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Title: Risk factors for self-reported hospitalizations among stable outpatients with COPD

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Body: Background: Investigations of risk factors for hospitalizations among patients with COPD have focused on selected patients with COPD hospitalizations and readmissions (COPD-H). Objectives: To minimize potential selection bias, risk factors associated with COPD-H and non-COPD-H (NCOPD-H) were examined in a sample of 325 stable outpatients. Methods: Analysis of baseline data from patients enrolled in a clinical trial. Characteristics examined included demographics, smoking, symptoms, physiologic impairment, co-morbidities, and health-related quality of life. Multiple logistic regression was used to examine independent associations with COPD-H and NCOPD-H. Results: Of patients enrolled mean age (SD) was 69 (10) years, 51% female, 92% white. COPD-H and NCOPD-H were reported by 14.2% and 9.5%, respectively. Significant ($p<0.05$) unadjusted risk factors for COPD-H included smoking, dyspnea, BODE index, CRQ-emotion [E], SF-12 physical score (PCS), Charlson comorbidity index (CCI), Geriatric Depression Scale (GDS), 6-minute walk (6MW), and oxygen use. Significant risk factors associated with NCOPD-H included age, CCI, GDS, self-efficacy, and SF-12 (PCS). After adjustment, independent risks for COPD-H included GDS (OR=2.57, 95% CI 1.01-6.54), oxygen use (3.24, 1.34-7.85), CRQ-fatigue (1.76, 1.08-2.85), and CRQ-E (0.56, 0.31-0.99). For NCOPD-H only GDS (3.9, 1.40-10.86) was associated with hospitalization. Conclusions: Depressive symptoms are consistently associated with all hospitalizations. Whereas, fatigue, emotional coping, severity of COPD impairment are also associated with COPD-H. These factors offer potential targets to prevent hospitalizations among patients with COPD. Funding: NIH R18 HL092955.