## **European Respiratory Society Annual Congress 2012**

**Abstract Number:** 5002

**Publication Number: P631** 

Abstract Group: 1.2. Rehabilitation and Chronic Care

Keyword 1: COPD - management Keyword 2: Extrapulmonary impact Keyword 3: Elderly

Title: Association between the mini nutritional assessment and the COPD assessment test

Ms. Ryuko 8577 Furutate ryukon@nms.ac.jp ¹, Dr. Takeo 8578 Ishii tishii@nms.ac.jp MD ¹,², Dr. Takashi 8579 Motegi mo-dr@nms.ac.jp MD ¹,², Dr. Kouichi 8580 Yamada kyamada@nms.ac.jp MD ¹,², Dr. Kumiko 8581 Hattori kumiko@nms.ac.jp MD ¹,², Dr. Yuji 8582 Kusunoki usc-michael@nms.ac.jp MD ¹,², Prof. Dr Akihiko 8584 Gemma agemma@nms.ac.jp MD ² and Prof. Dr Kozui 8608 Kida kkida@nms.ac.jp MD ¹,². ¹ Respiratory Care Clinic, Nippon Medical School, Tokyo, Japan and ² Division of Pulmonary Medicine, Infectious Diseases, and Oncology, Department of Internal Medicine, Nippon Medical School, Tokyo, Japan

Body: Background: The Mini Nutritional Assessment® (MNA) has not been studied extensively in COPD patients. Objectives: We evaluated whether COPD patients with impaired health status as determined by the COPD Assessment Test (CAT) have poor nutritional status according to the MNA. Methods: We recruited clinically stable male COPD outpatients (age, ≤65 years) for a cross-sectional study. We conducted the following examinations: pulmonary function tests, nutritional assessment using the MNA questionnaire (high scores indicate good nutritional status), the CAT, and dyspnoea evaluation. The patients were divided into 2 groups: (A) those with CAT scores ≥10 and (B) those with CAT scores <10. We also calculated 4 scores exploring the domains of the nutritional status from the MNA questionnaire: anthropometric, general, dietary, and subjective scores. Results: The study included 68 patients (mean age, 75.4 years). The total score was significantly correlated with FEV1% predicted, BMI, the modified Medical Research Council dyspnoea score, and the CAT score (Spearman's rank correlation coefficient,  $\rho = 0.298$ , p = 0.013;  $\rho = 0.701$ , p < 0.0005;  $\rho = -0.373$ , p = 0.002; and  $\rho = -0.363$ , p = 0.002; respectively). Group (A) (n = 47) had significantly lower total, general, dietary, and subjective scores than group (B) (n = 21) (p = 47)0.003, p = 0.029, p = 0.045, and p = 0.014, respectively, Mann-Whitney U-test). Conclusions: The nutritional status as determined by the MNA was associated with pulmonary function, dyspnoea, and the COPD-related health status. In addition, the nutritional status as determined by the MNA was significantly lower in COPD patients with CAT scores ≥10 than in those with CAT scores <10.