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Title: Exploring associations between socio-economic status in the health care access and quality of life of patients with COPD

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Body: Background: Socioeconomic deprivation is a determinant of health care access and quality of life in many diseases. COPD is more prevalent and more severe in people from deprived backgrounds. Our aim was to establish whether socio-economic status (SES) was associated with the quality of health care access (HCA) and quality of life (QoL) in COPD. Method: Cross-sectional, interview-based survey in London with COPD patients recruited in primary care. Measures: socio-economic status (SES) indicators (weekly household income, educational attainment, occupational class and IMD scores), quality of life (CRQ-SAS), MRC dyspnoea scale, HAD scale, and lung function (spirometry), and modified Client Service Receipt Inventory. Results: 176 spirometry confirmed COPD participants. 38.6% female, mean age 69 years (range: 42-94). GOLD Grade 1=15%; 2=51%; 3=30%; 4=5%. Low SES was not associated with worse HCA. Higher smoking referral was associated with lower SES (income levels 2 & 3: OR: 0.23; CI: 0.10-0.51; p< 0.001; income levels 4 & 5: OR: 0.33; CI: 0.13-0.85; p= 0.02) and IMD scores (OR: 1.05; 95%CI: 1.01-1.08; p=0.006). Higher education attainment was associated with less spirometry assessment. Low SES (low income level) was associated with poorer QoL: dyspnea (r=0.22; p=0.003); fatigue (r=0.24; p=0.002); emotional function (r=0.23; p=0.002); mastery (r=0.25; p=0.001); and depression (r= -0.25; p=0.001). Consequences: More deprived COPD patients had HCA at least as good as affluent patients. Higher deprivation in terms of income level was associated with poorer QoL in COPD. SES measures varied markedly in their relation to HCA and QoL in COPD.