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Title: The role of modification of CURB-65 score as prediction factor for one year survival in acute exacerbation of COPD

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Body: Introduction: Acute exacerbation of COPD (AECOPD) is associated with a high risk of mortality. A risk-prediction model using information easily obtained on admission could help to identify high-risk individuals. The CURB-65 score was developed to predict mortality risk in community acquired pneumonia. A retrospective study found that this score was also associated with mortality in AECOPD. Methods: Consecutive patients with physician diagnosed AECOPD admitted to a public hospital during a 1-year period were studied prospectively. The modification of CURB-65 Score were calculated from information obtained at initial hospital presentation. The modification of CURB-65 Score are one point each for Confusion, Urea > 7 mmol/L, Respiratory rate $\geq$30/min, Sistolic Blood pressure < 90 mmHg or diastolic blood pressure < 60 mmHg, age $\geq$ 65 years and present of cardiovascular disease. Remeasure will be done every three month and looking for the corelation between both using McNemar test. After complete one year of evaluation, the relation between modification of CURB-65 score and risk of mortality will analyze using Chi Square test. Result: Research is still proceeding and 92 patients have been collected. 30-day mortality data were available for 92 of 92 patients. The 30-day mortality by score groups were: low risk (scores 0–1) 4.16% (2/48) and high risk (scores 2–6) 11,36% (5/44). There was significant correlation between modification of CURB-65 score and mortality (p<0,005) with relative risk 2,73. The investigation is ongoing, and not all questions have been answered.