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**Title:** Factors affecting in-hospital mortality in patients with chronic obstructive pulmonary disease exacerbation

Dr. Asli 26599 Gorek Dilektasli asligorekd@gmail.com MD <sup>1</sup>, Prof. Dr Esra 26600 Uzaslan esrauz@uludag.edu.tr MD <sup>1</sup>, Dr. Ezgi 26601 Demirdogen Cetinoglu demirdogenezgi@gmail.com MD <sup>1</sup>, Dr. Nilufer 26602 Aylin Acet drniluferaylinacet@hotmail.com MD <sup>1</sup>, Dr. Dane 26603 Ediger ediger@gmail.com MD <sup>1</sup> and Prof. Dr Ercüment 26604 Ege ercumentege@gmail.com MD <sup>1</sup>. <sup>1</sup> Department of Pulmonary Diseases, Uludag University Faculty of Medicine, Bursa, Turkey .

**Body:** Background: Chronic obstructive pulmonary disease (COPD) is a leading cause of mortality worldwide. Acute exacerbation of COPD (AECOPD) is associated with increased mortality. Material-Methods: We included COPD patients whom admitted to a tertiary reference center in Southern Marmara Region and hospitalized with acute exacerbation in the last two years. Medical records of the study participants were screened retrospectively in order to analyze in-hospital mortality and affecting factors on mortality in AECOPD patients. Results: We identified a total of 242 patients hospitalized for AECOPD. Of these 86.4% (n=209) were male. The mean age of the group was 66.6±11 years old. 11 patients lost follow-up. 9 % (n=21) of the patients died. The median length of stay for hospitalization was longer in the lost patients (19.5 [min: 1-36] days vs. 10.0 [min: 1-36] days, p<0.05). The median Charlson comorbidity index was 3.0 [min: 0-12] in the overall group and total score was not different among alive and dead patients. On the other hand, mortality rate was higher in patients with concomitant lung cancer (23.8% vs. 7.5%, p<0.05). Comorbid conditions other than lung cancer were not affecting mortality outcome. C-reactive protein levels on admission were significantly higher in patients who died than the alive ones (1.96 [min: 0.3-29.8] mg/dL vs. 5.67 [min: 0.3-26.4] mg/dL, p<0.05). Conclusion: The mortality of AECOPD is high. AECOPD patients with lung cancer are at risk for poor outcome. And, high CRP levels during AECOPD episode correlate with short-term prognosis.