

Dyspnea increases long-term mortality risk

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Individuals with dyspnea, or shortness of breath, have an increased long-term mortality risk compared with individuals without dyspnea, according to a new study presented at the 2014 American Thoracic Society International Conference.

"Dyspnea may be an indicator of serious underlying disease," said lead author Gene Pesola, MD, MPH, of Columbia University in New York. "In our study of nearly 12,000 individuals who were followed for up to 12 years, we found that those who had [dyspnea](#) at baseline had a greater risk of dying, even after adjusting our analyses for other [risk factors](#) for mortality, including smoking."

The population-based study included 11,746 subjects who were recruited between 2000 and 2002 in rural Bangladesh. During 12 years of follow-up, there were 782 deaths. Before adjustment for other possible risk factors, subjects with dyspnea at baseline had a 2.73-fold increased risk of dying compared with those without dyspnea at baseline.

After adjustment for age, gender, education, [body mass index](#) (BMI), smoking, arsenic concentrations in drinking water and blood pressure, dyspnea remained associated with a significant 2.10-fold increased risk of death. When nonsmokers were analyzed separately, dyspnea was associated with a 1.9-fold increased risk of death.

Smoking, male sex, and elevated BMI were also associated with an increased [mortality risk](#).

"Dyspnea may be a sign of lung disease, heart disease, or a number of other potentially life-threatening conditions," said Dr. Pesola.

"Identifying the underlying causes of dyspnea in these individuals might offer an opportunity to reduce the high risk of mortality associated with this condition."

More information: Abstract 49885, Dyspnea As A Predictor Of All-Cause Mortality In Rural Bangladesh: A Population-Based Prospective Study, Scientific Abstract

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