



Asthma and Social Class

Public Health Sciences Dept., St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE laia@sghms.ac.uk <http://www.sghms.ac.uk/depts/laia/laia.htm>

Introduction

Social class, based on occupation, (see footnote), reflects a wide range of factors that can influence the occurrence and severity of disease and its medical care. This factsheet presents data on prevalence, GP consultations and mortality for asthma, by social class.

Prevalence of asthma and wheeze

The Health Survey for England [1] measured the prevalence of ever having had doctor-diagnosed asthma and of self-reported wheeze in the last 12 months in children aged 2 to 15 years and in adults aged 16+ (Fig. 1) adjusting for age. In children there is little difference by social class in the prevalence of diagnosed asthma or of wheeze. In adults there is no class trend for asthma but for wheeze there is clear evidence of a gradient with a third more wheeze in classes IV/V than in I/II. It should be noted that wheeze can be associated with COPD in older adults. COPD is linked with smoking, a class related behaviour.

GP attendance for asthma

The fourth National Morbidity Study in General Practice (MSGP4) [2] gives the proportion of patients consulting for asthma in one year (Fig. 2). There is a gradient towards the manual classes in all age groups except the 65+ group. The number of consultations for asthma per patient per year is shown in Figure 3. In all ages combined there is a slight class gradient in asthmatics from 2.15 consultations in classes I/II to 2.36 in classes IV/V. This effect is only apparent in the 15-44 and 45-64 age groups.

Overall, slightly more non-smokers consult for asthma than do current smokers (Fig. 4). This is most apparent in the older age groups. Possible explanations for this are that asthmatics are less likely to smoke, older smokers might be diagnosed with COPD and that smokers might consult less often than non-smokers. Though smoking is associated with social class, Figure 5 shows that the class gradient is evident in both non-smokers and smokers in the 45-64 year olds.

Figure 1: Prevalence of doctor-diagnosed asthma ever and wheeze in the past 12 months by social class, in children (1995-97) and adults (1996), England

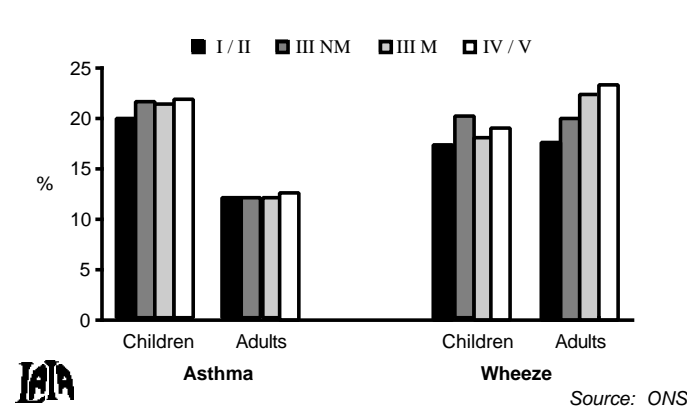


Figure 2: Patients consulting GPs for asthma by social class, England & Wales, 1991-92

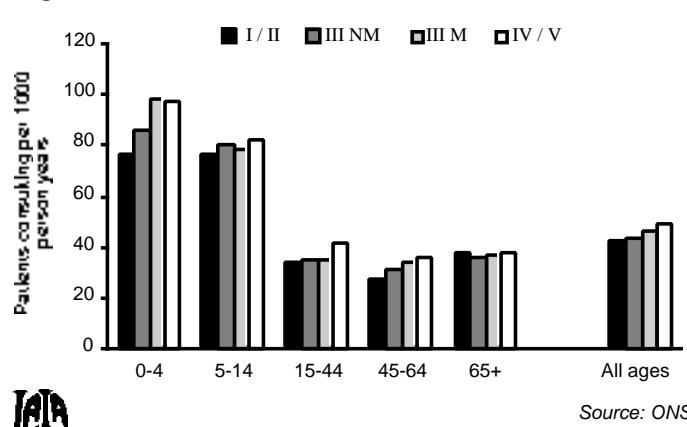
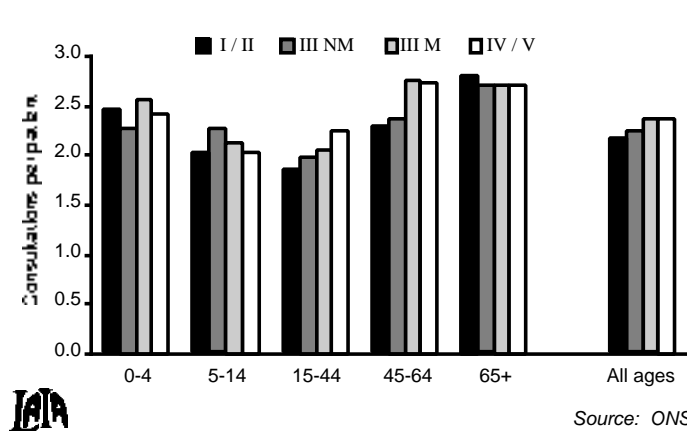
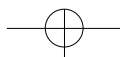


Figure 3: GP consultations per patient for asthma by social class, England & Wales, 1991-92





Mortality

Comparisons of mortality rates by social class bring together occupation recorded on the death certificate with data from the census [3]. Figure 6 shows Standardised Mortality Ratios (SMR) for deaths due to asthma in 20-64 year old men in Great Britain during 1979-80 and 1982-83 and in England and Wales during 1991-93. An SMR of less than 100 means numbers of deaths are lower than expected in that class (see LAIA factsheet 96/1 for a definition of SMR). At both times there was a trend towards higher SMRs in the manual social classes and there appears to be a widening in class differences over this period. If real, this could be due to asthma attacks being more frequent or more severe (or both) in social class V as a result of more exposure to aggravating factors or to less adequate medical care. There is no information published on women dying from asthma by social class.

Summary

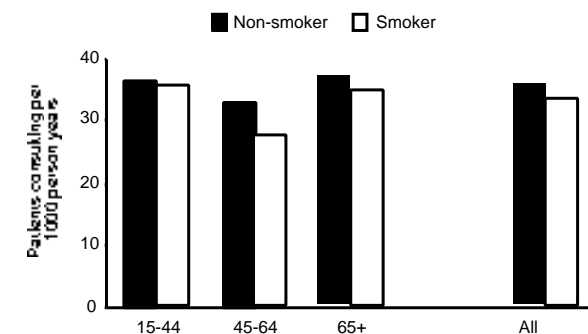
- There is little difference in prevalence of asthma by social class although there is a class gradient in adult wheezing.
- More people from manual than non-manual classes consult GPs for asthma and they consult more often.
- The social class gradient in asthma consultations in middle age is independent of current smoking habit.
- Class differentials are much greater for mortality than for other indicators of asthma.

Footnote

Registrar General's Social Class

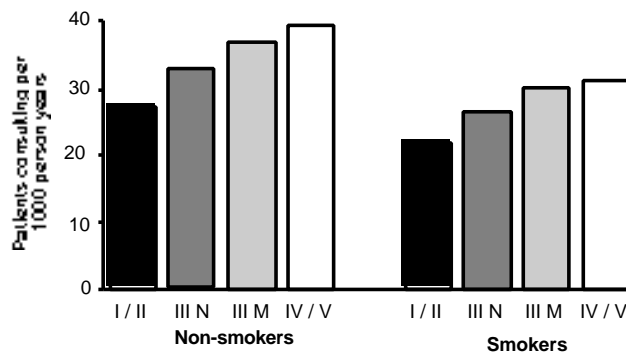
- I Professional
- II Managerial and technical / Intermediate
- IIIN Skilled non-manual
- IIIM Skilled manual
- IV Partly skilled
- V Unskilled

Figure 4: Patients consulting GPs for asthma by current smoking status, England & Wales, 1991-92



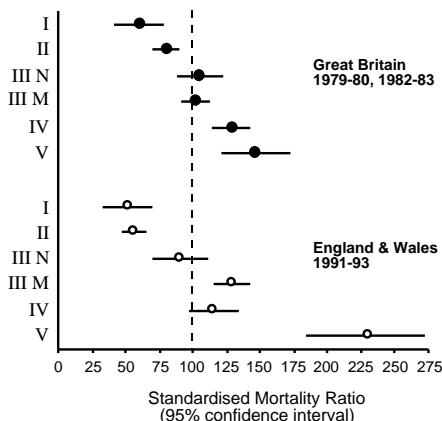
Source: ONS

Figure 5: Patients consulting GPs for asthma in 45-64 year olds, by smoking status and social class, England & Wales, 1991-92



Source: ONS

Figure 6: Asthma mortality by social class, SMRs in men aged 20-64



Source: ONS

Sources

1. ONS, Health Survey for England 1996, Health of Young People, England 1995-97, The Stationery Office .
2. ONS, Series MB5 No. 3, Morbidity Statistics from General Practice, Fourth National Study 1991-92, HMSO
3. ONS, Series DS 15, Health Inequalities Decennial Supplement 1997, The Stationery Office.

