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Title: Cough, active smoking ever, smoking history of >10 packyears and wheezing/chest tightness should prompt COPD suspicion in cardiac patients who remain symptomatic despite adequate management

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Body: Background: Coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) share common risk factors and often coexist. Dyspnea, effort intolerance and chest tightness in CHD patients are readily attributed to cardiac disorder while COPD passes unnoticed. Proper COPD management optimizes patient's outcome. Aim: The aim of our study was to determine key features from history and physical examination that should raise COPD suspicion in persistently symptomatic cardiac patients. Material and methods: Patients were recruited with respect to the following inclusion criteria: angiographically confirmed CHD, adequate cardiac management, ability to visit study site, expressed informed consent for study participation. Subjects were evaluated for: demography, smoking, respiratory complaints (modified ECRHS questionnaire), airflow limitation (spirometry accompanied by reversibility test if applicable). COPD diagnosis was based on clinical presentation, history and post-bronchodilator FEV1/FVC<LLN. Results: Among 206 subjects eligible for the study 33 (16%) were found to have COPD. COPD vs. non-COPD subjects did not differ in age, sex, BMI, waist circumference and tobacco exposure in general. Active smoking ever (OR 5.45, 95%CI 1.24-23.9), >10 packyears (OR 4.28, 95% CI 1.57-11.7), cough (OR 8.65 95%CI 3.16-23.6) and wheezing/chest tightness (OR 3.38 95%CI 1.51-7.58) significantly increased COPD risk. Conclusions: Longstanding history of active smoking ever, cough and wheezing/chest tightness in persistently symptomatic cardiac patients should raise the suspicion of concomitant COPD.