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Title: Reasons of intensive care unit admission in COPD patients

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Body: Aim:Determining reasons of intensive care unit(ICU) admission in COPD patients and managing earliertreatmentto decrease ICU admissions. Method:Observational retrospective cohort study.All ICU patients between 2008-2011 who haveradiologic and physical examination findings compatible with COPD and previously diagnosed as COPD were included. Demographics,body mass index(BMI), ICUseverity score(APACHEII), comorbidities were recorded. ICU admission reasons were grouped as airway infections, pneumonia, pulmonary embolism, respiratory failure(pH<7.35, hypoxia(PaO₂/FiO₂<300), hypercapnia(pCO₂ greater than 45 mmHg), length of ICUand hospitalization stay(LOS), and number of hospitalizations in last 1 year were recorded. Results were summarized as descriptive statistics. Results:1264 COPD patients(954,male) were included. Median and interquartileratio(IQR) of age, BMI, APACHEII score were 70(63-77),24(22-28),19(15-23) respectively. Most frequent ICU admission reasons were hypercapnia(72,6%,918), airway infection(46,6%,589), pneumonia(19,5%,246), hypoxia(4,6%,58), pulmonary embolism(4%,52), pneumothorax(1,4%,18).423(33%) of patients had no hospitalization in last one year, 445(35%)had one, 164(12%)had two, 108(8%)had three, 55(4%) had four hospitalization. Comorbidities were hypertension(%33.1 n:418), diabetes(%16,5 n:209), arytmia(%12 n:152), coronary artery disease (%11,2 n:141), depression(%4,5 n:57). LOS in ICU and ward were 7(4-10) and 12(7-18) respectively. Conclusion: Most frequent reasons for ICU admission in COPD patients were respiratory failure and infection.We believe that long term efective NIMV and rational antibiotherapy decrease number of ICU admission in COPD patients.