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Title: Distribution of a COPD population based on the GOLD assessment framework

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Body: Background GOLD 2011 proposed a new COPD assessment framework based on: 1.Risk of future adverse health events, using $FEV_1 < 50\%$ and/or history of ≥ 2 exacerbations in the previous year to identify patients at high risk; 2.Symptom level using either COPD Assessment Test (CATTM) or modified Medical Research Council Dyspnoea Scale (mMRC). This analysis focuses on the GOLD symptomatic cut-point for high symptoms of CAT > 10 or mMRC ≥ 2 . Methods Data from 1041 EU COPD patients (38.5% from primary care) in the 2011 Adelphi Disease Specific Programme were used providing CAT and mMRC scores, spirometry and the previous year's exacerbation history. Results One third (32.9%) of all patients had ≥ 2 exacerbations in the previous year; 79.5% had an $FEV_1 \geq 50\%$; almost all (97.7%) were on maintenance treatment. The correlation between CAT and mMRC scores was moderate ($r=0.55$). Within each mMRC Grade, there was a wide distribution of CAT scores. The mMRC categorised more patients as having low symptoms (51.2%) than the CAT (10.0%). The mMRC categorised 13.4% of patients as having low symptoms and high risk ($FEV_1 < 50\%$ and/or > 2 exacerbations in the preceding year). The CAT categorised only 0.7% of patients with this paradoxical picture.

| GOLD Group | Symptoms | Risk | Using CAT (% of patients) | Using mMRC (% of patients) |
|------------|----------|------|---------------------------|----------------------------|
| A | Low | Low | 9.3 | 37.8 |
| B | High | Low | 48.5 | 20.1 |
| C | Low | High | 0.7 | 13.4 |
| D | High | High | 41.5 | 28.8 |

Conclusion There was a modest concordance between CAT and mMRC. The mMRC cutpoint score of ≥ 2 ("I have to stop for breath when walking at my own pace on the level") for high symptoms appears to classify too many patients as having low symptoms. Use of MRC Grade ≥ 1 as the cut point should be

explored.