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Title: End of life fears in COPD: The influence of biomedical variables, mental health status and disease specific anxieties

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Body: Introduction More than half of the COPD-patients report end of life fears. The available research, however, has not yet identified the influence of unspecific and disease specific symptoms on these fears in COPD. Aims This study aims at investigating the influence of biomedical variables, mental health status and disease specific anxieties (i.e. dyspnea related fear) on end of life fears (fear of dying, fear of death). Methods 132 rehabilitation patients with COPD (GOLD-II n=30, GOLD-III n=18, GOLD-IV n=84) completed questionnaires assessing mental health status (Hospital Anxiety and Depression Scale, HADS), disease specific anxieties (COPD anxiety questionnaire, CAF) and end of life fears (Multidimensional Orientation toward Dying and Death Inventory, MODDI-F). Pulmonary function (FEV1 38.83±15.53% pred.), blood-gas analysis and 6-minute walk test (6MWT; 287.39±119.22m) served as biomedical variables. Results Hierarchical regression analyses revealed that biomedical variables were not predictive of “fear of dying” (p=.48) and “fear of death” (p=.44). However, mental health status explained incremental variance (“fear of dying”: $\beta=.39$; $p<.001$; “fear of death”: $\beta=.35$; $p<.001$). When disease specific anxieties (i.e. dyspnea related fear) were included as an additional predictor (“fear of dying”: $\beta=.28$; $p<.05$; “fear of death”: $\beta=.41$; $p<.001$), mental health status was no longer significant. Disease specific anxieties completely mediated the contingency between mental health status and end of life fears ($p<.05$). Conclusions Psychotherapeutic interventions for COPD patients might not only consider mental health status, but also disease specific anxieties and end of life fears.