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**Title:** Clinical and inhaled drug profile of COPD patients with indication for beta-blockers who are on beta-blockers

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**Body:** BACKGROUND: There is evidence suggesting that cardioselective beta-blockers (BB) are indicated in patients with COPD if they have a heart disease that justifies its use. But little is known about how BB are used in COPD. OBJECTIVE: To determine the differences in respiratory and cardiac function, symptoms and respiratory drugs between patients with COPD and indication of BB (ischemic heart disease or heart failure with LVEF <40% without contraindications to the use of BB) who are on BB or not. METHODS: Multicenter cross-sectional study. Patients were consecutively enrolled in 17 hospitals in Spain. RESULTS: From June 2012 to January 2013, 186 patients were enrolled with BB treatment indication, 61% were on BB (bisoprolol BB (43%), carvedilol (38%), Atenolol (9%) and nebivolol (9%). Statistically significant differences were seen between those prescribed BB or not on age (71 vs 73 ± 1SD years, p=0.01), FEV1% (56 ± 1.5 vs 51 ± 2.3, p <0.001), FEV1%/FVC (57 ± 1% vs. 49±1, p <0.001), in LVEF (45 ± 1.5% vs 52 ± 1.4%, p=0.002) and dyspnea (MRC) (2±0.8 vs 2.5±1.3, p=0.012). Treatment with BB was associated with less prescription of LABA (51% vs 73%, p=0.004) and inhaled corticosteroids (54% vs 72%, p=0.011) and greater prescription of ULTRALABA (24% vs 10%, p=0.02), while there were no differences in LAMA prescription (71% vs 79%, p=0.23). The proportion of subjects who had experienced more than two exacerbations in the previous year was lower in the group treated with BB (12% vs 27%, p=0.02). CONCLUSIONS: In COPD patients and indication for BB use, those who actually

receive BB have better lung function and worse cardiac function. They are less symptomatic and have less exacerbations.