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 Connecticut (CT) 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 235,398 adults in Connecticut had asthma. Adult lifetime asthma prevalence was 13.4% and adult current asthma prevalence was 8.8% compared with U.S. rates of 13.3% and 8.5%, respectively\(^2\).

In 2008, an estimated 88,350 children in Connecticut had asthma. Child lifetime asthma prevalence was 16.5% and child current asthma prevalence was 11.1% compared with the 38 participating states’ rates of 13.3% and 9.0%, respectively\(^2\).

### Adult Current Asthma Prevalence by Age, BRFSS, 2008

Adult current asthma prevalence was lower among adults aged 35 years and older than adults aged 18-24 years in Connecticut; however, the rate was lower among adults aged 25 years and older throughout the U.S.

### Adult Current Asthma Prevalence by Sex, BRFSS, 2008

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

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

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

*The estimate is unstable.*

### 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 Connecticut. A similar pattern occurred throughout the 38 participating states.

### Child Current Asthma Prevalence by Sex, BRFSS, 2008

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

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

Child current asthma prevalence was higher among Hispanics than non-Hispanic whites in Connecticut; however, rates were higher among non-Hispanic blacks and non-Hispanic multirace persons throughout the 38 participating states.

*The estimate is unstable.*
Asthma in Connecticut

Asthma Hospitalizations
Connecticut Hospital Discharge Data, 2008

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

The age-adjusted asthma hospitalization rate in Connecticut was 135.3/100,000 persons3 compared with the U.S. rate of 144/100,000 persons4. In Connecticut, the hospitalization rate for children was 161.8/100,000 persons3 and for adults was 129.7/100,000 persons3.

Asthma was the underlying cause of death for 31 adults and less than 10** children in Connecticut5. The age-adjusted mortality rate in Connecticut was 8.4/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 Connecticut.

<table>
<thead>
<tr>
<th>Patient Education: Adults with Current Asthma6</th>
<th>Respondents</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever taught how to recognize early signs or symptoms of an asthma episode</td>
<td>239</td>
<td>68%</td>
</tr>
<tr>
<td>Ever told what to do during an asthma attack</td>
<td>239</td>
<td>80%</td>
</tr>
<tr>
<td>Ever taught how to use a peak flow meter to adjust daily medications</td>
<td>242</td>
<td>44%</td>
</tr>
<tr>
<td>Ever given an asthma action plan</td>
<td>239</td>
<td>30%</td>
</tr>
<tr>
<td>Ever taken a course on how to manage asthma</td>
<td>242</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Use: Adults with Current Asthma6</th>
<th>Respondents</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used a prescription asthma medication in the past 3 months7</td>
<td>239</td>
<td>70%</td>
</tr>
</tbody>
</table>

NOTES:
1. National Health Interview Survey (NHIS), 2008
2. 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).
3. State Hospital Discharge Data, 2008
   When estimates are based on fewer than 60 hospitalizations, they are considered unstable and should be interpreted with caution. Indicated with an asterisk (*)
   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 (**) 
7. Medication includes inhalers, pills, syrups, and nebulizers.

CDC’s National Asthma Control Program
For more information on asthma:
http://www.cdc.gov/asthma