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**Title:** Comorbidity level in asthma patients

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**Body:** Asthma is a common respiratory disorder and its prevalence in the world is steadily increasing. It is often combined with concomitant pathology, which complicates the diagnostic and treatment strategy. The aim of our study was to investigate the level of comorbidity by Charlson Index (CI) in asthma patients. The study involved 64 asthma patients, predominantly moderate stages, 60.9% female, mean age  $46.1 \pm 1.1$  yrs, mean disease duration  $20.2 \pm 1.4$  yrs. Patients were divided into 2 groups according to the presence of arterial hypertension, the 1st group consisted of patients with AH (47 persons), the 2nd group - of patients without AH (17 persons). In the first group of patients, zero comorbidity was detected only in 16.7%; 71.4% had comorbidity level 1-2 pts, indicating a reduction in their 10-year survival rate by 4-10% comparing with patients with the same asthma stage, but with zero comorbidity ( $p < 0.05$ ). In 7.1% of patients CI equaled 3 pts, and in 4.8% - 4 pts, hence their 10-year survival rate is only 53%. In the 2nd group 50% patients had zero comorbidity, in 43.8% CI was 1-2 pts, and only 6.2% of patients had CI 3 pts. Greater CI values were not recorded. Correlation analysis showed that CI significantly associated with the size of the left atrium of the heart ( $r=0.53$ ,  $p < 0.01$ ), total cholesterol ( $r=0.71$ ,  $p < 0.05$ ), dyspnea by Borg scale before physical exercise ( $r=0.39$ ,  $p < 0.05$ ) and disease duration ( $r=0.41$ ,  $p < 0.05$ ). Thus, concomitant pathology in asthma patients with AH is more common than in patients without AH and it not only aggravates the underlying disease, but also significantly affects the predicted level of patients survival that must be considered in the development of diagnostic and rehabilitative programs in these patients.