

# Asthma Facts

## Defining Asthma

Asthma is a chronic disease of the lungs that makes breathing difficult. While there is no known cause, asthma does tend to run in families. Asthma cannot be cured, but it can be controlled with proper medication and by reducing asthma triggers in the home.

An asthma trigger is something that makes asthma worse. Not everyone with asthma has the same triggers. If you have asthma, it is important to know what your triggers are so that you can try to avoid them. Common triggers are: furry pets, dust and dust mites, roaches and their droppings, strong smells like perfumes or hair spray, pollen and mold, and smoke.

## Did you know?

- \* An estimated 20 million Americans suffer from asthma (1 in 15 Americans), and 50% of asthma cases are “allergic-asthma.” The prevalence of asthma has been increasing since the early 1980s across all age, sex and racial groups. <sup>1</sup>
- \* Nine million U.S. children under the age of 18 have been diagnosed with asthma at some point in their lives. <sup>5</sup>
- \* Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population. <sup>6</sup>
- \* An asthma exacerbation can result in death if not adequately treated. <sup>2</sup>
- \* Asthma accounts for 14 million missed school days annually. <sup>3</sup>
- \* Asthma is the third ranking cause for hospitalization in children younger than 15 years of age. <sup>3</sup>
- \* The CARMA catchment area\* has higher asthma hospitalization rates for children and adults than Virginia or the Nation. <sup>7</sup>
- \* The CARMA catchment area\* has a higher estimated Emergency Department utilization rate for children than the nation. <sup>7</sup>
- \* The City of Richmond has the highest inpatient hospital discharge rate for asthma in children age 0-18 among the three localities in the CARMA catchment area, and the state. <sup>7</sup>

\*The CARMA catchment area includes: Richmond City, Henrico County and Chesterfield County

## The Cost of Asthma

- \* The estimated cost of treating asthma for children younger than 18 years of age, is \$3.2 billion per year. <sup>3</sup>
- \* In 1998 the total cost of asthma in Virginia was **\$271 million** dollars, with \$ 54 million in direct medical costs and \$117 million in indirect costs. <sup>4</sup>
- \* In 1998, the estimated direct cost of asthma for children aged 17 years and younger in the CARMA catchment area was **\$4.8 million** <sup>4</sup>
  - Richmond City—\$1.4 million
  - Chesterfield County—\$1.9 million
  - Henrico County—\$1.5 million

## Sources

1. “Asthma at a Glance,” National Center for Environmental Health (NCEH), U.S. CDC, 1999
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3. Centers for Disease Control and Prevention. Asthma’s Impact on Children and Adolescents. <http://www.cdc.gov/asthma/children.htm>
4. *The Costs of Asthma in Virginia*, Asthma and Allergy Foundation of America  
[www.aafa.org/states/display.cfm?State=va](http://www.aafa.org/states/display.cfm?State=va)
5. Dey, AN, Schiller JS, Tal DA, Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002. National Center for Health Statistics. Vital Health Stat 10(221) 2004.
6. Lieu TA, Lozano P, Finkelstein JA, Chi FW, Jensvold NG, Capra AM. Racial/ethnic variation in asthma status and management practices among children in managed Medicaid. *Pediatrics* 2002; 109:857–865.
7. Carretta HJ. Brief Report to the Controlling Asthma in the Richmond Metropolitan Area (CARMA) Project: Pediatric Asthma Hospitalizations, Emergency Department Visits, Deaths, and Prevalence in Virginia and the CARMA Catchment Area, 2001-2004. Richmond, VA: 2006.

# Keys to Better Asthma Management

## Health Care Providers use of NHLBI\* guidelines

- \* **Appropriately diagnose and classify** patients' asthma severity ("Mild Intermittent", "Mild Persistent", "Moderate Persistent" or "Severe Persistent")
- \* **Prescribe daily preventative medications** to patients who have persistent asthma
- \* **Prescribe rescue or emergency medications** to all patients with asthma
- \* Work with patients to **develop asthma management/action plans** and ensure routine follow-up care

\*NHLBI—National Heart, Lung, Blood Institute

## Patients committed to better self management

- \* Make **regular doctor visits** to monitor asthma
- \* **Get a flu shot** every year
- \* **Learn what starts asthma episodes** or makes symptoms worse and try to control and avoid them. These are called "triggers"
  - Indoor examples:* Mold, Tobacco smoke, Pet dander, Feathers, Dust, or Cockroaches
  - Outdoor examples:* Pollution/bad air. Pay attention to poor air quality days and try to stay inside on those days
- \* **Talk about exercise** with the doctor. Breathing may improve if the correct medications are taken before exercise.
- \* **Develop an Asthma Management/Action Plan** with the doctor and make sure school staff, coaches, and child care staff all have a copy of the plan.



To download a copy of the CARMA Action plan, visit our website: [www.carmakids.org](http://www.carmakids.org)

## Additional Resources

- \* Allergy & Asthma Network, Mothers of Asthmatics  
[www.aanma.org](http://www.aanma.org)
- \* American Lung Association of Virginia  
[www.lungusa.org/virginia](http://www.lungusa.org/virginia)
- \* Asthma and Allergy Foundation of America  
[www.aafa.org](http://www.aafa.org)
- \* Centers for Disease Control and Prevention: Asthma: Children & Adolescents  
[www.cdc.gov/asthma/children.htm](http://www.cdc.gov/asthma/children.htm)
- \* National Heart Lung Blood Institute, *What is Asthma*  
[www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma\\_WhatIs.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma_WhatIs.html)