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Evaluation of Comorbidity and Quality of Life in Patients with COPD According to GOLD Stage

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Objectives: Although chronic obstructive pulmonary disease (COPD), which affects 10% of the adult population, is mainly defined by airflow restriction, it is now known that COPD is not only a disease limited to the lungs, but also important extrapulmonary effects and comorbidities that may contribute to the disease weight. The aim of the study was to determine the frequency of comorbidities in patients with COPD and how the quality of life of the patients changed according to GOLD stages of COPD.

Methods: The patients who were admitted to Hacettepe University Chest Diseases Clinic between December 2018 and January 2019 with the diagnosis of COPD were included in the study prospectively. The demographic characteristics, COPD stage, comorbidities and quality of life scores (SF-36) of the patients with COPD were recorded by face-to-face interviews.

Results: Of the 58 patients, 39 (67.2%) were male and the mean age was 70.22 (±10.11). The distrubution of patients into GOLD 2019 categories was as follows: 20.6% (n=12) of them were classified into subgroup A, 31% (n=18) into subgroup B and 48.2% (n=28) into subgroup D. There was no patient in stage C. There was no significant difference in terms of gender, asbestos exposure and allergy status according to stages. Smoking status, biomass exposure, long-term oxygen therapy, and use of nebulizer increased significantly as the stage increased. FVC and FEV1 values decreased with increasing stage. In fact, the decrease in FVC was significant (p=0.002). While MMRC (p <0.001), BODE (p <0.001) index and CAT score (p <0.001) increased significantly with increasing stage, the walking distance of six minutes was decreased (p <0.001). There was no significant difference when Charlson comorbidity index was evaluated in terms of GOLD stages (p=0,053). As analyzing the diseases exclusively according to the GOLD stages, the frequency of osteoporosis, anemia and coronary artery disease was seen on increase. In terms of SF-36 parameters, the components of physical function and social functioning were significantly different between all stages.

Conclusion: Although the number of patients was limited, no patient was found in stage C, suggesting that the rate of patients who had few symptoms but had frequent exacerbations was considerably low. It is important to consider COPD patients with comorbid conditions and quality of life scales, and to consider them in disease management and staging

Keywords: COPD, comorbidite, quality of life