

## **Press Release (19 March 2006)**

### **Respiratory Health in Hong Kong: A Worsening Scenario?**

There is some recent evidence to suggest that the respiratory health of the people living in Hong Kong is declining.

Two questionnaire surveys were conducted in 1991–1992 and 2003–2004. Subjects aged  $\geq 70$  years were invited to complete a respiratory questionnaire. A total of 2032 (999 male) and 1524 (698 male) subjects completed the questionnaire surveys in 1991 and 2003, respectively. It was found that the prevalence of most respiratory symptoms increased overtime after adjusting the data for age, sex, social status and smoking habits. Comparing the symptoms between 1991 and 2003, wheeze over the past 12 months increased from 7.5 to 12.1% and morning chest tightness from 4.2 to 8.8%. The prevalence of self-reported physician-diagnosed emphysema also increased over time (from 2.4 to 3.1%). The prevalence of respiratory symptoms has increased over the past 12 years and this may be related to environmental factors especially increasing air pollution in Hong Kong.

A territory wide study on the lung function of Chinese adults in Hong Kong was carried out between January 2001 and March 2003. Analysis of data was performed in over 600 smokers and over 1000 asymptomatic nonsmokers who have not been diagnosed of any chronic respiratory disease. It was found that about 25% of smokers over the age of 40 years old showed evidence of airflow obstruction, ranging from mild to severe degrees, based on objective testing of lung function. The under-diagnosis can be related to the lack of prominent symptoms in the early stage of disease as well as an under-estimation of symptoms. Furthermore, among the asymptomatic non-smokers, about 6% over the age of 40 years had airflow obstruction on testing. This respiratory impairment may be the result of environmental factors such as environmental tobacco smoke (ETS) exposure and air pollution.

The adverse effects of active smoking, environmental tobacco smoke exposure and air pollution are well known. In fact, ETS exposure is as harmful as first-hand smoking. Both active smoking and ETS exposure are found to be associated with major diseases including cancer, ischaemic heart disease, stroke and chronic obstructive lung disease (these diseases are the 4 of the top 5 killers in Hong Kong). In addition, ETS exposure also has known harmful effect on the health of children. If we do not act now to control tobacco smoking, it is foreseeable that people in Hong Kong will have a big price to pay both financially as well as physically, particularly in terms of their lung health.

American College of Chest Physicians (HK& Macau Chapter)  
Hong Kong Lung Foundation  
Hong Kong Thoracic Society

---

## 新聞稿 (2006 年 3 月 19 日)

### 香港市民呼吸道健康是否有惡化的趨勢？

最近有證據顯示香港市民呼吸道健康有惡化的趨勢。

在 1991–1992 及 2003–2004 年度進行了兩次問卷調查，邀請一批 70 歲或以上人士填寫一份有關呼吸狀況的問卷。在 1991 與 2003 的調查中，分別有 2032 人(999 人為男性)及 1524 人(698 人為男性)完成問卷。調查顯示香港長者的呼吸系統病徵在過去十二年內有增加的趨勢。此發現已按參予者的年齡、性別、生活水平和吸煙習慣調整。比較 1991 至 2003 年的結果，在調查前 12 個月內發生喘鳴人士的比率由 7.5% 增至 12.1%，而發生晨早胸口鬱悶人士的比率亦由 4.2% 增至 8.8%。調查亦顯示由醫生診斷的肺氣腫在此期間有所增加(由 2.4% 增至 3.1%)。在此十二年間呼吸系統病徵的增加可能源自香港的環境因素，尤其是空氣污染的惡化。

在 2001 年 1 月至 2003 年 3 月進行了一個全港性成年華人肺功能的研究。研究分析 600 名吸煙和超過 1000 名無症狀非吸煙而未被診斷出患有慢性呼吸道疾病人士的數據。結果顯示 25% 的年逾 40 歲的吸煙者有不同程度的呼吸阻塞。這種未能診斷的情況和病症早期缺乏顯著的病徵或低估病徵有關。此外，有 6% 年逾 40 歲無症狀非吸煙人士患有呼吸阻塞。這些呼吸損傷可能由環境因素如二手煙和空氣污染所引起。

吸煙、二手煙和空氣污染等的害處已廣為人知。事實上，吸入二手煙和吸入一手煙是同等危害健康。吸入一手煙和二手煙皆被發現與各種主要疾病，包括癌症、心臟病、中風和慢性阻塞性肺病有關(此四類疾病均在香港前五大殺手病之列)。另外，二手煙對兒童健康的不良影響亦已被發現。如果不立即採取行動控制吸煙的情況，香港人無可避免要為此付出經濟上和健康上，特別是肺部健康的沉重代價。

美國胸肺學院 (港澳分會)  
香港胸肺基金會  
香港胸肺學會