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Title: Chronic kidney disease (CKD) – A forgotten co-morbidity in COPD

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Body: Background: CKD is a less recognized co-morbidity in COPD and its impact on exacerbations and mortality has been under reported. Objectives: To look at the prevalence of CKD in patients admitted to hospital with exacerbation of COPD. Secondly, to compare the length of stay (LOS) in hospital and all cause mortality between the CKD and non-CKD cohort. Methods: We included all patients admitted to hospital with a COPD exacerbation¹ from 1st January 2010 to 31st December 2010. CKD was defined as eGFR<60ml/min/sq.m for at least 3 months². Data was analysed by independent sample t-test, chi-square and Mann Whitney U test using online tool Vassar stats and significance reported at p≤0.05. Results: 161 patients (56% females) were admitted each with FEV1/FVC ratio≤0.7 and median FEV1 36% predicted. Spirometry and BMI data were analysed on 113 patients (CKD n= 90, non-CKD n=23) as records for 48 patients could not be obtained. The prevalence of CKD was 18.6% (n=30). CKD group, was older (mean age 75.8 yrs vs 69.2 yrs; p=0.001), included more males (45 % vs 43%), had higher Body Mass Index (30 vs 23.8 kg/m²; p= 0.002), had better FEV1 (46 vs 35.5 % predicted; p= 0.02) and longer LOS (8 vs 6 days; p= 0.042). There was no significant difference in mortality between the two groups (n= 7 vs n=30; p=0.84). Conclusion: CKD is prevalent in COPD and has a significant effect on the LOS during exacerbations; however it does not contribute to increased one year mortality. Hence, more work is required in this field References: 1. ICD code J44.1 2. National Kidney Foundation Kidney Disease Outcome Quality Initiative Advisory Board.