

Press Conference
9 November 2008

THE BURDEN OF LUNG DISEASE PROJECT

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



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Background

The Burden of Lung Disease (BOD) Study

- Anniversary Event in Year 2006:
 - 20th Anniversary of the Hong Kong Thoracic Society
 - 10th Anniversary of the Hong Kong Lung Foundation
- The First Project in Hong Kong
 - Obtain full spectrum of data on respiratory diseases
 - Mortality and hospitalization trend analysis
 - Summarise data of prevalence of diseases from published local studies



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Introduction of the Team

- Coordinator: Moira CHAN-YEUNG
- Research Nurse: Amy HK CHEUNG
- Statistical Consultant: Tzy Jyun YAO
- Consultants in Specific Respiratory Diseases
 - Asthma: Christopher KW LAI
 - Bronchiectasis: Kenneth WT TSANG
 - COPD: Kin Sang CHAN, Alice SS HO, Fanny WS KO, Loretta YC YAM, Poon Chuen WONG
 - Lung cancer: Wah Kit LAM, James CM HO
 - Lung infection: Chung Ming CHU, Wai Cho YU, Hok Sum CHAN
 - Obstructive Sleep Apnea: Mary SM IP, David SC HUI
 - ICD revisions: Cheuk Yin TAM



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BOD –Methodology

- Years in focus:
 - 2005: snapshot of mortality, hospitalization and incidence/prevalence of respiratory diseases
 - 1997 -2005: 9 year trend of diseases
- Source of data
 - Mortality
 - From Department of Health
 - Hospitalization
 - From Hospital Authority
 - Incidence/ prevalence
 - Local registries/ studies



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The Significant Findings

- In 2005, respiratory disease was ranked as the top cause of mortality and hospitalization in Hong Kong.
- Respiratory diseases accounted for 16% of all inpatient bed-days.
- Although there has been a slow decline in respiratory mortality rate in the past decade, there has been no change in respiratory hospitalization rates.
- Respiratory diseases, therefore, have accounted for the largest share of the health-care burden locally.



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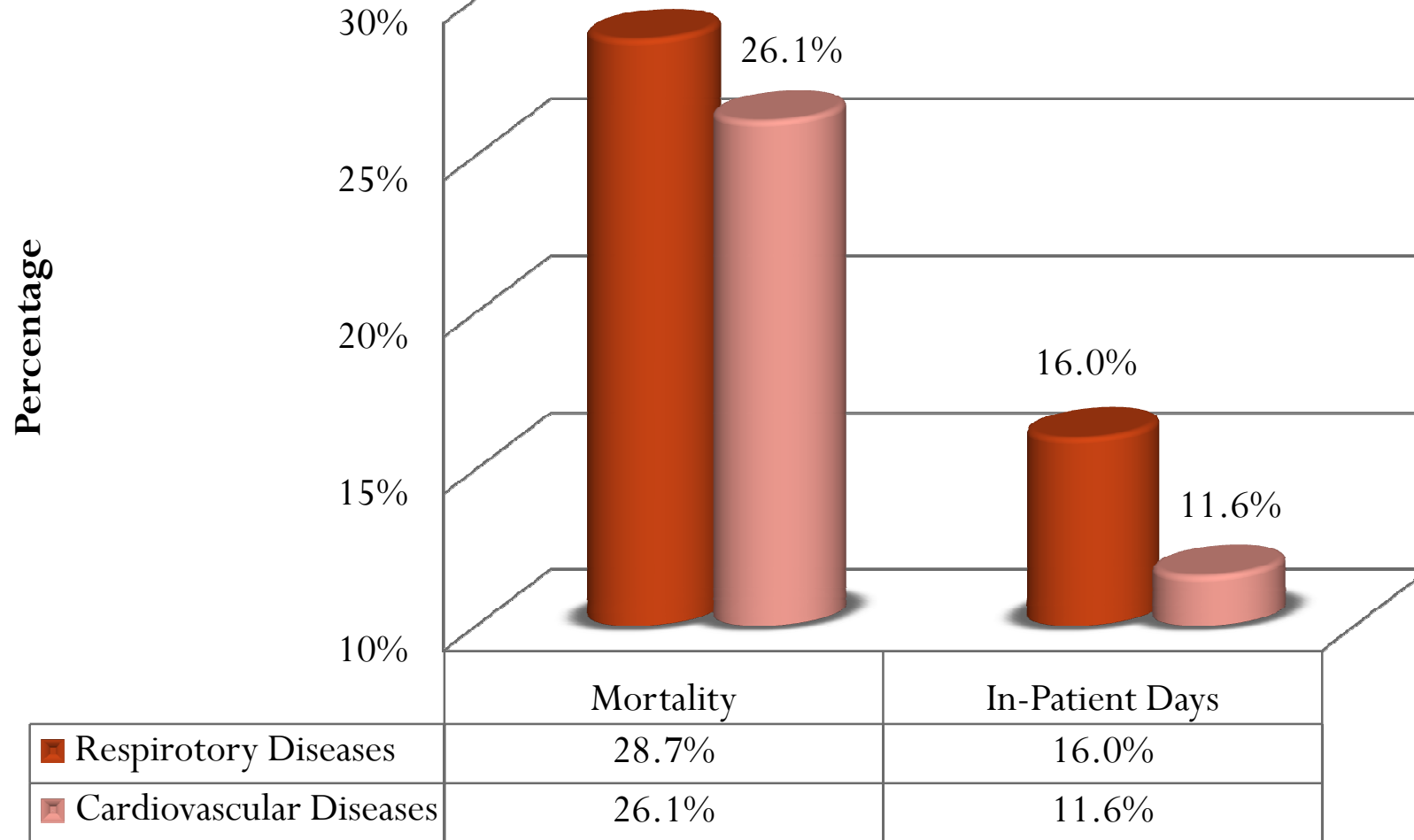


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Hong Kong: Mortality & In-Patient Days



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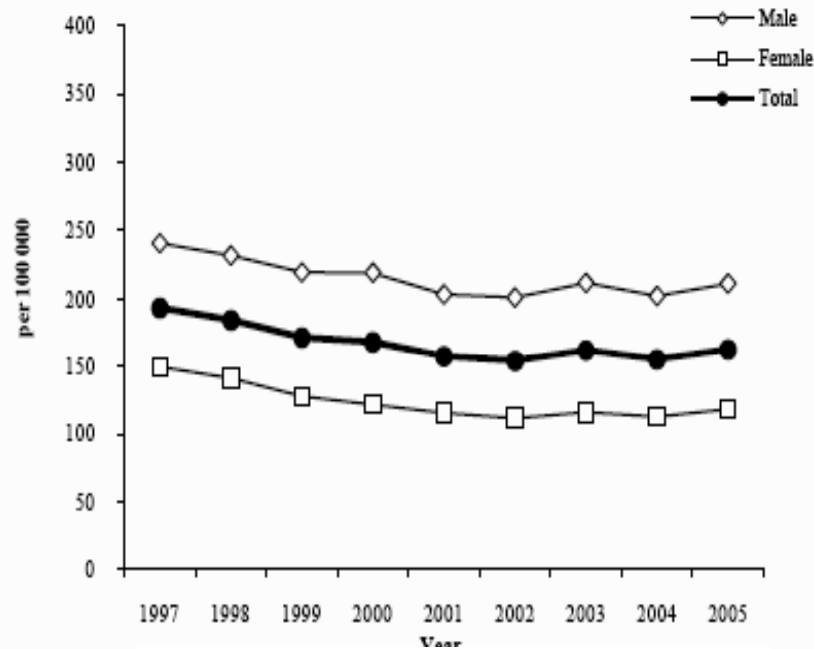


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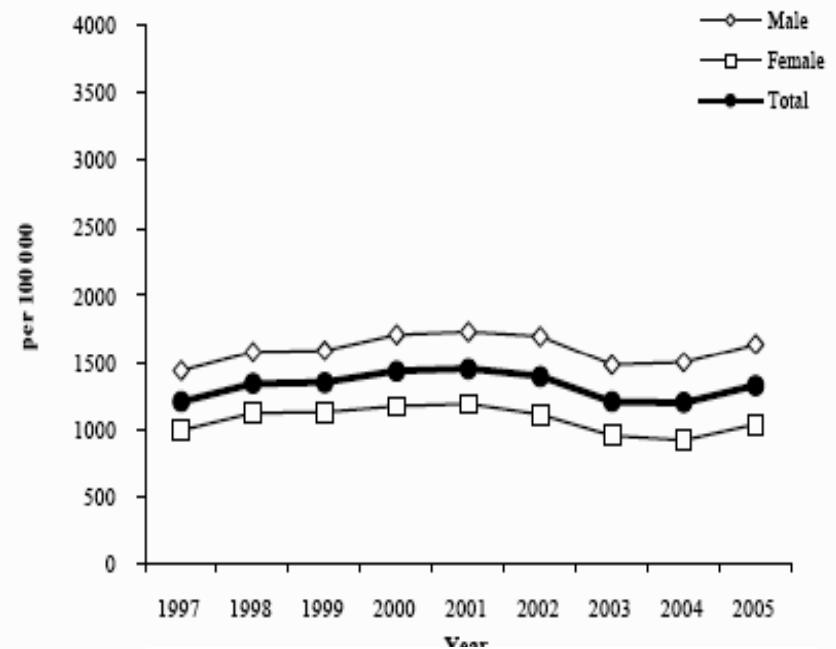


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All Respiratory Diseases Mortality & Hospitalization 1997-2005



MORTALITY



HOSPITALIZATION



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Mortality of Respiratory Diseases

- In 2005, 11099 deaths due to Respiratory Diseases (163 /100 000)

	Overall	Male	Female
Respiratory Infection	39.0	33.2	48.5
Respiratory Cancer	33.2	36.3	28.2
COPD	17.9	21.6	11.7



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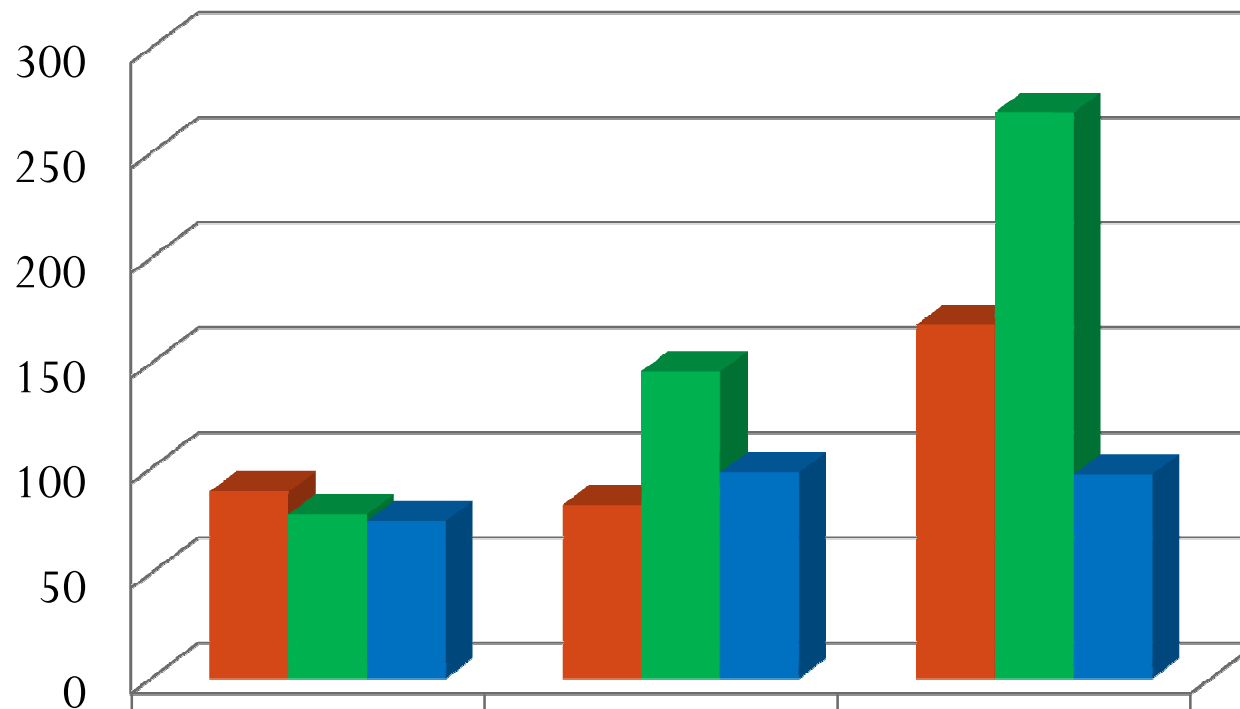
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Mortality Comparing with UK & Global

Rate / 100,000



	HK 2005	UK 2004	WHO 2002
■ Respiratory	88.8	82.5	168
■ Cardiovascular	77.9	146	269
■ Neoplasm, Excl Lung	74.7	97.9	96.9



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Respiratory Diseases in 2005

% of Resp Diseases	Mortality	Hospitalization	In-patient bed days
Respiratory infection	39.0	41.3	37.2
Lung Cancer	33.2	5.7	9.2
COPD	17.9	14.6	20.5
Tuberculosis	2.4	3.9	7.1
Bronchiectasis	1.7	1.7	1.7
Asthma	0.9	5.7	2.6
Pneumoconiosis	0.4	0.2	0.2
OSA	0	5.5	0.7
Others	4.5	21.5	20.7



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Respiratory infection

No 1

- Number 1 in
 - Respiratory Death (39%)
 - Respiratory Hospitalization (41%)
 - In patient bed days (37.2%)
- Encompass mainly pneumonia and influenza
 - Pneumonia
 - 2001-05: age standardized mortality rate increases annually at 4.1%
 - Influenza
 - 2001-05: age standardized hospitalization rate increases annually at 14.6%



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Chronic Obstructive Pulmonary Disease

No 2

- No 2 in Hospitalization (14.6%)
- No 3 in Respiratory Death (17.9%)
- ↓ Rate of Mortality & Hospitalization from 1997-2005
 - Correlated with ↓ Rate of Smoking since 1980
 - Better Treatment of COPD
- COPD still under-diagnosed
 - Lung Function study: (Ip et al)
 - 24.9 % Smokers had COPD
 - 12.8% Stage II or above



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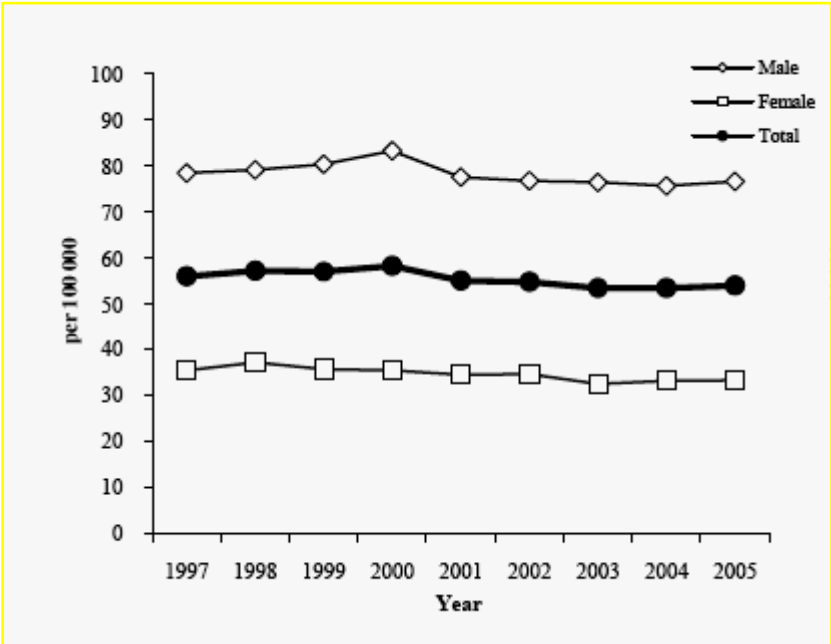


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Lung Cancer

No 3

- No 3 in Respiratory Hospitalization (5.7%)
- No 2 in Respiratory Death (33.2%)
- **↓** Rate of Mortality & Hospitalization last decade
 - Male smoking rate: **↓** 39.7% in 1982 to 14.8% in 2005
 - Still high incidence in women despite low Smoking Rate:
 - 5.6% in 1982 and 4.0% in 2005



MORTALITY



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Four Recommendations Base On The BOD Data

- Vaccination
- Tobacco Control and Smoking Cessation
- Air Pollution
- Medical Manpower & Training



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Vaccination

- Welcome Influenza and Pneumococcal Vaccination
 - Directed to the elderly and Children, those with chronic disease and other high risk group, including health care workers
- Public education:
 - Be aware of the vaccination programme
 - Be educated to prevent transmission of respiratory disease



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Tobacco Control & Smoking Cessation

- Smoking is the single most important risk factor for non-communicable respiratory diseases.
- Smoking prevalence in >15 yrs = 14.8 % in 2005.
- Health effects of smoking on ex-smokers have yet to be realized.
- Tobacco control – still work to be done.
- Smoking Cessation
 - increased availability and easy accessibility of smoke-cessation clinics are necessary.
- Provide Smokers with Incentives to stop Smoking.



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Air Pollution

- The level of air pollution in HK is higher than that recommended by the WHO
- Strong Association between
 - levels of air pollution and mortality and hospitalization rates for respiratory (COPD and asthma) and cardiovascular diseases
- Government to Further Tighten Air Pollution Control



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Medical Manpower & Training

- 72 Specialist in Respiratory Medicine in active Public Practice (43 in acute and 29 in non-acute units)
 - 1 Specialist / 95 000 population
- Comparing to Canada
 - Ratio was 1:86 000
 - Ideal ratio 1:69 000
- Need Around 100 Specialists in Respiratory Medicine Especially in Acute Care Respiratory Medicine



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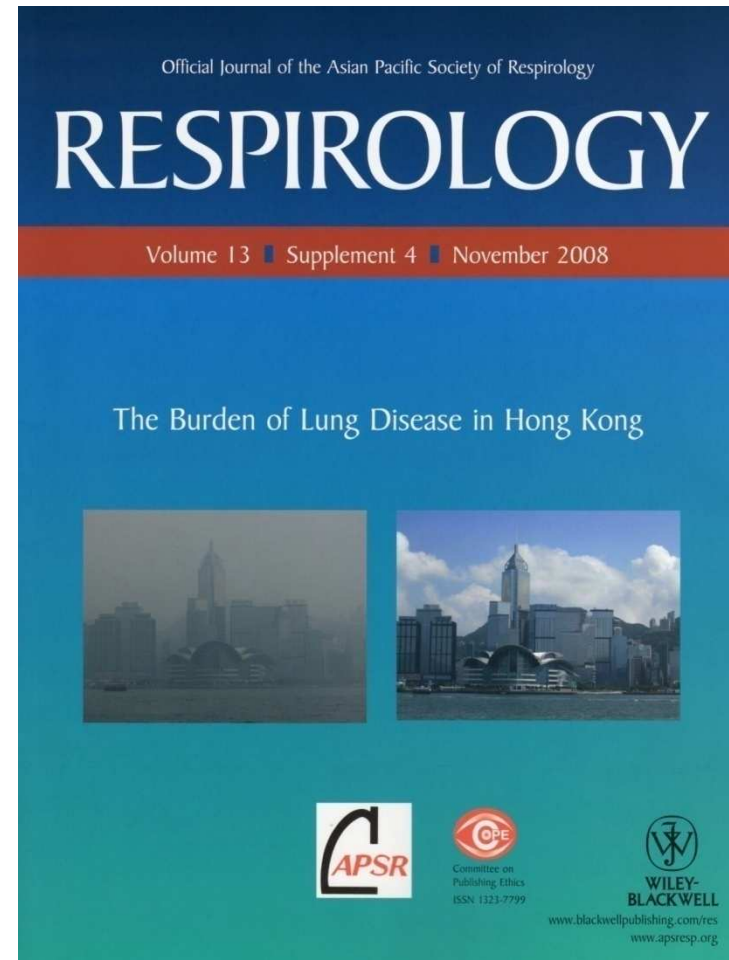
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Publishing as *Respirology* Supplement

Nov 2008



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Delivery to the Health Administrators

The BOD Report Incorporated in the *Respirology* Supplement was sent to:

- Secretary for Food and Health, The Government of HKSAR
 - Dr York CHOW
- Chief Executive, Hospital Authority
 - Mr Shane SOLOMON
- Director of Health, The Government of HKSAR
 - Dr LAM Ping Yan



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 - Dr TAM Cheuk Ming

THANK YOU.



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