



Maine Center for Disease Control and Prevention  
An Office of the Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

# Asthma in Maine

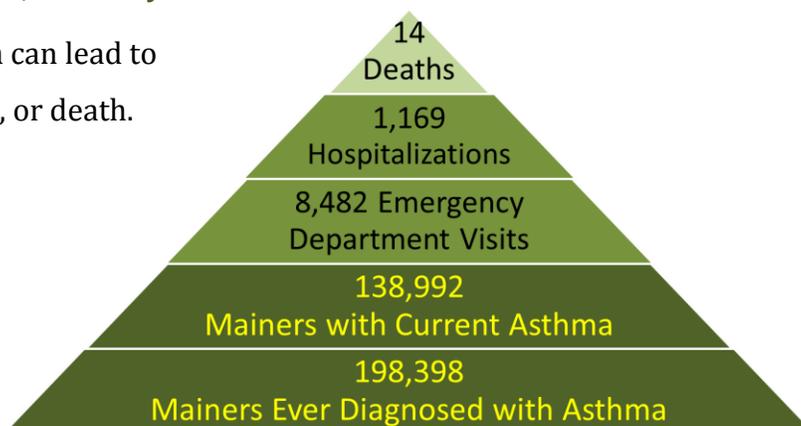
Asthma is a chronic disease that affects the lungs and airways. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night or early in the morning. There is no known cure for asthma but it can be controlled with medication and by avoiding breathing in substances that irritate the lungs.

## Burden of Asthma in Maine

One in ten Mainers, more than 138,000 people, currently has asthma.

Left poorly-managed or uncontrolled, asthma can lead to emergency department visits, hospitalization, or death.

Each year, poorly controlled asthma contributes to roughly 8,500 emergency department visits, 1,100 hospitalizations, and 14 deaths among Mainers.



Above estimates based on Maine 2009 data; number of Mainers with lifetime (ever diagnosed) and current asthma is estimated from the Maine Behavioral Risk Factor Surveillance System and includes both adults and children.

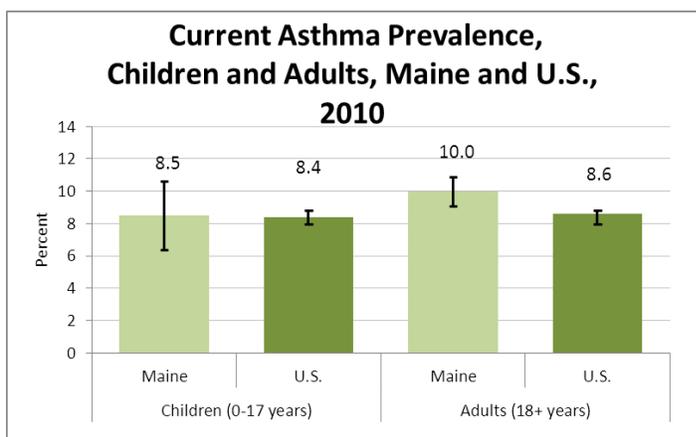
Data Sources: Maine Behavioral Risk Factor Surveillance System and Maine Mortality Database, Data, Research, and Vital Records Program, Maine CDC; Maine Hospital Outpatient and Inpatient Data, Maine Health Data Organization.

## Prevalence of Current Asthma, 2010

The prevalence of current asthma is significantly higher among Maine adults than U.S. adults, while the prevalence among Maine children is similar to U.S. children.

The percentage of Maine adults with current asthma (10.0%) is significantly higher than the percentage among U.S. adults (8.6%).

The percentage of Maine children with current asthma (8.5%) is similar to the percentage among U.S. children (8.4%).



Data Source: Behavioral Risk Factor Surveillance System

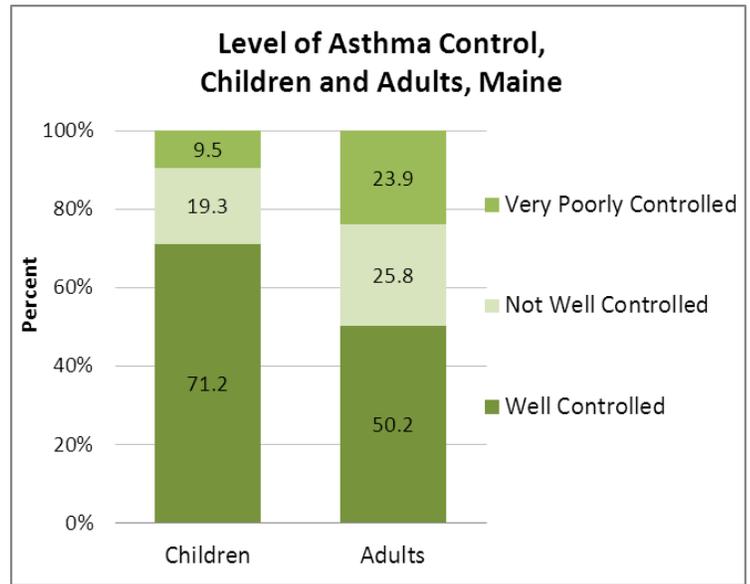
## Asthma Control, 2006-2010

**Too few Mainers have well-controlled asthma.**

In Maine, seven in ten children (71.2%) and one in two adults (50.2%) with asthma have asthma that is well-controlled (based on their reports of symptoms, nighttime awakenings, and use of rescue medications).

**Asthma can be controlled.**

Asthma can be controlled with routine medical care, medications, and patient education.



Data Source: Asthma Call-Back Survey, among people with current or active asthma. Data for children are 2006-2009; data for adults are 2006-2010.

## Asthma Management, 2006-2010

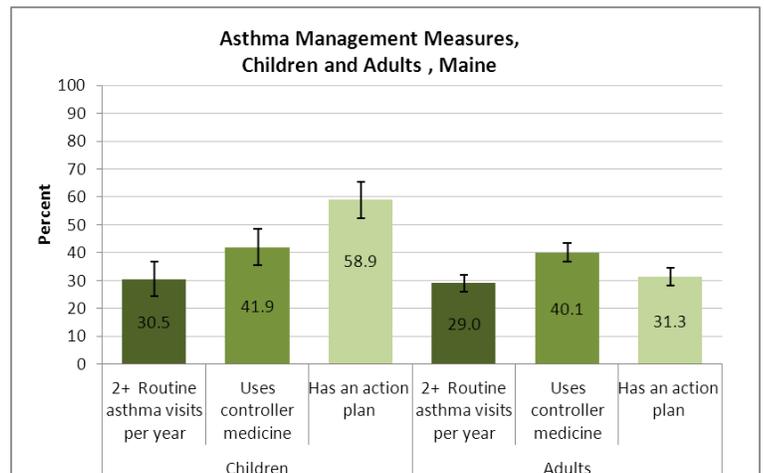
**Too few Mainers with asthma are seeing their doctors regularly, are taking controller medicine, or have an asthma action plan to know what to do in case of an asthma attack.**

**Routine asthma visit –**

Less than one-third of adults and children (29.0% and 30.5%, respectively) with asthma have seen their doctor for a routine asthma visit at least twice in the past year.

**Asthma controller medicine –**

Less than half of Maine adults and children (40.1% and 41.9%, respectively) with asthma are currently taking a controller medicine.



Data Source: Asthma Call-Back Survey, among people with current or active asthma. Data for children are 2006-2009; data for adults are for 2006-2010.

**Asthma action plan –**

Nearly six in ten children with asthma (58.9%) have an asthma action plan, but only three in ten adults (31.3%) with asthma have one.

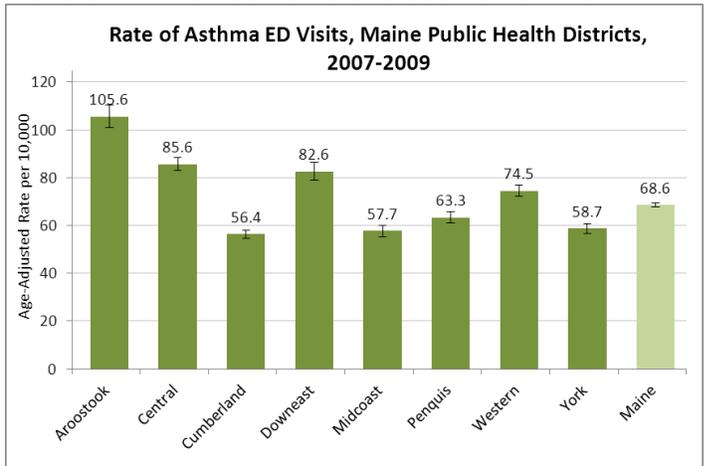
## Missed Work, Activity, and School Days, 2006-2010

**Missed work and activity days and missed school days are consequences of poorly controlled asthma.** Poorly controlled asthma results in a large number of missed activity days in Maine. In 2006 to 2010, one in four employed adults with asthma (27%) reported being unable to work or carry out usual activities for one or more days in the past year because of their asthma; more than 12% reported being unable to work or carry out usual activities for 6 or more days in the previous 12 months because of asthma. In 2006 to 2009, more than one in three (39%) Maine school-aged children with asthma missed one or more school days due to asthma in previous 12 months.

## Emergency Department Visits Due to Asthma, 2007-2009

**Each year, about 8,500 emergency department (ED) visits of Maine residents are due to asthma.**

Maine’s age-adjusted asthma ED visit rate is 68.6 per 10,000 population. There are significant differences in asthma ED visit rates across public health districts in the state. Rates range from a high of 105.6 per 10,000 in Aroostook District to a low of 56.4 per 10,000 in Cumberland District. Maine females are significantly more likely than males to visit the ED because of asthma (77.6 vs. 58.9 per 10,000, respectively, 2007-2009).

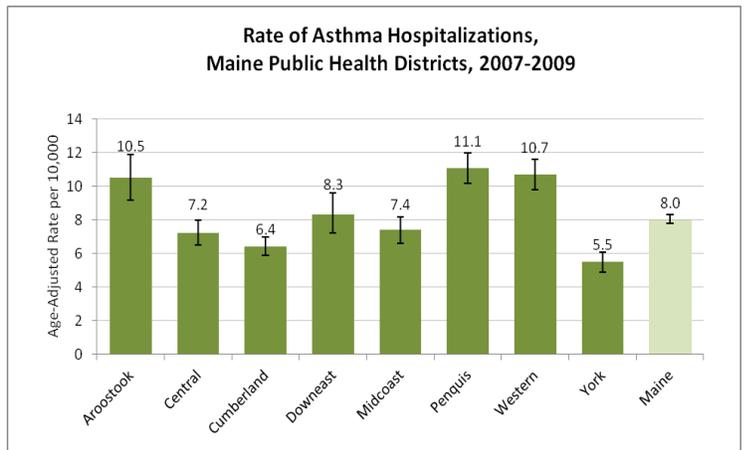


Data Source: Maine Hospital Outpatient and Inpatient Data, Maine Health Data Organization

## Asthma Hospitalizations, 2007-2009

**Asthma is the primary reason for nearly 1,100 hospitalizations of Maine residents annually.**

Maine’s age-adjusted asthma hospitalization rate is 8.0 per 10,000 population. There are significant differences in rates across public health districts in the state. Rates range from a high of 11.1 per 10,000 in Penquis District to a low of 5.5 per 10,000 in York District. Maine females are significantly more likely than males to be hospitalized because of asthma (9.5 vs. 6.4 per 10,000, respectively, 2007-2009).



Data Source: Maine Hospital Inpatient Data, Maine Health Data Organization

## Asthma Mortality, 1999-2009

### Asthma causes between 10 and 20 deaths in Maine each year.

Over the past decade, between 10 and 20 people died due to asthma each year in Maine (with asthma being the primary cause of death) and the age-adjusted asthma death rate for this period was 0.9 per 100,000. During this same period, asthma was a contributing cause in the deaths of an additional 16 to 41 Maine residents each year. Maine has consistently lower asthma death rates compared to the U.S. overall, and similar rates compared to U.S. Non-Hispanic whites. Since 1999, asthma death rates have declined in the U.S. and appear to have declined in Maine as well, but the decline is not statistically significant.

#### **Technical Notes**

**Age-adjusted rates** are adjusted to the year 2000 United States standard population.

**The Confidence Interval (CI)** is a range of values within which we believe the underlying, true value will be included. Most often, a 95% CI is given, which means that there is 95% confidence the range given includes the true value. These intervals are represented as bands in the figures above. In general, if the CIs overlap, the numbers are not statistically different.

**Asthma Control:** Overall Level of Control is based upon 3 factors: symptoms, nighttime awakenings, and rescue medication use, each of which is a summary measure based upon respondents' reports of frequency of symptoms, nighttime awakenings, and use of rescue medications. Briefly, all three components must be "well-controlled" in order to score an overall level of "well-controlled."

**For more information about asthma in Maine, call the Maine CDC Asthma Program at 207-287-3041**

**or visit their website at: <http://www.maine.gov/dhhs/mecdc/population-health/mat/>.**

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