

Increased risk of carotid artery wall thickening in COPD

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Image courtesy of Blausen Medical

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(HealthDay)—For older adults with chronic obstructive pulmonary disease (COPD), the likelihood of carotid artery thickening is increased and vulnerable lipid core plaques are more frequent than in controls with normal lung function, according to a study published online Nov. 9 in the *American Journal of Respiratory and Critical Care Medicine*.

Lies Lahousse, Ph.D., M.P.H., from Ghent University in Belgium, and colleagues investigated the prevalence of carotid wall thickening, the different components of carotid artery plaque, and their associations with severity of airflow limitation in a cross-sectional study involving 253 patients with COPD and 920 controls from the Rotterdam Study

(age 55 years and older).

The researchers found that, compared with controls with normal lung function, COPD cases had a significantly increased risk of presentation with carotid artery wall thickening on ultrasonography (odds ratio, 2.0). This risk increased significantly with airflow limitation severity. On [magnetic resonance imaging](#), in COPD cases, vulnerable lipid core plaques were significantly more frequent than in controls (odds ratio, 2.1).

"In conclusion, this study shows an increased risk of carotid artery plaque formation and of presence of vulnerable plaques with a lipid core in population-based elderly patients with COPD," the authors write. "Clinicians should be aware that asymptomatic carotid atherosclerosis is more prevalent in subjects with COPD and that COPD as a systemic inflammatory disease might lead to vulnerable plaques by inducing or aggravating the presence of a lipid core."

More information: [Abstract](#)
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