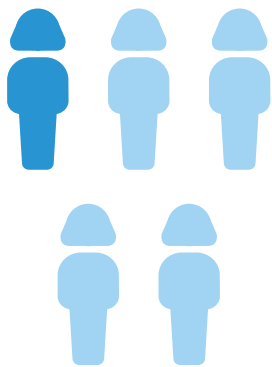


ASTHMA IS A WOMEN'S HEALTH ISSUE



20%

OF ADULT AUSTRALIAN WOMEN REPORTED HAVING ASTHMA IN 2024¹

HOSPITALISATIONS IN 2024-25

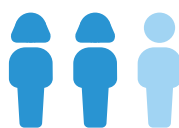


ABOUT
17,000

hospitalisations in people 20 years and over were due to asthma²

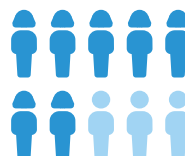
There were over TWICE as many hospitalisations in women aged 20 and over as in men the same age

Women accounted for:



2 in 3

(69%) hospitalisations in people 20-29 years



7 in 10

(71%) hospitalisations in people 30-69 years



3 in 4

(74%) hospitalisations in people 70 and over

LIFE COURSE BURDEN

CHILDHOOD / ADOLESCENCE

ASTHMA WAS THE

1st LEADING CAUSE

OF DISEASE BURDEN IN 2024 FOR SCHOOL-AGE GIRLS aged 5-14 years⁸



1st

leading cause for young girls aged 1-4 years³

8th

leading cause for all ages combined³

ADULT & PEAK WORKING YEARS

The proportion of Australians having asthma in 2022 was:

Nearly
TWO THIRDS (61%)

higher in women than men aged 35-44 years⁶

Over
THREE QUARTERS (78%)

higher in women than men aged 55-64 years⁶

Asthma was the **4TH LEADING CAUSE OF DISEASE BURDEN IN 2024 FOR WOMEN** aged 35-44 years³



5th LEADING CAUSE for women aged 20-24 years

6th LEADING CAUSE for women aged 25-34 years

OLDER WOMEN



315 females



169 males

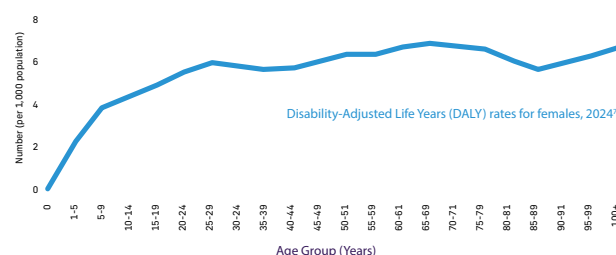
2x

as many girls or women die from asthma as boys or men^{4,5}



Half (50%) of asthma deaths in 2024 were in women aged 75 years and over⁵

The burden of disease caused by asthma increases during childhood and remains high during all stages of adulthood



HIDDEN BURDEN¹

PSYCHOLOGICAL BURDEN



53% vs 41%

high/very high psychological distress in women with vs without asthma



72% vs 61%

moderate-severe anxiety/depression in women with vs without asthma



37% vs 26%

women with vs without asthma rate their health as fair or poor

CARE GAPS



Only **66%**

of women treating their asthma use anti-inflammatory inhalers



Only **34%**

have an asthma action plan



35%

purchased their reliever mainly over-the-counter (without a prescription)

POLICY FOCUS AREAS



Respiratory health should be built into existing women's health assessment pathways



The Ministerial Expert Panel on Women's Health must examine asthma as a distinct women's health issue



Asthma must be named explicitly within women's health policy

References:

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**ASTHMA
AUSTRALIA**