

HEALTH AND SOCIAL WELLBEING: ASTHMA

Issue/Problem

Inequalities in the prevalence of asthma in Northern Ireland

Evidence Base (Equality & Inequalities Report)

In 2001, 10% of males and 11% of females who participated in the NI Health and Social Wellbeing Survey had been told by a doctor that they had asthma.

Ref: 2001 NI Health and Wellbeing Survey cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:97).

Age, Gender and Asthma

Asthma rates tended to dip amongst middle-aged people, before rising again for older people. The highest prevalence of asthma was amongst young females aged 16-24 (16%). However, young males also experienced high rates of asthma, with 13% of 16-24 year olds having been diagnosed.

Ref: 2001 NI Health and Wellbeing Survey cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:98).

Socio-Economic Group and Asthma

Professionals were the least likely to indicate having asthma in both the 1997 and the 2001 NI Health and Wellbeing Surveys. The least skilled occupations experienced a higher prevalence of asthma. The prevalence of asthma increased amongst skilled manual workers from 8% in 1997 to 11% in 2001.

Ref: 1997 & 2001 NI Health and Wellbeing Survey cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:97).

Area Differences

The Eastern HSSB had the highest prevalence of 16-44 year olds diagnosed with asthma. In comparison to other Board areas, the Western HSSB experienced the highest prevalence of asthma among older people but the lowest prevalence among people aged under 45.

Evidence Base (Literature Review)

Asthma is the most common chronic condition in the UK. While much is spent on clinical research and treatment, the cause (or causes) of asthma remains a mystery. Potential triggers include tobacco smoke, traffic pollution, house dust mites, diet, exercise and occupational hazards¹.

According to an article in the NHS Health Development Agency bimonthly magazine, support for people with the condition is inadequate, particular on a public health front. The article acknowledges that much time and money has been spent on better medication and improved compliance with treatments. However, it suggests that measures to tackle the causes and triggers of the condition are much less evident².

Age, Gender and Asthma

Asthma is generally more common amongst boys throughout childhood. However, the trend reverses during puberty when more girls develop asthma. It is not known for sure why this is the case, however, hormonal changes and other factors such as the pressures of starting a new school and emotional stress appear to factors³.

For older women the menopause may cause difficulties for many women with asthma. Osteoporosis is another major health concern for older women. It suggested that, for some women with asthma, the chances of suffering from osteoporosis are slightly higher than average⁴.

Asthma affects older people in different ways. Those who have always had asthma may find that it impacts upon them differently as they get older (e.g. becoming more breathless). Others may develop 'late-onset asthma', i.e., are diagnosed with asthma for the first time in later life. For older people, asthma can be even more difficult to diagnose as it can often have similar symptoms to bronchitis, emphysema or heart disease. The symptoms of asthma in older people are more likely to be caused by colds and flu, and by depression and anxiety than by allergies to pets or pollen⁵.

Deprivation, Socio-Economic Status and Asthma

Asthma is closely associated with deprivation. Smoking, for example, is more prevalent amongst lower socio-economic groups. As is poor housing conditions (e.g. dampness and poor ventilation) and poorer diets⁶.

Alternatively, it has been suggested that the rising level of asthma could be associated with affluence rather than deprivation. Central heating, carpeting, and double-glazing, for example, are becoming increasing common but are ideal breeding grounds for asthma

allergens⁷.

Ethnicity and Asthma

Research funded by Asthma UK suggests that south Asian people and black people may be at more risk of needing emergency care for asthma. The research highlights that people with asthma from black and minority ethnic communities have very different experiences of asthma and could benefit from services which are specifically targeted at their community. Differences in how black and minority ethnic groups use health services and a lack of understanding about asthma and self-management may account for the higher rates in emergency care⁸.

Occupation and Asthma

Asthma UK note that around 3,000 people in the UK develop asthma because they are exposed to dangerous substances at work and that around 750,000 people with asthma in the find that factors at work worsen their condition. Unlike pre-existing asthma, occupational asthma can be cured if identified quickly. However, many people fail to access treatment either because the occupational cause of their asthma is not identified or because they are not aware that their condition is caused by exposure to substances at work⁹.

Some employees are at a much higher risk of occupational asthma than others. People working in the baking and flour industries, spray-painters, wood-workers, health workers and those working with chemicals are at greatest risk¹⁰.

Allergy Awareness and Treatment

It is suggested that allergy is a major component of asthma, with a wide range of triggers that can bring on asthma symptoms. A recent [report](#) by a House of Commons Health Select Committee highlights that despite the scale of the problem of asthma and allergies, specialist allergy treatment is difficult to access. Although the report focus upon allergy care in England, many of its recommendations (e.g. the establishment of specialist allergy treatment centres, training for GPs and healthcare staff in allergy diagnosis and treatment) may be effective in addressing the needs of people with asthma in Northern Ireland.

Local Services

Confidence in local health care providers in regards to routine asthma care is high in Northern Ireland (indeed higher than anywhere else in the UK). In survey conducted by Asthma UK, 81% of people agreed that staff at GP practices are well trained and have

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access to the latest information on asthma and 76% believed that their asthma was diagnosed quickly and accurately.

However, whilst confidence in routine asthma care remains high, confidence in the handling of emergency care was much lower. Only 38% of respondents agreed that they get immediate access to a specialist if they have to go to hospital in an emergency¹¹.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

Investing for Health

The Investing for Health Strategy provides a cross-departmental commitment to improving health and reducing inequalities. One of the key objectives of the strategy is to provide the opportunity to live and work in a healthy environment. Investing for Health and related strategies such as the Tobacco Action Plan and the Physical Activity Strategy and Action Plan may be beneficial for people with chronic diseases such as asthma.

‘Healthier Future’ – new 20 Year Regional Vision

Chronic disease management is one of the focuses of the new [20 Year Regional Vision](#) for Health and Social Services in Northern Ireland. Accessing [community-based services](#) and appropriate emergency care for chronic condition management is one of the key policy directions. The ‘Healthier Futures’ document states that seven major service-wide [Chronic Conditions Management \(CCM\) Programmes](#) will be established across the HPSS. These will include a focus on the enhanced management of chronic conditions such as asthma.

Physical Activity Strategy and Action Plan

Taking exercise and keeping active can often keep asthma symptoms under control. People who have asthma are more likely to be physical inactive. The new five-year [Physical Activity and Action Plan](#) seeks to promote the benefits of regular physical activity particular amongst those who are inactive. People with asthma may benefit from the proposed new strategy in that it aims to raise awareness of the benefits of physical activity and aims to provide accessible opportunities for activities to meet individual needs and circumstances.

Tobacco Action Plan

Smoking is a major contributor to chronic conditions such as asthma. The [Five Year Tobacco Action Plan](#) aims to prevent people from starting smoking and protecting non-smokers from tobacco smoke. Many components of the strategy are beneficial to those with asthma and other chronic conditions including – raising awareness of the

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effects of smoking on both smokers’ and non-smokers’ health (including an awareness of the effects of passive smoking on children and young people), placing a ban on the promotion and advertising of tobacco products and the widespread adoption of smoke-free policies in workplaces and other public places.

DHSSPS Smoking Consultation

In December 2004, the Government announced that was to carry out a [consultation on smoking in public places](#) in Northern Ireland. The consultation has now ended with interest groups, health professionals and the public expressing their opinions in regards to three options, including the implementation of a ban on smoking in all enclosed places and workplaces in Northern Ireland. The outcome of the consultation is likely to have important implications for people with respiratory conditions such as asthma.

Food and Nutrition Strategy

It has been suggested that a poor diet may increase susceptibility to asthma and other allergies¹². The DHSSPS are currently working with other Department and Agencies to produce a new Food and Nutrition Strategy and Action Plan. When implemented this strategy and action plan, in addition to other healthy eating initiatives that are already underway, may impact positively upon both adults and children with asthma.

Respiratory Strategy for Northern Ireland??

In a recent publication Asthma UK (NI) state that the forthcoming respiratory strategy provides an opportunity to introduce improvement in care and create a greater awareness among health care professionals, the public and people with asthma¹³. In response to a query on behalf of Asthma UK Northern Ireland, former Minister for Health, Angela Smith, is reported to have stated that, “The Department is currently working to put in place a strategy aimed at formally identifying how the spectrum of respiratory service provision, including asthma care, should be configured up to 2010”¹⁴.

New GP Contract

In June 2003 GPs voted to accept a new contract for the delivery of general medical services. The new contract is designed to bring about a range of improvements in primary care. This includes better management of chronic diseases (such as asthma) through a new framework that will provide rewards to practices for improvements in clinical standards.

Community Pharmacy Strategy

[‘Making it Better – A Strategy for Pharmacy in the Community’](#) outline the future of community pharmacy services in Northern Ireland. One of the key features of the strategy is ensuring the success of the medicines management scheme, which is important for people with asthma who are on multiple medications. The strategy also promotes community pharmacy based specialist clinics for specific groups such as patients with diabetes, asthma and heart disease.

Air Quality

High concentrations of air pollutants in the atmosphere can exacerbate the symptoms of asthma and other respiratory disorders. Good air quality, particularly in urban areas is crucial for people with asthma. Various provisions have been introduced to help achieve air quality improvements in Northern Ireland including clean air legislation and the Air Quality Strategy for England, Scotland, Wales and Northern Ireland.

Fuel Poverty Strategy

The effects of fuel poverty including cold damp environments can exacerbate a wide range of physical conditions such as asthma and other respiratory conditions. In 2004, the Department for Social Development launched a fuel poverty strategy for Northern Ireland ([“Ending Fuel Poverty: A Strategy for Northern Ireland”](#)). The strategy is an important element of the Government’s policy of New Targeting Social Need and may bring beneficial changes for those suffering from long-term illnesses such as asthma.

Housing Conditions

Poor housing conditions can also exacerbate respiratory conditions such as asthma. Homeless families, in particular, living in damp or overcrowded conditions can be particularly affected. Various home improvement and regeneration schemes (e.g. such as those carried out by the Northern Ireland Housing Executive), and policy initiatives aimed at addressing the issue of homelessness may also be beneficial for those who have asthma.

Examples of Potential Interventions in Asthma Care:

Asthma UK – Interventions

[Asthma UK \(Northern Ireland\)](#) advocate a new partnership approach to asthma care in Northern Ireland which includes:

- Improvement in the public health aspect of care including better

Is the problem amenable to further intervention by the DHSSPS or other?

data collection and analysis, the improvement of air quality and the prioritising of care for people with asthma.

- Ensuring that healthcare professionals improve care by consistently implementing the [‘British Guidelines on the Management of Asthma’](#), particularly in relation to the promotion of personal asthma action plans, regular asthma reviews and specialist training for healthcare professionals.
- Encouraging people with asthma to be more active in their own care by attending and promoting reviews, raising their expectations of asthma management and being more energetic in taking up self-management.
- Inclusion of the Asthma Charter¹⁵ in Northern Ireland’s respiratory strategy. The charter outlines what people with asthma have a right to expect from their healthcare professionals.

Allergy Treatment Interventions

A recent [report](#) by a Select Committee on Health identified the current inequities the provision and quality of allergy services in England. As allergy is an important component of asthma, many of the interventions identified by the report could assist in improving services and treatment for people with asthma in Northern Ireland. A number of the Committee’s recommendations are outlined below and overleaf for consideration.

- Primary care should be the frontline provider of allergy care. However, specialist clinics for the treatment of allergy should be developed to support this. These should become centres of local networks of competent practice in allergy care and should facilitate the training and professional development of staff in primary care.
- A primary care allergy network should be created to support those working in primary care in order to allow them access to second opinions, offer peer review of services and to provide ongoing education and professional development. The involvement of any current and developing specialist centres is crucial to the existence of such a network.
- Health service commissioners/providers should ensure that people with allergy in their area know who is appropriately trained and who is clinically accountable for providing allergy services. A named person in each area should be identified.
- The basic training curriculum for GPs should be reviewed and modified to take account of allergy training needs.
- Given the general lack of knowledge and expertise of allergy in primary care we recommend the Department should provide some financial support to provide access to initial in-service training for a wide range of health professionals.
- Childhood allergy presents problems that are in some respects

identical, but in others distinct from those experienced by adults. The gap between need and service performance is wider and growing faster in the case of paediatric allergy. Therefore, there should be a parallel development of paediatric allergy services to those for adults.

- Inspection of independent organisations which provide diagnostic and/or treatment services in allergy should be conducted.

Occupational Asthma and Asthma at Work – Interventions

Asthma UK’s [‘Asthma at Work – Your Charter’](#) sets out ten steps to significantly reduce the impact of asthma in the workplace. It is suggested that employers, employees and health professionals are made aware and endorse the charter and that information contained within it reaches those who need it most.

A few examples of charters’ ten steps include:

- *‘Nobody should have to breathe second-hand smoke at work’* – people should have the right to breathe clean air at work. Employers should be encouraged to develop policies on smoke-free workplaces.
- *‘Employees should enjoy reasonable protection from asthma triggers at work’* – employees should be encouraged to approach their employers to discuss what makes their asthma worse and when.
- *‘Employees should be protected from the causes of occupational asthma’* – employers should prevent exposure when they can and control it when they cannot.
- *‘Prompt diagnosis and treatment’* – all those at risk from occupational asthma must have access to prompt and accurate diagnosis and treatment.
- *‘Keeping informed’* – those operating in a high risk business should have information on the risks of occupational asthma, including information on prevention, identification and treatment.

Childhood Asthma Interventions

A recent [review](#) of Childhood Asthma Services by the City of Wakefield Metropolitan District Council identified the following interventions for the improvement management and care of childhood asthma. The interventions are primarily aimed at reducing emergency admissions to hospital and reducing the number of unplanned absences from school.

- All primary and secondary schools should adopt a School Asthma Policy in line with Asthma UK guidance.
- All primary and secondary schools should be encouraged to utilise school nurse services for the provision of training and advice on asthma management policies.

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- Early Years Development and Childcare leads in co-operation with other initiatives (e.g. Sure Start) should be asked to develop asthma policies for implementation in all early years settings.
- A formal Asthma Policy for Looked After children should be implemented in line with Asthma UK guidance.
- Statutory housing providers should ensure that every tenant receives accurate information on asthma and how to tackle the problems of damp and mould. This should also include advice on allergy avoidance measures.
- Planning, transport and building control bodies should consider the impact on health, particularly asthma, on all new road and housing schemes.
- That a working groups should be established to develop long-term plans for asthma care for children and young people.

¹ Health Development Agency. ‘Asthma: Breathtaking Epidemic’. Health Development Today Magazine. December/January 2005.

² *Ibid*

³ Asthma UK Website. ‘Asthma and Women’. www.asthma.org.uk/about/booklet09.php

⁴ *Ibid*

⁵ Asthma UK Website. ‘Asthma beyond 50’. www.asthma.org.uk/about/booklet02.php

⁶ Health Development Agency. ‘Asthma: Breathtaking Epidemic’. *Op Cit.*

⁷ *Ibid*

⁸ Asthma UK Press Release. ‘Ethnicity a factor in hospital risk’. 21 January 2001.

⁹ Asthma UK. (2004) *Asthma at Work – Your Charter*. London: Asthma UK. www.asthma.org.uk/bits/images/workplace_charter.pdf

¹⁰ *Ibid*

¹¹ Asthma UK (Northern Ireland) (2005). *A Moving Picture: Asthma in Northern Ireland Today*. Belfast: Asthma UK. www.asthma.org.uk/news/pdf/movingpicture.pdf

¹² University of Aberdeen Press Release. ‘A poor diet increases the risk of asthma and other allergies’. www.abdn.ac.uk/deom/news220800.htm

¹³ Asthma UK (Northern Ireland) (2005). *Op Cit.*

¹⁴ Information extracted from Asthma UK (NI) website - www.asthma.org.uk/help/nireland.php

¹⁵ For Charter see p10 of Asthma UK (Northern Ireland) (2005). *A Moving Picture: Asthma in Northern Ireland Today*. Belfast: Asthma UK. www.asthma.org.uk/news/pdf/movingpicture.pdf