

European Respiratory Society Annual Congress 2013

Abstract Number: 842

Publication Number: P2397

Abstract Group: 1.6. General Practice and Primary Care

Keyword 1: COPD - diagnosis **Keyword 2:** Exercise **Keyword 3:** Bronchiectasis

Title: The correlation of new GOLD classification (2011 version) with exercise capacity and mortality

Dr. Po-An 7454 Chou realdfs@livemail.tw MD ¹, Dr. Shih-Feng 7455 Liu liuphysico@adm.cgmh.org.tw MD ^{1,2}, Dr. Chin-Chou 7456 Wang ccwang5202@yahoo.com.tw MD ^{1,2}, Dr. Chien-Hung 7457 Chin chestman57112@yahoo.com.tw MD ^{1,2} and Dr. Meng-Chih 7458 Lin mengchih@adm.cgmh.org.tw MD ^{1,2}. ¹ Division of Pulmonary & Critical Care Medicine, Department of Internal Medicine, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan and ² Department of Respiratory Therapy, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan .

Body: Background: New GOLD guideline recommends assessing the severity of COPD by combination of FEV₁, symptom scoring, and exacerbation frequency. However, whether the new GOLD classification is more closely associated with exercise capacity and mortality remains unclear. Method: The correlation of 6MWD (6-minute walking distance) and mortality rate with COPD staging in a cohort of 114 clinically stable COPD patients was compared by using old (2007) and new (2011) GOLD classifications. Results: In the new classification set, patients were divided into group A (29 patients, 25.4%), B (21 patients, 18.4%), C (14 patients, 12.3%), and D (50 patients, 43.9%). Those patients were re-divided in the old GOLD classification group into stage I (17 patients, 14.9%), stage II (36 patients, 31.6%), stage III (50 patients, 43.9%), and stage IV (11 patients, 9.6%). FEV₁ and mMRC score showed a significant correlation (P<0.001, R=-0.55). However, patients in group B and C (30.7%) showed disproportion in scores of FEV₁ and mMRC. Age, gender, Body mass index, and pack-years showed no significant difference between the two classifications. 6MWD showed significant between group A and D (447.5 vs. 361.9 meter, P=0.003), and between stage I and III (477.1 vs. 365.9 meter, P=0.001) as well. Kaplan-Meier method showed new GOLD classification is associated with mortality (P=0.02), but old GOLD staging is not associated with mortality (P=0.58). Conclusions: New GOLD classification is a better applicable tool in assessment of exercise capacity and mortality in COPD patients than old GOLD classification.