

## CDC and NIH survey provides first report of state-level COPD prevalence

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The age-adjusted prevalence of chronic obstructive pulmonary disease (COPD) varies considerably within the United States, from less than 4 percent of the population in Washington and Minnesota to more than 9 percent in Alabama and Kentucky. These state-level rates are among the COPD data available for the first time as part of the newly released 2011 Behavioral Risk Factor Surveillance System (BRFSS) survey.

"COPD is a tremendous public health burden and a leading cause of death. It is a health condition that needs to be urgently addressed, particularly on a local level," said Nicole Kosacz, M.P.H., an <a href="mailto:epidemiologist">epidemiologist</a> with the <a href="mailto:Centers for Disease Control and Prevention">Control and Prevention</a> and one of the lead analysts of the data. "This first-ever state-level analysis and breakdown is a critical source of information that will allow states to focus their resources where they will have maximum impact."

In addition to the nationwide <u>prevalence data</u>, surveys in 21 states as well as Washington, D.C., and Puerto Rico asked additional questions related to diagnosis and quality of life of those reporting COPD. Results from the more detailed surveys included:

- 71.4 percent of those reporting COPD were diagnosed via spirometry a simple test to assess breathing
- 62.5 percent felt that symptoms adversely affected their quality of life
- 50.9 percent were taking at least one daily medication to manage



their COPD, with rates of medication usage increasing with age

"These findings illustrate that we still need improvement in raising awareness about COPD and its diagnosis and management," said James Kiley, Ph.D., director of the Division of <u>Lung Diseases</u> at the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health. "COPD can be well-controlled, but it's critical to diagnose it early and to follow the appropriate <u>therapeutic strategies</u>."

The BRFSS surveys adults aged 18 or older and is administered by state health departments in collaboration with the CDC. The addition of state-level COPD surveillance data in the 2011 study was co-supported by the NHLBI and the CDC. Nearly 500,000 people responded to the survey; 39,000 reported having COPD. The COPD data from the BRFSS survey will appear in the Nov. 23 edition of the CDC's *Morbidity and Mortality Weekly Report*.

COPD, which includes conditions such as emphysema and chronic bronchitis, is characterized by shortness of breath, chronic coughing or wheezing, or excess sputum (airway mucus) production. COPD develops slowly and worsens over time, causing many people to ignore the symptoms early on and delay seeking diagnosis and treatment until the disease is in its late stages.

The BRFSS survey found that nationwide, 6 percent of non-institutionalized adults, or approximately 15 million people, reported having COPD, with the highest prevalence clustered around the Ohio and lower Mississippi rivers. However, since the study did not survey older adults in institutions like nursing homes, the actual number is likely higher.

Other nationwide results for COPD included:



- Women were more likely to report COPD than men (6.7 percent vs. 5.2 percent)
- Prevalence was lower among homemakers, students, and the employed than among those who were unable to work, unemployed, or retired
- Prevalence decreased as income increased (from 9.9 percent among those making less than \$25,000 a year to 2.8 percent among those making more than \$75,000)
- 36.4 percent of those reporting COPD were former smokers
- 38.7 percent of those reporting COPD continued to smoke
- 43.7 percent of those reporting COPD had a history of asthma

The BRFSS is conducted using random telephone calls (landline and cellular). The <u>survey</u> assesses risk behaviors and other factors that contribute to the leading causes of death in the United States.

**More information:** See the full BRFSS COPD data at: <a href="https://www.cdc.gov/mmwr/mmwr/wk/wk/cvol.html">www.cdc.gov/mmwr/mmwr/wk/wk/cvol.html</a>

## Provided by NIH/National Heart, Lung and Blood Institute

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