CHRONIC COMORBIDITY AND ADVERSE OUTCOME PREVALENCE AMONG ADULTS WITH ASTHMA IN GERMANY

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Objectives. To examine unscheduled asthma care related to comorbid chronic conditions among unselected adult asthma patients. Methods. The population-representative German national health survey GEDA 2010 (N=22050) among adults 18 years and older comprises information on current physician-diagnosed asthma and asthma-specific comorbidities including allergic rhinitis (AR), gastroesophageal reflux symptoms (GERS), aspirin-exacerbated respiratory disease (AERD); on high prevalence high impact chronic conditions (HPHICCs) including diabetes mellitus, hypertension, chronic heart failure, coronary heart disease, stroke, osteoarthritis, cancer, depression; and unscheduled asthma-specific in- and outpatient care visits. The prevalence of asthma in combination with comorbidities was estimated and association with unscheduled care was analyzed using generalized linear regression. Results. 5.3% of adults had current asthma. The prevalence of asthma with comorbidities was 2.6% for GERS, 2.3% for AR, 0.7% for AERD characteristics, 3.2% for >=1 HPHICCs. Significantly increased prevalence of unscheduled care visits was observed in relation to AERD characteristics (adjusted prevalence ratio, 1.63; 95% CI 1.35-1.96) and increasing HPHICCs comorbidity levels (1.13; 1.06-1.19 per additional comorbidity) adjusting for sociodemographics, body mass index, smoking, and asthma duration. Conclusions. Present findings underline the clinical relevance of chronic comorbidity in asthma and point to the magnitude of asthma patients facing complex health care needs.