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Title: Characteristics and prognostic factors associated with cardiovascular (CV) comorbidity in COPD patients hospitalized for acute exacerbation (AECOPD)

Dr. Jacques 10579 Piquet jpiquet@ch-montfermeil.fr MD [1], Dr. Jean-Michel 10639 Chavaillon jean-michel.chavaillon@ch-antibes.fr MD [2], Dr. Pablo 10641 Ferrer-Lopez taoteferrerlopez@gmail.com MD [3], Dr. Laëtitia 10668 Chemery laetitia.chemery@ch-avranches-granville.fr MD [4], Dr. François 10681 Sénéchal senechal@ch-pontoise.fr MD [5] and Prof. Nicolas 10687 Roche nicolas.roche@htd.aphp.fr MD [6]. [1] Pneumology, CHI Le Raincy-Montfermeil, Montfermeil, France, 93370 ; [2] Pneumology, CHG Antibes, Antibes, France, 06606 ; [3] Pneumology, CH De Polynesie Francaise, Papeete, French Polynesia, 98713 ; [4] Pneumology, CH Avranches Granville, Granville, France, 50406 ; [5] Pneumology, CH Pontoise, Pontoise, France, 95303 and [6] Pneumology, Hôtel Dieu De Paris, Paris, France, 75004 .

Body: Background: In a recent publication (Piquet, ERJ, 2013), we found that CV comorbidity (coronary heart disease, chronic heart failure) was an independent risk factor for mortality following hospitalization for AECOPD. Objective: To compare the characteristics and risk factors for 4-year mortality between COPD patients with and without CV comorbidity hospitalized for AECOPD. Methods: Vital status of 1824 patients (female: 23.2%; age: 70.3+/-11.3 yrs) admitted for AECOPD in 2006-2007 was documented in 2010-2011. Results: Vital status was available for 1750 patients: 481 (27.5%) and 1269 (72.5%) with and without CV comorbidity, respectively. Mortality was 57.0% and 40.4% in these patients, respectively. The following significant differences were found between patients with vs without CV comorbidity: increased % of men (84.4% vs 73.9%); older age (74.3+/-9.4 vs 68.5+/-11.5 yrs); higher BMI (26.3+/-5.9 vs 25.3+/-6.0 kg/m2); higher frequency of arrhythmia (6.2% vs 2.5%) and lower limb oedema (18.9% vs 11.1%) on admission. Multivariate analysis found that age (≥80 vs <60 years), hospital admissions for AECOPD within the previous year (2 to ≥4 vs 0), lower limb oedema on admission and oxygen-therapy at discharge were independent mortality risk factors in both populations. Lung cancer, neurological impairment and use of accessory inspiratory muscles on admission were independently associated with mortality in patients without CV comorbidity. Conclusion: Despite different mortality rates and characteristics at admission, patients with and without CV comorbidity share largely similar independent risk factors for mortality.