

Women and Asthma in Washington State – 2014



Asthma is a chronic respiratory condition. It is a common but complex disorder of the airways. Asthma causes the lungs to swell and narrow. This leads to wheezing, shortness of breath, chest tightness, and coughing.¹

Both national and statewide data reflect significant gender disparities that exist in asthma prevalence, mortality, and morbidity. Women have higher rates of both lifetime asthma and current asthma than men.

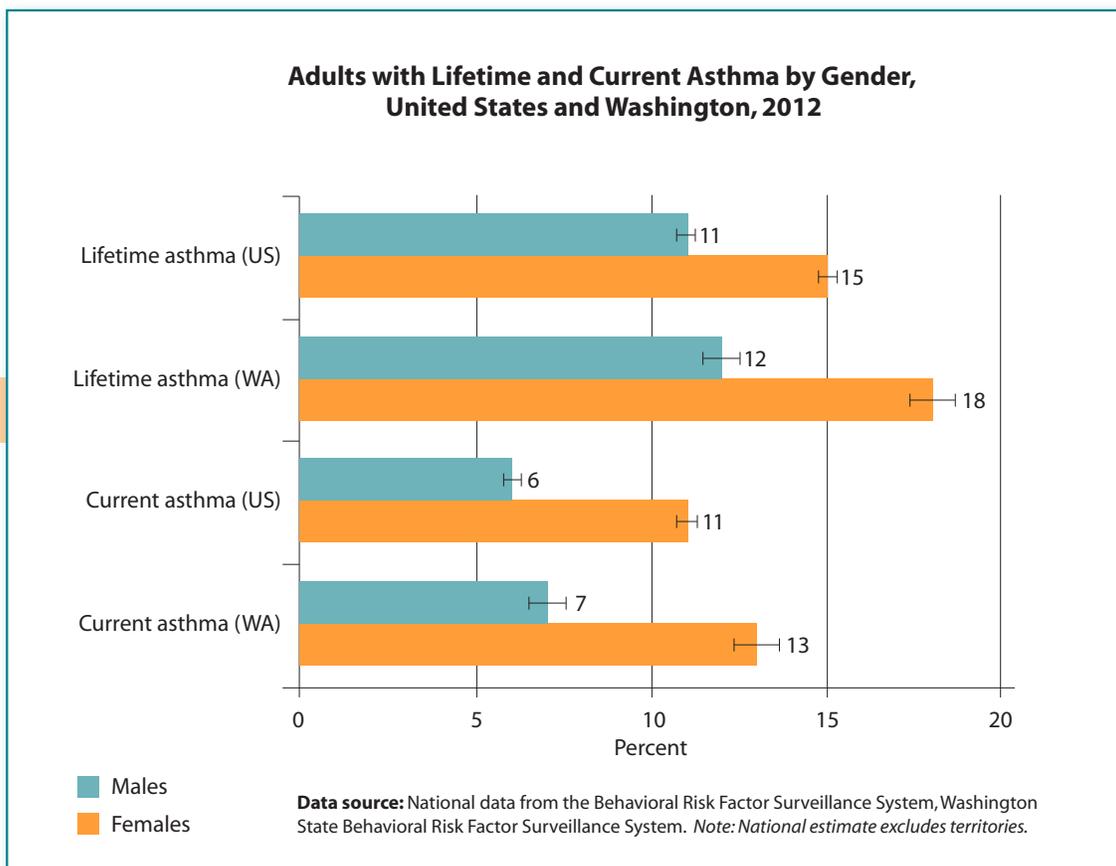
A person who has been diagnosed with asthma at any point in their life is considered to have lifetime asthma. A person who has been told that they have asthma and they still have asthma at the time they responded to the survey is considered to have current asthma.

As illustrated in the chart below, 15 percent of women in the US reported having lifetime asthma compared to 11 percent of men.² This disparity is slightly greater in

Washington State: 18 percent of women in Washington have lifetime asthma compared to 12 percent of men.³ In 2012, 11 percent of women in the US reported having current asthma compared to 6 percent of men. Similarly, 13 percent of women reported currently having asthma compared to 7 percent of men in Washington State.³

It is unknown why women have a higher burden of asthma than men. However, some studies suggest that this disparity may be influenced by:^{4,5,6,7}

- Environment
- Obesity
- Socioeconomic status
- Attitudinal differences
- Pregnancy
- Menstrual cycle
- Menopause
- Sex hormones
- Hormone replacement therapy



The Burden of Asthma

Asthma decreases a woman's quality of life. Women with asthma can experience limitations in their physical health, energy, social functioning, and emotional well-being.⁸

Mortality

More women die of asthma than men.⁹ Women in Washington State have a 36 percent greater chance of dying from asthma than men during 2010–2012. Between 2010 and 2012, 148 women died of asthma. Eighty-four men died of asthma during the same time period.¹⁰

Hospitalizations

Both nationally and in Washington State, women are hospitalized for asthma more often than men.^{11, 12} In 2011, the asthma hospitalization rate per 100,000 was 77 for women and 53 for men.¹³

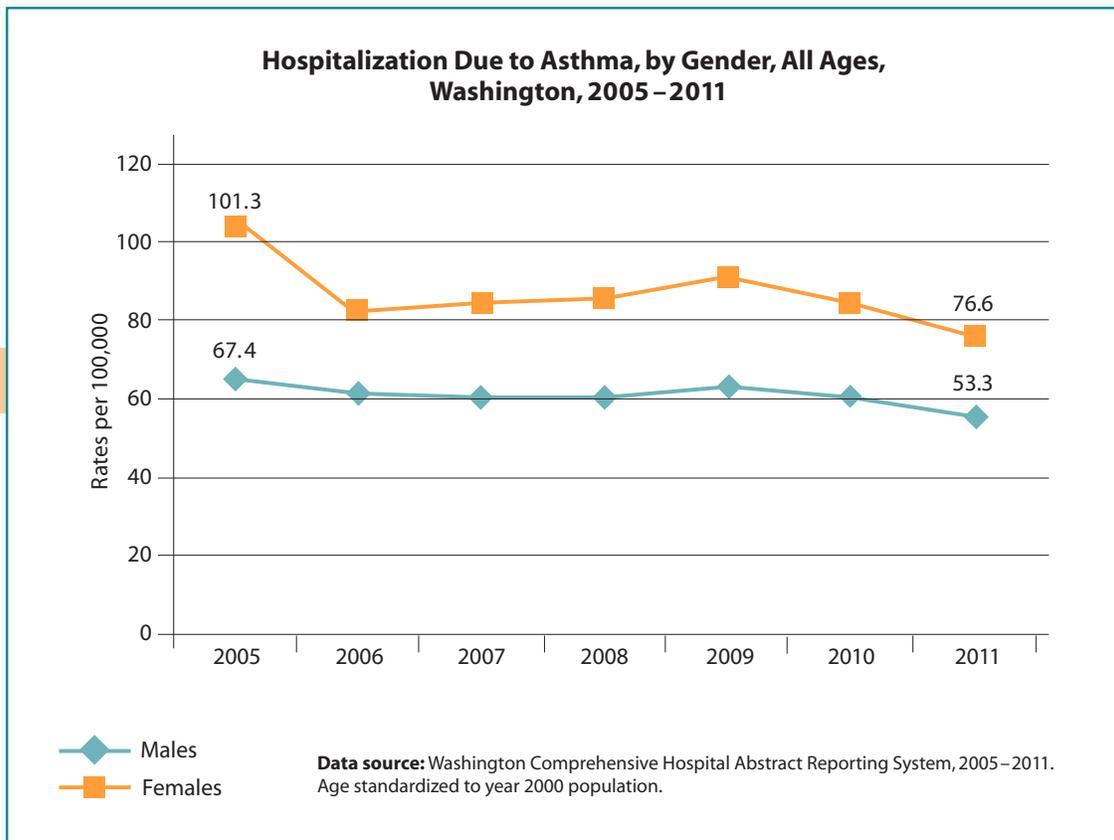
Many people who were hospitalized with asthma or Chronic Obstructive Pulmonary Disease (probable asthma) were re-admitted with the same diagnosis during the same year. In 2011, 19 percent of women with probable asthma were re-admitted at least once during the same year.¹⁴

Pregnancy

Asthma can have a serious impact on pregnancy outcomes. For about 33 percent of women, their asthma gets worse during pregnancy.¹⁵ Women with severe asthma prior to pregnancy are at a greater risk for asthma attacks during pregnancy.¹⁶ Additionally, severe and/or poorly-controlled asthma has been associated with numerous adverse perinatal outcomes. These include:¹⁷

- Preeclampsia
- Pregnancy-induced hypertension
- Preterm labor
- Preterm birth
- Low birth weight and other complications

Of the women who were pregnant between 2009 and 2012 in Washington, around 11 percent reported a current diagnosis of asthma. This is comparable to the overall asthma prevalence for adults in the state (10 percent).



Smoking and Asthma

Smoking and exposure to tobacco smoke can have serious health implications for people with asthma. Some studies suggest that smoking increases the risk of asthma.¹⁸ In 2009–2012, about 13 percent of Washington State adults who smoke reported having asthma.² Around 18 percent of all the Washington Quitline callers in 2011 had chronic asthma.¹⁹ Tobacco smoke is also one of the most common asthma triggers.²⁰

Smoking and exposure to tobacco smoke is especially harmful to pregnant women. Smoking during pregnancy leads to many medical complications for both the mother and the growing fetus.²¹ Pregnant women with asthma who smoke have an increased risk of complications during pregnancy.²²

Asthma is a Women's Health Issue
High rates of hospitalizations, hospital re-admissions, death, and pregnancy complications make asthma an important women's health issue. There is a need for more asthma prevention and early intervention efforts.

Women of Menopausal Age
Women of all ages have a greater risk than men of poor health outcomes due to asthma. However, the largest disparity exists between men and women in their 40s and 50s.²³

Recommendations to Control and Manage Asthma

Although there is no cure for asthma, prompt diagnosis and a proper treatment plan can improve overall quality of life. Managing asthma from day-to-day is important. This allows people to breathe well, stay active, and avoid asthma symptoms. The ultimate goal of asthma treatment and management is asthma control.

For Practitioners

Quality asthma care goes beyond initial diagnosis and treatment. Patients need to be involved in their care. They need long-term, regular follow-up care to maintain control of their asthma. Practitioners should manage

their patient's asthma according to established clinical guidelines.⁵ They should also consider the following four components of asthma care:²⁴

- Plan visits at regular intervals.
- Prescribe medications based on severity of asthma.
- Educate patients to improve self-monitoring and self-management.
- Assess environmental triggers and educate on ways to reduce exposure to these triggers.

Special considerations during pregnancy

Proper control of asthma during pregnancy reduces the risk of complications for the baby as well as the mother. During pregnancy, care is usually shared between an asthma specialist and an obstetrical provider. Treatment is similar to treatment for non-pregnant women.²⁵ Along with the four main components of asthma care, the practitioner should also:²⁶

- Monitor the mother's lung function and baby's well-being at every prenatal visit.
- Verify the type and dose of medication during pregnancy, and follow up on regular medication use to prevent asthma symptoms.

For Women

There's a lot that women can do to control their asthma. Women with asthma should:

- **Take the Asthma Control Test** to know how well controlled their asthma is.
- **Identify and avoid triggers** that can cause asthma symptoms or attacks.
- **Visit their doctor every six months.** Update their **asthma action plan** if needed.
- **Use their asthma medications correctly.**
- **If they smoke, call 1-800-QUIT-NOW** or visit **Tobacco Quitline Services** for help quitting.
- **Track asthma symptoms** during their menstrual cycle to determine if/when symptoms increase.
- **Get their flu shot every year.**
- **If they are pregnant:**²⁷
 - Verify medication dose and treatment with their doctor.
 - Continue taking medicines as prescribed.
 - Have their lung function monitored at every prenatal visit.

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For information, contact Washington State Department of Health: 360-236-3851.

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