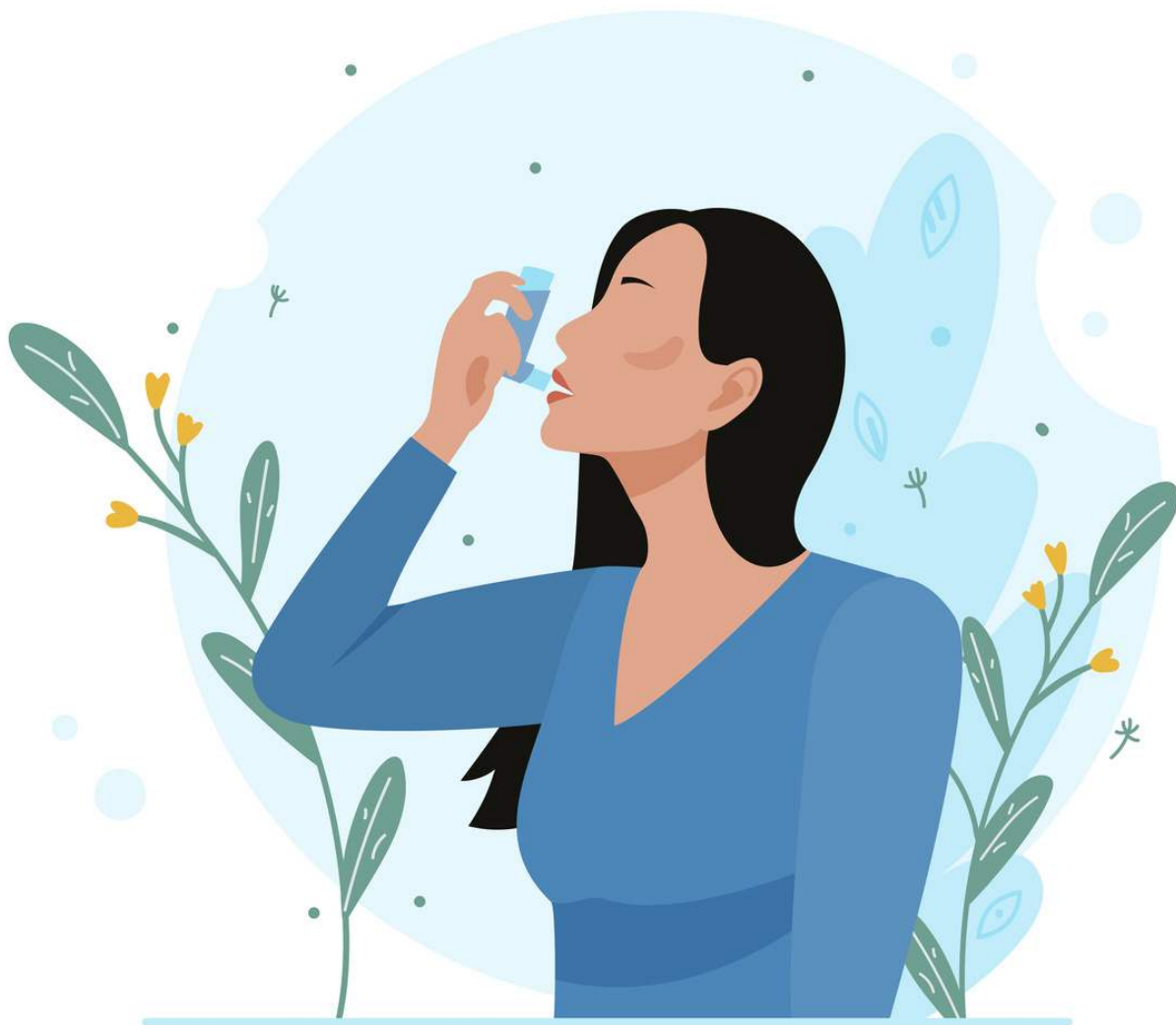


Asthma Canada's National Survey

A Snapshot of Asthma in Canada



2024

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Foreword from CEO

2024 marks the 50th anniversary of the founding of Asthma Canada. This milestone has allowed us to reflect on our achievements over the past 50 years and the progress in asthma treatment and management, thanks to research innovations and dedicated community advocates. As the national, patient-driven charity solely devoted to enhancing the quality of life for those living with asthma, we proudly serve as the national voice for patients, and we empower them with evidence-based information, education programs, and support for asthma research.

When considering the results of our 2024 asthma community survey, it is evident that, although we have achieved great strides forward, there is still much work to be done toward our vision of a future without asthma.

Our 2024 survey was completed by over 1,400 people affected by asthma across Canada. It provides valuable insights into the realities of asthma care and issues facing the patient community. As one of the most common chronic diseases, it is vital to maintain up-to-date knowledge about the patient experience. As a health charity, we believe in the power of lived experience; patients are experts and this survey offers a unique opportunity to hear directly from the community, helping us identify key challenges they face and directly informing our strategies to ensure that every person in Canada with asthma receives the support they need.

This 2024 report highlights several recurring themes from previous years, including concerns around medication costs and equitable access. However, a growing area of concern is the impact of the environment on people with asthma's physical and mental health.

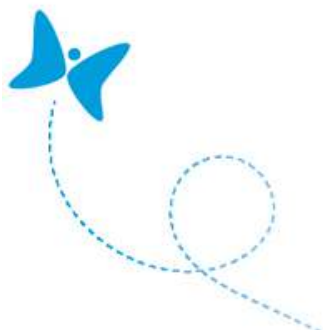
We also note the increase in knowledge seeking around comorbidities (conditions that often accompany asthma that present additional health concerns on top of the respiratory symptoms of asthma). Throughout this report, these themes are explored in detail through survey findings and personal accounts from our participants.

We know that mental health challenges continue to be a significant burden for those living with asthma, with many respondents expressing feelings of stress and anxiety due to their condition. It is imperative that asthma care addresses these complex mental health needs.

Moving forward, we are firmly resolved in our commitment to amplify the voices of the asthma community and address these issues and needs head-on so that every Canadian with asthma can lead a healthy, active, and symptom-free life.



Jeffrey Beach
President & CEO
Asthma Canada



Executive Summary



Over 4.6 million people in Canada are living with asthma, from infants to older adults. As a chronic inflammatory disease, asthma causes symptoms like shortness of breath and difficulty breathing, which can be managed with prescribed medications and trigger management. However, barriers such as limited access to primary care, the high cost of medications, and regional disparities in healthcare can compromise the quality of care for those with asthma. Evolving environmental conditions, such as worsening air quality and increasing wildfire smoke, pose additional challenges for individuals with asthma and their caregivers.

Asthma not only affects physical health but also has a profound impact on mental well-being, social interactions, and overall quality of life. Many individuals with asthma experience stress, anxiety, and feelings of isolation due to their condition. Our survey data highlights the importance of integrating emotional and psychological support into asthma care, as the condition is often misunderstood and can significantly affect social life. **Up to 92% of respondents have experienced stress because of their asthma, and one in two people have felt embarrassed using their reliever inhaler in public.**

Medication costs remain a major barrier to effective asthma management. Despite some provinces offering insurance coverage, many individuals, particularly within the working-age population, face out-of-pocket expenses. This financial strain results in inconsistent medication use, potentially leading to uncontrolled asthma. **The survey revealed that 66% of respondents experience some level of financial strain related to managing their asthma.**

Access to healthcare professionals is another growing concern. Respondents reported difficulties in accessing specialists such as respirologists and allergists, along with long wait times and regional disparities. Rural areas are particularly affected by a shortage of healthcare providers trained in asthma management, forcing patients to travel long distances and/or endure long waits for care. **Additionally, only 40% of people diagnosed with asthma were diagnosed within the first year after experiencing symptoms. About 26% of respondents visited an emergency room in the last 12 months due to asthma.**

Environmental factors, such as wildfire smoke and poor air quality, significantly exacerbate asthma symptoms. **Up to 98% of respondents said they have felt the impact of poor air quality on their asthma. Furthermore, 63% of respondents reported also living with seasonal allergic rhinitis, further complicating asthma management. There is a pressing need for stronger air quality policies to protect individuals with asthma.**

This report emphasizes the need for comprehensive asthma care that addresses not only physical health but also mental health, financial barriers, healthcare access, and environmental factors. Policy recommendations focus on improving access to care, reducing financial barriers, and ensuring stronger environmental protections to support the health and well-being of individuals living with asthma.

Survey Methodology



Asthma Canada's 2024 Annual Asthma Survey, which closed on July 4th, 2024, garnered 1,407 responses. Among these, 84% identified as individuals living with asthma, 7% as parents/caregivers of children with asthma, and 4% as caregivers of adults with asthma. Nearly all respondents (99%) currently reside in Canada. 6% were disqualified for not meeting the criteria of living in Canada or having a direct relationship with asthma, leaving a total of 1,327 qualified respondents. The survey achieved a completion rate of 70%.

This report outlines the general themes emerging from the survey. To maintain consistency, this report uses the pronouns they/them to encompass all respondents, unless otherwise specified. Note that percentages may not total 100% due to rounding and the option for respondents to select multiple answers in some questions.

Although efforts were made to be as inclusive as possible, the findings may not fully represent all demographics, particularly marginalized and rural communities, and may include self-reporting biases. Due to these reasons, interpretations should be made with caution.

Demographics

- The **age distribution** of respondents is as follows: 5% are aged 0-18, 4% are 19-30, 17% are 31-50, 31% are 51-65, and 43% are 65 and older.
- Regarding **race and ethnicity**, 81% of respondents identified as White, 6% as Indigenous, 1% as Latin American, 1% as East Asian, 1% as Black, 3% as other, and 4% preferred not to disclose.
- In terms of **gender**, 75% of respondents identified as female, 22% as male, 1% as non-binary, less than 1% as two-spirited, and less than 1% preferred not to disclose.
- Out of the 817 respondents who indicated their **location**, 11% were from Alberta, 4% from Quebec, 4% from Saskatchewan, 1% from Prince Edward Island, 40% from Ontario, 17% from British Columbia, 4% from Manitoba, 6% from New Brunswick, 5% from Newfoundland and Labrador, and 7% from Nova Scotia. There were no respondents from Nunavut or Yukon.
- Regarding **living environments**, 4% of respondents described their area as remote, 29% as rural, 30% as suburban, and 36% as urban.



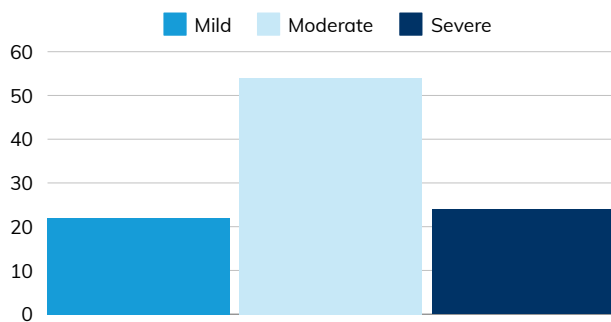


Survey Findings: Health Outcomes

Diagnosis, Symptom Control and Medication Usage

A significant majority of respondents, 66%, reported that their asthma diagnosis came from a family doctor, pediatrician, or emergency room doctor. The diagnostic procedures used to confirm asthma included spirometry, which was the most common test utilized by 65% of respondents. This breathing test is essential for assessing lung function and diagnosing asthma. Additionally, 54% underwent a physical exam, while 50% had a chest X-ray as part of their diagnostic process. Other diagnostic methods, each used by less than 10% of respondents, included sinus X-rays, methacholine challenge tests, self-diagnosis, and fractional exhaled nitric oxide (FeNO) tests.

How would you/they rate the severity of your/their asthma?



Symptom control influences the treatments patients need and provides insights into their overall quality of life. **The survey found that 54% of respondents report having moderate asthma, while 24% experience severe asthma.** This highlights a need for advanced treatments, as individuals with severe asthma often face greater challenges in controlling their symptoms. Asthma Canada will continue to engage in research on new treatment options such as biologics (medications that have been proven to enhance the lives of people living with severe asthma) and advocate for access to essential medications.

Air pollutants such as smoke and smog are major triggers for asthma symptoms, affecting 73% of respondents. Additionally, changes in weather and exposure to cold air are common triggers for 68% of respondents. Asthma Canada will support individuals by developing educational materials on managing symptoms related to environmental factors, promoting symptom tracking tools (e.g., severe asthma self-assessment quiz), and providing guidance on new and existing treatments.

The majority of respondents (87%) use controller medications, while a smaller proportion (8%) use biologics. A high percentage (93%) of participants have been prescribed rescue/reliever medication(s). The primary reasons for using rescue medication are during asthma flare-ups (68%), when encountering triggers (62%), and poor air quality (54%). This indicates that patients are using their medication as needed based on environmental and situational factors. Usage before exercising (22%) and before exposure to triggers (24%) show some preventative use, but these percentages are lower.

The 2024 Annual Asthma Survey, which closed on July 4th, 2024, garnered **1,407 responses**. Among these, **84% identified as individuals living with asthma, 7% as parents/caregivers of children with asthma, and 4% as caregivers of adults with asthma.** Nearly all respondents (99%) currently reside in Canada. Six percent were disqualified for not meeting the criteria of living in Canada or having a direct relationship with asthma, leaving a total of 1,327 qualified respondents. The survey achieved a completion rate of 70%.

This report outlines the general themes emerging from the survey. To maintain consistency, this report uses the pronouns they/them to encompass all respondents, unless otherwise specified. Note that percentages may not total 100 due to rounding and the option for respondents to select multiple answers in some questions.

Survey limitations. Demographics, bias, further representation, more participation from marginalized community.

“ I find living with asthma can sometimes be a very discouraging experience. Some days I can run for a while and not get breathless; other days I find it hard to talk and walk. ”



When do you/they use rescue/reliever medication? (select all that apply)	Percentage of respondents
When I am/they are sick	47%
When the air quality is poor	54%
When you/they run into asthma triggers	62%
Before you're/they're going to be around asthma triggers	24%
When you/they have a flare up of symptoms	68%
Before exercising	22%
Other (please specify)	9%

Oral Corticosteroids (OCS) use can indicate poorly controlled or severe asthma. While 40% of respondents have never used OCS, a significant proportion have used them 1-2 times per year (21%). The high percentage of controller medication use is positive, aligning with best practices for long-term asthma management. However, the use of OCS and reliance on rescue medications suggest that many individuals continue to face challenges in achieving optimal asthma control. This highlights the importance of [healthcare providers monitoring OCS](#) use to ensure patients are properly treated and to help mitigate potential long-term health risks associated with frequent OCS use. It also underscores the need for Asthma Canada to continue providing education on preventative medication use and asthma management strategies to reduce reliance on rescue medication and OCS.

“ I am always grateful and thankful that I get the funding to use biologic medication. Biologic medication has changed my life. I now have control over my respiratory symptoms whereas before the biologic medication, my symptoms controlled me! ”

Controlled vs. Uncontrolled Asthma

Perception plays a crucial role in understanding individuals' outlook on their health and well-being. The survey asked respondents about their perception of asthma control, revealing a discrepancy between perceived and actual control (per the clinical definition of control).

Perceived Control: 45% of respondents believe their asthma is well controlled or very controlled.

Actual Control: Despite this perception, many respondents with perceived controlled asthma still face significant issues. The **Asthma Control Test (ACT)** is a widely used tool by healthcare providers worldwide to evaluate an individual's asthma control. Using the ACT, respondents were asked about their asthma symptoms over the past 4 weeks:

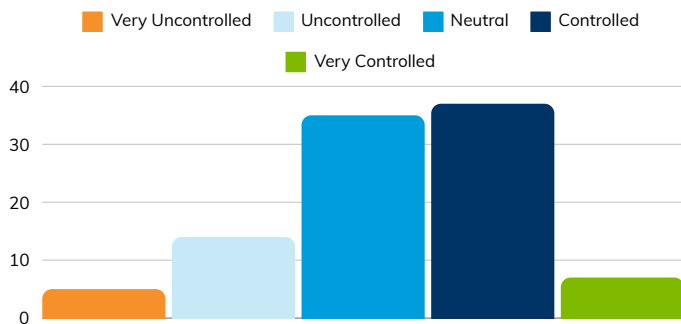
- **Work/School Impact:** 81% report that asthma occasionally affects their ability to get as much work done at work, school, or home.
- **Shortness of Breath:** 89% have experienced shortness of breath in the past four weeks.
- **Nighttime Symptoms:** 73% are woken by asthma symptoms at least once a week.
- **Use of Rescue Medication:** 72% use their rescue inhaler or nebulizer frequently (twice a week or more).

When re-asked about their asthma control over the past 4 weeks, 59% rated it as well controlled or completely controlled. This suggests that many individuals perceive their asthma to be better managed than it actually is, as controlled asthma should not significantly impact daily activities such as work/school, sleep, or require frequent use of rescue medication.

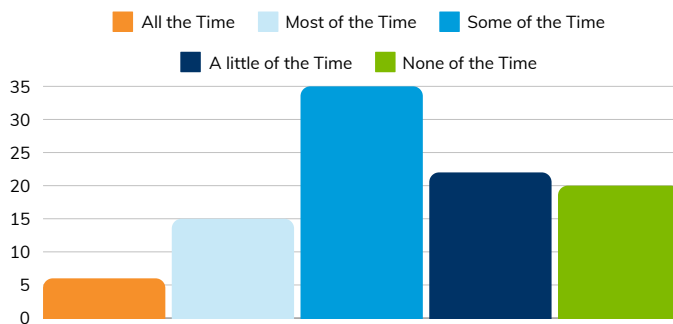
“ My asthma symptoms are always much more under control when I am getting sufficient cardiovascular exercise (even though exercise is one of my triggers, being in good cardiovascular health lessens the symptoms). ”



How well controlled do you/they think your/their asthma is?



In the past 4 weeks, how much time did your/their asthma keep you/them from getting as much done at work, school or home?



Hospitalizations and Emergency Visits

Hospitalizations and emergency room (ER) visits are critical indicators of health outcomes. Analyzing trends and regional variations in these visits provides valuable insights into their causes, which can inform healthcare allocation and strategies.

Emergency Room Visits by Age Group:

- **Young Adults** (19-30 years): 50% visited the ER in the past year due to asthma, making them the most frequent visitors.
- **Children:** 20% visited the ER 2-5 times in the past year, indicating that children also frequently visit the ER, with a significant portion having multiple visits annually.
- **Seniors:** Only 17% visited the ER in the past year, suggesting fewer emergency visits for asthma among this group.

“ The worst part are ER doctors who don’t know how to deal with severe asthma. My doctor has a care plan and that has helped a lot.”

Young adults may experience longer wait times for specialists and have less access to family physicians. They might also experience lifestyle factors that exacerbate asthma, such as stress, smoking, or exposure to triggers. This highlights the need for targeted education on asthma control and improved preventative and management strategies for young adults.

The lower ER visit rate among seniors may indicate better asthma management, but this should be interpreted with caution as it might also reflect barriers to accessing ER care, such as mobility issues. The high frequency of ER visits among children may be attributed to their developing self-management skills, especially when they are away from parents, such as at school, or a lack of caregiver knowledge in managing the child's asthma.

“ At one time I had multiple asthma attacks with many ER and admissions to hospitals. I'm interested in learning more about preventive measures to ensure this doesn’t happen again.”



Quality of Life

Mental Health

Mental health issues related to asthma are significant, impacting individuals in various ways depending on their age and the frequency of specific emotions, which affect both asthma control and overall quality of life. About 40% of individuals often or always feel anxious or stressed about their health and well-being, and almost 45% sometimes, often, or always feel lonely due to asthma.

How often do you/they experience the following emotions/feelings because of you/their asthma?					
	Always	Often	Sometimes	Rarely	Never
I feel that I am being singled out or stigmatized	4%	8%	29%	24%	35%
I feel anxious with regards to my health and well-being	14%	26%	37%	14%	9%
I feel anxious with regards to my health and well-being	14%	26%	35%	16%	8%
I feel Hopeless with regards to my health and wellbeing	8%	15%	30%	22%	25%
I feel lonely as a result of having asthma	6%	11%	26%	21%	36%

“ People don’t understand what it’s like to have asthma so it’s lonely ”

“ Living with severe asthma has caused my mental health to decline. It impacts every aspect of your life. ”

For adults aged 31-50, over 50% often or always feel anxious, more than 20% feel lonely, and over 25% experience feelings of hopelessness. In adults aged 50+, there are lower proportions of anxiety, loneliness, hopelessness, and stress compared to the 31-50 age group, which may reflect a more stable life situation or better coping strategies developed over time.

30% of young adults (19-30) frequently feel stigmatized, a higher percentage compared to other age groups (e.g., 4% in children). This higher rate of stigma among young adults may be due to negative perceptions of chronic illness among peers, highlighting the importance of early asthma education in schools and among the general public. These findings underscore the mental health impacts of asthma and the need for a holistic approach that includes emotional support in addition to symptom management.

Work/School Attendance

Asthma-related productivity loss and absenteeism have significant implications, including reduced income for working adults, decreased job performance and academic achievements, and disrupted education for children.

About 50% of adults aged 19-30 report that asthma consistently affects their productivity at work, school, or home, compared to just 7% of children aged 0-18. This disparity may be due to the demands of balancing work or academic responsibilities with managing asthma symptoms, whereas children often have support from parents and teachers. However, children are more likely to miss school frequently or always due to asthma, with about 23% reporting such absenteeism, compared to 9% of young adults. This could be attributed to more severe asthma cases in children, while young adults may benefit from the flexibility of remote work or study options.



Comorbidities

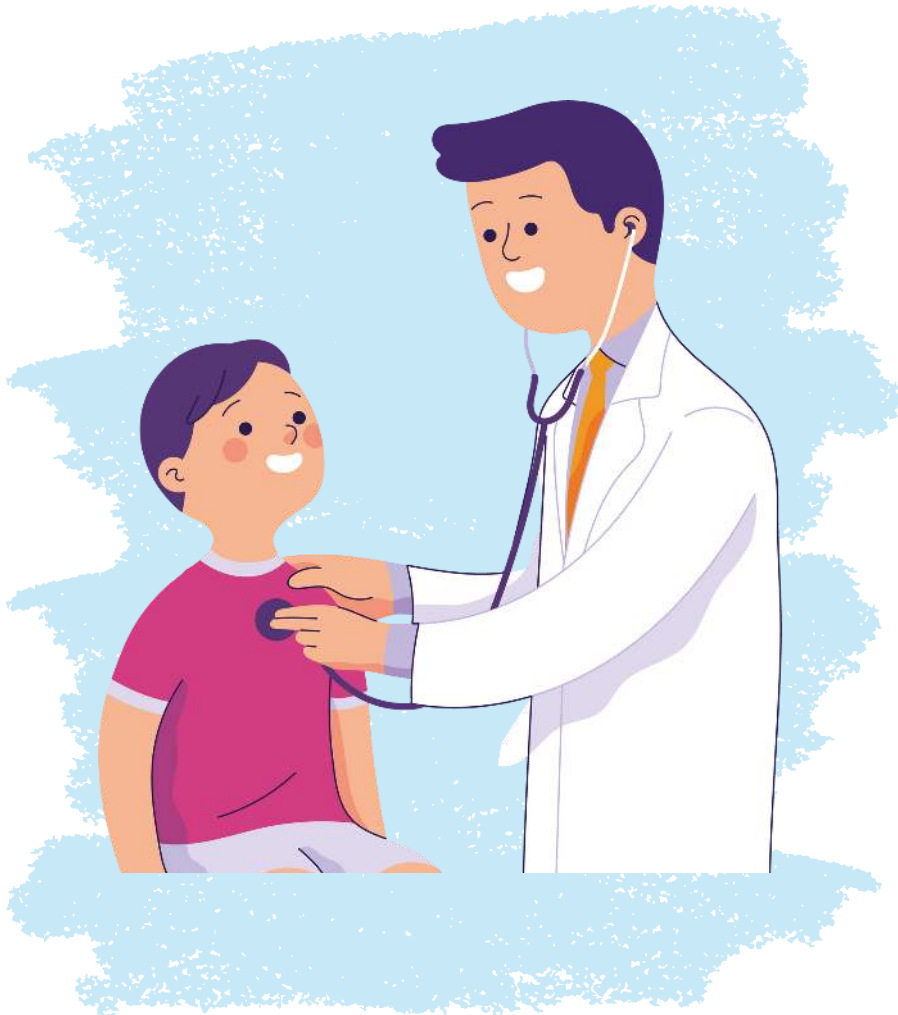
Comorbidities can exacerbate asthma symptoms and impact overall quality of life. The most commonly reported conditions include eczema, affecting 66% of individuals aged 0-18 and 50% of adults aged 19-30. Mental health issues are prevalent among 48% of individuals aged 31-50, while arthritis affects 44% of adults aged 51-64 and 53% of those aged 65 and older.

Allergies were mentioned across all age ranges, particularly among those aged 18 and under. The co-occurrence of eczema and allergies aligns with the atopic triad, where asthma, eczema, and allergies often appear together. Children with eczema are at increased risk of developing allergies and asthma, typically in this sequence. Eczema can also resolve spontaneously with age, which is reflected in the decreasing prevalence among older individuals.

In young adults (19-30), there is a noticeable increase in conditions such as GERD, which could be linked to dietary or lifestyle factors, and nasal polyps, possibly due to prolonged exposure to chronic inflammatory conditions. Notably, 8.5% of respondents reported having nasal polyps, a condition known to worsen asthma symptoms. Mental health illnesses are also more prevalent in this age group, potentially due to significant life changes and increased stigmatization compared to other age groups.

For adults aged 31-65, mental health issues and allergic rhinitis are major concerns, likely influenced by family responsibilities and financial stress. In older adults (51+), arthritis is the most common comorbidity, with fibromyalgia also frequently reported. Other chronic conditions, including autoimmune diseases, cardiovascular diseases, and osteoporosis, appear more prominently, as these are commonly associated with aging.

This underscores the importance of a holistic approach to managing chronic conditions and healthcare. Educating both the asthma community and the general public about the various comorbidities that affect different life stages is essential. This includes addressing specific comorbidities relevant to each age group, such as the atopic triad in children and caregivers, lifestyle factors, mental health, and allergic rhinitis in adults, and age-related diseases in older adults. A comprehensive educational approach can help integrate understanding and management of these interconnected health issues.





Access to Care

Healthcare Access

Access to healthcare services, including family doctors and specialists, is crucial for effective asthma management. Variations in access can lead to disparities in care, with long wait times and difficulties obtaining referrals potentially impeding timely treatment, exacerbating symptoms, and leading to poorer health outcomes.

Comparing access to family doctors by age group, 55% of adults aged 31-50 report being able to see their family doctor when needed, the lowest rate among age groups. In contrast, 76% of young adults aged 19-30 have this access, the highest rate. Adults aged 31-50 may face more challenges in accessing their family doctor due to demanding work schedules and responsibilities that limit their ability to seek timely care.

Regional variations in access also highlight disparities. There is a national shortage of family doctors, with 60% of individuals in Prince Edward Island (PEI) lacking a family doctor, and over 20% in Newfoundland and Nova Scotia facing similar issues. The Maritimes, particularly PEI, experience a severe shortage of family doctors, likely due to the high proportion of rural and remote areas, fewer healthcare providers, and longer travel times required to access care.

“

I think that it is important that medications are affordable so people can be on the best one for them not the one that is the cheapest and to find a way to shorten wait times for specialists and lung function testing.

”



When examining specialist referrals, 67% of individuals under 30 years have been referred to a specialist for asthma, compared to 55% of adults aged 31-65. Despite this higher referral rate, young adults face significantly longer wait times for specialist appointments, with 18% reporting waits of 3 or more years, the longest of any age group. In contrast, only 2% of seniors experience such extended wait times. This discrepancy may be due to young adults having more severe cases or requiring specialized care earlier in their condition, which contributes to longer wait times.

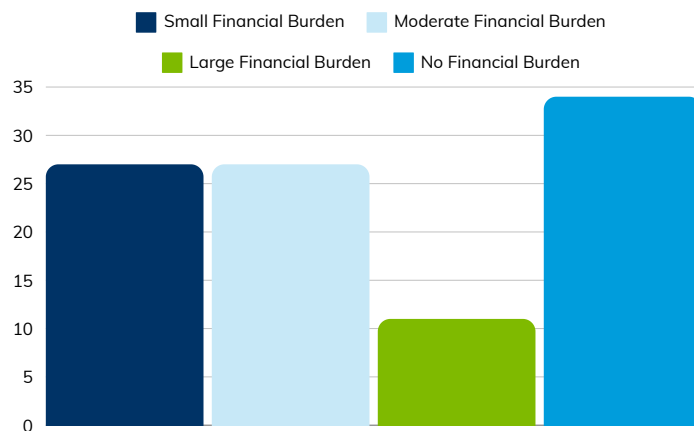
In terms of regional access, 40% of individuals in Prince Edward Island report that lack of referrals to specialists always or often prevents effective asthma management. Additionally, 55% of people in PEI and 40% in Quebec identify long wait times for specialist appointments as a barrier to effective care. These disparities illustrate how different regions experience varying impacts on access to specialist care, affecting the equity of healthcare access for Canadians.

Asthma Canada offers free education with Certified Respiratory Educators (CRE) through our FREE Asthma & Allergy Helpline. CREs are healthcare professionals who provide respiratory education to patients for both asthma and chronic obstructive pulmonary disease (COPD). When asked if respondents knew what a CRE was, only 33% said yes.



Insurance coverage/financial burden

How much does asthma effect your/their life financially?



The financial burden associated with asthma, exacerbated by high medication costs and limited public and private insurance coverage, significantly impacts patients' ability to manage their condition effectively. Approximately 65% of respondents reported experiencing some degree of financial strain related to asthma.

The east coast provinces face the highest financial burdens, with 27% of individuals in Newfoundland and 33% in Prince Edward Island reporting that asthma heavily impacts their finances. The high costs of asthma management can lead to inadequate control and increased healthcare expenses due to more frequent hospitalizations or emergency visits.



Controller medications are very expensive. I am in school and find it difficult to afford them



Medication costs are a major barrier, with 25% of individuals in Manitoba, 30% in Newfoundland, and 28% in Prince Edward Island citing the high cost of inhaler medications and devices as problematic. When patients cannot afford their medications or devices, they may skip doses or use them less frequently, leading to worsening asthma control and an increased risk of severe episodes.

A substantial percentage of individuals in Prince Edward Island (42%), Manitoba (33%), and British Columbia (31%) pay out of pocket for asthma medications due to insufficient drug coverage. Adults aged 31-50 are particularly affected, with 26% of this age group paying out of pocket for medications. This group often faces significant financial responsibilities, such as mortgages and family expenses, making the additional cost of asthma medications particularly burdensome. Financial constraints may lead to prioritizing other expenses over medication adherence, adversely impacting asthma management and overall health.

Addressing these financial barriers through improved public and private insurance coverage and support programs is essential for ensuring equitable access to asthma treatments across all regions.



More has to be done to get the medications for controlling asthma, because I am low income I get told I do not qualify for some treatments



I am lucky that I have a family doctor and a pulmonologist that follows me closely, but sometimes, medication is unaffordable (even with coverage) so sometimes I'll miss doses to make it last until I can afford to get more.





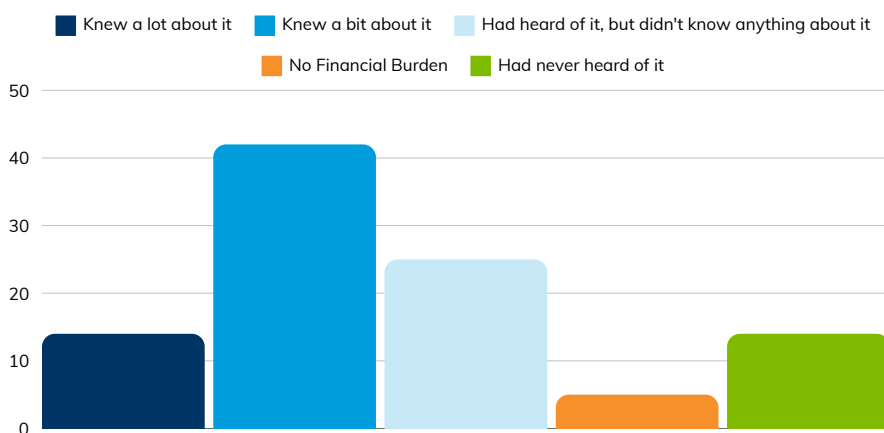
Patient Self-Management

Knowledge Levels

56% of individuals reported only having a basic understanding of asthma, while just 14% had in-depth knowledge before a diagnosis. This highlights a significant gap in asthma knowledge among the general population, which may be attributed to the false perception of asthma as primarily affecting children or not being a particularly serious condition. This lack of awareness could delay individuals from seeking support, as they might not recognize important symptoms.

Improving general education about asthma can help raise awareness and enhance understanding among those who may be at risk, as well as among their colleagues, family, and friends. Educating the general public about asthma can lead to better societal and economic health outcomes by reducing the incidence of severe asthma cases, minimizing the need for emergency care, and improving overall management of the condition.

Before a diagnosis of asthma, how much knowledge did you/they have about asthma?



“ More supports are needed to help diagnose and treat for parents of young children. It took us a long time to figure out an appropriate treatment and trigger avoidance plan. Now that we have, it is super well controlled ”

Support Systems

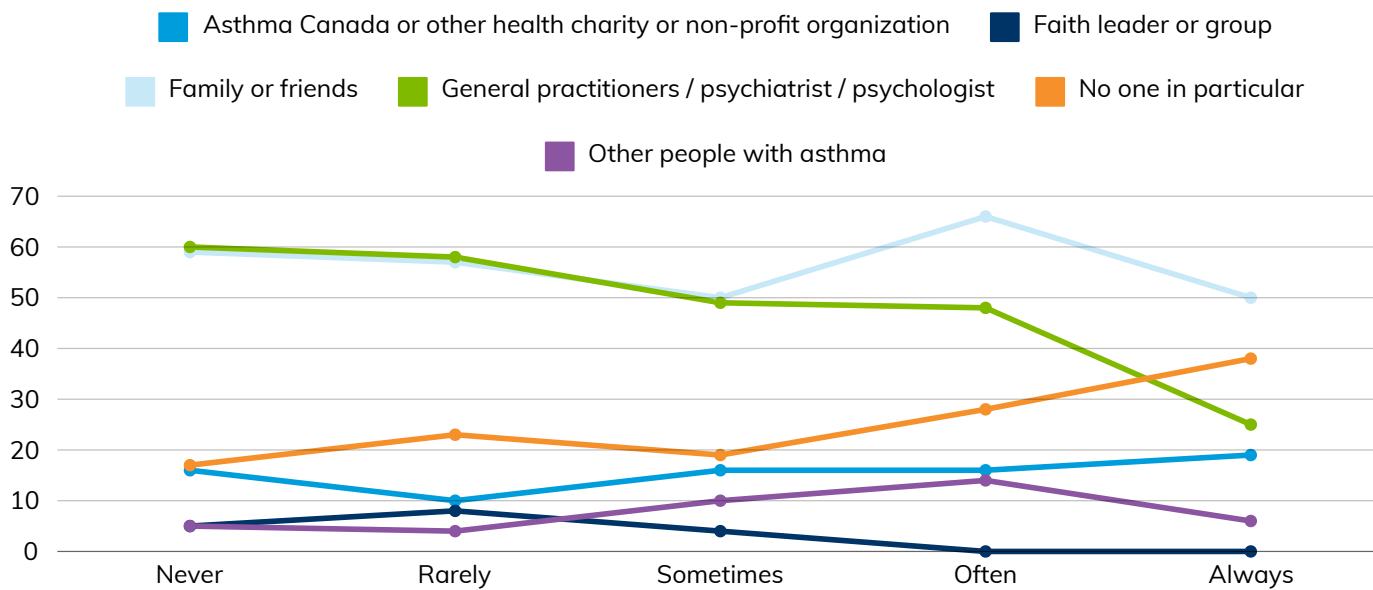
“ I am lucky in a way that it runs in my family because they are able to give me information that often health care professionals haven't or wouldn't. ”

Support systems play a crucial role in managing chronic illnesses like asthma by offering emotional support, reducing anxiety, and assisting with medication use. These systems, whether through shared experiences, encouragement, or practical help, significantly enhance an individual's management of their condition and overall quality of life.

Analysis of support systems in relation to feelings of isolation reveals important trends. Having “no one in particular” as a support is positively correlated with feelings of isolation, whereas support from a general practitioner (GP) can alleviate these feelings, likely due to the reassurance and connection provided by GPs. Notably, individuals aged 51-65 show the highest proportion of having 'no one in particular,' at over 45%, which may be linked to life transitions such as retirement and health issues, contrasting with younger adults who often maintain daily interactions through school or work.



What kind of support systems do you/they have (select all that apply)



“ If I follow my asthma medication routine my day is more enjoyable ”

Asthma Canada provides easily accessible educational materials and quizzes on our website, asthma.ca, which enhance asthma management and contribute to individuals' self-management. Expanding support systems, including facilitating connections between individuals and peers, can offer companionship and a sense of belonging. Social support networks, whether through professional help from doctors or peers with the same condition, enable individuals to share knowledge, motivate each other, and improve adherence to medication.

“ We have a need for more support about managing such a chronic illness PLUS support/education for patients AND caregivers and family members. ”





Environmental Factors

Air quality and Wildfires

Air quality is a major concern for the asthma community. In addition to industrial and vehicle related pollution, the increasing and wider spread impacts of wildfires have led to worsened air quality, resulting in an increase in asthma symptoms such as difficulty breathing, chest tightness, and coughing. Wildfire smoke contains tiny particulate matter that can settle deeply in the lungs and exacerbate conditions such as asthma. Our survey responses indicate that 37% of individuals often experience changes in the frequency or severity of their asthma symptoms, and 20% always experience such changes. These fluctuations can cause uncertainty and complicate individuals' ability to manage their symptoms.



“ Wildfire smoke took me out for about 2 months - it's a growing concern and a worry each year (despite having everything in place) ”

When asked directly about their mental health, 30% often or always experience a decline in British Columbia, Manitoba, and Alberta, aligning with the increased impact of wildfires in these regions contributing to stress and anxiety. 35% of individuals in Newfoundland also report often or always experiencing a decline in mental health with worsened air quality. This could also be explained by the persistent state of vigilance individuals need to be on resulting in chronic stress.

To address these issues, it is important to expand public education on managing asthma during poor air quality and wildfire events, including the use of air purifiers and safety tips. Advocacy for stronger air quality regulations and clean energy production, as well as support for research on the effects of poor air quality on asthma, are also crucial. Keeping the public informed about air quality updates through collaboration with environmental agencies and local/provincial air quality programs can help individuals take necessary precautionary measures.





Conclusions

Mental Health:

Asthma impacts not only physical health but also mental well-being, social life, and overall quality of life. Many individuals with asthma experience stress, anxiety, and isolation, often downplaying or hiding their symptoms to avoid misunderstanding or stigma. This emotional burden can affect asthma management and general well-being. Our annual survey data underscores the need to integrate emotional and psychological support into asthma care, as the condition's impact on breathing often disrupts social interactions and overall quality of life.

Medication Costs and Access:

Medication costs and financial burden were identified as significant barriers to effective asthma management. While public drug coverage exists, not all treatment options are covered and many people do not have private health insurance to supplement what is publicly available. As a result, certain age groups, including those in precarious employment and lower-income Canadians, frequently face out-of-pocket expenses, leading to inconsistent medication use and potentially uncontrolled asthma.

Health Human Resources

Health human resources are a growing concern, with survey respondents identifying a lack of access to specialists like respirologists and allergists, long wait times, untimely disease diagnosis, and significant regional disparities. In rural areas, the shortage of healthcare providers trained in asthma management exacerbates the issue, forcing individuals to travel or wait for care. Improved access to both primary and specialized care is essential for effective asthma control and reducing anxiety levels.

Comorbidities:

Individuals with asthma often have additional health conditions like eczema, allergies, and nasal polyps, complicating asthma management. These comorbidities require a comprehensive approach, as managing both conditions simultaneously demands more time and effort. The prevalence of specific comorbidities varies with age, underscoring the need for tailored approaches in asthma management that address age-related health issues.

Environmental Impact:

Environmental factors, such as wildfire smoke and poor air quality, exacerbate asthma symptoms and contribute to uncontrolled asthma. Indoor air quality is also an extremely important factor in asthma management. The survey reveals that poor air quality significantly impacts asthma control, highlighting the need for increased public awareness about environmental impacts. Educating individuals on protective measures, such as staying indoors or carrying inhalers during poor air quality events and advocating for stronger air quality policies are crucial steps in mitigating these effects.





Tips for Our Community

Educate Yourself and Others



Learn about asthma triggers, proper inhaler techniques, and how to develop an asthma action plan. Share this knowledge with family and friends so they understand how to support you. Use reputable sources, such as Asthma Canada's resources, and consult healthcare providers for guidance. Stay informed about the latest asthma research and treatment options, including biologics for severe asthma.

Find Support Networks



Connect with Asthma Canada and asthma support groups to gain emotional support, advice, and a sense of community. Sharing experiences through support groups or community initiatives can reduce stigma, highlight lived experiences, and spread awareness. These connections can also provide practical tips for asthma management and support.

Take Care of Mental Health



Asthma can impact your overall quality of life, so it's important to seek help if needed. If you or someone you know has asthma, or if you're a caregiver, try mindfulness techniques and regular physical activity to manage stress. Recognizing caregiver burnout and seeking support is crucial for maintaining mental well-being.

Practice Effective Self-Management



Regularly consult your family doctor and follow your asthma action plan to prepare for potential asthma attacks. Stick to prescribed medications and use your controller to keep asthma well-managed and reduce the risk of exacerbations. If medication costs are a concern, discuss alternative options with your doctor or pharmacist.

Manage Environmental Triggers



Stay informed about local air quality by monitoring air quality indexes and taking precautions during poor air quality events, such as wildfires or high pollution. Work with your healthcare provider to create a management plan, which may include staying indoors or carrying your inhaler. To minimize asthma triggers, use a HEPA-filter air purifier, clean regularly by dusting, vacuuming, and washing bedding in hot water, and maintain indoor humidity between 30-50% with a dehumidifier to prevent mold. Avoid smoke from open fires, wood stoves, and candles, and reduce exposure to seasonal allergens like pollen to help manage symptoms.



Thank you for ongoing advocacy and education of Asthma Canada - very much appreciated.





Policy Recommendations

1 Environment and Air Quality

Asthma care requires urgent environmental action, with a focus on reducing air pollution and limiting exposure to common asthma triggers. We recommend supporting green initiatives like transitioning to renewable energy and completing the phasing out coal generated electricity nationwide. Policies should address indoor air quality, enhance wildfire preparedness, and support public education on staying safe during poor air quality days. Asthma. Education on the link between air quality and asthma outcomes is essential to drive support for cleaner air initiatives, reducing asthma-related health risks across Canada.

2 Investments in Respiratory Educators and Access to Care

Expanding access to Certified Respiratory Educators (CREs) is critical for patient education and improved asthma management. Investments should focus on increasing CRE availability in primary care, especially in underserved areas, and integrating them into care teams. Virtual care options can further support patients in rural regions, connecting them to essential asthma education. Respiratory educators empower patients to manage symptoms and reduce emergency visits, helping create a more proactive approach to asthma care across the country.

3 Improved Asthma Management and Treatment Pathways

Canada requires a coordinated approach to asthma care that promotes personalized treatment, clear care pathways, and early detection of severe asthma. Findings from the [Delphi Consensus Study](#) emphasize the need for structured pathways and individualized treatment plans to reduce emergency visits and improve outcomes. Core recommendations include ensuring all patients have Asthma Action Plans, rapid referrals to specialists for high-risk cases, and proactive severe asthma identification and management. Implementing these strategies can lead to earlier diagnosis, timely intervention, and advanced, phenotype-specific therapies, alleviating pressure on the health system and enhancing patient outcomes.

4 Expanding Access and Equity for Medications and Treatments

Equitable and affordable access to asthma medications is essential for improving health outcomes. Many patients, particularly those with severe asthma, face barriers in accessing critical treatments, including biologics. Asthma Canada advocates for equitable access to all medications, specifically those addressing comorbidities like allergic rhinitis and CRSwNP, to ensure comprehensive care. Removing financial obstacles and ensuring treatments are based on clinical need, not cost, will help reduce disparities in care and promote better health outcomes for all asthma patients.



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About Asthma Canada

Asthma Canada is the only national, volunteer-driven charity, solely devoted to enhancing the quality of life for people living with asthma and respiratory allergies. For 50 years, Asthma Canada has proudly served as the national voice for Canadians living with asthma.

Our mission is to help Canadians with asthma lead healthy lives through education, advocacy and research.

To find out more about Asthma Canada's work:

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