

European Respiratory Society Annual Congress 2013

Abstract Number: 1994

Publication Number: P2250

Abstract Group: 1.2. Rehabilitation and Chronic Care

Keyword 1: Quality of life **Keyword 2:** COPD - management **Keyword 3:** Comorbidities

Title: Predictive role of mMRC scale on quality of life in COPD patients

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Body: COPD often coexists with other comorbidities and has an impact on Quality of Life (QoL). We evaluated QoL in COPD patients and the possible role of comorbidities in their relationship. We studied 60 stable COPD outpatients (39 M, aged 53-91) and 30 subjects without respiratory disease (controls, 14 M, aged 50-86). Spirometry and a clinical evaluation of comorbidities were performed. COPD patients were classified on the basis of COPD guidelines. We evaluated dyspnea perception by modified Medical Research Council questionnaire (mMRC). QoL was assessed by SF-36 through Physical Health (PCS) and Mental Health (MCS) components. PCS was significant lower in COPD with respect to controls ($p=0.005$); no significant difference was found in MCS. mMRC was significant higher in COPD patients ($p=0.022$). Among comorbidities (disorders of lipid metabolism -DLM-, hypertension, diabetes, obesity, arrhythmia) only DLM prevalence was significant higher in COPD patients ($p=0.012$). A significant negative correlation was found between PCS and mMRC ($p=0.0001$); mMRC was directly related to DLM ($p=0.02$), only in COPD patients. PCS was not related to comorbidities neither in COPD nor in controls. In COPD PCS was inversely correlated to disease severity according to 2012 guidelines ($p=0.001$). In conclusion, COPD patients have a poorer QoL with respect to controls in its physical component but not in mental component. Dyspnea perception, in COPD patients is a strong indirect determinant for PCS, regardless of comorbidities. Moreover, among comorbidities DDL seems to determine a higher dyspnea in COPD patients. Detecting and monitoring dyspnea perception may be a useful element in management of COPD patient in order to increase QoL.