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**Title:** Prognostic value of the Charlson Comorbidity Index in patient with COPD

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**Body:** Few studies show patient outcomes over time in chronic obstructive pulmonary disease (COPD). The traditional pulmonary function test assessed by tge FEV1 is known to correlate poorly with dyspnea, health status and exercise intolerance. In the present study we evaluated by Charlson Comorbidity Index (CCI) as a predictive marker of death in patients with COPD. A total 77 patients with COPD (mean age 54,93±0,63 yrs) was monitored over 5 years in our study. COPD was diagnosed according GOLD criteria. During follow-up 18 patients (23.4%) died: 17 patients due to respiratory insufficiency and/or heart failure and 1 pts due to cancer. Died patients with COPD had higher CCI than alive (4,50±0,46 and 2,44±0,17, p<0,001). Died patients with COPD had CCI >3 score more frequently than alive patients. We noted correlations between baseline CCI and time before patients died (r=-0.54, p<0.05).

Charlson Comorbidity Index in patient with COPD

	All pts n=77	Alive pts n=59	Died pts n=18
0-1	14 (18.2%)	14 (23.7%)	0
2-3	42 (54.5%)	37 (62.7%)	5 (27.8%)*
> 3	21 (27.3%)	8 (13.6%)	13 (72,2%)**

\*- p<0.05, \*\*\*- p<0.001

The Charlson Comorbidity Index has demonstrated good predictive validity in our study. In our opinion, the CCI represents the optimal balance between ease of use and prognostic ability. CCI> score was associated was poor prognoses in patients with COPD.