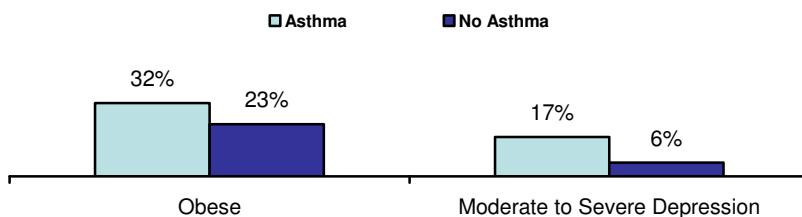


# Vermont Asthma Control Program Data Brief - Obesity, Depression and Asthma

Obesity and depression are common co-morbidities associated with asthma. These conditions are important to monitor because both depression and obesity can make asthma symptoms worse and more difficult to control. Those with obesity or depression report having routine asthma care and education at the same rate as those without obesity or depression. However, those with obesity or depression have worse overall general health, are more likely to report their asthma as poorly controlled, and are more likely to be unemployed or report missing work or school. Those with depression are also more likely to report having activity limitations due to asthma. The data indicate that these co-occurring conditions, either singly or together, impact those with asthma and their quality of life. One of the Vermont Asthma Program's goals is to improve self-management among Vermonters with asthma (Vermont State Asthma Plan, Goal 4) therefore it is important to understand and address confounding health factors in order to improve self-management among those with asthma.

Of Vermont adults, an average of 10% (50,000 persons) report currently having asthma between 2008-2010. A total of 3% (15,000) of Vermont adults have both asthma and obesity. Another 2% have asthma and moderate to severe depression (10,000). One percent of the Vermont adult population report having all three conditions (5,000).

**Figure 1: Percent of Vermonters Who Are Obese or Have Depression, by Asthma Status, 2008-2010**

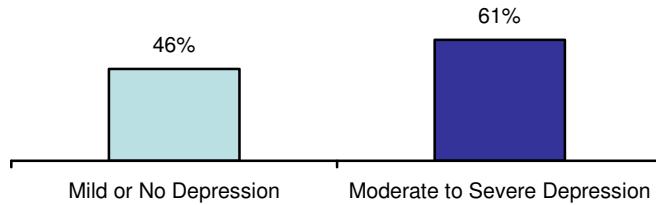


Vermont adults with asthma are more likely to be obese (32% vs. 23%) and have moderate to severe depression (17% vs. 6%) than those without asthma. The differences are statistically significant regardless of age or gender.

## Routine Health Care Visits for Asthma and Asthma Care Measures, Vermont Adults with Asthma, by Obesity and Depression Status

Among adults with current asthma, those with moderate to severe depression are more likely to have had a routine asthma visit in the past 12 months than are those who have mild or no depression. There are no differences between adults with obesity or depression and those without the following asthma care measures: having an asthma action plan, being taught how to use a peak flow meter, what to do during an asthma attack, and how to recognize early signs of an attack.

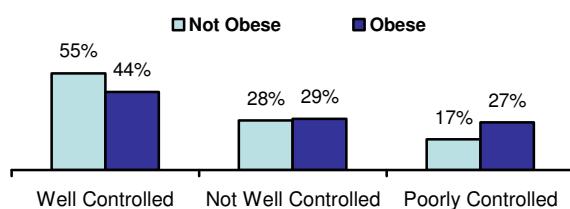
**Figure 2: Have at least One Routine Asthma Visit, Past 12 Months, by Depression Status, 2008-2010**



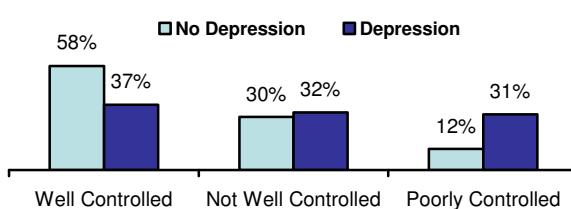
## Asthma Control and Health of Vermont Adults with Asthma, by Obesity and Depression

When looking at how well controlled asthma was, both those who were obese and those with moderate or severe depression were more likely to have poorly controlled asthma, while those without either condition were more likely to have well controlled asthma.

**Figure 3: Asthma Control by Obesity Status, 2008-2010**

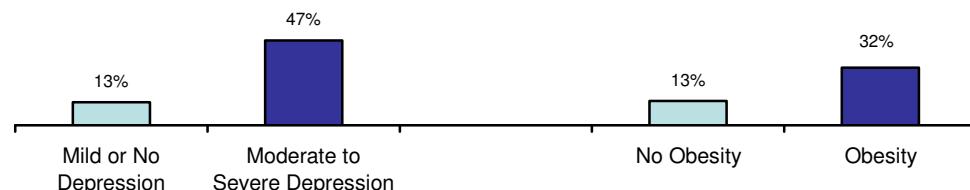


**Figure 4: Asthma Control by Depression Status, 2008-2010**



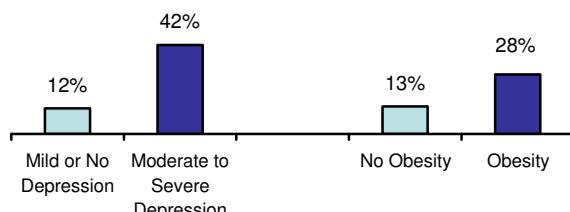
Adult Vermonters with current asthma and depression or obesity were also more likely to rate their general health as fair or poor than those without (13% vs. 47% depression, 13% vs. 32% obesity).

**Figure 5: General Health Rated as Fair or Poor among Vermonters with Asthma by Depression and Obesity Status, 2008-2010**

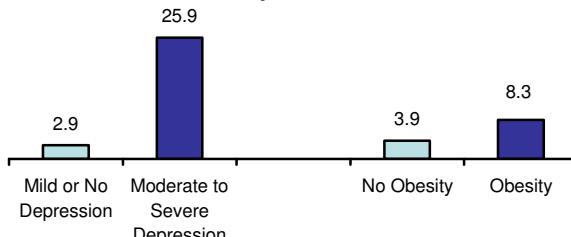


Those with obesity or depression are more likely to be unemployed or unable to work than those without. Those with obesity or depression also average more days of work or school missed due to asthma in the past 12 months.

**Figure 6: Percent Unemployed or Unable to Work, with Current Asthma, by Depression and Obesity Status, 2008-2010**



**Figure 7: Average # of Work or School Days Missed, with Current Asthma, by Depression and Obesity Status, 2008-2010**



Those with depression are also more likely to report activity limitations due to their asthma (18% vs. 47%). Those with obesity do not report activity limitations more than those without obesity.

All data in this Data Brief is from the Vermont Behavioral Risk Factor Surveillance System and the Asthma Call-Back Survey, 2008 – 2010. For more information on asthma data or to suggest ideas for future asthma Data Briefs, contact Jason Roberts, M.P.H. (802-863-7303; [Jason.Roberts@state.vt.us](mailto:Jason.Roberts@state.vt.us)).

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