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Title: Combined assessment according to the new GOLD guidelines and its relation to outcome in COPD

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Body: BACKGROUND: The new GOLD guidelines recommend pharmacological and non-pharmacological management of COPD to be individualized based on the assessment of symptoms and exacerbation risk (A=low risk, less symptoms, B=low risk, more symptoms, C=high risk, less symptoms, D=high risk, more symptoms). We hypothesize that functional parameters and the risk of future events differ among patients categorized by the combined assessment according to the guidelines. METHODS: We prospectively evaluated 638 patients with stable COPD for ≥ 6 weeks, > 10 PY and GOLD II-IV seeking care in pulmonary tertiary hospitals in 8 European countries and included in the PROMISE cohort. The outcome variables were exacerbation and death from any cause. Median observation time was 24 months. RESULTS: There were 1152 exacerbations, 225 severe exacerbations and 63 deaths among 586 patients classified as A=50 (7.8%), B =184 (28.8%), C =27 (4.2%), and D=325 (50.9%). Health-related QoL as assessed by all domains of the SGRQ ($p<0.0001$) and most but not all domains of the SF-36, circulating proadrenomedullin ($p=0.0287$), 6 MWD ($p<0.0001$), exacerbations rate ($p< 0.0001$), severe exacerbation rate ($p<0.0001$) and mortality ($p<0.0001$) differ significantly among the 4 groups. Mortality was highest in the group D (12%)

followed by groups A (10%), B (6%). Remarkably, mortality was lowest in group C (0%). CONCLUSION: The combined assessment according to the new GOLD guidelines is only partially associated with quality of life and the risk of future events in COPD.