National consistency: The Netherlands

Class 1 - Demography and socioeconomic situation

? Population status: Routine data are available for total population by age, gender and geographical area. There are several different classifications for regions. The data on asthma and COPD (routine or HIS/HES) are usually suitable to express incidence/prevalentie dta by these demographic characteristics.

? Socio-economic factors: level of eduction is routinely available for the total population in more than 4 categories. Collapsing over certain categories is necessary to create 4 categories. In population studies, data on socio-economic status are usually collected in such a way that they are comparable to the national statistics.

Class 2 - Health status

? Mortality respiratory system: PYLL are not available from routine statistics, but can be calculated from the available data. Asthma and COPD as causes of death are coded separately, but limitation that these causes of death are difficult to separate in older people, as mentioned in the report, also hold for these data.

? Morbidity respiratory system: 1) Prevalence: among adults, there are two population surveys generating these data. a) the Dutch part of the ECRHS performed in 3 regions in 1991/2 among 2700 subjects aged 20-69 and b) the MORGEN-study performed in 1993-97 among 22.000 subjects aged 20-59 years in 3 other regions, using the same methods as ECRHS. Both studies give comparable results. In childeren: The Netherlands did not participate in the ISAAC I study, but in 1995 results on symptoms were obtained from the ISAAC II study. 2) Severity: COPD: Lung function measurements (FEV1 and FVC) were performed in both studies, but not according to GOLD-criteria (post-bronchodilator measurements). Asthma: no severity was assessed.

Class 3 - Determinants of health

? personal and biological risk factors: only the Dutch part of the ECRHS and the ISAAC II study provide data on biological risk factors as they are mentioned. These are measured according to the study protocols.

? Health behaviours: yearly HIS's are performed to monitor smoking habits in the population. In some years, data were collected on ETS exposure. Data on smoking habits in patients need to be obtained from specific surveys.

? Living and working conditions: data on air pollution exposure are collected routinely nation wide.

Class 4 - Health systems

? Health promotion and health protection: data can be obtained from some specific studies.

? Health care resources: many of the indicators are available from a national survey among general practictioners that was carried out recently. However, the specific information on asthma management and technology is not available from that survey.

? Health care utilization: hospital admission rates are available from routine data sources. No specification is made fro appropriateness of treatment. Medication prescription data are available from a database of pharmacies.

? Health expenditure: data are available from the top-down analysis of health care costs in the Netherlands, the Costs-of-illness-study. Data on asthma and COPD from bottom-up analyses are available from specific studies and reported in research papers.

? Health care quality/performance: performance indicators are being developed for different medical specialties, but not yet for lung diseases. the health outcome that are mentioned in the document can be partly obtained from routine health interview surveys.