

Asthma in Maine

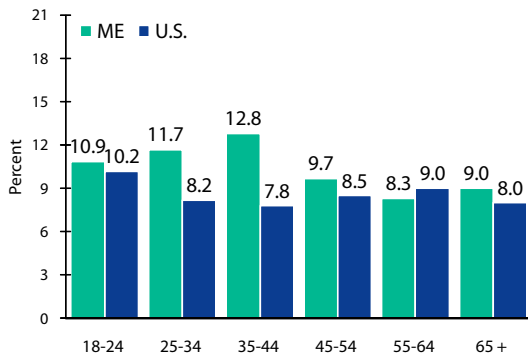
Asthma is a chronic lung disease that affects an estimated 16.4 million adults (aged ≥ 18 years)¹ and 7.0 million children (aged < 18 years)¹ in the United States (U.S.), regardless of age, sex, race, or ethnicity. Although the exact cause of asthma is unknown and it cannot be cured, it can be controlled with self-management education, appropriate medical care, and avoiding exposure to environmental triggers. The following data provide an overview of the burden of asthma in Maine (ME) compared with the U.S. **All stated comparisons (e.g., higher, lower, similar) indicate that the group is statistically significantly different than the reference group (e.g., adults aged 18-24 years, men, non-Hispanic whites, children aged 15-17 years, and boys).**

Asthma Prevalence

In 2008, an estimated 107,556 adults in Maine had asthma. Adult lifetime asthma prevalence was 15.7% and adult current asthma prevalence was 10.3% compared with U.S. rates of 13.3% and 8.5%, respectively².

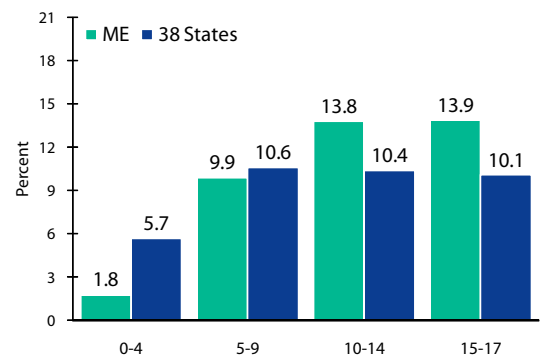
In 2008, an estimated 25,629 children in Maine had asthma. Child lifetime asthma prevalence was 13.9% and child current asthma prevalence was 9.4% compared with the 38 participating states' rates of 13.3% and 9.0%, respectively².

Adult Current Asthma Prevalence by Age, BRFSS, 2008



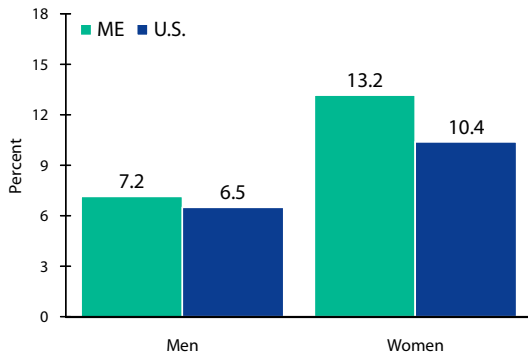
Adult current asthma prevalence was similar among all age groups when compared with adults aged 18-24 years in Maine; however, the rate was highest among adults aged 18-24 years throughout the U.S.

Child Current Asthma Prevalence by Age, BRFSS, 2008



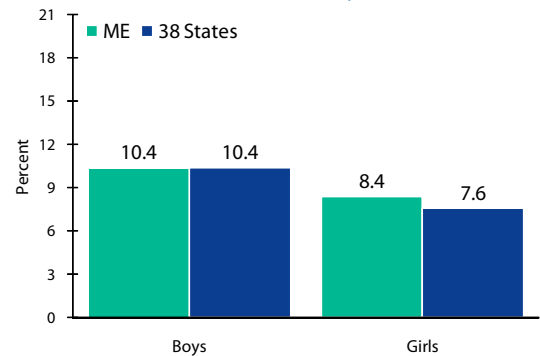
Child current asthma prevalence was lower among children aged 0-4 years than children aged 15-17 years in Maine. A similar pattern occurred throughout the 38 participating states.

Adult Current Asthma Prevalence by Sex, BRFSS, 2008



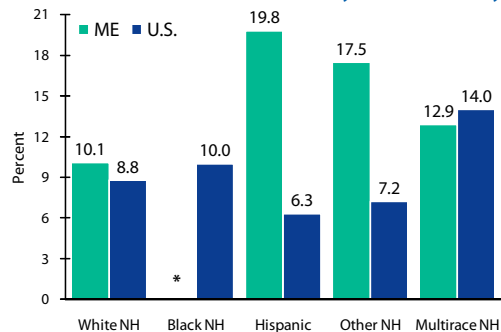
Adult current asthma prevalence was higher among women than men in Maine. A similar pattern occurred throughout the U.S.

Child Current Asthma Prevalence by Sex, BRFSS, 2008



Child current asthma prevalence was similar among boys and girls in Maine; however, the rate was higher among boys throughout the 38 participating states.

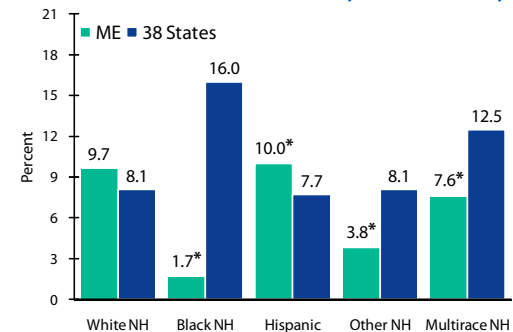
Adult Current Asthma Prevalence by Race/Ethnicity, BRFSS, 2008



Adult current asthma prevalence was similar among all race/ethnic groups when compared with non-Hispanic whites in whites in Maine; however, rates were higher among non-Hispanic multirace persons and non-Hispanic blacks throughout the U.S.

*The estimate is unstable.

Child Current Asthma Prevalence by Race/Ethnicity, BRFSS, 2008



Child current asthma prevalence was higher among non-Hispanic blacks and non-Hispanic multirace persons than non-Hispanic whites throughout the 38 participating states. Comparisons between race/ethnic groups in Maine were not reported due to sample size.

*The estimate is unstable.

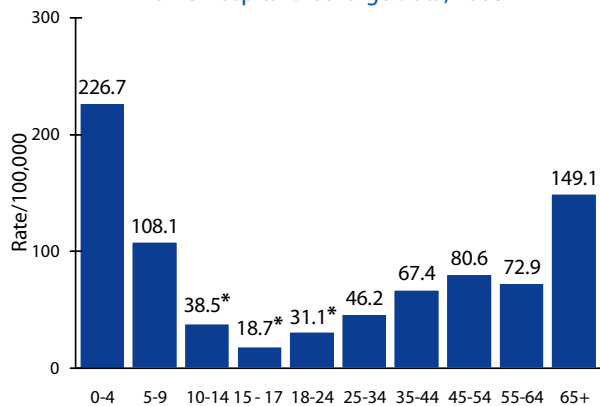
National Center for Environmental Health

Division of Environmental Hazards and Health Effects



Asthma Hospitalizations

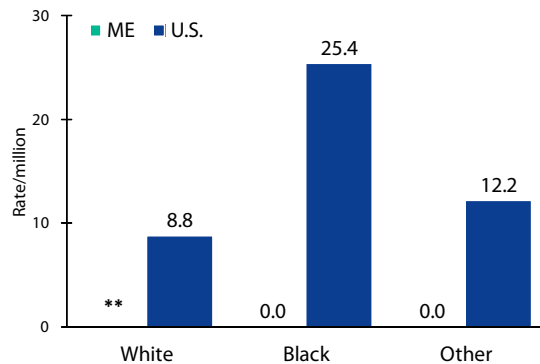
Maine Hospital Discharge Data, 2008



The age-adjusted asthma hospitalization rate in Maine was 83.3/100,000 persons³ compared with the U.S. rate of 144/100,000 persons⁴. In Maine, the hospitalization rate for children was 101.9/100,000 persons³ and for adults was 79.8/100,000 persons³.
*The estimate is unstable.

Asthma Deaths

Age-Adjusted Asthma Mortality Rate by Race, NVSS, 2007



Asthma was the underlying cause of death for 7 adults and less than 10** children in Maine⁵. The age-adjusted mortality rate in Maine was 5.1/million and the U.S. rate was 11.0/million⁵.
**The estimate is suppressed.

Asthma Patient Education and Medication Use

The National Heart, Lung, and Blood Institute (NHLBI) Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma includes recommendations by medical and public health experts to aid in the clinical practice of managing asthma. The NHLBI Guidelines focus on four areas of asthma management and care: Assessment and Monitoring, Patient Education, Control of Environmental Factors Contributing to Asthma Severity, and Pharmacologic Treatment. Items included in the following table are related to asthma patient education and medication use for adults with current asthma in Maine.

Patient Education: Adults with Current Asthma ⁶	Respondents	Yes
Ever taught how to recognize early signs or symptoms of an asthma episode	389	71%
Ever told what to do during an asthma attack	394	87%
Ever taught how to use a peak flow meter to adjust daily medications	392	50%
Ever given an asthma action plan	382	37%
Ever taken a course on how to manage asthma	397	9%

Medication Use: Adults with Current Asthma ⁶	Respondents	Yes
Used a prescription asthma medication in the past 3 months ⁷	387	73%

NOTES:

- National Health Interview Survey (NHIS), 2008
- Behavioral Risk Factor Surveillance System (BRFSS), 2008
When the sample size is fewer than 50, prevalence estimates are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
All stated comparisons (e.g., higher, lower, similar) indicate that the group is statistically significantly different than the reference group (e.g., adults aged 18-24 years, men, non-Hispanic whites, children aged 15-17 years, and boys).
- State Hospital Discharge Data, 2008
- National Hospital Discharge Survey, 2008
When estimates are based on fewer than 60 hospitalizations, they are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
- National Vital Statistics System (NVSS), 2007
When estimates are based on fewer than 20 deaths in the numerator, they are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
When estimates are based on fewer than 10 deaths in the numerator, data are suppressed due to confidentiality. Indicated with double asterisks (**)
- Asthma Call-back Survey, 2008
- Medication includes inhalers, pills, syrups, and nebulizers.