



There are
4.1 million
adults with asthma in the UK

However, just as it was impossible to pinpoint the factors behind that rise in the numbers of children with asthma in the early 1990s, it is impossible to explain current trends. Equally, research has few

answers for the rise in adult asthma. It may be a result of children with asthma growing up to become adults with asthma (see Figure 3), but evidence has not been collected to confirm this.

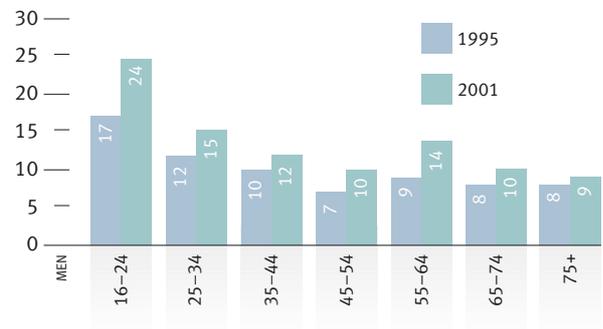
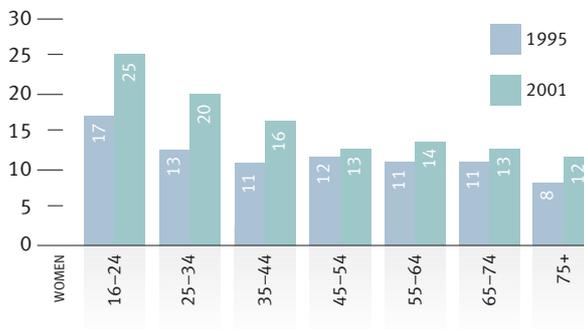


Figure 3: Percentage of men and women with a doctor's diagnosis of asthma by age, 1995 & 2001

Health Survey for England.^[4] Results from a large English survey, conducted in 1995 and again in 2001, hints that the increase in the numbers of adults with diagnosed asthma may be associated

with children who were diagnosed with asthma growing up. These two charts show the proportion in the sample who had ever received a doctor's diagnosis of asthma by age, for men and women. There were significant increases in the numbers of people with asthma in the age bands 16-24 years for men and 16-34 years for women.

Where do we go from here?

This is just the beginning. Only by understanding the scale of asthma are we in a position to discuss the actions that need to be taken to improve the quality of life for the 5.2 million people with asthma.

These figures enable us and others to design services and solutions that meet the needs of people with asthma in the UK today. Looking more closely at other key statistics will help to complete the picture and identify the way forward.



‘My daughter Polly was nine when she died in my arms from a sudden asthma attack. I just didn't realise that asthma could kill. Now I know that 90% of deaths caused by asthma are avoidable.’ **LEO CAMPBELL**

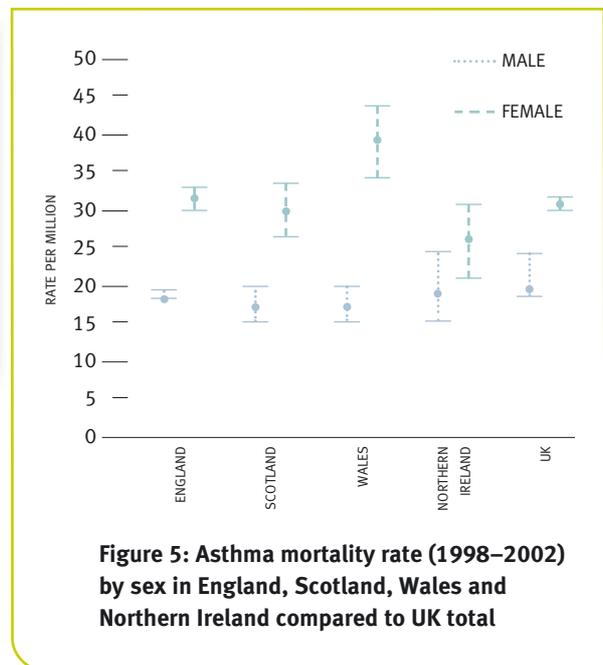
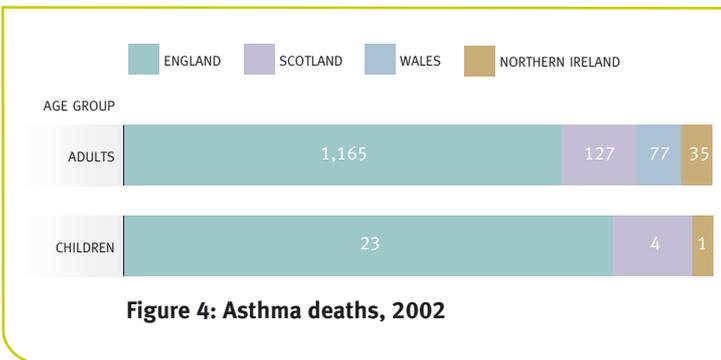
Deaths from asthma

Where do we stand?

Each death from asthma is a tragedy, but given the millions living with asthma, the number of deaths is relatively small. There were over 1,400 deaths from asthma in the UK in 2002 (see Figure 4).^[5]

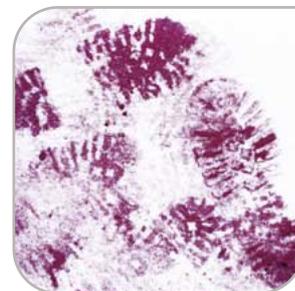
- More than two thirds of deaths were in people aged over 65.
- On average, one person dies from asthma every 7 hours.

The numbers of deaths from asthma change from year to year and looking at UK totals can hide variations at a local level. We can address this by examining the number of deaths over a longer time period (see Figure 5). For example, this chart suggests that the rate of deaths from asthma among females in Wales was higher during 1998–2002 than that seen in Scotland, Northern Ireland and England, and this may benefit from closer analysis and research to work out why this was the case.



On average
1 death every
7 hours

Over **1,400**
deaths from asthma in the UK in 2002



How did we get here?

Trends in UK death rates show little improvement over the past 20 years and the decline in the death rate appears to be slowing (see Figure 6). It is reasonable to expect that death rates should be falling quicker than they are. There have been medical advances during this time period that have improved the management and treatment of asthma.

In addition, confidential inquiries into asthma deaths have often concluded that the fatality could have been avoided through better routine and emergency care, avoiding delay in getting help during the final attack, or by taking the prescribed medication.^[6]

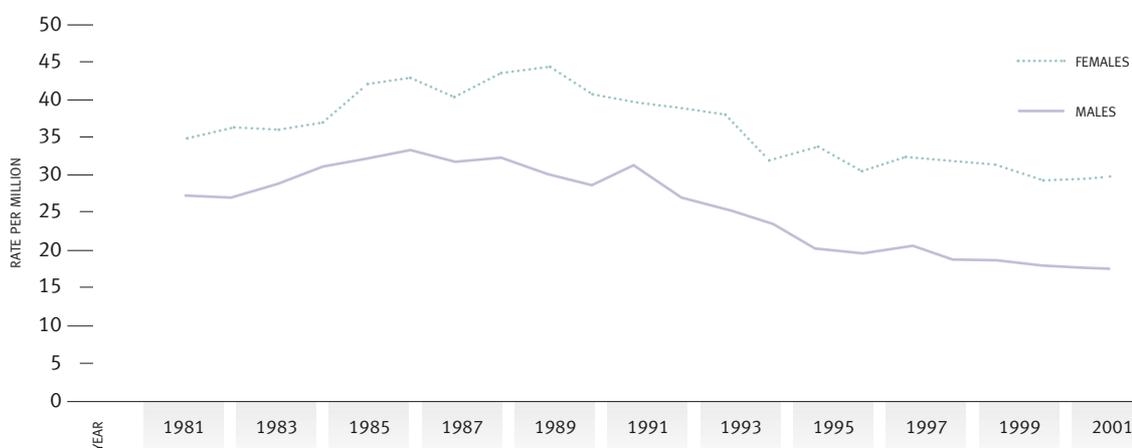


Figure 6: Asthma mortality rate by sex (all ages), UK

Where do we go from here?

These figures confirm that there is still work to do in preventing deaths from asthma, and that lessons still need to be learnt from confidential inquiries. We need to investigate why each asthma death happens and apply the conclusions of confidential inquiries to the care of people who are living with asthma today.

Beyond this, more people knowing what to do in a severe asthma attack should contribute to reducing the number of deaths each year. Asthma UK's asthma attack card is just one way of ensuring that potentially lifesaving information is in the hands of those who may need it: people with asthma, their families, friends and colleagues.



‘I can spend ten days in hospital after suffering an asthma attack, which may appear from nowhere. This leaves me feeling frustrated as I try to keep my asthma under control. I feel so anxious as to when my next attack may happen.’ **AMANDA BROWN**

Asthma in the NHS

Where do we stand?

People with asthma need the NHS for two main areas of care:

- 1 Proactive, routine appointments with doctors and nurses for reviews, repeat prescriptions, and written personal asthma action plans.
- 2 Reactive, emergency care in hospital or with a doctor to regain control of worsening symptoms.

- There are over 4.1 million GP consultations for asthma in a year.^[7]
- When we talked to people with asthma, 6% had needed emergency treatment in the last month.^[8]
- There were over 69,000 hospital admissions for asthma in 2002 (see Figure 7).^[9]

How did we get here?

We can look at trends in GP consultations and hospital admissions over time, but data about the reasons for attending accident and emergency departments are not routinely collected.

The pattern of GP consultations for asthma in England and Wales has changed over the last five years, in line with the prevalence statistics.

Between 1999 and 2003, there was a fall in the numbers of visits made by 0–15 year-olds to a GP, while among those aged over 15 years old, there was an increase. This has led to an overall increase in the rate of GP consultations for asthma (see Figure 8).^[10]

These statistics include those visiting their doctor with first or new episodes of asthma – a reflection of reactive, emergency consultations with a doctor. Among children with asthma, there was a peak in these consultations in the early 1990s. Recently published statistics show that these rates then declined until 1999, after which they stabilised.^[11]

	CHILDREN	ADULTS
ENGLAND	24,092	32,694
SCOTLAND	2,044	3,959
WALES	1,468	2,568
NORTHERN IRELAND	1,093	1,352

Figure 7: Hospital admissions, 2002

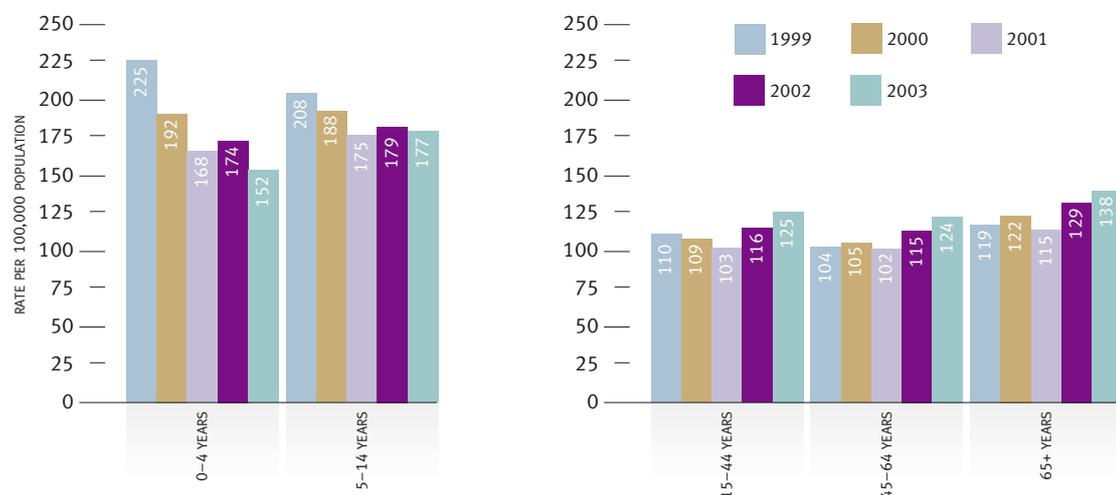
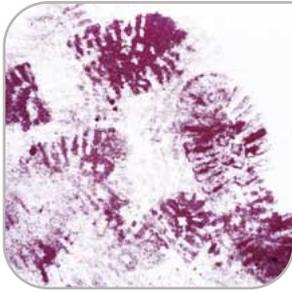


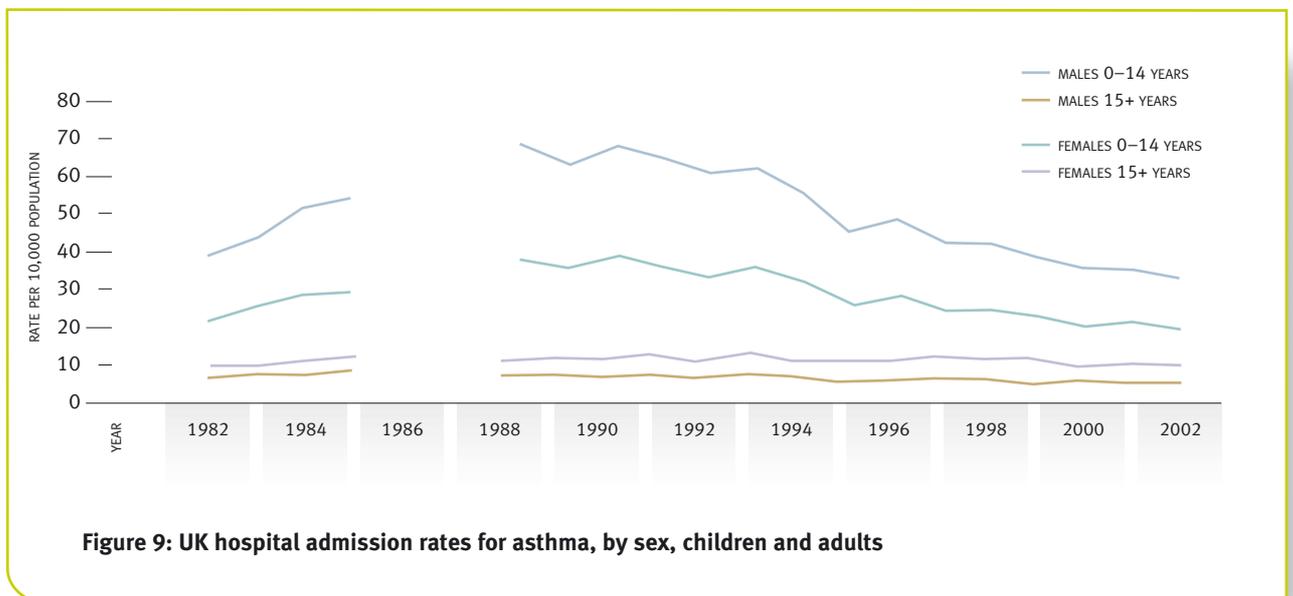
Figure 8: GP consultation rates for asthma in England and Wales, by age, 1999–2003



Over **4.1 million**
GP consultations for asthma each year

Relatively more children are admitted to hospital than adults, but the trends show that the rate of hospital admissions for childhood asthma has fallen over the last 20 years. The rate of hospital admissions among

adults has remained stable despite the many advances seen in managing and treating asthma (see Figure 9).



Where do we go from here?

Just as with deaths from asthma, we know that the need for emergency treatment and many hospital admissions are avoidable with proactive care, including regular reviews and the use of a written personal asthma action plan. Hospital admissions can be massively disruptive to the lives of people with asthma. It can take a week to recover physically from a severe asthma attack^[12], but the impact on home and working lives can be felt for much longer.

It is important that people with asthma and healthcare professionals work in partnership to control asthma, to ensure that hospital admissions and asthma attacks are minimised. One proven approach is to make the most of planned consultations in primary care, regular reviews and written personal asthma action plans. Asthma UK's 'Be in Control' self-management materials support people with asthma and healthcare professionals with the tools to do this.



'I sometimes find it difficult to afford my prescriptions and often I don't collect all the drugs I need, or I wait, or I borrow. Yet I will die without them!' CATHERINE TUNNICLIFFE

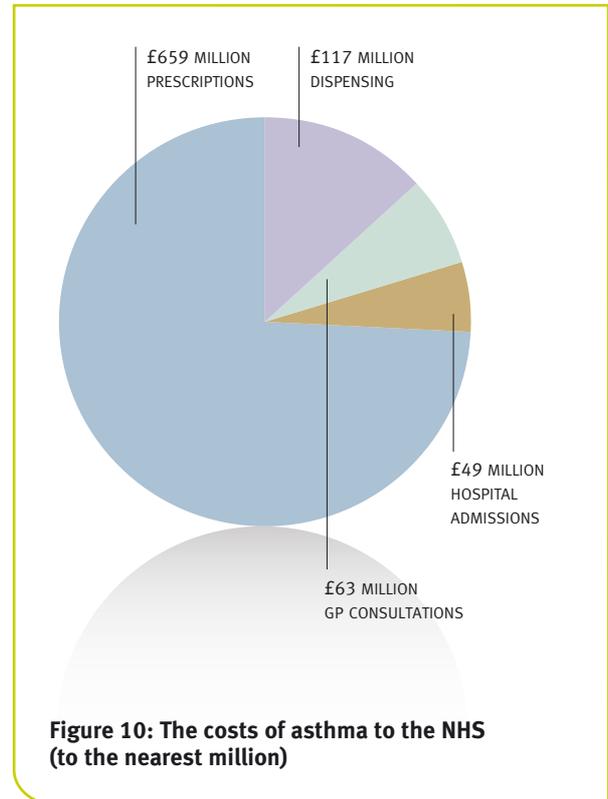
The cost of asthma

Where do we stand?

Asthma is costing the UK over £2.3 billion a year. That annual cost is equivalent to three Millennium Domes or more than five Scottish Parliament buildings. By understanding more about how these costs accumulate, we may be able to suggest ways of delivering better care in a more cost-effective way.

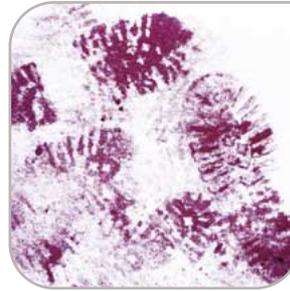
The Office for Health Economics estimated that the costs to the NHS in 2001 totalled £889 million (see Figure 10).^[13]

However, given the increase in the numbers of adults with asthma, the impact that asthma has on productivity and costs to society also demands attention. The Department for Work & Pensions estimated the cost of social security benefits at £260 million.^[14] The number of work days lost to asthma is at least 12.7 million^[15], leading to an estimated bill for lost productivity of £1.2 billion (see Figure 11).^[16]



Asthma accounts for at least

12.7 million
work days lost each year



Asthma costs the NHS

£889 million
a year

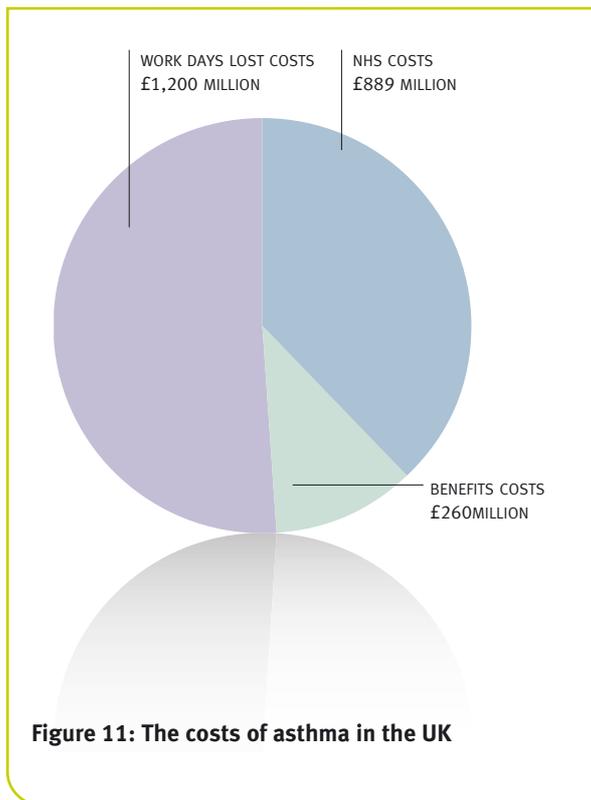


Figure 11: The costs of asthma in the UK

Where do we go from here?

It is inevitable that care costs money, and no one expects that asthma will not cost the NHS money. However, we also know that proactive care, resulting in well-controlled asthma, is cheaper to treat than asthma attacks that require hospital admission. One study put the cost of treating an asthma attack in hospital at over 3.5 times as much as treating well-controlled asthma.^[17] So greater investment in primary care – regular reviews and written personal asthma action plans – could lead to a reduction in the demand for emergency care and a reduction in the costs associated with hospital admissions.

These figures do not reflect the costs paid by people with asthma, for example, prescription charges, lost working opportunities, transport or insurance. However, from this breakdown we have a better understanding of the details of the financial burden of asthma. This can help us to plan services, policies and solutions that can improve the health and well-being of people with asthma.

The number of work days lost shows the importance of asthma-friendly workplaces. Recognising this fact led to the development of Asthma UK's *Asthma at Work: Your Charter*, which aims to reduce the impact of asthma in the workplace. The charter is founded on the belief that no one should have to work in an environment that makes them ill. The need to pay close attention to the role that the workplace can play in the quality of life of people with asthma is increasingly necessary, given the rise in the numbers of adults with asthma and because 40% of these people say triggers at work make their asthma worse.^[18]



'I lived for so long with poorly controlled asthma that it ruled my life. However, now that I have good care and a personal asthma action plan, I know how to control my asthma and recognise when my symptoms are worsening. Now I control my asthma and I feel much healthier and happier as a result.' **CHARLOTTE PALMER**

Delivering asthma care

Where do we stand?

We do not know what caused the majority of people's asthma, we do not know how to prevent it, and we are unlikely to be able to cure it. Consequently, quality of life depends on the care, treatment and support that people with asthma receive from the NHS. In 2003 we launched *The Asthma Charter*. This outlines what people with asthma have a right to expect from the NHS. We developed the charter using the British Guideline on the Management of Asthma and by asking people with asthma about their top priorities for NHS care.

The Asthma Charter

As a person with asthma I have a right to:

- 1 High-quality treatment, care and information from asthma-trained healthcare professionals who know about best practice and the latest evidence.
- 2 Access to a doctor or nurse who has had specific asthma training, at either my own GP practice or in my local area.
- 3 Have my asthma quickly and accurately diagnosed, with referral to a respiratory specialist if necessary.
- 4 A full and open discussion with my doctor or nurse about the best asthma treatments for me, including side effects, regardless of the cost of the treatment.
- 5 Be shown how to use the devices needed to keep my asthma under control (eg, inhalers and spacers).
- 6 Discuss and agree my own personal asthma action plan with my doctor or nurse so that I can keep my asthma under control.
- 7 Have my asthma reviewed at least once a year (more frequently if I have severe asthma symptoms) at a time convenient to me, or in the case of my children, every six months.
- 8 Be referred to a respiratory specialist if my asthma is becoming unmanageable and to be admitted to a specialist respiratory unit if I need to go to hospital.
- 9 Have follow-up appointments made with my doctor and my specialist before I am discharged from hospital or leave A&E.
- 10 Expect any people working in the NHS that I need to contact to be aware of the serious risks I face if my asthma symptoms are deteriorating (eg, practice receptionists, ambulance personnel, and staff working for NHS Direct, NHS24 and HPSS 24).

How did we get here?

Alongside raising awareness of good asthma care, *The Asthma Charter* offers us an opportunity to measure how the NHS is performing in its provision of asthma services. We can do this with regular surveys of the National Asthma Panel that measure how many people with asthma are receiving each element of the charter.^[19] Over time we will be able to see whether significant improvements have taken place. For now, we can look at two key areas:

- How many people with asthma feel that they have access to these elements of care?
- Are there any early indications of improvements?

It is encouraging to see that more people with asthma 'agree' than 'disagree' when asked if they can access each of the elements of good asthma care that the charter highlights (see Figure 12). However, in some instances the numbers of those agreeing was much lower than we would like to see, including:

- a full discussion about the best medication for me, including talking about side effects
- being called in for a routine asthma check-up (or review).

When we look for indications of improvement over time, slight progress may be seen in most areas, with the exception of:

- a quick and accurate diagnosis
- a full discussion about the best medication for me, including talking about side effects
- prescribing the best medication, regardless of cost
- demonstrating inhaler technique.

50% of people with asthma feel they have a full discussion with their doctor or nurse about the best medication for them

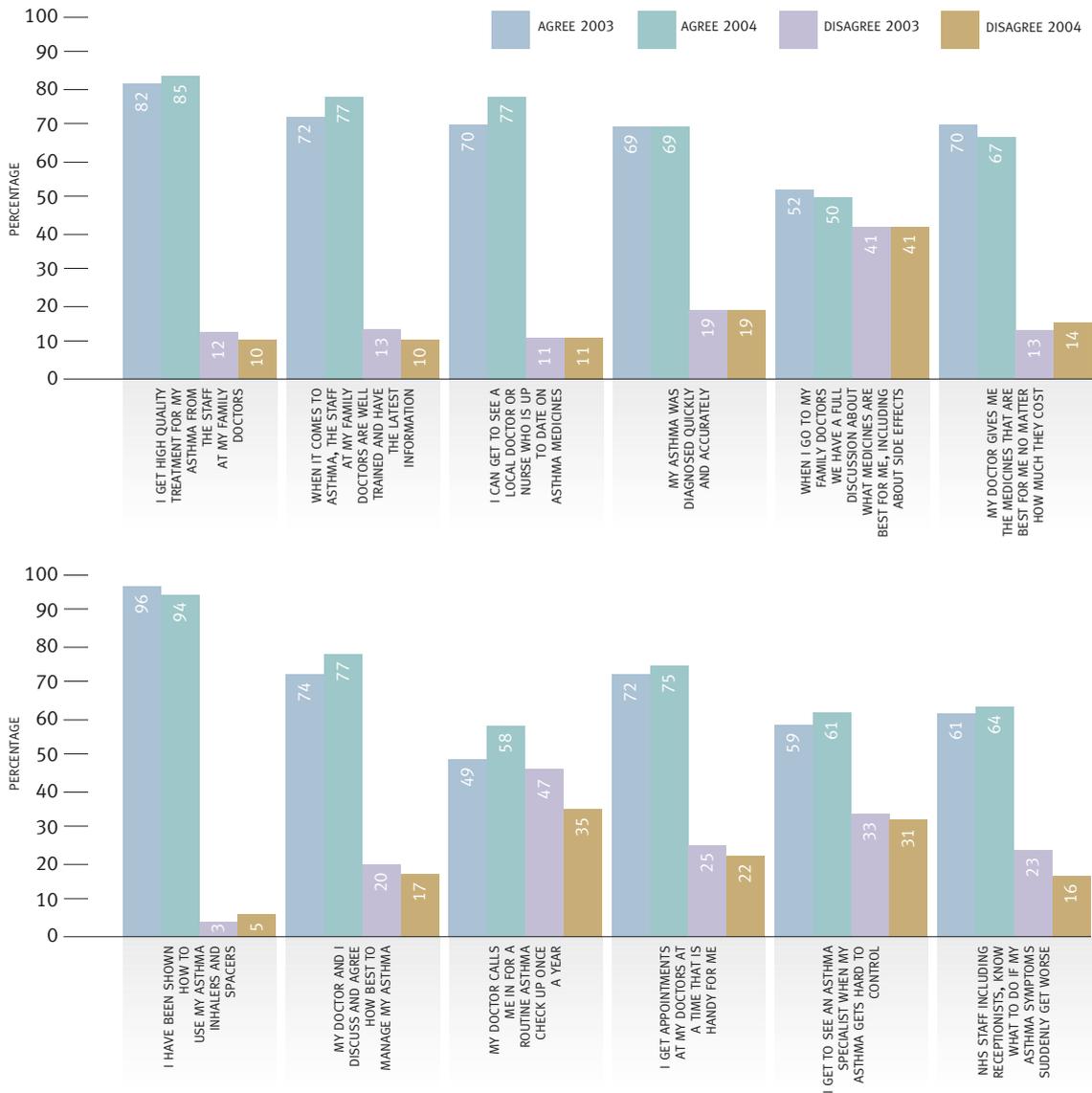
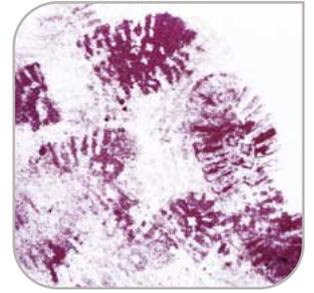


Figure 12: Charter point agreement and disagreement 2003–2004

Where do we go from here?

The Asthma Charter allows Asthma UK to measure how well the NHS is delivering the evidence-based care that is important to people with asthma. The 2005 survey will be the earliest that will confirm the presence of any trends. These initial results show that the NHS can deliver good asthma care, but that it could do much more.

74% of people with asthma fail to meet international standards of care



Where do we go from here?

This report describes how asthma in the UK today is widespread, and that its impact on the economy, society and the NHS is serious, but controllable. Despite the rise in the numbers living with the condition, we know there are ways to begin to improve the lives of people with asthma in the UK today, for example by encouraging:

- partnerships between people with asthma and their healthcare professionals, including discussions about the best way to manage their condition
- guideline-based care of people with asthma
- asthma-friendly workplaces.

Making asthma a national priority for the NHS would also help. This has happened elsewhere – including in Finland and Australia – and outcomes have included reduced hospital admissions, reduced welfare bills and improvements in the quality of life for people with asthma. We would like to see these results for people with asthma in the UK.

Finland In 1993 Finland recognised asthma as an important public health issue. A ten-year national programme (1994–2004) was established, emphasising cooperation across the health service, with the aim of reducing the number of hospital bed days and treatment costs, and improving the lives of people with asthma so they were well enough for work. Interim results indicated that measures including smoking restrictions in workplaces, increased use of self management, and improved diagnosis and treatment led to a 40% reduction in the cost of benefits, and falls in the rates of hospital admissions and deaths.^[20]

Australia In August 1999, the Australian government declared asthma a National Health Priority Area and provided AUS\$8 million over three years for national initiatives on asthma. Following broad consultations, the National Asthma Action Plan 1999–2002 was developed. The 2001 Federal Budget included a GP Asthma Initiative, with the aim of reducing the morbidity and mortality of people with moderate to severe asthma – those with the most to gain from better treatment. The Australian government recognised that providing more efficient assistance to people with asthma would cut costs and release funds, leading to a better use of available resources.

Where Do We Stand? highlights some of the services and solutions that Asthma UK is already providing to improve the lives of people with asthma. However, to make a real difference the situation demands input from others, at a wider and higher level:

- The NHS needs to continue to develop services that address the issues raised in this report and deliver guideline-based care that improves the health and well-being of people with asthma, at both local and national levels.
- Employers and employees need to recognise the impact that workplaces can have on asthma and the consequences for productivity, and adopt the principles in *Asthma at Work – Your Charter*.
- Politicians and policy-makers need to acknowledge the extent of asthma in the UK today and act wherever they can to minimise the burden on individuals, their families and wider society.

There is some hope for the future. In England, the recently published Children’s National Service Framework should lead to improvements in children’s asthma services over the next ten years. We are working with NHS Quality Improvement Scotland and the Scottish Executive on a project to ensure that written personal asthma action plans become integral to all asthma care in Scotland. In Wales and Northern Ireland, work has begun on respiratory strategies that should usher in a new and positive era of asthma care.

This is a good position to be starting from and Asthma UK will play an active role in encouraging the progress of these initiatives. However, we would like to see efforts to improve asthma care for all people with asthma across the UK, and we urge each part of the UK to learn from their counterparts elsewhere. By strengthening and building on these partnerships with government and healthcare professionals, we can improve the health and well-being of people with asthma.

Notes

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On average, **1** hospital admission
for asthma every **7.5** minutes



Asthma UK is dedicated to improving the health and well-being of the 5.2 million people in the UK with asthma.

Asthma UK 'Be in Control' materials

For more information visit asthma.org.uk/control
or call our Supporter & Information Team
(020 7704 5888; info@asthma.org.uk).

Asthma at Work: Your Charter

For more information visit asthma.org.uk/reports
or call our Supporter & Information Team
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