



NCHS Data on Chronic Obstructive Pulmonary Disease

About NCHS

The CDC's National Center for Health Statistics (NCHS) is the nation's principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides multiple perspectives to help us understand the population's health, influences on health, and health outcomes.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), as used here, includes chronic bronchitis and emphysema. These diseases often exist together and are characterized by irreversible airflow obstruction. Sometimes asthma and bronchiectasis are included as forms of COPD, but since the cause and treatment of these conditions differ from chronic bronchitis and emphysema, they are not included in the statistics below.

COPD is a group of diseases that are very prevalent, especially among the elderly and people living in poverty. Unlike many other diseases, whites are more likely to be diagnosed with, and die from, COPD than are people of other racial groups. Women are more likely to be diagnosed with COPD and receive treatment more often than men. However, men are more likely to die from COPD and are more likely to be identified with diminished lung capacity when screened.

Key Findings

Prevalence

- In 1999-2000, 5.5 percent of persons 18 years of age or older reported they had been told they had COPD; 1.5 percent of adults had ever been told by a health professional that they had emphysema; and 4.5 percent had been told they had chronic bronchitis in the past 12 months.
- Women were 60 percent more likely to self-report a medical diagnosis of COPD than men. However, when obstructive lung disease was objectively measured by lung capacity, men had a higher prevalence.
- Adults living below the poverty line were about 75 percent more likely to report COPD than adults with incomes 200 percent or more above the poverty line.
- Ten percent of adults with any limitation of activity report a source of their limitation to be lung and breathing problems. Of adults with self-reported COPD, 15 percent report activity limitations due to lung and breathing problems.

Mortality

- In 2000, 116,513 adults died of COPD.
- The age-adjusted death rate for COPD among men (70.8 per 100,000 men) was about 50 percent higher than the rate among women. However, women's death rate for COPD has increased more than 150 percent since 1980, while the rate for men has increased only 10 percent over the same time period.

Key Findings continued

Mortality continued

- Death rates increase with age, from a rate of 0.5 per 100,000 among people 18-44 years of age, to 439.7 per 100,000 among people 75 years of age and over.
- Death rates for COPD are highest among non-Hispanic white people and lowest among Asian and Pacific Islanders.
- Chronic lower respiratory diseases, which are largely composed of COPD, were the 4th leading cause of death in 2000.*

Health care utilization

- In 1999-2000, 6,316,000 in-patient hospital stays were made by people with a diagnosis of COPD. The first-listed discharge diagnosis for one-fifth of these hospital stays was COPD.
- About 20.7 million visits to physicians and hospital outpatient departments and 3.4 million visits to hospital emergency departments had a first-listed diagnosis of COPD.

COPD Data Sources

NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. They include:

- **National Health Interview Survey** – obtains information on the nation’s health status through confidential household interviews that measure: health status and disability, insurance coverage, access to care, use of health services, immunizations (child), health behaviors, injury, and the ability to perform daily activities. This survey measures COPD prevalence and related health care use, socioeconomic correlates of COPD, and resulting limitations of activity. <http://www.cdc.gov/nchs/nhis.htm>
- **National Vital Statistics System** – collects mortality information from death certificates in all 50 states and the District of Columbia, including characteristics of the decedent and underlying and contributing causes of death. COPD death rates are available from this data system. <http://www.cdc.gov/nchs/nvss.htm>
- **National Ambulatory Medical Care Survey** - conducts surveys of private physician offices to obtain nationally representative information about health care visits including patient demographics, patient complaints, physician diagnoses and prescription medications. This survey provides information on visits to physician offices for COPD. <http://www.cdc.gov/nchs/about/major/ahcd/namcsdes.htm>
- **National Hospital Ambulatory Medical Care Survey** – collects information from medical records from a nationally representative sample of short stay nonfederal hospitals about visits to hospital outpatient departments and emergency departments. Information from this survey provides estimates of COPD visits to hospital outpatient departments and emergency rooms. <http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm>

* Chronic lower respiratory disease is one of the 113 groups of diseases used by NCHS to rank causes of death. It includes COPD as well as asthma and bronchiectasis, both of which have very low death rates. NCHS does not rank COPD separately.

For further information about NCHS and its programs, visit us at <http://www.cdc.gov/nchs>, or call the Office of Planning, Budget and Legislation at 301-458-4100.