

SYSTEMIC EFFECTS AND COMORBIDITY IN OUTPATIENTS WITH COPD

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Abstract

The aim of the study was to identify the prevalence and diagnosis adequacy of comorbidity in outpatients with COPD. 87 outpatients with COPD in a stable phase were examined. Medical records data were analyzed; pulmonary function and smoking status were studied. Only cases with confirmed diagnosis were included into analysis. General physical examination and the recent (within one month of enrolment) chest X-ray data were evaluated. We found that the majority (83,9 %) of patients with COPD suffered from at least one disease. More than 50 % of patients had three or more diseases at the same time. The most common comorbid conditions were cardiovascular diseases. The most common were arterial hypertension and coronary artery disease. 55,2 % of the patients had signs of heart failure. However, evaluation of heart failure was complicated because of the inability to establish the causes of breathlessness and reduced exercise tolerance. Therefore we strongly recommend performing the echocardiography in all patients with COPD with cardiovascular diseases. Next by frequency there were gastrointestinal (verified in 49,4 % of patients) and urinary tract conditions (20,7 %). There was no data regarding osteoporosis, nutritional status disorders, psychological disorders and lung cancer in outpatient records. In our opinion, screening for timely diagnosis of these conditions would be very appropriate.

Key words: COPD, systemic effects, comorbidity.

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