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## EOSINOPHILIC INFLAMMATION IN PATIENTS WITH ASTHMA COMBINED WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CLINICAL AND FUNCTIONAL CHARACTERISTICS, THE RISK OF COMORBIDITIES.

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### Abstract

**Aim of the study** was to determine the features of the course of the asthma-COPD overlap (ACO), and the presence of comorbid conditions depending on eosinophilic inflammation endotype.

**Results.** Among the 140 patients with ACO in 63 % was not, and 37 % cases – was eosinophilic blood inflammation. In the group with high blood eosinophilia was higher number of patients with allergic diseases. Also, these patients had more pronounced nocturnal symptoms.

In patients with high eosinophilic inflammation Charlson comorbidity index was significantly higher, they had a greater number of comorbidities and worse prognosis of 10 year survival.

Patients with high eosinophilic inflammation more often had hypertension, coronary heart disease, diabetes and gastrointestinal pathologies. Also these patients had significant and substantial increase levels of uric acid and fibrinogen.

ACO patients is mainly related to a group of moderate cardiovascular risk (SCORE scale 1-5 %), but SCORE index was significantly higher in patients with high eosinophilic inflammation. The risk of developing diabetes over the next 10 years (QDiabetes scale) in all ACO patients was quite high, with significant prevalence in patients with high eosinophilic inflammation.

**Conclusion.** Definition of eosinophilic inflammation endotype in patients with ACO has led to the separation of the group of patients with high level of comorbid pathology and poorer prognosis of survival and high cardiovascular risk and risk of development of diabetes.

**Key words:** combination of asthma and COPD, eosinophilic inflammation, comorbid pathology.

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