

Ethnic variations in lower respiratory disease

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Introduction

Ethnic origin is a broad term that may reflect cultural or racial differences in risk factors for disease or its medical care. It is not recorded in most sources of routine data but is available in the fourth national study of morbidity in general practice (MSGP4). Country of birth, which may reflect ethnic differences in migrants, is recorded on the death certificate. This factsheet presents data on GP consultations for lower respiratory disease by ethnic group and on respiratory mortality by country of birth.

GP consultations

In MSGP4 ethnic origin was elicited by interview and rates presented here are for Whites (98.3% of the population), Blacks [Black African and Black Caribbean and other Black] (0.6%) and south Asians [Indian, Pakistani and Bangladeshi] (1.1%). There is considerable variability within these categorisations but they can indicate broad differences between groups.

Most consultations for lower respiratory disease are for infections (including pneumonia, influenza and acute bronchitis), asthma or COPD. Figure 1 shows the patient consultation rates (with 95% confidence intervals) for children and adults in 1991-2. There is little ethnic variability in the proportion of children consulting for lower respiratory infections but about 40% more black children consult for asthma than do white children. Among adults, south Asians are most likely and blacks least likely to consult for infections. There is little difference between ethnic groups in patient consultation rates for asthma in adults. Significantly more white adults consult for COPD (which occurs mostly in the over 65s) than do blacks or south Asians.

Figure 2 shows the age-standardised morbidity ratios for patients consulting GPs for infections, asthma and COPD by ethnic origin. About 25% more south Asians consult for infections than the other groups. More blacks than whites consult for asthma while fewer south Asians than whites consult for COPD.

Figure 1: Patients consulting GPs for lower respiratory diseases by ethnic origin, England & Wales 1991-92, children (0-14) and adults (15+)

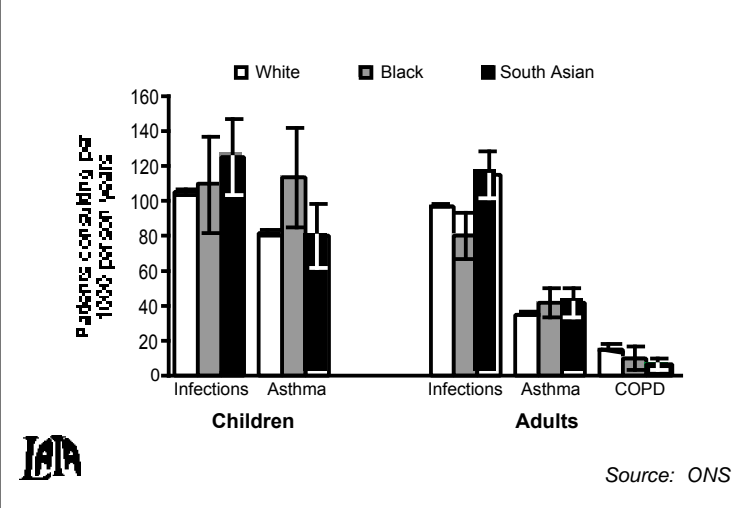
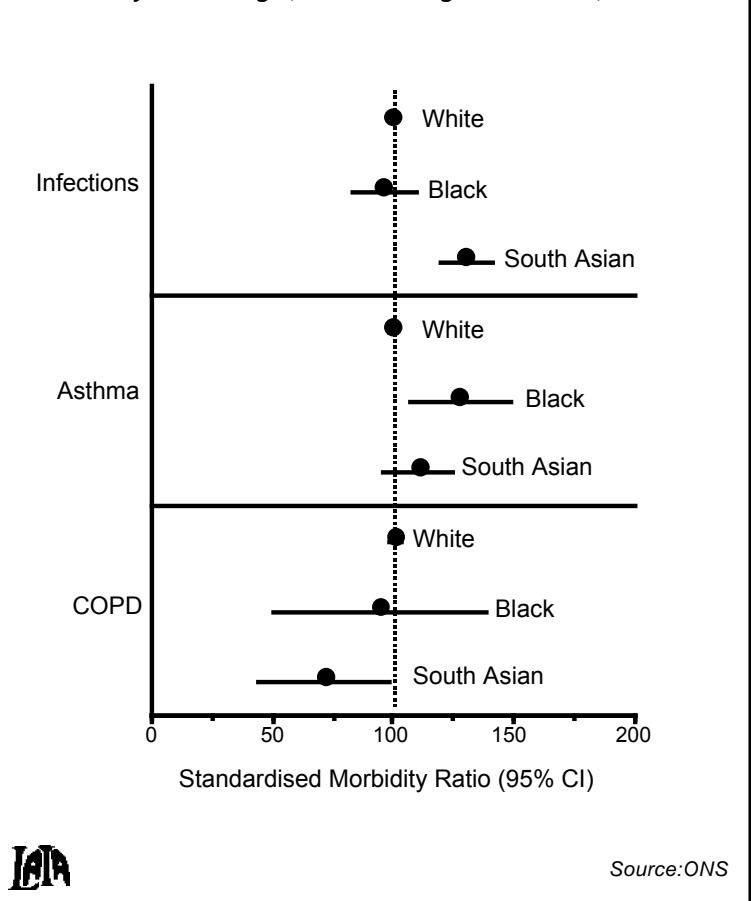


Figure 2: Patients consulting GPs for lower respiratory diseases by ethnic origin, SMRs for England & Wales, 1991-92



There are ethnic differences in the proportions of smokers in MSGP4. About 30% of whites registered currently smoked compared to 24% of blacks and 15% of south Asians. Amongst current non-smokers, ethnic differences in consultations for obstructive airways disease (COPD and asthma) are small (figure 3). However, in this group a significantly higher proportion of south Asians, than of whites, consult for asthma. There are too few known smokers in the non-white ethnic groups to deduce real ethnic differences.

Social class variation is a factor which could partially explain ethnic differences. However, significantly more south Asians than whites consult for all lower respiratory disease (asthma, COPD or infections), independent of manual or non-manual class (figure 4).

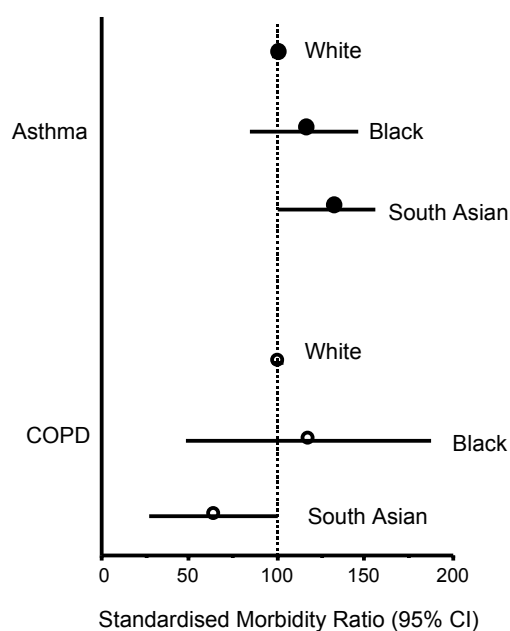
Mortality

There are considerable differences in respiratory mortality among male migrants to England and Wales according to place of birth and social class (Table 1). All regions of birth except the Caribbean and East Africa show double the mortality in the manual classes compared to the non-manual classes. Adjusting for class East African immigrants, most of whom are Asian in ethnic origin, suffer 62% higher mortality than average though immigrants from south Asia have average mortality. Men born in Scotland and Ireland also have higher SMRs while Caribbean born men have a lower SMR of 70.

Summary

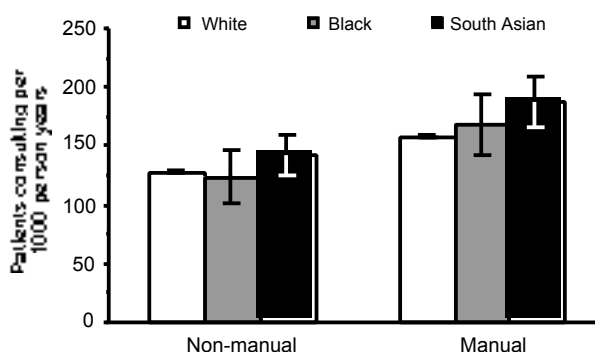
- There are significant differences between ethnic groups in GP consultations and deaths for respiratory diseases
- More black children consult for asthma
- More south Asians consult for respiratory infections
- Migrants from East Africa have a high mortality rate

Figure 3: Non-smokers consulting GPs for asthma and COPD by ethnic origin, SMRs for England & Wales, 1991-92



Source: ONS

Figure 4: Patients consulting GPs for lower respiratory disease by ethnic origin and social class



Source: ONS

Table 1 Standardised Mortality Ratios for respiratory diseases by place of birth and social class in men aged 20-64 resident in England & Wales, 1991-93

	All residents	Place of Birth				
		Caribbean	E Africa	South Asia	Scotland	Ireland
Non-manual	61	99	127	67	81	106
Manual	133	92	156	129	194	207
All (adj. for class)	100	70	162	98	142	143



Source: ONS

Sources

ONS, Morbidity Statistics from General Practice: Patient Records, Crown Copyright 1999
 ONS, Health Inequalities Decennial supplement DS No. 15, Crown Copyright 1997