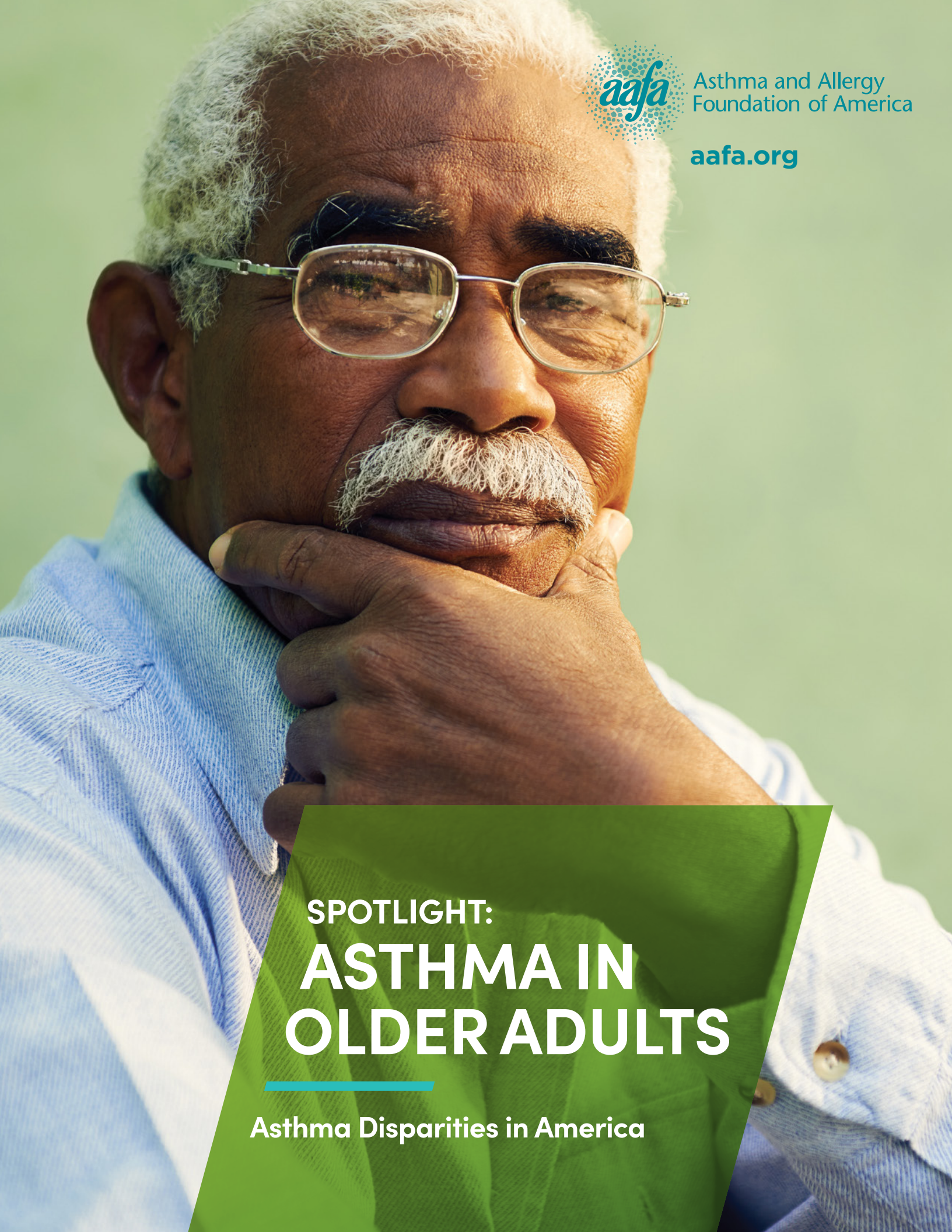

Asthma and Allergy Foundation of America

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SPOTLIGHT:

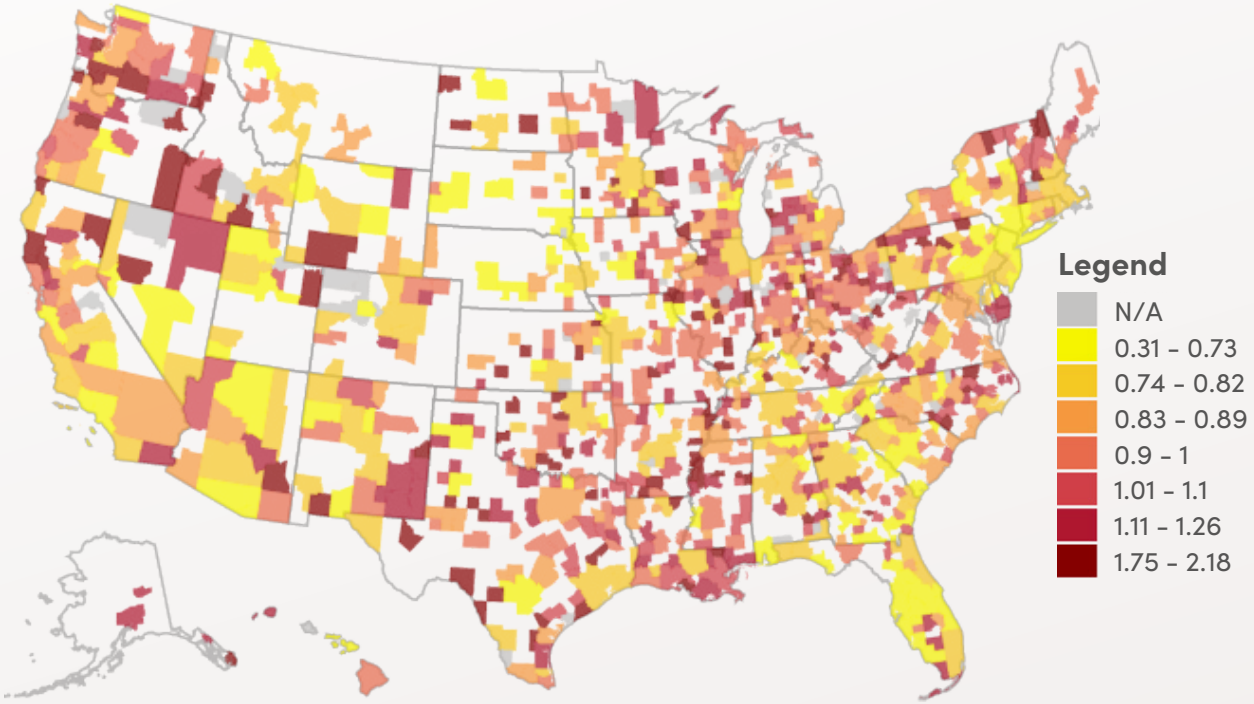
ASTHMA IN OLDER ADULTS

Asthma Disparities in America

Asthma in older adults is common, affecting 7.8% of individuals aged 65 and over in the United States.[1] Though asthma prevalence is equivalent to that of the general population, asthma in older adults is associated with higher morbidity and mortality than asthma in younger patients.[2, 3, 4] Additionally, older patients with asthma are more likely to be underdiagnosed, undertreated, and hospitalized than younger patients.[3]

Among the older population, asthma also disproportionately affects Black, Hispanic, and low-income communities. Older adults in these groups have the greatest risk for frequent hospitalizations.[4] Additionally, among adults aged 65 and older who are on Medicare, Black, and Hispanic individuals have an emergency room (ER) visitation rate of more than 1.5 times that of white patients (1.22 and .79, respectively).[5]

Figure 1. ER Visits Rate of Asthma Patients on Medicare (Age 65+)



Source: National Minority Quality Forum, Asthma Index (2017)

An analysis of data from the 2015 Behavioral Risk Factor Surveillance Survey and Asthma Call-Back Survey also highlights disproportionate health care utilization by Black and Hispanic adults with asthma.[6] The analysis, which looked at 4,700 adults aged 55 and older with asthma, found that Black and Hispanic respondents were twice as likely as white respondents to have at least one asthma-related emergency department visit during the previous 12 months. Additionally, Black and Hispanic respondents were more likely to report gaps in health insurance coverage and impaired access to health care due to cost. These disparities remained even when researchers used statistical methods to control for social determinants such as education and income.[6]

Though asthma in the older population often has similar clinical and physiologic consequences as those in younger populations, the presence of more and different comorbid illnesses might affect the diagnosis, presentation, and treatment of asthma in older populations.[2, 3] Asthma is often confused with other common diseases for this group, such as chronic obstructive pulmonary disease (COPD), congestive heart failure, paroxysmal arrhythmias, pulmonary emboli, recurrent aspiration, and gastroesophageal reflux disease (GERD), which have led to the development of a more severe asthma phenotype compared to younger patients.[2, 3] Additionally, the physiological and psychosocial effects of aging may further impact effective diagnosis and management. Structural changes in aging lungs, combined with structural changes due to asthma itself, can worsen the disease and lung function.[7] Impaired cognition and motor skills, psychosocial effects of aging, and age-related adverse effects of medications may also affect asthma diagnosis and treatment.[7]

With these challenges in mind, there is an apparent need for further clinical research and guidelines regarding asthma in older adults. However, older people have been excluded from participating in asthma clinical trials and often are not covered by treatment guidelines.[2, 3] Clinical trials for asthma also typically utilize lung function testing to measure outcomes, though this type of testing has limitations in certain cohorts as it is difficult to define predicted values at an advanced age. Additionally, many patients with physical or cognitive impairment cannot reliably perform these tests.[3] The use of objective measures of asthma diagnosis and control can be especially important because many older adults with asthma consider their respiratory symptoms to be normal and a consequence of aging, and they often delay seeking medical consultations for their symptoms.[2, 3] These individuals may also have additional fears and misconceptions about their treatment.[2]

Most older adults with asthma can lead active productive lives if their asthma is appropriately managed. In fact, when older adults with severe or difficult-to-treat asthma are identified by a physician's assessment, they appear to manage their asthma better than younger patients.[3] Additionally, research shows that with effective care, older adults with asthma can have lower rates of unscheduled office visits, emergency department visits, and corticosteroid bursts.[8] However, this requires care tailored to the population, as many older patients with asthma need continuous treatment programs to control their disease and may require complicated and frequent dosing with multiple expensive drugs due to significant rates of non-adherence.

A thorough understanding of asthma in adults aged 65 and older is required to determine effective management plans, and future efforts to address asthma in this population must include age-specific considerations for diagnosis, characterization, monitoring, and treatment.

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