

Comorbidities are common in patients with COPD

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The majority of patients with chronic obstructive pulmonary disease (COPD) referred for pulmonary rehabilitation have multiple extra-pulmonary comorbidities, according to a new study from the Netherlands.

"Comorbidities were common in our sample of 213 COPD patients from the CIRO Comorbidity (CIROCO) study, and most patients had varying combinations of comorbidities," said Lowie Vanfleteren, MD, of CIRO+, a center of expertise in chronic organ failure in Horn, the Netherlands, which is connected to the Maastricht University Medical Center. "The presence of these comorbidities may complicate the management of these patients and may ultimately influence their prognosis."

The results of the study will be presented at the ATS 2012 International Conference in San Francisco. Comorbidities were objectively assessed by measuring triglycerides, [HDL cholesterol](#), hemoglobin, glucose, resting systolic and diastolic blood pressure, renal function (using estimated [glomerular filtration rate](#)), arterial stiffness (using aortic pulse wave velocity), subclinical atherosclerosis (using carotid intima-media thickness); [bone mineral density](#) (using DXA scans of the hip and lumbar spine), body weight, fat-free mass (using electrical bio impedance), and symptoms of anxiety and depression (using the Hospital [Anxiety and Depression](#) rating scale). Abnormal values were defined based on well-established cut-offs. The most common comorbidities observed were hyperglycemia (54%), subclinical atherosclerosis (53%),

hypertension (48%), dyslipidemia (36%) and osteoporosis (31%). Obesity (23%), underweight (14%), muscle wasting (28%), renal impairment (22%), anxiety (21%) and depression (16%) were also present in a substantial percentage of patients.

Almost all (98%) patients had two or more comorbidities, and 54% had four or more. Using data mining software, five unique groups of patients with different combinations of comorbidities were identified.

"Identifying patients with particular clusters of comorbidities may ultimately lead to the development of patient-tailored treatment," said Dr. Vanfleteren.

"Most previous studies of comorbidities in COPD patients have used self-report data, limiting their validity, and have only examined comorbidities individually," said Dr. Vanfleteren. "By using objective measures of a range of comorbidities in our study, we have shown that not only are comorbidities common in COPD patients, but they often occur in groups."

"Future COPD practice guidelines should specifically address the treatment of comorbidities in these patients," Dr. Vanfleteren concluded.

More information: "Objectified Co-Morbidities In Patients With COPD: The CIROCO Study" (Session B97, Monday, May 21, Room 3020-3022, Moscone Center; Abstract 30329)

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