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Title: Prediction of mortality in the Swiss chronic obstructive pulmonary disease (COPD) cohort using the age dyspnoe and airflow obstruction index (ADO)

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Body: Background: COPD is associated with significant mortality, being the fourth leading cause of death worldwide. The Age Dyspnoe and airflow Obstruction Index (ADO) is a simplified prognostic assessment tool for patients with COPD which has been developed in specialized settings. Aims: Our objective was to reassess the usefulness of the ADO index as a predictor of mortality in a general practitioners' (GP's) based Swiss COPD cohort. Methods: 409 patients with presumed GOLD stages I-IV were enrolled by their GP's and data was collected during a total period of 24 months. The observed 2-year risk of all-cause mortality in the cohort was compared to the ADO index predicted 3-year risk of death by performing logistic regression analysis with ADO as independent variable and observed 2-year all-cause mortality as dependent variable. Results: Complete data could be analyzed in 390 patients (70% male, mean age 68 years). 154 patients (40 %) did not have COPD according to spirometric criteria (FEV1/FVC <70%). COPD GOLD stage I was found in 22 (9%) patients, GOLD stage II in 94 (40 %), GOLD stage III in 90 (38 %) and GOLD stage IV in 30 (13 %), respectively. Of the 236 patients with COPD (median ADO score of 4, IQR 3.5), 14 (6 %) died during the 2-year follow up period. There was a significant association between predicted (ADO index) and observed risk of death in the cohort (p<0.01). The odds ratio for death per point increase in the ADO index was 1.65 with a 95% confidence interval from 1.16-2.33. Conclusion: The ADO index seems to be a significant predictor of 2-year all-cause mortality in patients with COPD treated in primary–care settings.