Asthma is a disease of the bronchial tubes characterised by "wheesing" during breathing, shortness of breath or coughing. Asthma is the single most important chronic disease among children, and also affects many adults. It is a significant public health problem for which prevention is partly possible and treatment can be effective. Its causes are not well understood, but effective medicines are available to help in maintaining quality of life.

Chronic obstructive pulmonary disease (COPD) – the term now used mainly to describe chronic bronchitis and emphysema – is another high-burden disease causing disability and impairing quality of life, as well as generating high costs. COPD is characterised by difficult breathing that is not fully reversible and usually progressive. Patients are often smokers or ex-smokers, and their symptoms rarely develop before age 40. COPD is among the leading causes of chronic morbidity and mortality in the European Union. Nearly 170 000 people died in EU countries in 2013 because of COPD (see the indicator in this chapter on mortality from respiratory diseases). COPD is preventable and treatable. Proper management of both asthma and COPD in primary care settings can reduce exacerbation and costly hospitalisation (see indicator on avoidable hospital admissions in Chapter 6).

The data on asthma and COPD prevalence presented in this section come from the second wave of the European Health Interview Survey which was conducted in EU countries in (or around) 2014.

Based on this survey, the average prevalence rate of asthma among adults across EU countries in 2014 was just over 6%. This ranged from more than 9% in Finland and the United Kingdom to less than 3% in Romania, Lithuania and Bulgaria (Figure 3.36). Lower reported prevalence of asthma among new EU member states in all likelihood reflects higher levels of under-diagnosis and under-treatment. In most countries, asthma is more commonly reported by women.

The reported prevalence of COPD among adults ranged from less than 2% in Malta and Sweden, to over 6% in Lithuania (Figure 3.37). Across EU member states, the average prevalence of COPD was 4% in 2014.

People with the lowest level of education are more than twice as likely to report having COPD than those with the highest level (Figure 3.38). While this may be due partly to the fact that a higher proportion of people with low education are in older population groups, another reason is that lower-educated people are more likely to smoke, which is the main risk factor for COPD (see indicator on smoking among adults in Chapter 4).

A new study on Ageing Lungs in European Cohorts (ALEC), funded by the EU Horizon 2020 project, aims to identify which behavioural, environmental, occupational, nutritional and modifiable lifestyle factors, and genes, affect lung function decline and increase the risk of COPD.

### Definition and comparability

Estimates of the prevalence of asthma and chronic obstructive pulmonary disease (COPD) are derived from the second wave of the European Health Interview Survey that was conducted in EU member states between 2013 and 2015 (with most countries carrying out the survey in 2014). Respondents were asked: "During the past 12 months, have you had any of the following diseases or conditions?" with the list including asthma (allergic asthma included), and chronic bronchitis, chronic obstructive pulmonary disease, emphysema. The same survey also asked for information on age, sex and educational level.

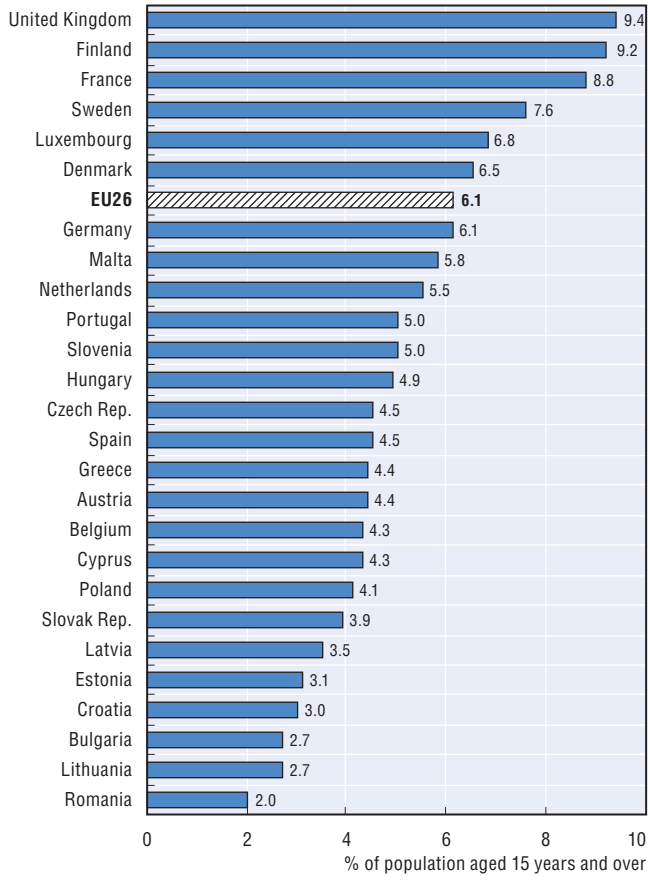
Self-reported data on asthma and COPD may be subject to under-diagnosis and reporting errors. An under-estimation of the real prevalence may particularly occur for COPD as studies in many countries report higher COPD prevalence than those based on self-report.

The percentage of missing values in the EHIS survey was between 5 to 10% for France and higher than 10% for Finland. Data are not age-standardised; aggregate country estimates represent crude rates among respondents aged 15 years and over. The data, therefore, exclude the prevalence of childhood asthma (age 0-14 years).

At the time of preparation of this publication, data from a few EU countries that conducted this survey in 2015 were not available yet.

Education level is based on the ISCED 2011 classification. Lowest education level refers to people who have a lower secondary education or below (ISCED 0-2). Highest education level refers to people who have tertiary education (ISCED 6-8).

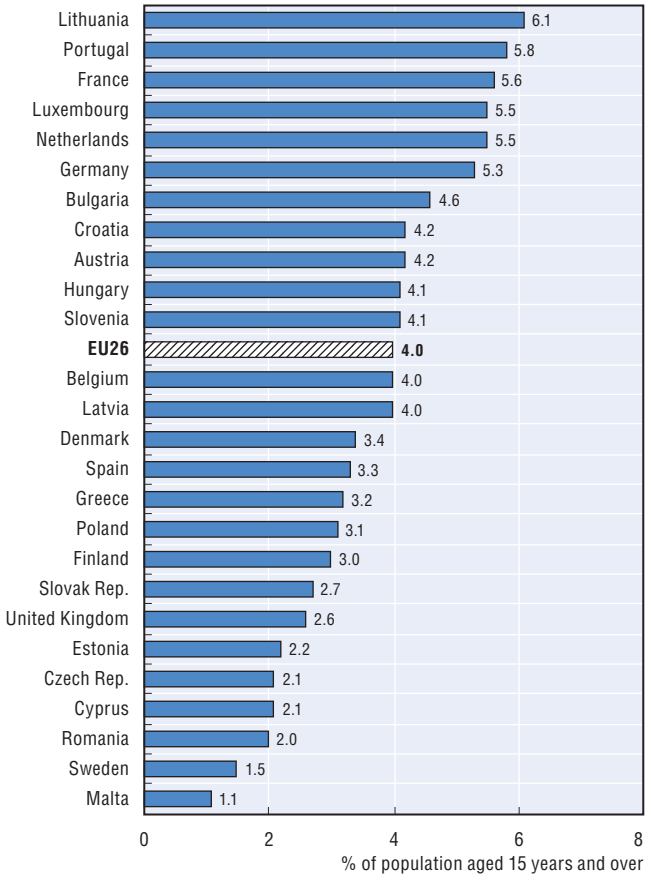
### 3.36. Self-reported asthma, percentage of the population aged 15 years and over, 2014 (or nearest year)




*Source: Eurostat Database*, based on Health Interview Surveys.

StatLink http://dx.doi.org/10.1787/888933428869

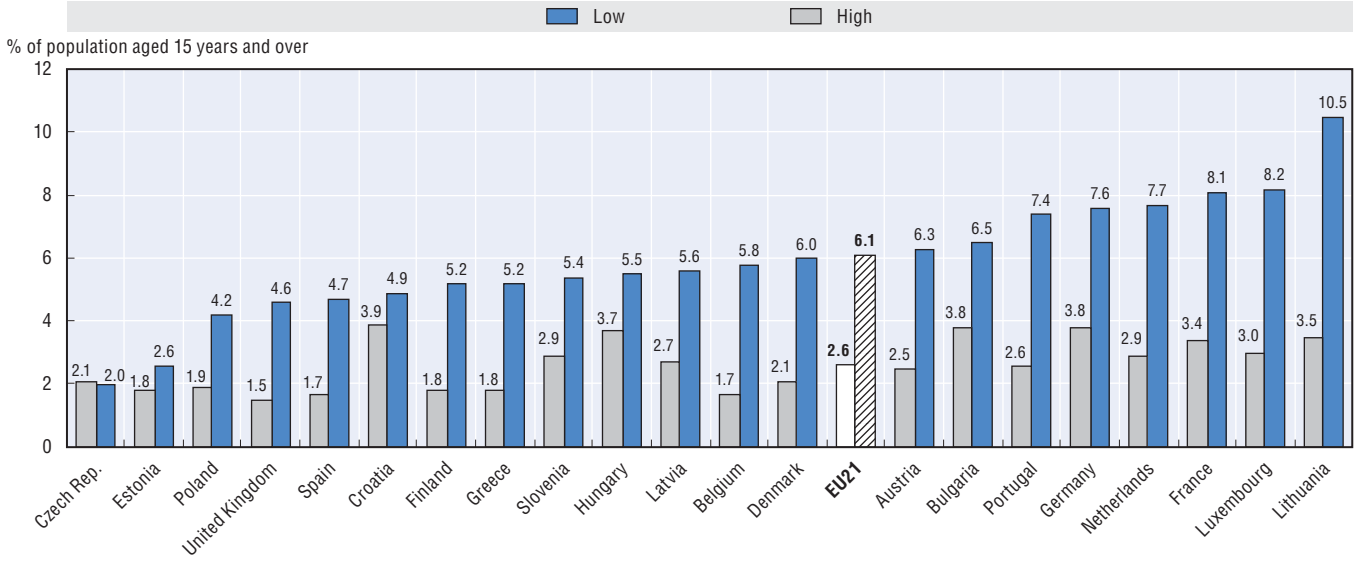
### 3.37. Self-reported COPD, percentage of the population aged 15 years and over, 2014 (or nearest year)




*Source: Eurostat Database*, based on Health Interview Surveys.

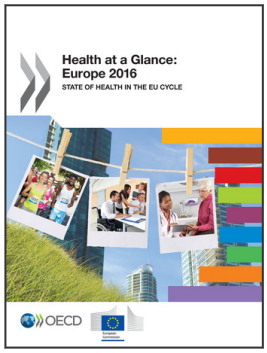
StatLink http://dx.doi.org/10.1787/888933428876

### 3.38. Self-reported COPD by level of education, 2014 (or nearest year)




*Source: Eurostat Database*, based on Health Interview Surveys.

StatLink http://dx.doi.org/10.1787/888933428883

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