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Title: Psychiatric comorbidity in COPD and its determinants

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Body: Background: Depression and anxiety are prevalent in patients with chronic obstructive pulmonary disease (COPD); however, their etiology and relationship to the clinical features of COPD are not well understood. OBJECTIVES: To evaluate the prevalence of psychiatric comorbidity (depression and anxiety) in COPD patients and to examine possible associations with demographic and clinical characteristics as well as health-related quality of life of these patients. DESIGN AND METHODS: A total of 100 clinically stable COPD patients answered the St. George's Respiratory Questionnaire (SGRQ) (assessing HRQoL), the Hospital Anxiety and Depression Scale (HADS), Modified Medical Research Council (MMRC) Dyspnea Scale. Socio-demographic information, lung function, and other clinical data were collected. RESULTS: The prevalence of depression was found to be 40 %, while that of anxiety was 29%. Patients living alone, having a longer duration of COPD diagnosis, lower BMI and more severe disease (as measured by FEV1% of predicted) had more depressive and anxious symptoms. The significant independent predictors of both anxiety and depression were higher MMRC score and worse quality of life. Conclusion: We found that patients with COPD had high prevalence of depressive and anxious symptoms. Clinical and physiologic measures were less important determinants of psychiatric comorbidities in COPD than dyspnea and quality-of-life. Therefore, screening and treatment of these psychiatric comorbidities in patients with COPD may lead to significant improvements in patients' quality of life.