

National asthma indicators - an interactive overview

Web report | Last updated: 04 Dec 2019 | Topic: [Chronic respiratory conditions](#)

About

This web report provides interactive data displays on the national asthma indicators published in the National Asthma Strategy 2018 by the National Asthma Council ([National Asthma Strategy](#)).

The indicators provide insights on how common asthma is in Australia; asthma related deaths, hospital visits and general practice encounters; the use of asthma action plans, impact of asthma on quality of life, and the cost of asthma to the Australian healthcare system.

Cat. no: ACM 38

- [Fact sheet](#)
- [Data](#)

Findings from this report:

- In 2017–18, 1 in 9 Australians (11%) had asthma — that's 2.7 million people.
- In 2016–17, the PHN area with the highest potentially preventable hospitalisation rates for asthma was Murrumbidgee.
- In 2017–18, two-thirds of children aged 0-14 with asthma had an asthma action plan.
- In 2017–18, 23% of people with asthma said it had interfered with daily activity 2 or more times in the past month.

Overview

Asthma is a chronic inflammatory disorder of the airways. People with asthma experience episodes of wheezing, breathlessness and chest tightness due to widespread narrowing of the airways.

The 10 national asthma indicators were published in the [National Asthma Strategy 2018 - external site opens in new window](#) by the National Asthma Council (NAC 2018). The National Asthma Strategy aims to reduce the health, social and economic impacts of asthma with a targeted and comprehensive approach to optimise asthma diagnosis and management, including within the Aboriginal and Torres Strait Islander population and other priority populations. These indicators provide information for policy-makers about the status of asthma in Australia.

National asthma indicators by domain

Prevalence	Treatment and management	Impact
1. Prevalence of asthma	4. Hospital visits 5. Asthma control 6. General practice encounters 7. Asthma action plans 9. Preventer use	2. & 3. How many people die from asthma? 8. Impact of asthma on quality of life 10. Costs of asthma

The interactive data visualisations across this web report provide data and information for each indicator. Given the diversity of content, a mixture of data sources has been used. Hence, the year of data available for reporting will vary for the information presented for each indicator.

Reference:

NAC (National Asthma Council Australia) 2018. [National Asthma Strategy 2018 - external site opens in new window](#). Melbourne: National Asthma Council Australia.

Indicators

Indicator 1. Prevalence of asthma

Description: Percentage of the total population who report having current and long-term asthma (age-standardised).

Asthma affects people of all ages and has a substantial impact on the community. According to the 2015 Australian Burden of Disease Study, asthma was the 10th largest cause of disability-adjusted life years (DALYs) and the 5th largest cause of non-fatal disease burden (AIHW 2019).

The interactive visualisations on this page show data on the percentage of people with asthma by:

- age and sex
- remoteness
- socioeconomic area
- Indigenous and non-Indigenous Australians

Key findings

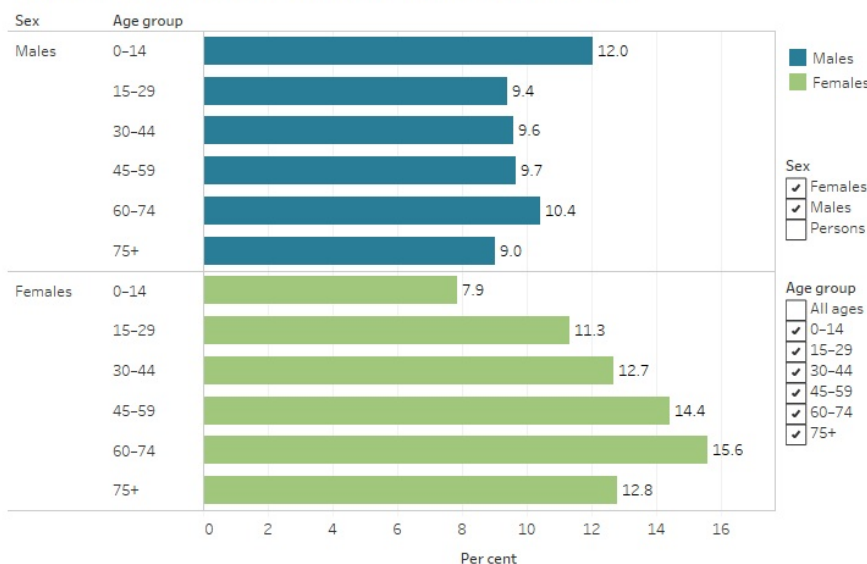
Based on self-reported data from the Australian Bureau of Statistics (ABS) 2017-18 National Health Survey (NHS):

- 1 in 9 Australians (11%) had asthma – that's 2.7 million people.
- The prevalence of asthma was more common in females (12%) than males (10%). Among those aged 0-14 asthma was more common in boys. No significant difference was noted in people aged 15-29. Among those aged 30 and over, asthma was more common in females.
- Among males, the prevalence of asthma was similar across remoteness areas. Among females, the prevalence of asthma was highest for those living in *Outer regional* areas (15%), compared with those living in *Major cities* (11%).
- The prevalence of asthma varied by socioeconomic area. Among males and females, the prevalence of asthma was highest for those living in the lowest socioeconomic areas compared with those living in the highest areas (males: 13% and 10%, respectively; females: 16% and 10%, respectively).

According to self-reported data from the ABS 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS):

- Indigenous Australians were almost twice as likely to have asthma (19%) compared with non-Indigenous Australians (10%) after adjusting for age.

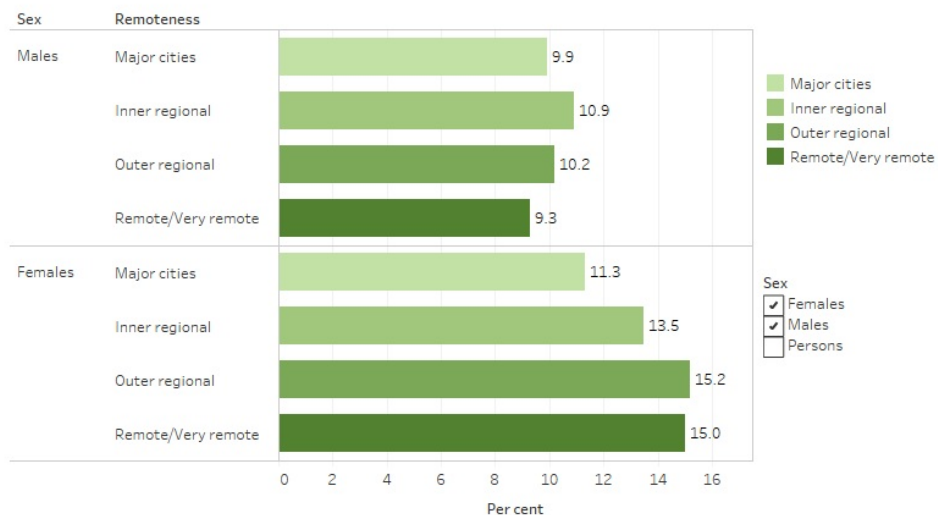
Figure 1: Prevalence of asthma, by sex and age, 2017-18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017-18.
<http://www.aihw.gov.au>

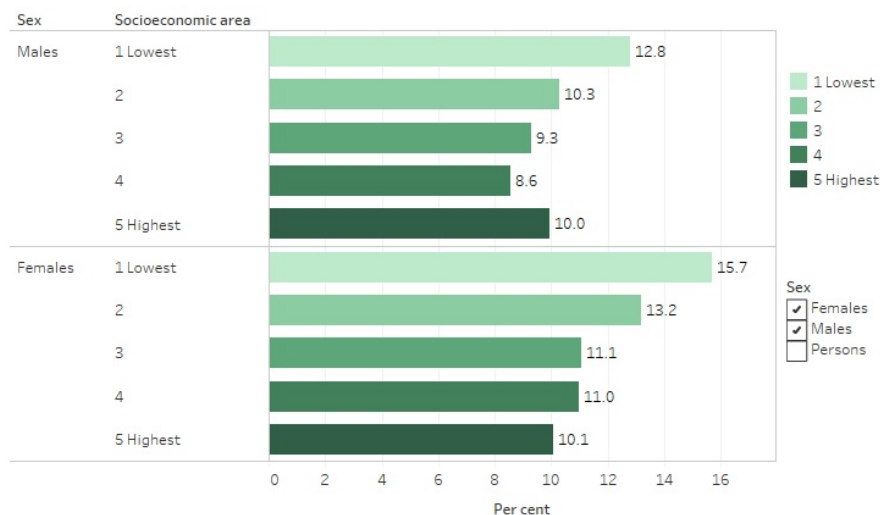
Figure 2: Prevalence of asthma (age-standardised rate), by sex and remoteness, 2017–18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017–18.
<http://www.aihw.gov.au>

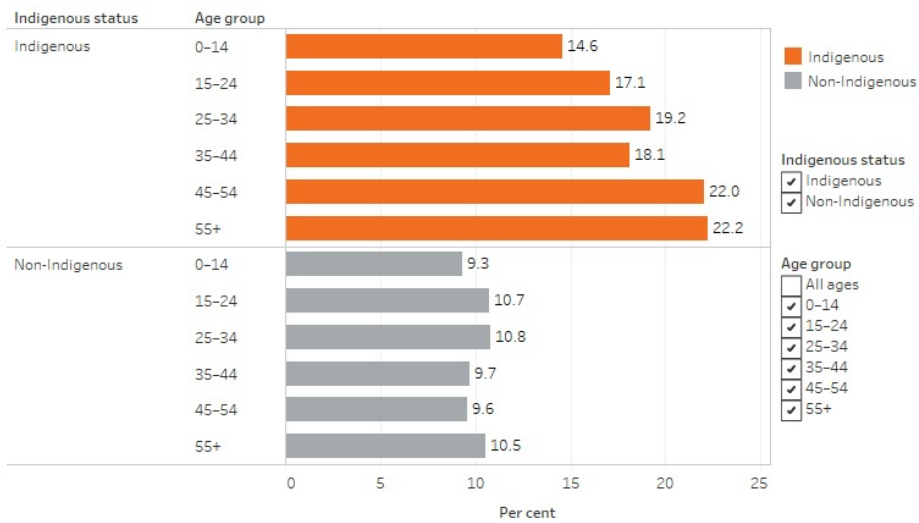
Figure 3: Prevalence of asthma (age-standardised rate), by sex and socioeconomic area, 2017–18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017–18.
<http://www.aihw.gov.au>

Figure 4: Prevalence of asthma (age-standardised rate), by Indigenous status and age, 2012–13



[Note]

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) 2012–13: First Results.
<http://www.aihw.gov.au>

Reference

AIHW (Australian Institute of Health & Welfare) 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease series no. 19. Cat. No. BOD 22. Canberra: AIHW.

Indicators

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The interactive visualisations on this page show data on the percentage of people with asthma by:

- age and sex
- remoteness
- socioeconomic area
- Indigenous and non-Indigenous Australians

Key findings

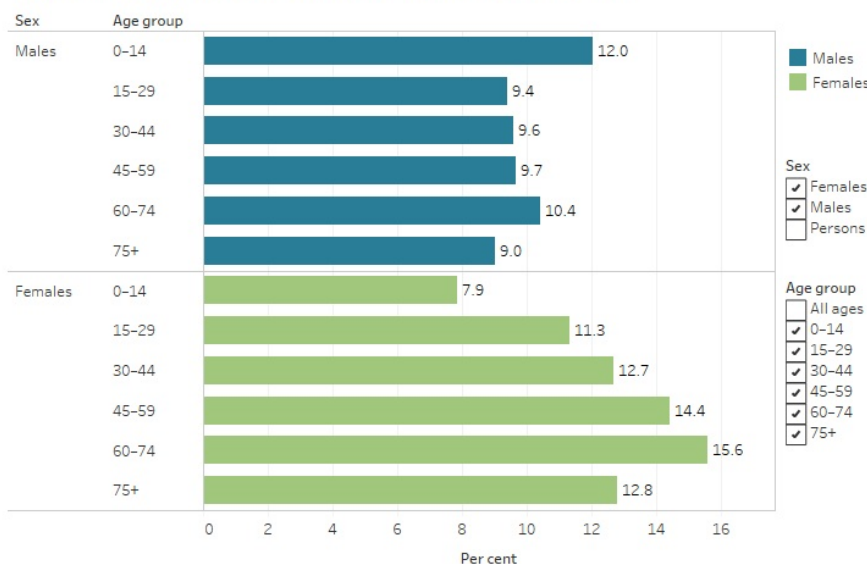
Based on self-reported data from the Australian Bureau of Statistics (ABS) 2017-18 National Health Survey (NHS):

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- The prevalence of asthma varied by socioeconomic area. Among males and females, the prevalence of asthma was highest for those living in the lowest socioeconomic areas compared with those living in the highest areas (males: 13% and 10%, respectively; females: 16% and 10%, respectively).

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- Indigenous Australians were almost twice as likely to have asthma (19%) compared with non-Indigenous Australians (10%) after adjusting for age.

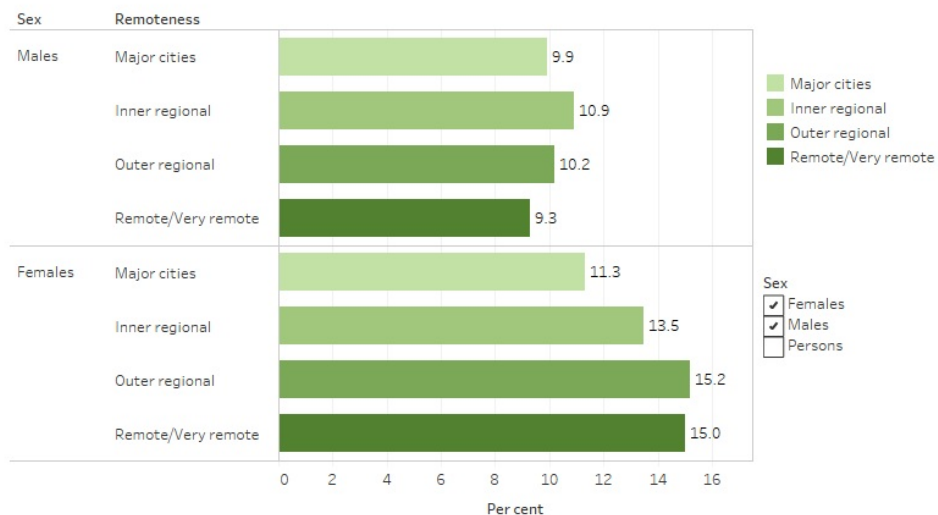
Figure 1: Prevalence of asthma, by sex and age, 2017-18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017-18.
<http://www.aihw.gov.au>

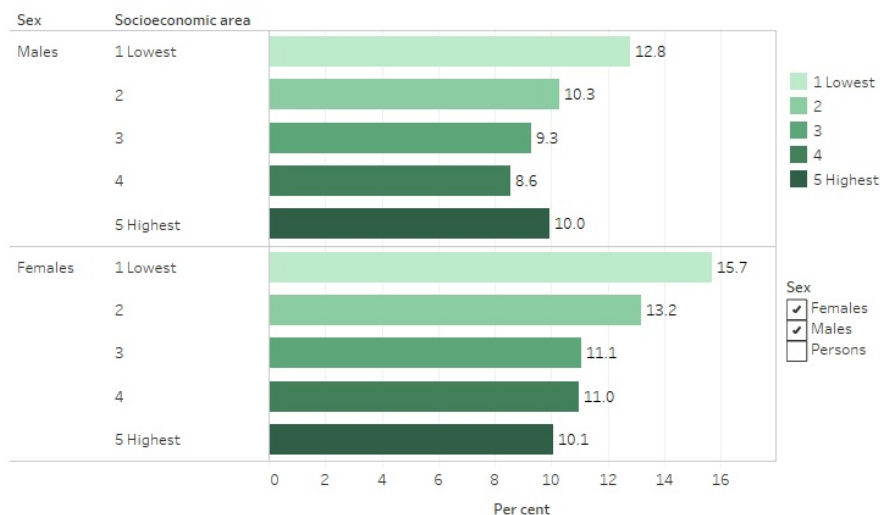
Figure 2: Prevalence of asthma (age-standardised rate), by sex and remoteness, 2017–18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017–18.
<http://www.aihw.gov.au>

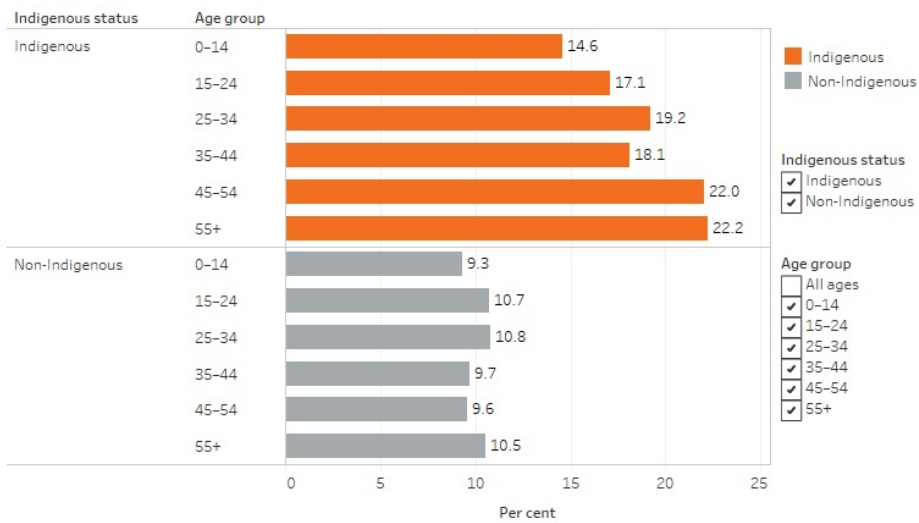
Figure 3: Prevalence of asthma (age-standardised rate), by sex and socioeconomic area, 2017–18



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Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017–18.
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Figure 4: Prevalence of asthma (age-standardised rate), by Indigenous status and age, 2012–13



[Note]

Source: ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) 2012–13: First Results.
<http://www.aihw.gov.au>

Reference

AIHW (Australian Institute of Health & Welfare) 2019. [Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015](#). Australian Burden of Disease series no. 19. Cat. No. BOD 22. Canberra: AIHW.



Indicators

Indicators 2 & 3. How many people die from asthma?

Description: Number of deaths where asthma was the underlying cause of death, per 100,000 population (age-standardised).

Although deaths due to asthma are uncommon, it is important to monitor trends in asthma related deaths as they may be an indicator of changes in the incidence, prevalence, severity and/or treatment of asthma.

The interactive visualisations on this page show data for asthma related deaths by age and sex for people aged:

- 5-34 years
- 35-54 years
- 55 years and over

Key findings

According to the AIHW National Mortality Database (NMD) in 2017:

- There were 441 deaths due to asthma in Australia, which corresponds to a mortality rate of 1.8 per 100,000 population.
- The mortality rate for people aged 5-34 years was 0.3 per 100,000 population, while for those aged 35-54 years and 55 years and over mortality rates were 0.9 and 5.4 per 100,000 population, respectively.
- Overall, the mortality rate was higher for females than males (2.4 compared with 1.2 per 100,000 population). Mortality rates did not differ much between males and females in the 5-34 years and 35-54 years age groups. However, in the 55 years and over age group, the mortality rate was higher for females than males (7.6 and 2.9 per 100,000 population).

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Indicators

Indicator 4. Hospital visits

Description: Number of hospital admissions where asthma was the principal diagnosis, per 100,000 population (age-standardised).

Asthma is one of the most common reasons for admission to hospital in childhood. Hospitalisation for asthma occurs as a consequence of disease exacerbations (either due to the severity of the disease or effectiveness of treatment and management).

The interactive visualisations on this page show data for asthma hospitalisations by:

- age and sex
- remoteness
- socioeconomic area
- Primary Health Network (PHN) areas

Key findings

Data from the AIHW National Hospital Morbidity Database (NHMD) show that in 2016-17:

- Rates of hospitalisations were higher in children aged 0-14 (425 per 100,000 population) and lowest in people aged 15-34 (94 per 100,000 population).
- The hospitalisation rate was higher for females (186 per 100,000 population) than males (157 per 100,000 population).
- The hospitalisation rate was higher in *Remote* areas compared with *Major cities* (222 compared with 185 per 100,000 population, respectively).
- The hospitalisation rate was higher in the lowest socioeconomic areas (234 per 100,000 population) compared with the highest socioeconomic areas (122 per 100,000 population).
- The 3 PHN areas with highest rates (age-standardised) of potentially preventable hospitalisations were: Murrumbidgee (240 per 100,000 population), Western Queensland (214 per 100,000 population), and Darling Downs and West Moreton (197 per 100,000 population). The 3 PHN areas with the lowest potentially preventable hospitalisation rates were: Gippsland, Perth North, and Perth South (88, 82, and 79 per 100,000 population, respectively).

Note: Potentially preventable hospitalisations (PPH) for asthma defined in accordance with the National Healthcare Agreement (NHA) indicator ([PI 18 - Selected potentially preventable hospitalisations, 2018 - external site opens in new window](#))

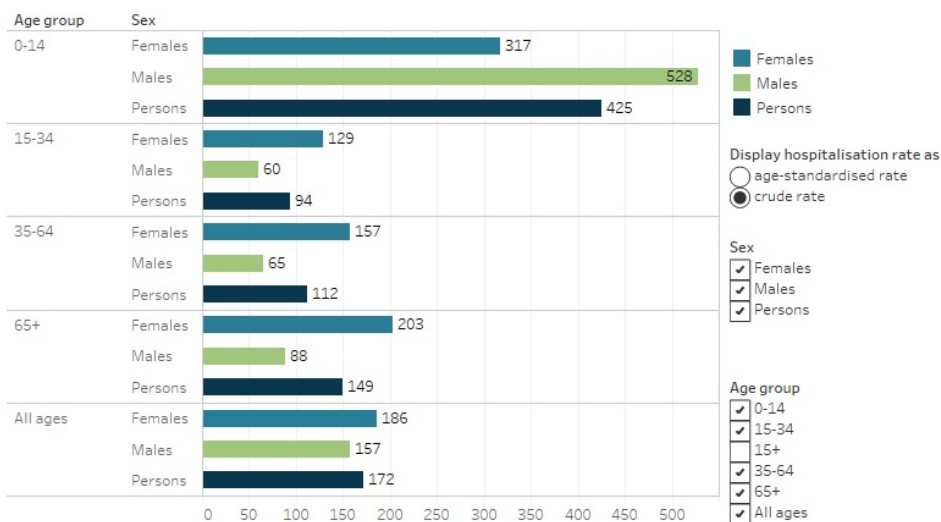
Potentially preventable hospitalisations for asthma variation by PHN areas

Differences in rates of potentially preventable hospitalisations for asthma across PHNs may be due to differences in:

- the distribution of populations with high rates of asthma
- severity of asthma and improper use of medicine
- access to primary and secondary care for timely management of acute exacerbations; availability of hospital beds and hospital admission criteria
- geographical location (for example cold weather extremes, airborne allergens), can trigger asthma attacks despite best-practice medicine use.

(ACSQHC 2015)

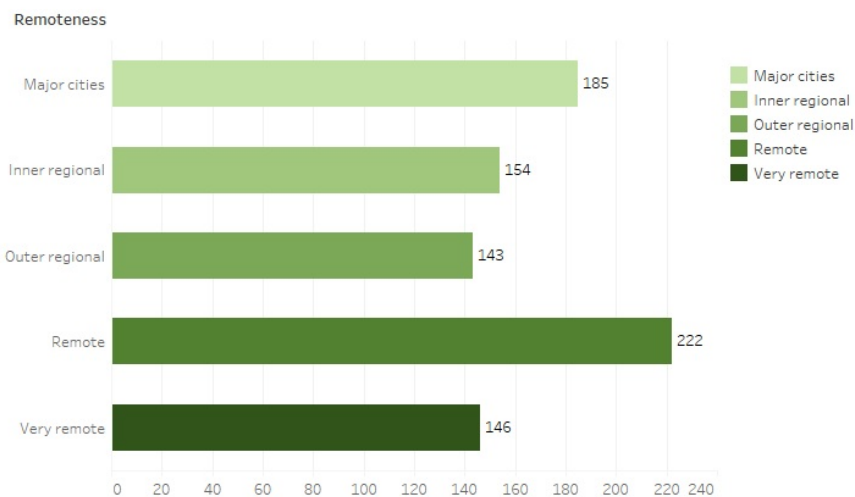
Figure 1: Hospitalisations due to asthma per 100,000 population, by sex and age group, crude rate, 2016-17



[Notes]

Source: AIHW National Hospital Morbidity Database.
<http://www.aihw.gov.au>

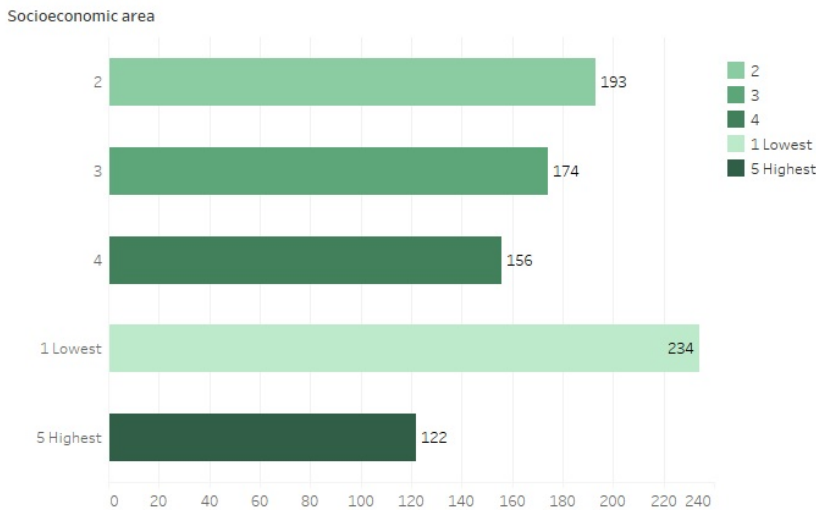
Figure 2: Hospitalisations due to asthma per 100,000 population, by remoteness, 2016-17



[Notes]

Source: AIHW National Hospital Morbidity Database.
<http://www.aihw.gov.au>

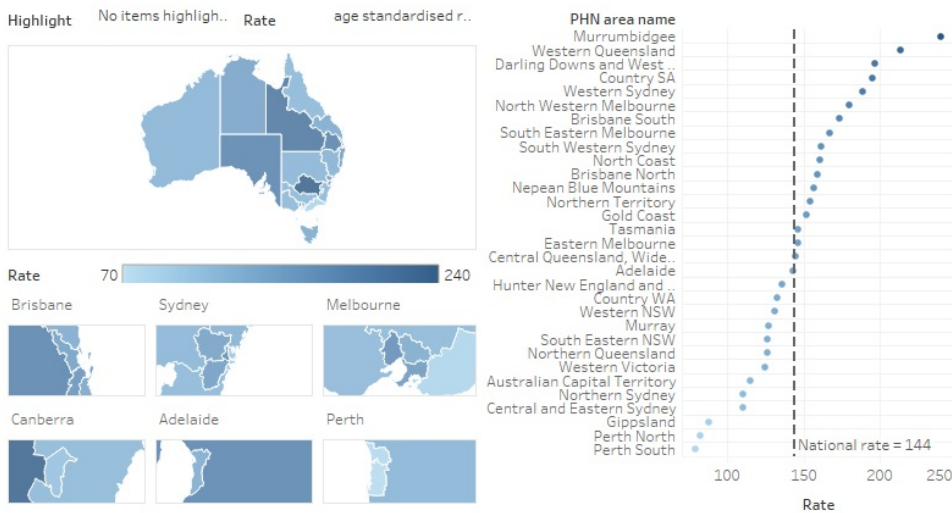
Figure 3: Hospitalisations due to asthma per 100,000 population, by socioeconomic area, 2016–17



[Notes]

Source: AIHW National Hospital Morbidity Database.
<http://www.aihw.gov.au>

Figure 4: Potentially preventable hospitalisations for asthma per 100,000 population by Primary Health Network areas, age standardised rate, 2016-17



[Notes]

Source: AIHW (Australian Institute of Health and Welfare) 2018. Potentially preventable hospitalisations in Australia by small geographic areas. Cat. No. HPF 36. Canberra: AIHW.
<http://www.aihw.gov.au>

Reference

ACSQHC (Australian Commission on Safety and Quality in Healthcare) 2015. [Australian Atlas of Healthcare Variation 2015 - external site opens in new window.](#) Sydney: ACSQHC.

Indicators

Indicator 5. Asthma control

Description: Proportion of people, aged 40 and under dispensed at least one inhaled short-acting beta agonist (SABA) reliever, who were dispensed SABA relievers 3 or more times, within 12 months, by age and sex.

A key focus of the recently released National Asthma Strategy is to improve outcomes for those with severe or poorly controlled asthma (NACA 2018). Australian asthma guidelines (NACA 2019), consistent with international recommendations affirm effective asthma control as the key goal of treatment (GINA 2017). As per the Australian Asthma Handbook, SABA are indicated for short-term use and are classified as relievers (NACA 2019). Relievers are used for the rapid relief of asthma symptoms when they occur.

The term ‘well-controlled asthma’ is used when symptoms are infrequent, lung function is normal or close to normal, asthma does not interfere with the person’s usual activities and there are few, if any, exacerbations. ‘Well-controlled asthma’ may indicate mild disease and/or good management, whereas ‘poorly-controlled asthma’ may indicate severe disease or poor management.

Frequent use of SABA is considered to be an indicator of poor asthma control, with dispensing of 3 or more SABA prescriptions per year indicating poor asthma control; 6 or more indicating very poor; and 12 or more indicating extremely poor asthma control (AIHW 2011). In line with guidance from the National Asthma and Other Chronic Respiratory Conditions Monitoring Advisory Group, the dispensing of these medicines 3 or more times in 12 months has been selected as the threshold for poor asthma control.

Assessing the overall level of asthma control in the population can provide insight into the effectiveness of the management of asthma in the community and the need for further efforts in improving asthma management.

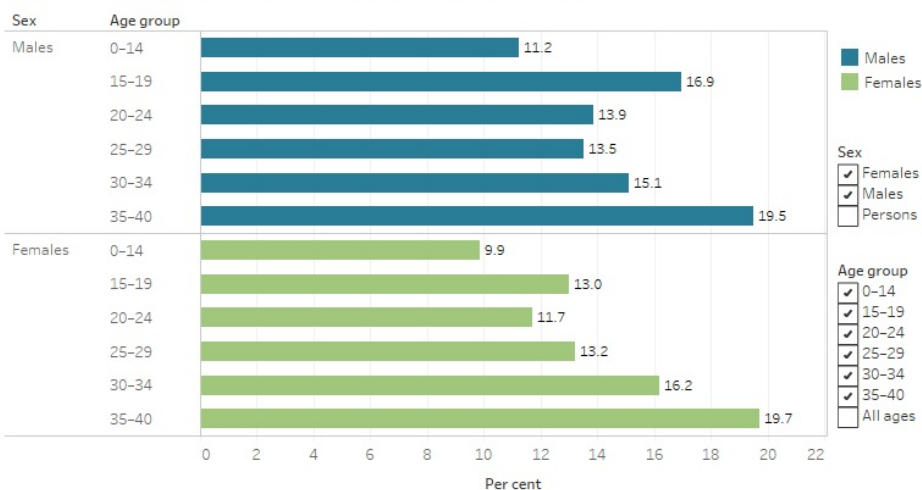
The interactive visualisations on this page show data for asthma control by age and sex.

Key findings

Analysis of 2017-18 Pharmaceutical Benefits Scheme (PBS) data shows that, of all people aged 40 and under who were dispensed at least one inhaled SABA reliever, 13% were dispensed SABA relievers 3 or more times within 12 months. Other main findings include:

- The rate of dispensing SABA relievers 3 or more times in 12 months was the same for males and females (13%).
- Twenty per cent of people aged 35-40 dispensed at least one SABA reliever were dispensed SABA relievers 3 or more times in 12 months - higher than all other age groups.
- Differences in rates of dispensing SABA relievers 3 or more times in 12 months for age and sex were present, particularly for those aged 15-19.

Figure 1: Proportion of people (aged 40 and under) dispensed at least one inhaled short-acting beta2 agonist (SABA) reliever, who were dispensed SABA relievers 3 or more times within 12 months, by age and sex, 2017-18



[Notes]

Source: AIHW analysis of PBS data maintained by Health and sourced from DHS Date of supply from 1 July 2017 to 30 June 2018.
<http://www.aihw.gov.au>

References

ACAM (Australian Centre for Asthma Monitoring) 2011. *Asthma in Australia 2011*. AIHW Asthma Series no. 4. Cat. no. ACM 22. Canberra: AIHW.

[GINA \(Global Initiative for Asthma GINA\) 2017. . \(accessed 6 August 2018\). - external site opens in new window](#)

[NACA \(National Asthma Council Australia\) 2019. - external site opens in new window](#)[Australian Asthma Handbook, Version 2.0 - external site opens in new window](#). Melbourne: National Asthma Council Australia.

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Indicators

Indicator 6. General practice encounters

Description: Per cent of the population who claimed the completion of the Asthma Cycle of Care Practice Incentive Payment (PIP) service.

GPs play an important role in the management of asthma in the community. This role includes assessment, prescription of regular medications, education and review, as well as managing acute exacerbations.

Until recently (early 2017), the Bettering the Evaluation and Care of Health (BEACH) survey has provided the most detailed source of data about general practice activity in Australia (Britt et al 2016). As the BEACH survey has been discontinued, there is currently no nationally consistent primary health care data collection to monitor the provision of care by GPs.

The completion of the Asthma Cycle of Care, which was a PIP service subsidised by Medicare until August 2019, can be used as an indication of GP care for asthma. The Asthma Cycle of Care involves at least 2 asthma-related consultations with a GP within 12 months for a patient with moderate-to-severe asthma. There are 12 MBS items for GP consultations that relate to the completion of an Asthma Cycle of Care.

Patients may also use other forms of health care to manage their asthma, such as standard and long GP consultations, Chronic Disease Management plans, and paediatric and specialist services.

The interactive visualisations on this page show data on the completion of an Asthma Cycle of Care by age and sex.

Key findings

Analysis of 2017-18 Medicare Benefits Schedule (MBS) data shows that less than 1.0% of the population claimed the completion of the Asthma Cycle of Care PIP service.

- The percentage claiming the Asthma Cycle of Care was higher in females.
- Differences in claiming the service were observed by sex and age. For males the percentage of the population claiming the service was greatest in boys aged 0-14 years. For females, the percentage of the population claiming the service was greatest in women aged 60-74 years.

Visualisation not available for printing

Reference

Britt H, Miller GC, Bayram C, Henderson J, Valenti L, Harrison C et al. 2016. A decade of Australian general practice activity 2006-07 to 2015-16. General practice series no. 41. Sydney: Sydney University Press.

Indicators

Indicator 7. Asthma action plans

Description: Proportion of people with asthma who have a written asthma action plan.

A written asthma action plan is defined as a management plan, prepared for patients with asthma by a health care professional. The plan helps people with asthma to manage their condition and reduce the severity of acute asthma flare-ups.

Asthma action plans have formed part of the National Asthma Council Australia's guidelines for the management of asthma for 24 years (NACA 2019) and have been promoted in public education campaigns (including by the National Asthma Council Australia).

The aim of an asthma action plan is to help a person with asthma (or their carer) prevent or reduce the severity of an asthma attack (for more information see [Australian Asthma Handbook - written asthma action plans - external site opens in new window](#)).

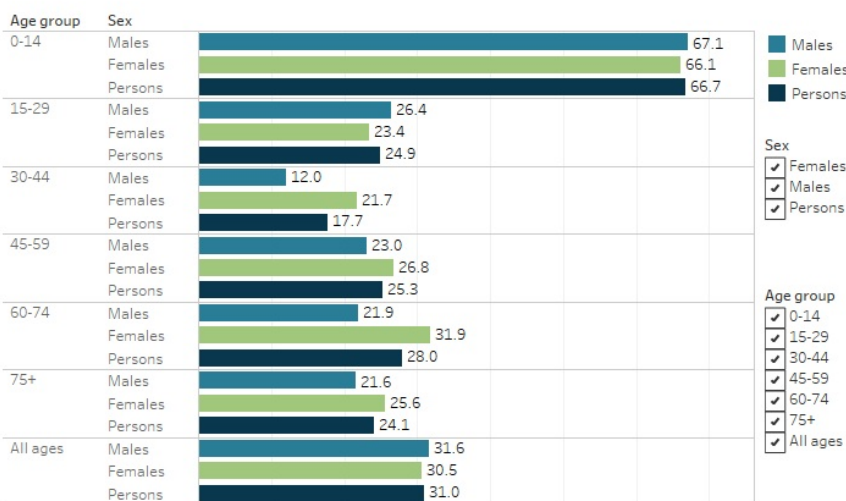
The interactive visualisations on this page show the proportion of people with asthma who have a written asthma action plan by age and sex.

Key findings

Data from the Australian Bureau of Statistics (ABS) 2017-18 National Health Survey (NHS) show that:

- An estimated 839,000 (31%) of people with asthma across all ages had a written asthma action plan.
- The proportion of children aged 0-14 with asthma having an asthma action plan (67%) was significantly higher than all other age groups.

Figure 1: Proportion of people with asthma who have a written asthma action plan, by age and sex, 2017-18



[Note]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017-18.
<http://www.aihw.gov.au>

Reference

NACA (National Asthma Council Australia) 2019. [Australian Asthma Handbook, Version 2.0 - external site opens in new window](#) Melbourne: National Asthma Council Australia

Indicators

Indicator 8. Impact of asthma on quality of life

Description: Data relating to this indicator are available from some measures relevant to quality of life. These include perceived health status, levels of psychological distress, interference of asthma with daily activities, and insufficient physical activity.

Asthma has varying degrees of impact on the physical, psychological and social wellbeing of people living with the condition. People with asthma are more likely to report a poor quality of life. This is more pronounced among people with severe or poorly controlled asthma (ACAM 2011; ACAM 2004).

The interactive visualisations on this page show data for the following indicators, which taken together can be used to show insights on the impact of asthma on quality of life:

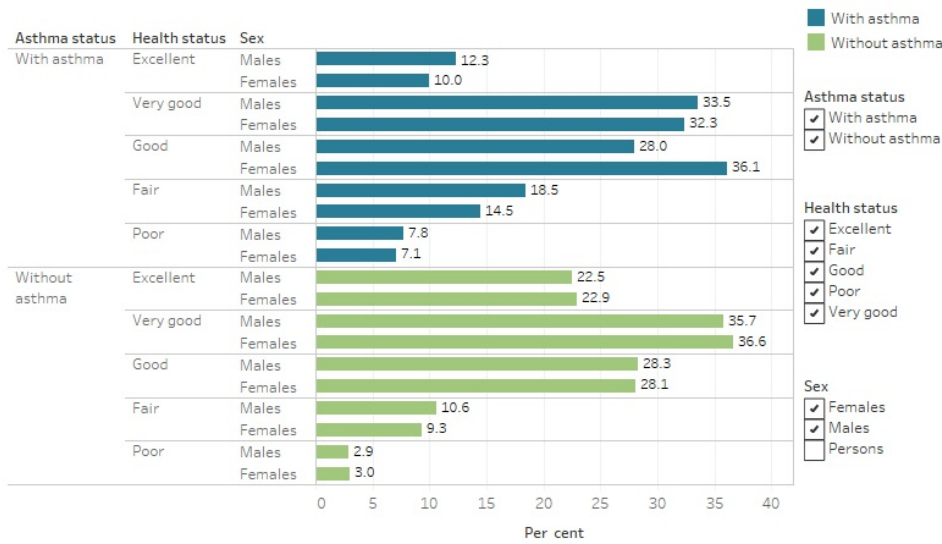
- **Perceived health status**
Description: Self-assessed health status of people aged 15 and over with and without asthma
- **High/ very high levels of psychological distress**
Description: Proportion of people aged 18 and over with and without asthma with high/ very high levels of psychological distress
- **Interference of asthma on daily activities**
Description: Number of times asthma interfered with daily activities in the last 4 weeks
- **Insufficient physical activity**
Description: Proportion of people aged 18 and over with and without asthma who are insufficiently physically active.

Key findings

According to the Australian Bureau of Statistics (ABS) 2017-18 National Health Survey (NHS):

- **Perceived health status**
People with asthma aged 15 and over were less likely to consider themselves to be in excellent health (11% compared with 23%), and more likely to consider themselves to be in fair (16% compared with 10%) or poor (7.3% compared with 3.0%) health compared with people without asthma.
- **High/ very high levels of psychological distress**
25% of people with asthma aged 18 and over experienced high to very high levels of psychological distress in the last 4 weeks, which was 2.1 times as high as people without asthma (12%).
- **Interference with daily activities**
For 23% of people with asthma, asthma interfered with daily activities 2 or more times in the past 4 weeks, and once for 5.7% of people (including going to school, playing with friends, going to work, exercising, and getting around places).
- **Insufficient physical activity**
Overall, people with asthma (aged 18 and over) were slightly more likely to be insufficiently physically active compared with people without asthma (57% and 54%, respectively).

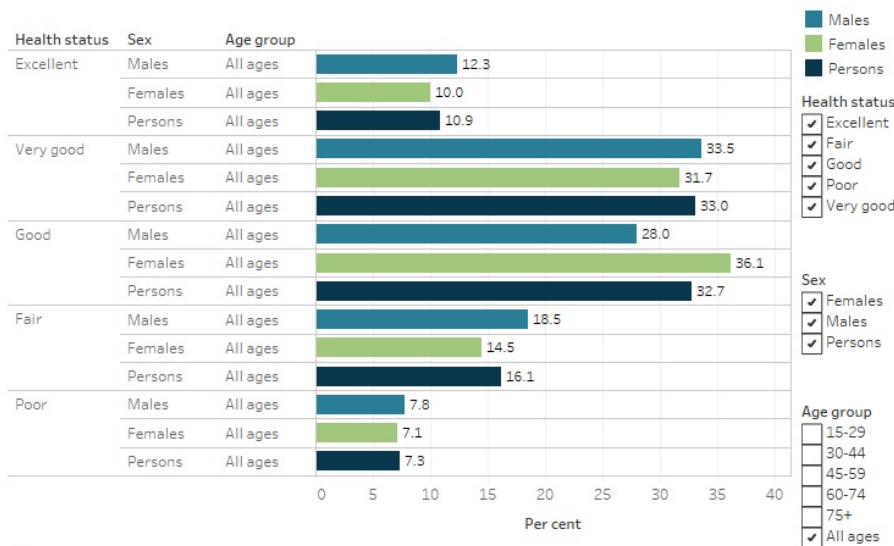
Figure 1: Self-assessed health status (age-standardised rate) of people aged 15 and over with and without asthma, by sex, 2017-18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017-18.
<http://www.aihw.gov.au>

Figure 2: Self-assessed health status (age-standardised rate) of people aged 15 and over with asthma, by age and sex, 2017-18



[Notes]

Source: AIHW analysis of ABS Microdata: National Health Survey (NHS) 2017-18.
<http://www.aihw.gov.au>

Figure 3: Self-assessed health status (age-standardised rate) of people aged 15 and over without asthma, by age and sex, 2017-18

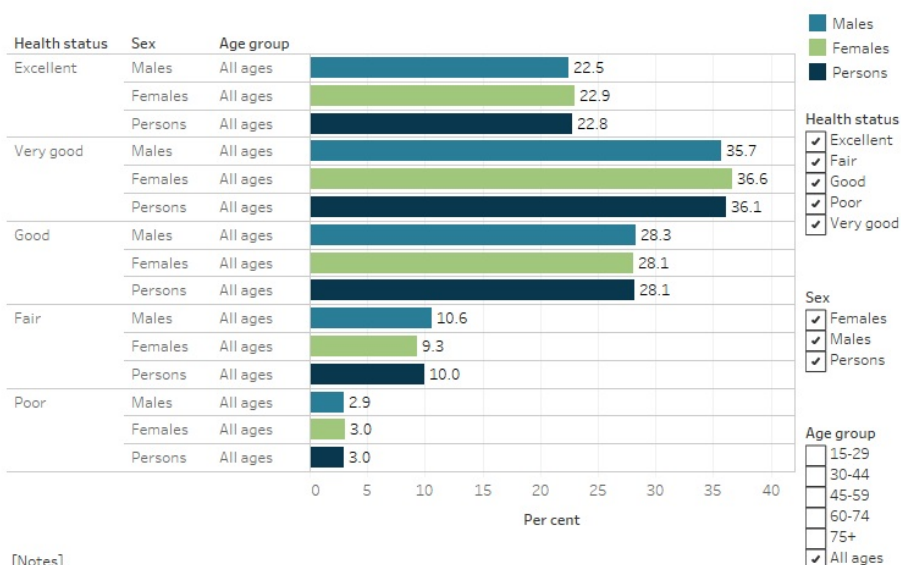


Figure 4: High/very high levels of psychological distress (age-standardised rate) experienced by people aged 18 and over with and without asthma, by age and sex, 2017-18

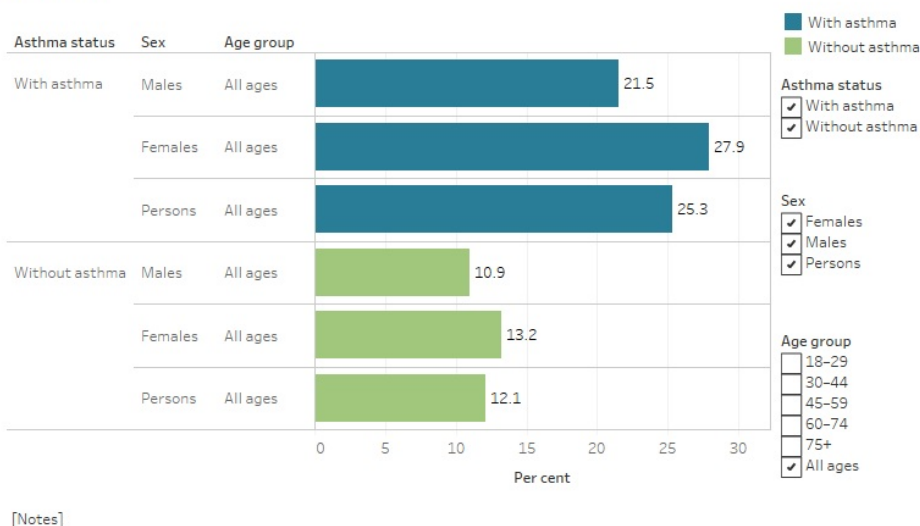
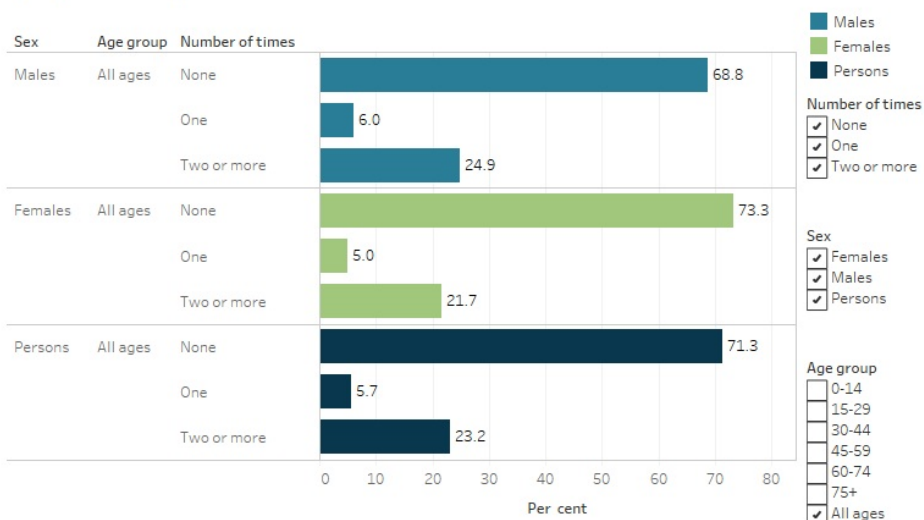


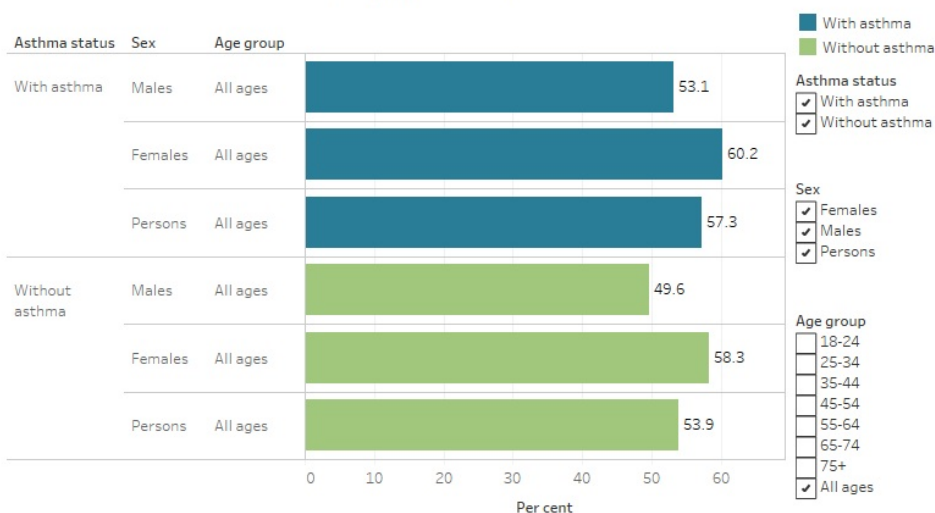
Figure 5: Number of times asthma interfered with daily activities in the last 4 weeks, by age and sex, 2017-18



[Notes]

Source: ABS National Health Survey (NHS) 2017-18 customised report.
<http://www.aihw.gov.au>

Figure 6: Insufficient physical activity (age-standardised rate) in people aged 18 and over with and without asthma, by age and sex, 2017-18



[Notes]

Source: ABS National Health Survey (NHS) 2017-18 customised report.
<http://www.aihw.gov.au>

References

ACAM (Australian Centre for Asthma Monitoring) 2011. Asthma in Australia 2011: with a focus chapter on chronic obstructive pulmonary disease. Asthma series no. 4. Cat. no. ACM 22. Canberra: AIHW.

ACAM 2004. Measuring the impact of asthma on quality of life in the Australian population. Cat. no. ACM 3. Canberra: AIHW.



Indicators

Indicator 9. Preventer use

Description: Proportion of people, aged 50 and under dispensed at least one preventer medicine, who were dispensed preventer medicines 3 or more times, within 12 months, by age and sex.

Preventer medicine is the mainstay of asthma management, to control the disease in order to minimise symptoms and exacerbations. Use of preventer medicine has been found to be associated with a significant decrease in hospitalisations and mortality due to asthma by 45% between 1997 and 2009 (AIHW 2011).

National guidelines for the management of asthma recommend preventers to be taken regularly (either daily or twice daily) rather than intermittently (NACA 2019). In line with advice from the National Asthma and Other Chronic Respiratory Conditions Monitoring Advisory Group, the dispensing of these medicines 3 or more times in 12 months has been selected as the threshold for reflecting better management of moderate to severe asthma. As per the Australian Asthma Handbook the preventer medicines for asthma are: inhaled corticosteroids (ICS), combination of ICS and long-acting beta-agonists (LABA) known as ICS-LABA, leukotriene receptor antagonists (LTRA) and cromones (note that following expert advice, cromones have not been included in this analysis) (NAC 2019). The use of LTRA are recommended as the first-line preventer in the management of asthma in children aged 2-14 years (NAC 2019).

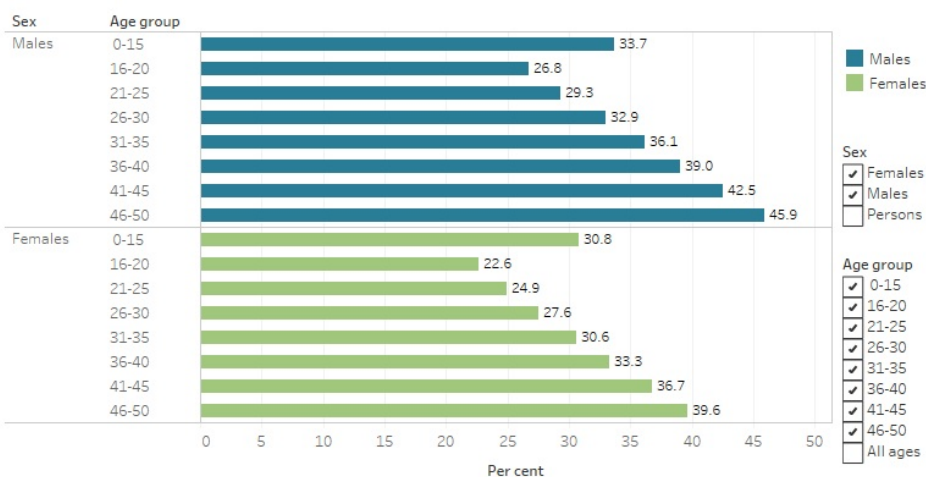
The interactive visualisations on this page show data for preventer use by age and sex.

Key findings

Analysis of 2017–18 Pharmaceutical Benefits Scheme (PBS) data shows that, of all people aged 50 and under who were dispensed at least one preventer medicine, 34% were dispensed preventer medicines 3 or more times within 12 months. Other main findings include:

- The rate of dispensing preventers 3 or more times in 12 months was slightly higher for males than females (36% and 32%, respectively).
- The rate of dispensing preventers 3 or more times in 12 months increased steadily with age from 16-20 years, up to 42% for those aged 46-50 years.
- Compared with females, males dispensed at least one preventer had higher rates of being dispensed preventers 3 or more times in 12 months in all age groups.

Figure 1: Proportion of people (aged 50 and under) dispensed at least one preventer medicine, who were dispensed preventer medicines 3 or more times within 12 months, by age and sex, 2017–18



[Notes]

Source: AIHW analysis of PBS data maintained by Health and sourced from DHS Date of supply from 1 July 2017 to 30 June 2018.
<http://www.aihw.gov.au>

References

ACAM (Australian Centre for Asthma Monitoring) 2011. Asthma in Australia 2011: with a focus chapter on chronic obstructive pulmonary disease. AIHW Asthma Series no. 4. Cat. no. ACM 22. Canberra: AIHW.

NACA (National Asthma Council Australia) 2019. Australian Asthma Handbook, Version 2.0 - external site opens in new window Melbourne: National Asthma Council Australia



Indicators

Indicator 10. Costs of asthma

Description: Disease expenditure on asthma, by area of health expenditure (total recurrent expenditure both government and non-government).

Highly prevalent, affecting almost 2.7 million people in Australia (11% of total population), asthma incurs significant costs to the Australian community (DAC 2015), in terms of both economic burden and diminished quality of life.

Understanding the contribution of asthma to direct health care expenditure aids understanding of the economic impact of the disease. Furthermore, knowledge of the relative contribution of the various health care sectors (hospital, out-of-hospital medical care, and pharmaceutical) to overall asthma-related expenditure assists in planning interventions to optimise this expenditure.

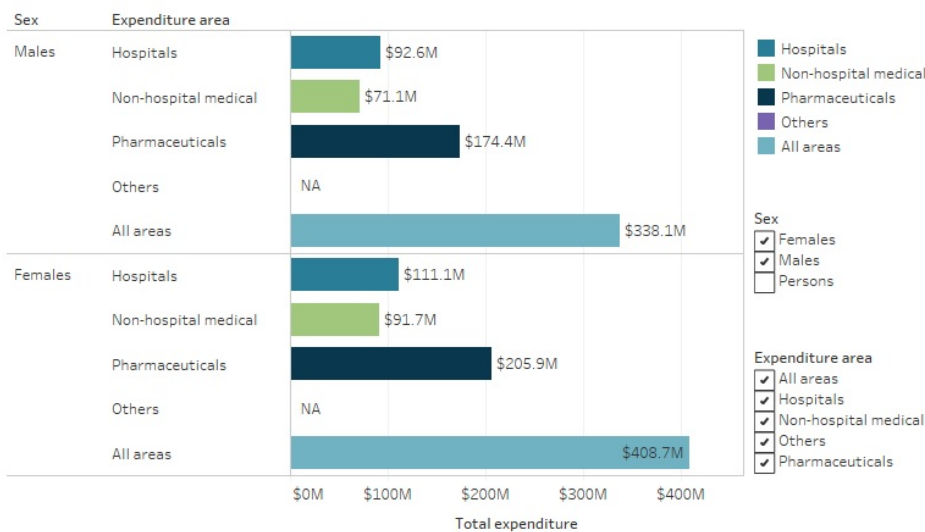
The interactive visualisations on this page show data for expenditure for asthma, by area of health expenditure and sex.

Key findings

According to the AIHW Disease Expenditure Database, in 2015-16, asthma cost the Australian Health system an estimated \$770 million - 19% of disease expenditure for respiratory conditions and 0.7% of total disease expenditure. This expenditure consisted of:

- \$204 million for hospitals (27% of total expenditure on asthma)
- \$163 million for non-hospital medical services (21%)
- \$383 million for pharmaceuticals (50%)

Figure 1: Disease expenditure on asthma, by area of expenditure and sex, 2015-16



[Notes]

Source: AIHW Disease Expenditure Database.
<http://www.aihw.gov.au>

Reference

DAC (Deloitte Access Economics) 2015. [The Hidden cost of asthma - external site opens in new window](#). Report for Asthma Australia and National Asthma Council Australia. Canberra.



Data





Related material

Resources

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