

Date last modification documentation sheet: 30-01-2012

Compared to previous version documentation sheet (02-12-2011) the following issue was adapted:

- Minor correction data availability section

Compared to previous version documentation sheet (24-09-2010) the following issues were adapted:

- Explanation regarding preferred data type added
- Data availability and periodicity sections updated

<i>ECHIM Indicator name</i>	<b>B) Health status</b>
	27(b). Chronic obstructive pulmonary disease (COPD): register-based prevalence
<i>Definition</i>	Number of individuals that have ever been diagnosed with chronic obstructive pulmonary disease and that have been affected by this condition during the past 12 months. Expressed per 100,000 and as percentage of total population.
<i>Calculation</i>	National best estimate of number of individuals that have ever been diagnosed with chronic lower respiratory diseases other than asthma, including COPD, and that have been affected by this condition during the past 12 months (ICD-10 codes J40-J44; includes chronic bronchitis, emphysema and other chronic obstructive pulmonary disease (COPD)). Age standardization should be done for men and women separately, according to the direct method, using the 1976 WHO European population as standard population (this is the method applied for the Eurostat diagnosis-specific morbidity statistics; see references (document principles and guidelines in CIRCA)).
<i>Relevant dimensions and subgroups</i>	<ul style="list-style-type: none"> <li>- Country.</li> <li>- Calendar year.</li> <li>- Sex.</li> <li>- Age group: <ul style="list-style-type: none"> <li>➢ for age standardization data must be collected by 5 year age groups (see calculation)</li> <li>➢ for data presentations it is required to present the following age groups; 15-64, 65+</li> </ul> </li> <li>- Socio-economic status (see data availability).</li> <li>- Region (according to ISARE recommendations; see data availability)</li> </ul>
<i>Preferred data type and data source</i>	<p>Preferred data type: administrative sources (clinical records, insurance data), disease registers, etc., according to Eurostat recommendations for morbidity statistics. Which source is/which sources are to be preferred is dependent on the specific disease and the health care system and health information system in a specific country.</p> <p>Preferred source: Eurostat (diagnosis-specific morbidity data)</p>
<i>Data availability</i>	Eurostat morbidity data activities are currently in a pilot phase. In 2007, 9 MS (CZ, CY, EE, HU, LT, LV, MT, SI, SK) carried out a data collection pilot. AT and DE carried out a pilot study in 2009. In 2009 BE, DE, FI, NL, PL and RO started with the pilot. Eurostat morbidity data will be available by sex and 18 age groups (0-4, 5-9,etc., 85+), not by socio-economic status and region. By the end of 2011 a TF on Morbidity will start assessing the data received from the 16 pilots (in terms of quality and comparability). The pilot data will not be published since they were collected to assess the feasibility of the proposed method. But if the results of the final report of the TF (to be issued by the end of 2012) show that some indicators are comparable within MS, ECHIM could ask directly to the involved MS whether they agree to send to ECHIM their figures. The final aim (target: 2015) is to set up a regular data collection on morbidity. The ISARE project did not collect regional data on COPD.
<i>Data periodicity</i>	It is currently not yet clear how often Eurostat will collect the diagnosis-specific morbidity data.
<i>Rationale</i>	COPD is a high-burden disease causing disability and impairing quality of life, as well as generating high costs. COPD is among the leading causes of chronic morbidity and mortality in the EU. Prevention is partly possible and treatment can be quite effective. Smoking is the major risk factor for COPD.
<i>Remarks</i>	<ul style="list-style-type: none"> <li>- The ICD-10 codes applied in the calculation deviate slightly from the ICD-10 codes applied by Eurostat in their diagnosis-specific morbidity activities. Eurostat uses ICD-10 codes J40-J44, and J47. ICD-10 code J47 covers the diagnosis bronchiectasis. Bronchiectasis is not a common disorder nowadays in developed countries. Hence, its relevance for public health is</li> </ul>

	<p>limited.</p> <ul style="list-style-type: none"> <li>- When looking at the literature, different approaches with regard to defining COPD in terms of ICD codes are being applied. Commonly however ICD-10 codes J40-J44 are being used to define COPD, including the different disease entities bronchitis and lung disease characterized by obstruction (emphysema and other COPD).</li> <li>- Though it is relevant from a clinical perspective to make a distinction between the different diagnoses covered by COPD, from a prevention perspective this is less relevant, as common determinants underlie these conditions (smoking, air pollution). Therefore ECHIM has decided to apply the commonly used ‘broad’ definition of COPD (J40-J44). This approach will also enhance comparability with the European Health Interview Survey (EHIS) based estimate for this indicator, which also applies a broad definition, including both bronchitis and emphysema (see indicator 27(a)).</li> <li>- Eurostat diagnosis-specific morbidity data activities are based on a shortlist of diseases covering 60 diseases/disease groups.</li> <li>- Eurostat diagnosis-specific morbidity data activities are aimed at providing best national estimates. Each Member State itself decides which is (are) the best data source(s) for calculating a certain estimate. Also in the ECHIM data collection pilot each Member State itself decides which is (are) the best data source(s) for calculating this estimate. Given the fact that not in all MS the health information system is well aligned with the health care system, there will be limitations to the comparability of national estimates resulting from this approach. Therefore ECHIM also uses a European Health Interview Survey (EHIS)-based estimate (see indicator 21a).</li> </ul>
<i>References</i>	<ul style="list-style-type: none"> <li>- Diagnosis specific morbidity statistics, Eurostat, public part of CIRCA: <a href="http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiesanddata/diagnosis-specific&amp;v_m=detailed&amp;sb=Title">http://circa.europa.eu/Public/irc/dsis/health/library?l=/methodologiesanddata/diagnosis-specific&amp;v_m=detailed&amp;sb=Title</a></li> <li>- Health Indicators in the European Regions (ISARE) project: <a href="http://www.isare.org/">http://www.isare.org/</a></li> </ul>
<i>Work to do</i>	<ul style="list-style-type: none"> <li>- Monitor developments Eurostat morbidity statistics</li> </ul>