





Chronic Respiratory Diseases in Italy: results from the PASSI surveillance system, 2008-12

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Introduction

Chronic Respiratory Diseases (CRDs) represent the third leading cause of death in Italy and affect a large proportion of the population, determining a huge burden on society.

CRDs present an important opportunity for primary and secondary prevention.

Objectives

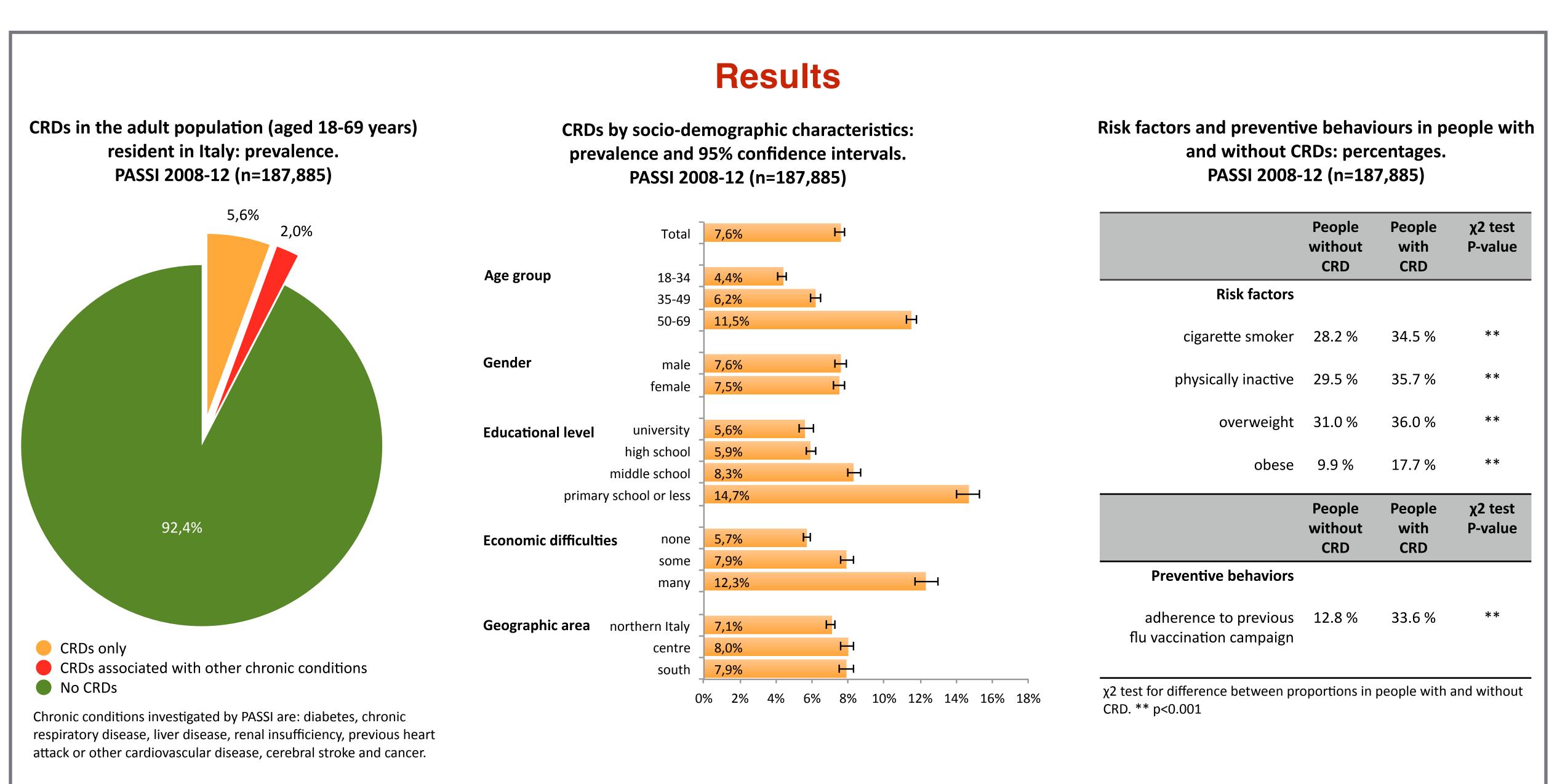
- I. To estimate the prevalence of CRDs in Italy;
- II. to investigate the population groups most affected by CRDs;
- III. to assess the occurrence of risk factors and preventive individual behaviours in people with and without CRDs.

Methods

PASSI is the Italian behavioural risk factor surveillance system. It continuously collects information on risk behaviours for chronic non-communicable disease. Data collection is carried out in each Local Health Unit (LHU), where a sample of people aged 18-69 years is randomly selected each month from the list of registered residents. Trained public health practitioners administer telephone interviews through a standardised questionnaire.

The question "Have you ever received a diagnosis of asthma, chronic bronchitis, emphysema or respiratory failure from a physician?" allows to define people with CRDs.

Between 2008 and 2012 a total of 188,070 interviews was collected with a response rate of 84% (in 2012).



The overall prevalence of CRDs in the Italian adult population is 7.6%; 2.0% of people with CRD also suffer from another chronic condition, among those investigated by PASSI. Population groups most affected are the elderly (11.5%), individuals with a low educational level (14.7%) and those economically disadvantaged (12.3%). The comparison between people with and without CRDs shows that among those with CRDs the percentage of cigarette smokers is higher (34.5% vs. 28.2%), as well as the percentage of physically inactive (35.7% vs. 29.5%), overweight (36.0% vs. 31.0%) and obese people (17.7% vs. 9.9%). Adherence to flu vaccination is more than double in the CRDs group (33.6% vs. 12.8%) but still far from target values (75.0% minimum).

Conclusions

Identifying specific sub-populations as priority targets of public health interventions represents a primary objective of the strategies for CRDs control and prevention.