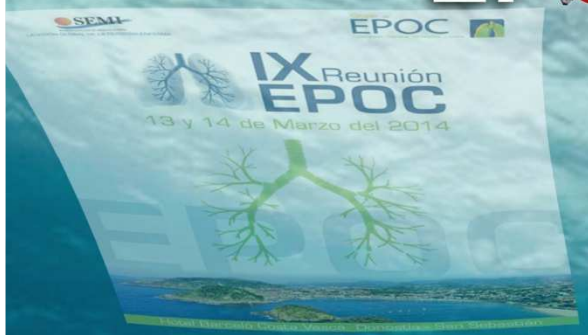
Infradiagnóstico de EPOC en mujeres. EPOC en no fumadores



Dra. B. Alonso Ortíz
Medicina Interna.
Hospital Universitario de Gran Canaria Dr. Negrín

Jason de Caires Taylor.


COPD
mujeres
no fumadores


Prevalencia
Diagnóstico
Etiología
Manifestaciones clínicas
Tratamientos
Pronóstico
Complicaciones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1. EPOC en mujeres

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REPORTAJE
Derechos de los médicos, ¿grandes desconocidos?

FORMACIÓN
Curso Derechos de los
para AP

La SEPAR destaca el infradiagnóstico de la EPOC mujeres

Madrid (30/07/2013) - Redacción

- En España hay más de 500.000 mujeres con Enfermedad Pulm Obstructiva Crónica sin diagnosticar
- Los principales factores de riesgo de la EPOC son la historia tabáquica y el envejecimiento de la población

Se estima que cada año mueren en España más de 18.000 pe la Enfermedad Pulmonar Obstructiva Crónica (EPOC), de las c parte son mujeres. Los principales factores de riesgo de la EP de exposición tabáquica y el envejecimiento de la población. la EPOC debe tener especial efecto en las mujeres por su m por la incorporación masiva de la mujer al hábito tabáquic 1960-170. Así pues, se calcula que entre los 16 y 24 a mujeres (42,7 por ciento) que hombres (40,8 por cie incrementando las enfermedades crónicas asociadas al taba

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Consulte el estado del Tráfico y del Tiempo para estos días >>

SEGÚN UN ESTUDIO DE LA SEPAR

Más de 500.000 mujeres españolas con EPOC están sin diagnosticar

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MADRID, 29 Jul. (EUROPA PRESS) -

Unas 540.168 mujeres españolas con enfermedad pulmonar obstructiva crónica (EPOC), de edades comprendidas entre los 40 y los 80 años, están sin diagnosticar, según ha mostrado el estudio EPI-SCAN, publicado en la revista 'Archivos de Bronconeumología' de la Sociedad de Neumología y Cirugía Torácica (SEPAR).

www.europapress.es/salud/noticia-mas-500000-mujeres-espanolas-epoc-estan-diagnosticar-20130729122356.html
www.elmedicointeractivo.com/noticias/sociedades/121258/la-separ-destaca-el-infradiagnostico-de-la-epoc-en-mujeres

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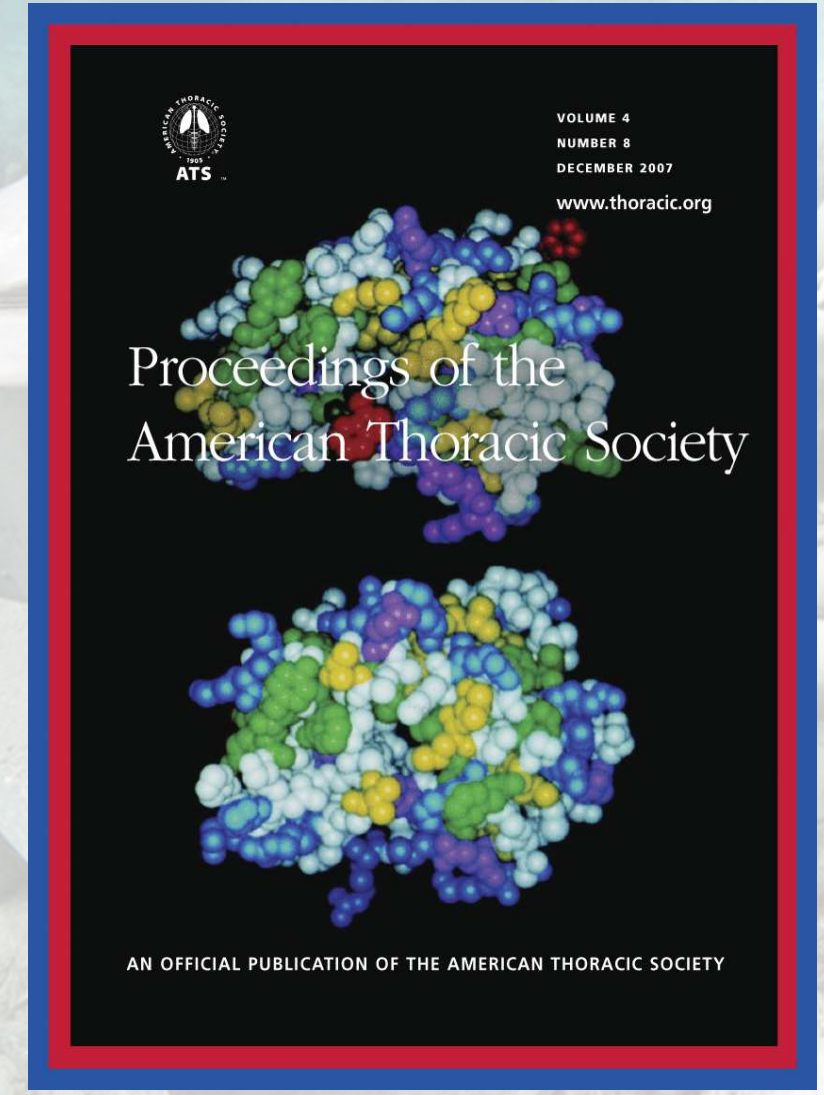


SYMPOSIUM: GENDER AND COPD

669 **The Tip of the "ICEBERGS": A National Conference to Combat the Growing Global Epidemic of COPD in Women**
Don D. Sin, Lorraine Greaves, and Susan Kennedy
Citation | Full Text | PDF (45 KB)

671 **Understanding the Biological Differences in Susceptibility to Chronic Obstructive Pulmonary Disease between Men and Women**
Don D. Sin, Sigal Ben-Zaken Cohen, Anna Day, Harvey Coxson, and Peter D. Paré
Abstract | Full Text | PDF (79 KB)

675 **Tobacco Use, Women, Gender, and Chronic Obstructive Pulmonary Disease: Are the Connections Being Adequately Made?**
Lorraine J. Greaves and Lindsay A. Richardson
Abstract | Full Text | PDF (80 KB)

680 **Understanding the Social Consequences of Chronic Obstructive Pulmonary Disease: The Effects of Stigma and Gender**
Joy L. Johnson, Audrey C. Campbell, Michele Bowers, and Anne-Marie Nichol
Abstract | Full Text | PDF (57 KB)

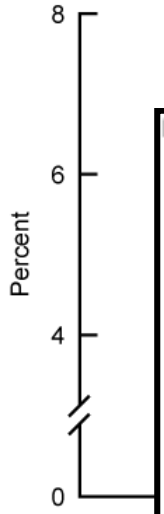
683 **Reflecting the Changing Face of Chronic Obstructive Pulmonary Disease: Sex and Gender in Public Education Materials on COPD**
Ann P. Pederson, Kristy A. K. Hoyak, Sue Mills, and Pat G. Camp
Abstract | Full Text | PDF (64 KB)

686 **Gender and the Diagnosis, Management, and Surveillance of Chronic Obstructive Pulmonary Disease**
Pat G. Camp and Sarah M. Goring
Abstract | Full Text | PDF (94 KB)

692 **Environmental and Occupational Exposures: Do They Affect Chronic Obstructive Pulmonary Disease Differently in Women and Men?**
Susan M. Kennedy, Reid Chambers, Weiwei Du, and Helen Dimich-Ward
Abstract | Full Text | PDF (74 KB)

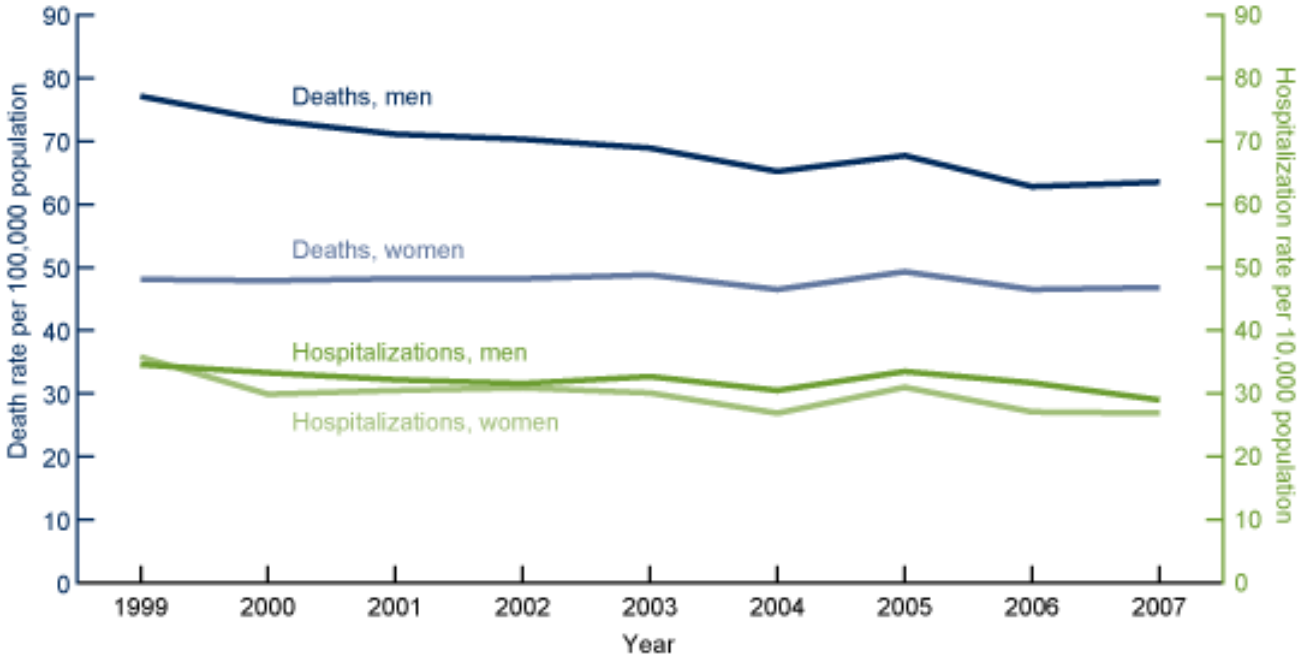
www. atsjournals.org/toc/pats/4/8

Figure 1. Prevalence of COPD among adults aged 18 and over: United States, 1998–2009



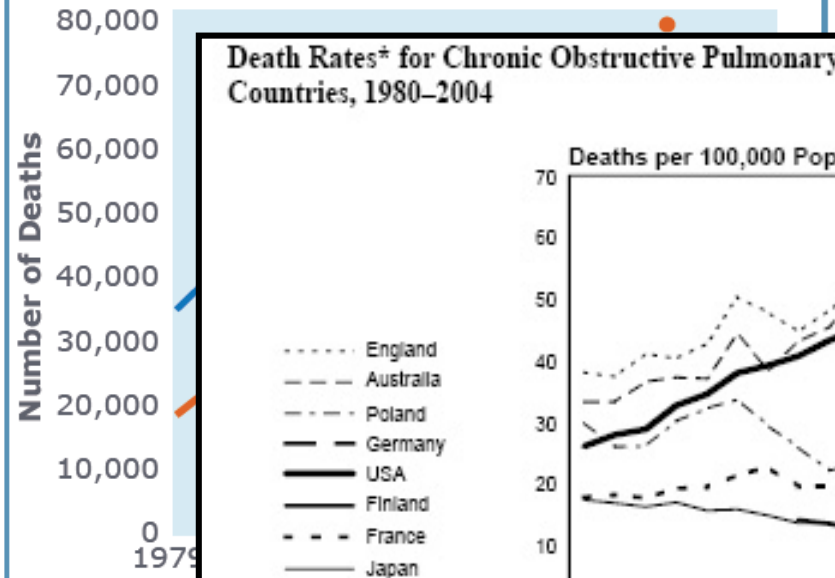
NOTES: COPD is ch
for Figure 1 at: http://
SOURCES: CDC/NC

Figure 5. Hospitalization and death rates for COPD among adults aged 18 and over: United States, 1999–2007

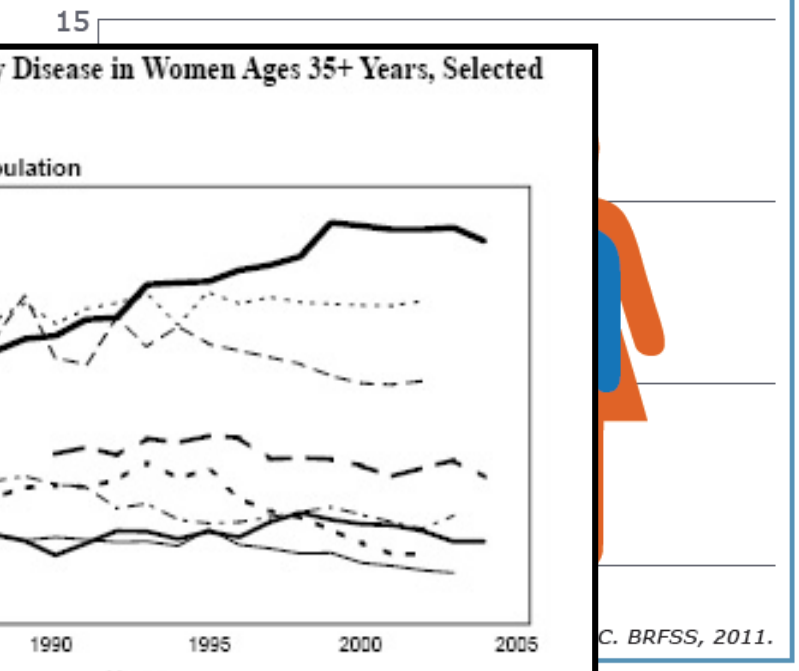


http://www.cdc.gov/nchs/data/databriefs/db63.htm

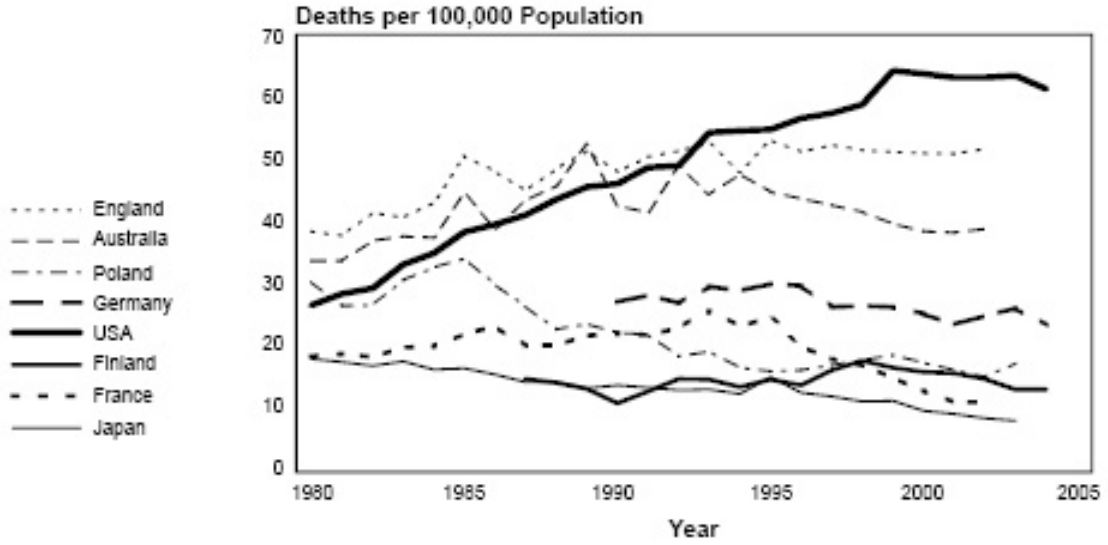
Number of COPD Deaths in Women Increasing Sharply



Women have Higher Rates of COPD for Most of Their Lifetime



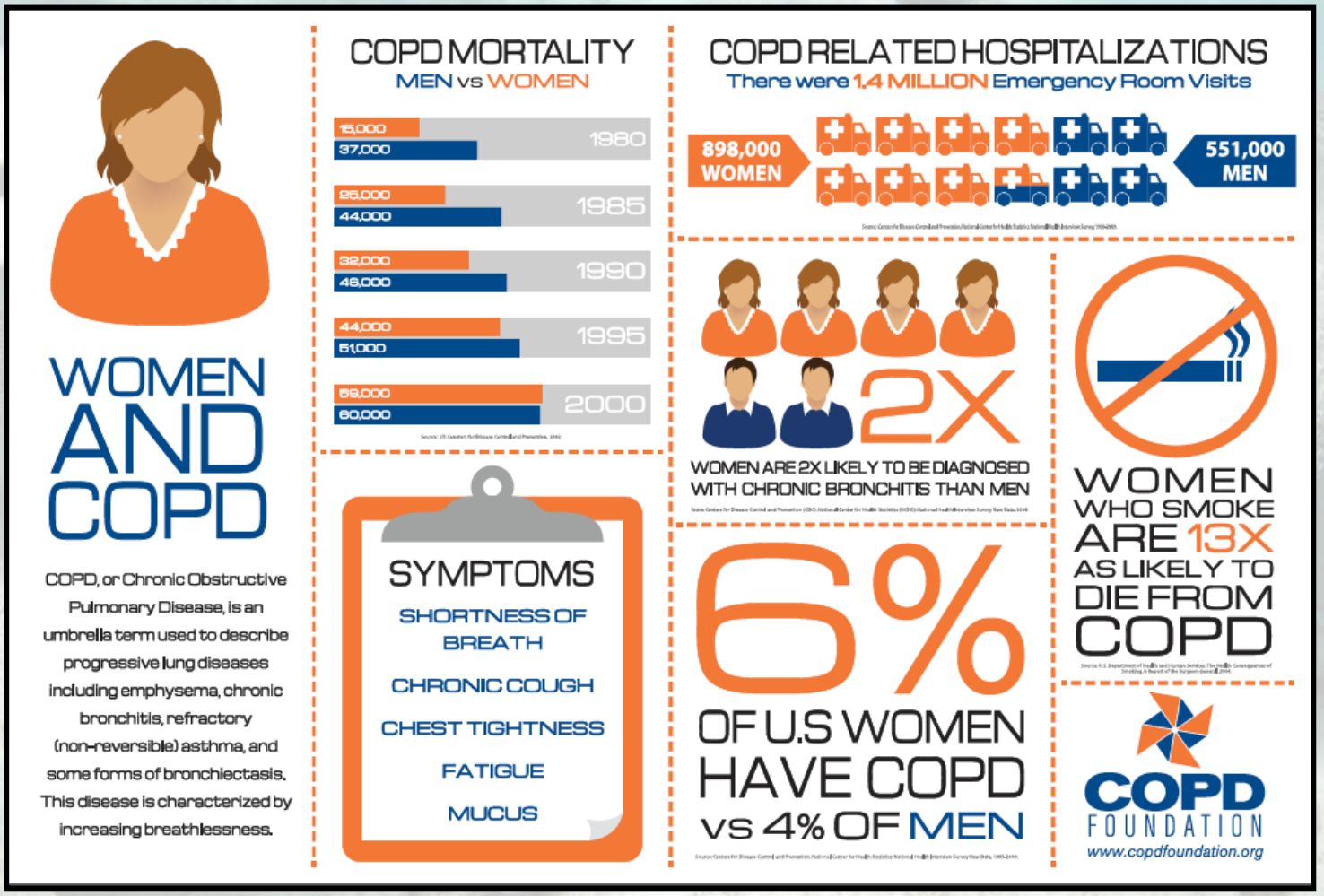
Death Rates* for Chronic Obstructive Pulmonary Disease in Women Ages 35+ Years, Selected Countries, 1980–2004



* Age-adjusted to the European Standard Population.
Source: World Health Statistics Annual, WHO.

http://www.kpbs.org/news/2013/jun/05/copd-rise-women/
http://www.nhlbi.nih.gov/about/factbook-06/chapter4.htm

COPD FOUNDATION



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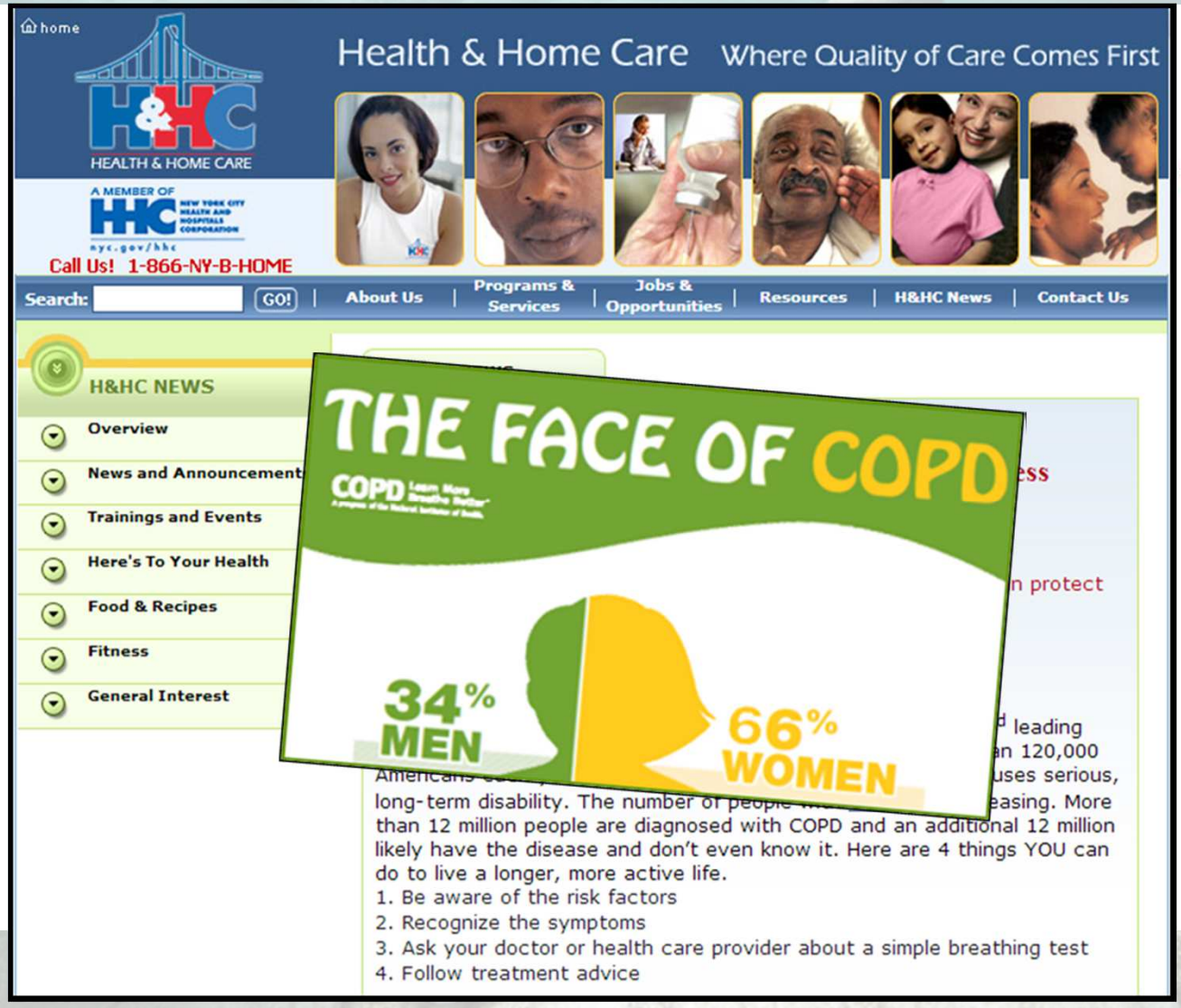

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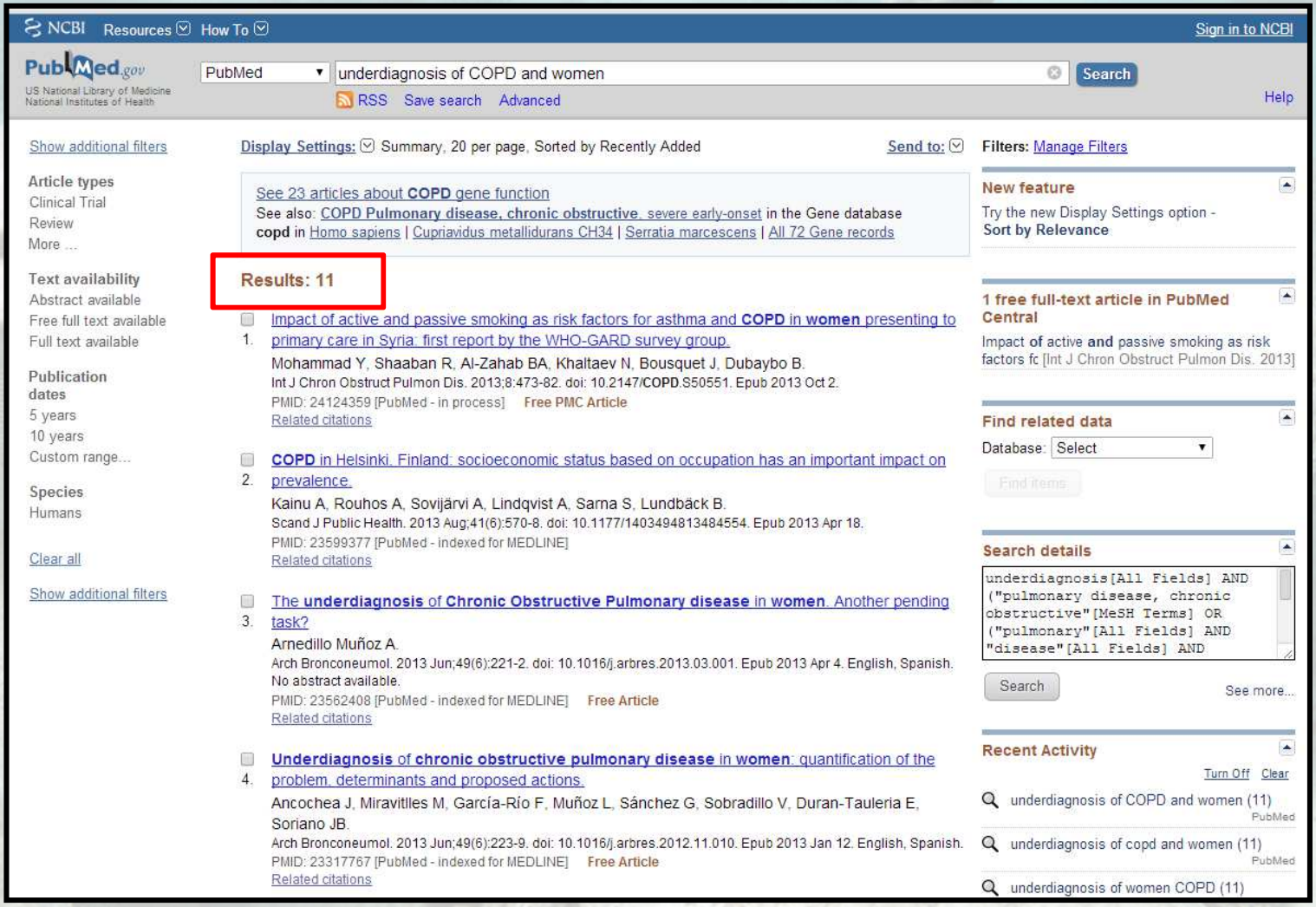

http://www.ncbi.nlm.nih.gov/pubmed/?term=underdiagnosis+of+COPD+and+women

Archivos de Bronconeumología

2010

F.I:1,04

Arch Bronconeumol. 2010;46(10):522-530

ARCHIVOS DE BRONCONEUMOLOGIA

www.archbronconeumol.org

Original Article

Geographical Variations in the Prevalence of COPD in Spain: Relationship to Smoking, Death Rates and other Determining Factors

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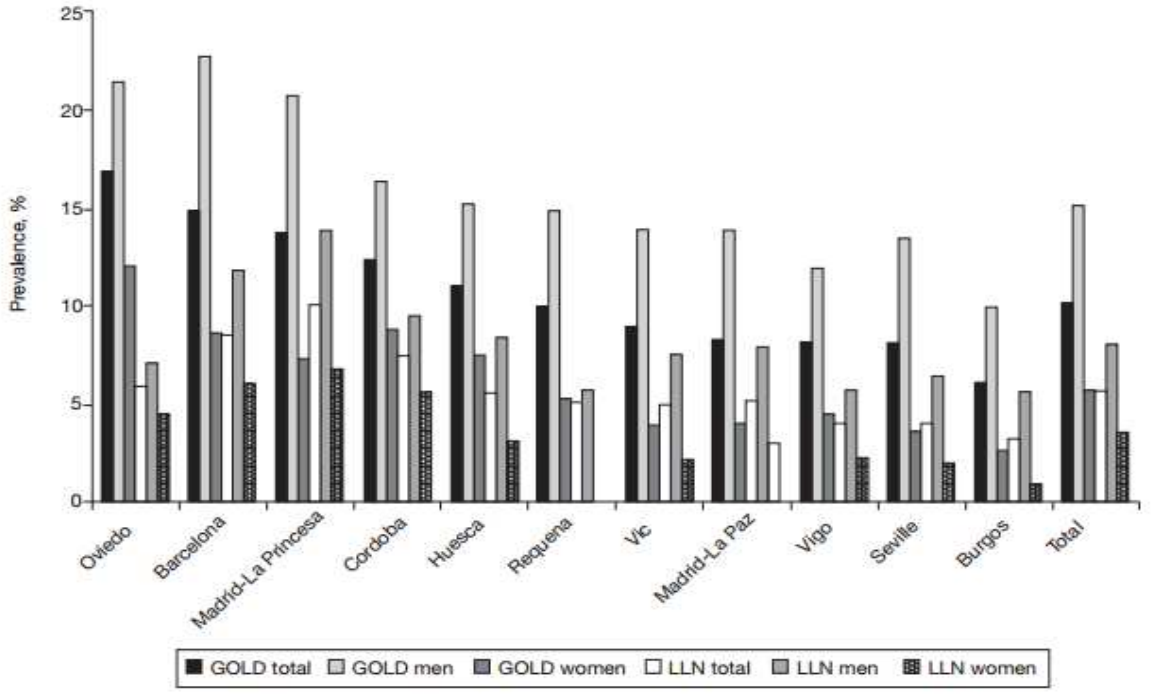

http://www.archbronconeumol.org/en/geographical-variations-in-the-prevalence/articulo/13184069/

Prevalence of COPD in Spain: impact of undiagnosed COPD on quality of life and daily life activities

M Miravitlles,[1] J B Soriano,[2] F García-Río,[3] L Muñoz,[4] E Duran-Tauleria,[5] G Sanchez,[6] V Sobradillo,[7] J Ancochea[8]

► Additional information about the population of the study is published online only at http://thorax.bmj.com/content/vol64/issue10

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ABSTRACT

Aims: This study aimed to determine the prevalence of chronic obstructive pulmonary disease (COPD) in Spain and identify the level of undiagnosed disease and its impact on health-related quality of life (HRQL) and activities of daily living (ADL).

Methods: A population-based sample of 4274 adults aged 40–80 years was surveyed. They were invited to answer a questionnaire and undergo prebrochodilator a postbronchodilator spirometry. COPD was defined as a postbronchodilator FEV_1/FVC (forced expiratory volume 1 s/forced vital capacity) ratio of <0.70.

Results: For 3802 participants with good-quality post bronchodilator spirometry, the overall prevalence of CO was 10.2% (95% CI 9.2% to 11.1%) and was higher i men (15.1%) than in women (5.6%). The prevalence COPD stage II or higher was 4.4% (95%CI; 3.8%–5.1% The prevalence of COPD increased with age and with cigarette smoking and was higher in those with a low educational level. A previous diagnosis of COPD was reported by only 27% of those with COPD. Diagnosed patients had more severe disease, higher cumulative tobacco consumption and more severely impaired HRQ compared with undiagnosed subjects. However, even patients with undiagnosed COPD stage I+ already show impairment in HRQL and in some aspects of ADL compared with participants without COPD.

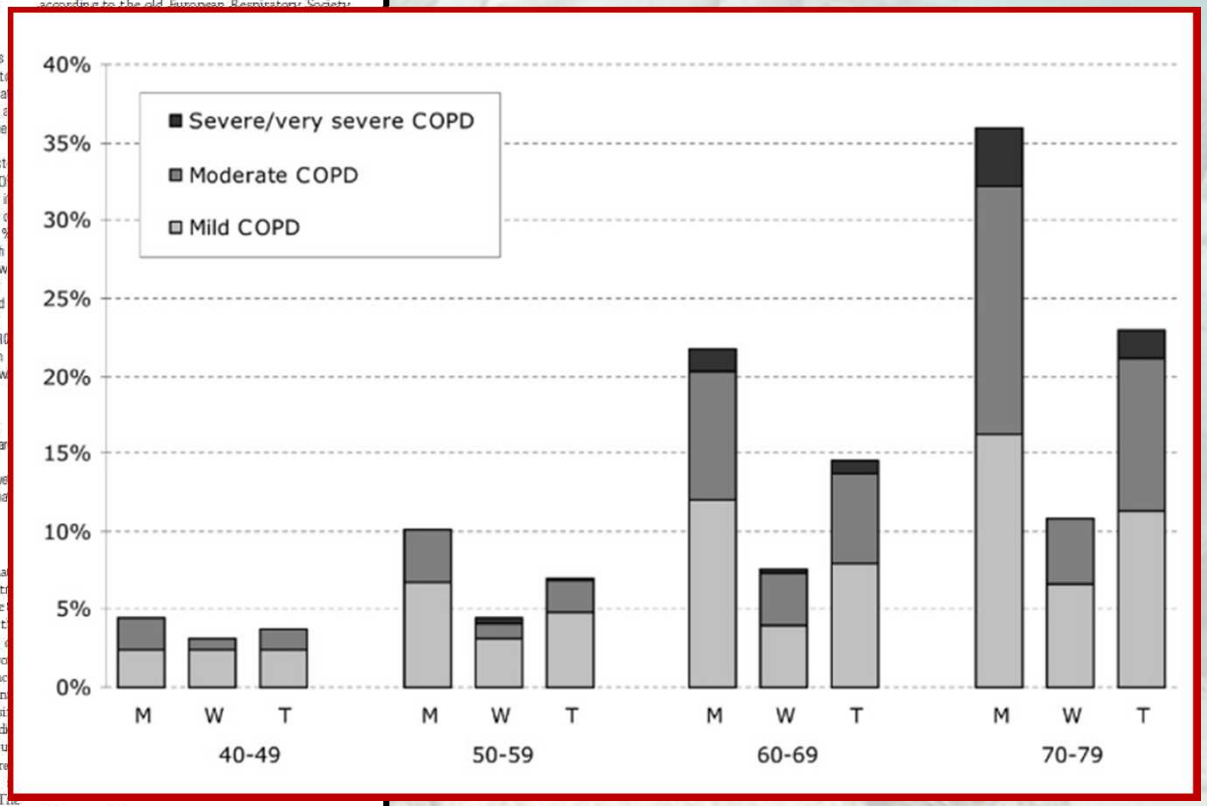
Conclusions: The prevalence of COPD in individuals between 40 and 80 years of age in Spain is 10.2% an increases with age, tobacco consumption and lower educational levels. The rate of diagnosised COPD is ve high and undiagnosed individuals with COPD already ha a significant impairment in HRQL and ADL.

The prevalence of chronic obstructive pulmona disease (COPD) varies from country to countr mainly due to the effects of cumulative exposure smoking and the increased life span of t population. There are increasingly more data the prevalence and distribution of COPD fro around the world, but until very recently mo have been derived from expert opinion and n from well-conducted epidemiological studies usi postbronchodilator spirometry[2]; moreover, studi differed in terms of age bands as well as in the u of different criteria of COPD.[2 3] Therefore, dire comparisons between prevalences obtained different countries are not always possible. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) has resulted in an agreement on spirometric thresholds for diagnosis and severity and has become the gold standard, at least for epidemiological purposes.[2]

An epidemiological survey conducted from 1997 to 1998 in adults between 40 and 70 years of age in Spain reported a prevalence of COPD of 9.1%[3] according to the old European Respiratory Society

Study population

Participants were selected using a commercially available database that contained information on the telephone numbers of 3 728 305 residents in the areas selected, which represents >90% of the



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Arch Bronconeumol. 2013;49(6):223-229

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Original

Infradiagnóstico de la enfermedad pulmonar obstructiva crónica en mujeres: cuantificación del problema, determinantes y propuestas de acción

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[h] Programa de Epidemiología e Investigación Clínica, Fundación Caubet-Cimera, Bunyola, Illes Balears

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Palabras clave:
Enfermedad pulmonar obstructiva crónica
España
Espirometría
Infradiagnóstico
Sexo
Tabaco

RESUMEN

Introducción: La distribución de la er
infradiagnóstico y determinantes en
estudio epidemiológico, observacion
edades entre 40 y 80 años.
Pacientes y método: En este trabajo se
los 3.802 participantes del estudio EPI
Resultados: Con 2.005 mujeres y 1.797
en mujeres (5,7%: IC 95%, 4,7-6,7) que
ticipantes con EPOC, las 114 (29,5%) n
menor exposición tabáquica, y referia
ratorios, no existían diferencias por s
esputo menos frecuentemente (p < 0,0
entre mujeres y hombres. El 73% de lo
porcentaje se distribuye desigualmen
que en hombres (67,6%) (p < 0,05). Es
la población, se estima que en España
existirían 628.102 mujeres con EPOC,
Conclusiones: La EPOC está más infrad

Keywords:
Chronic obstructive pulmonary disease
Spain
Spirometry
Underdiagnosis
Gender
Tobacco

**Underdiagnosis of Chronic O
Quantification of the Problen**

ABSTRACT

Introduction: The distribution of chron
diagnosis and determinants in the gen
is an epidemiologic, observational stu
40 to 80.
Patients and method: This paper desc
3,802 participants of the EPI-SCAN stu
Results: With 2,005 female and 1,797
(5.7%: 95% CI, 4.7-6.7) than in men (1
COPD, 114 (29.5%) were women, who
exposure, while reporting a lower le
were no differences between sexes fo

* Autor para correspondencia.
Correo electrónico: jbsoriano@caubet-cimera.es (J.B. Soriano).

Archivos de Bronconeumología
2013

Estudio EPI-SCAN

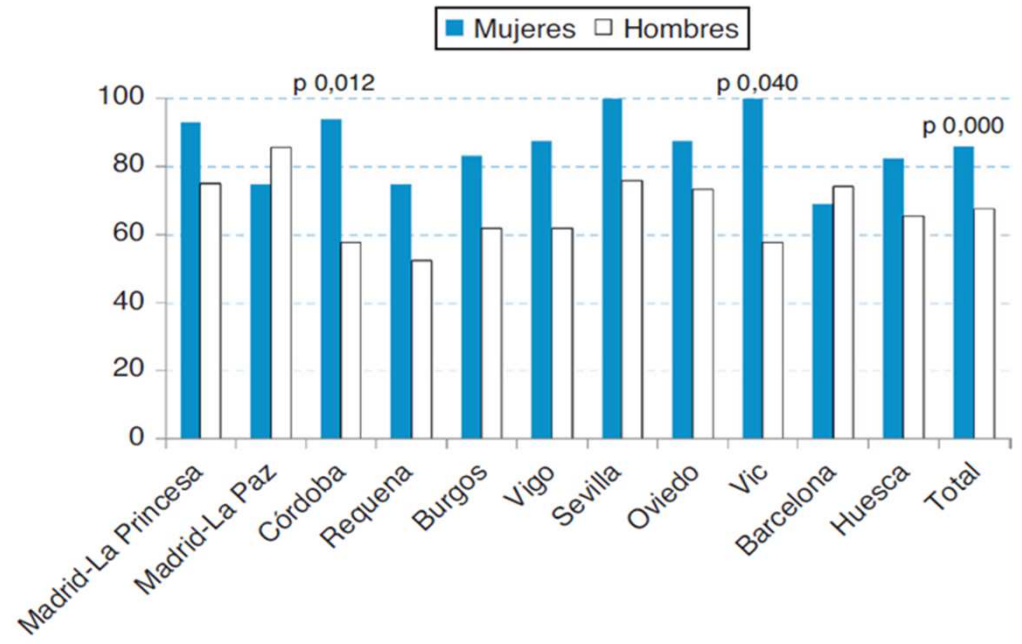
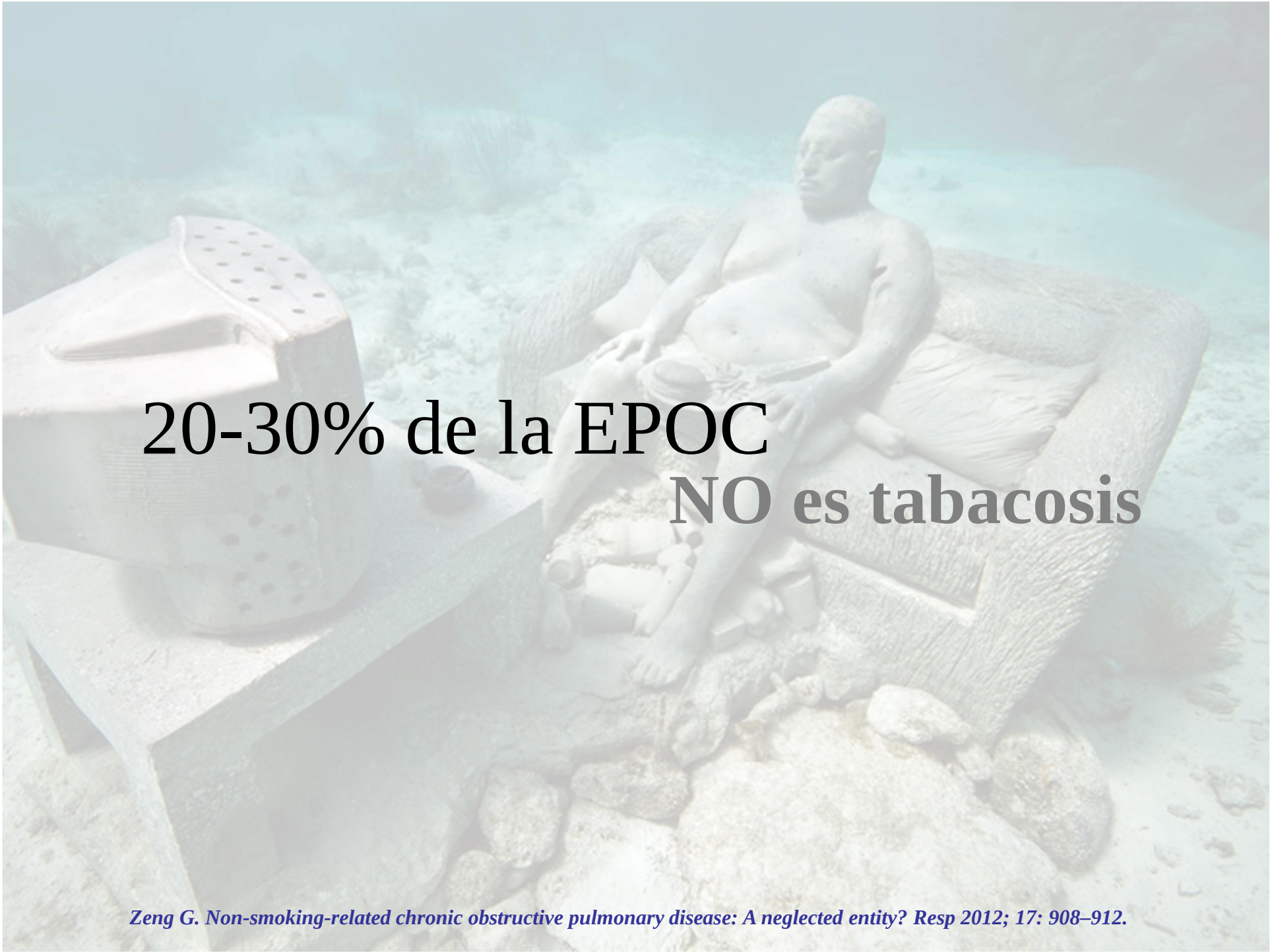


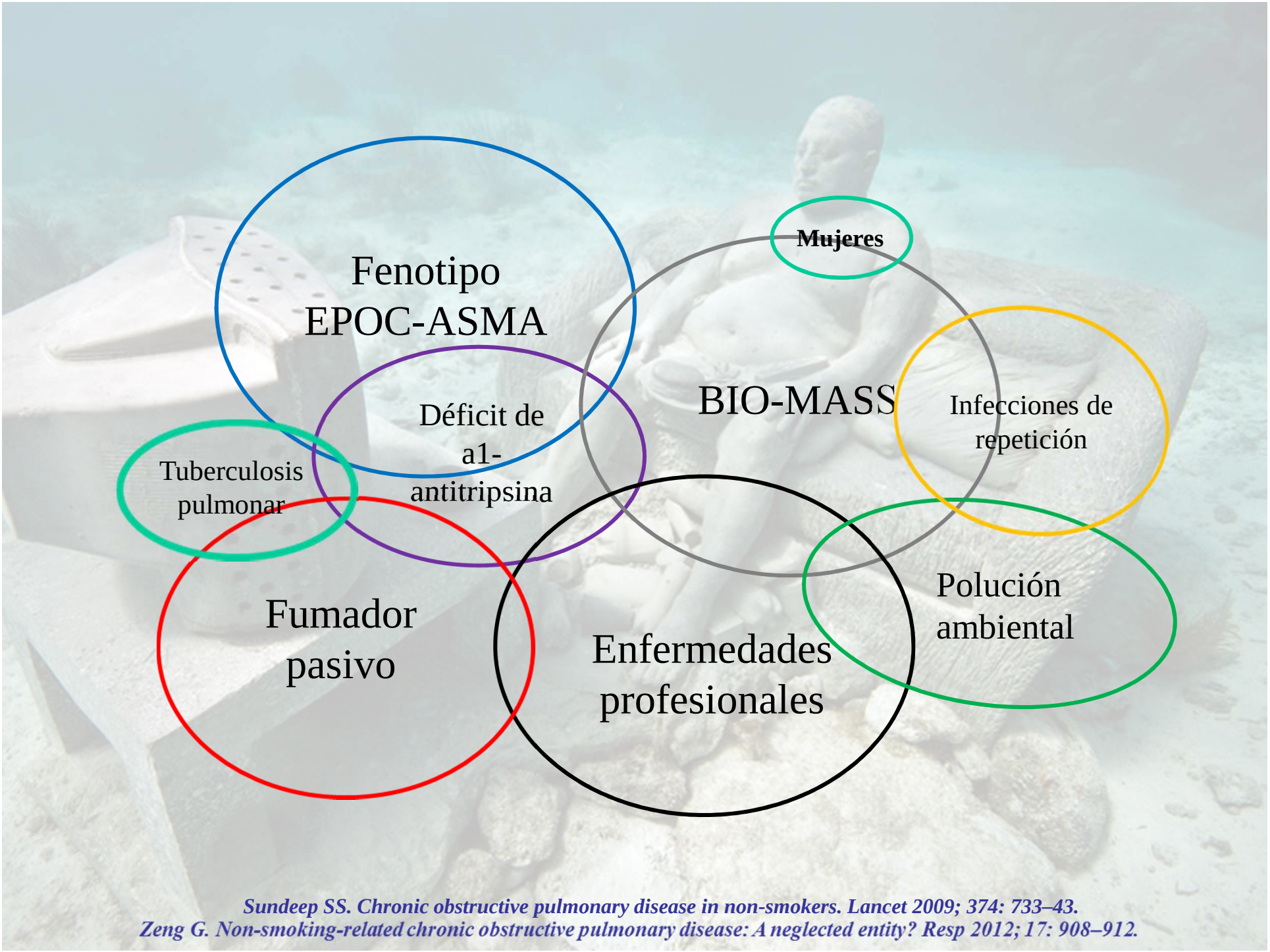
Figura 1. Infradiagnóstico de la EPOC en EPI-SCAN, por sexo y área.

El infradiagnóstico fue 1,27 veces más frecuente en mujeres (86,0%)

2. EPOC en no fumadores



Zeng G. Non-smoking-related chronic obstructive pulmonary disease: A neglected entity? Resp 2012; 17: 908–912.



Sundeep SS. Chronic obstructive pulmonary disease in non-smokers. Lancet 2009; 374: 733–43.
Zeng G. Non-smoking-related chronic obstructive pulmonary disease: A neglected entity? Resp 2012; 17: 908–912.

2012
F.I: 2,78

Official Journal of the Asian Pacific Society of Respirology
Respirology

INVITED REVIEW SERIES:
TRANSLATING RESEARCH INTO PRACTICE
SERIES EDITORS: JOHN E HEFFNER AND DAVID CL LAM

Non-smoking-related chronic obstructive pulmonary disease: A neglected entity?

GUANGQIAO ZENG, BAOQING SUN AND NANSHAN ZHONG

State Key Laboratory of Respiratory Disease, First Affiliated Hospital, Guangzhou Medical College, Guangzhou, China

1 de cada 4 EPOC – **no fumador**

17-38% de los pacientes EPOC en el mundo son no fumadores
(según criterios espirométricos de la GOLD)

Panel: **Non-smoking risk factors associated with chronic obstructive pulmonary disease**

Indoor air pollution
- Smoke from biomass fuel: plant residues (wood, charcoal, crops, twigs, dried grass) animal residues (dung)
- Smoke from coal

Occupational exposures
- Crop farming: grain dust, organic dust, inorganic dust
- Animal farming: organic dust, ammonia, hydrogen sulphide
- Dust exposures: coal mining, hard-rock mining, tunnelling, concrete manufacturing, construction, brick manufacturing, gold mining, iron and steel founding
- Chemical exposures: plastic, textile, rubber industries, leather manufacturing, manufacturing of food products
- Pollutant exposure: transportation and trucking, automotive repair

Treated pulmonary tuberculosis

Lower-respiratory-tract infections during childhood

Chronic asthma

Outdoor air pollution
- Particulate matter (<10 μm or <2·5 μm diameter)
- Nitrogen dioxide
- Carbon monoxide

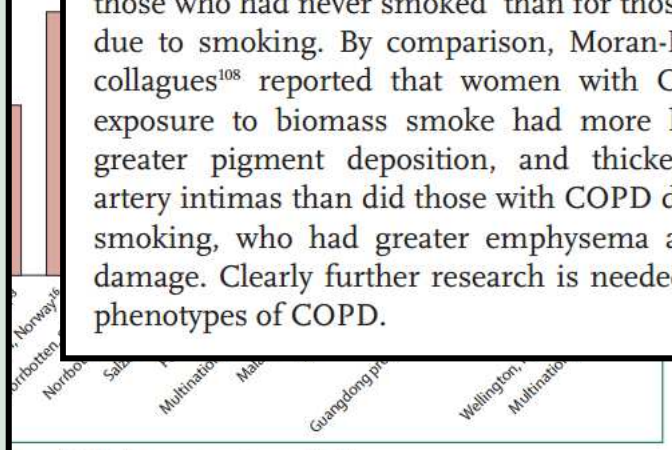
Poor socioeconomic status

Low educational attainment

Poor nutrition

Does COPD in never-smokers have a different phenotype?

Very few studies have investigated the non-smoking phenotype of COPD or made comparisons with the smoking phenotype. Ramírez-Venegas and colleagues[106] reported that Mexican women who had COPD and had been exposed to smoke from biomass fuel, had similar clinical characteristics, quality of life, and mortality to those with COPD due to tobacco smoking. However, Shavelle and co-workers[107] showed that in US patients with COPD the reduction in life expectancy was less for those who had never smoked than for those with COPD due to smoking. By comparison, Moran-Mendoza and collagues[108] reported that women with COPD due to exposure to biomass smoke had more lung fibrosis, greater pigment deposition, and thicker pulmonary artery intimas than did those with COPD due to tobacco smoking, who had greater emphysema and epithelial damage. Clearly further research is needed to elucidate phenotypes of COPD.



sease (COPD) who are non-smokers worldwide

lands, New Zealand, Norway, Spain, Sweden, Switzerland, UK, and USA.

2009

Prevalence of COPD in Spain: impact of undiagnosed COPD on quality of life and daily life activities

M Miravitlles,[1] J B Soriano,[2] F García-Río,[3] L Muñoz,[4] E Duran-Tauleria,[5] G Sanchez,[6] V Sobradillo,[7] J Ancochea[8]

Table 3 Chronic obstructive pulmonary disease (COPD) prevalence according to smoking history

Gender	Age group	Non-smokers	Pack-years (smokers and ex-smokers)			Total (smokers and ex)
			1–14	15–30	>30	
Men	40–49	3/153 (2.0)	6/152 (4.0)	10/197 (5.1)	7/83 (8.4)	23/432 (5.3)
	OR (95% CI)	1	2.1 (0.5 to 8.6)	2.7 (0.7 to 10.0)	4.6 (1.2 to 18.3)	2.8 (0.8 to 9.5)
	50–59	5/134 (3.7)	4/100 (4.0)	16/135 (11.9)	26/139 (18.7)	46/374 (12.3)
	OR (95% CI)	1	1.1 (0.3 to 4.2)	3.5 (1.2 to 9.8)	5.9 (2.2 to 15.9)	3.6 (1.4 to 9.3)
	60–69	10/114 (8.8)	7/59 (11.9)	18/87 (20.7)	54/147 (36.7)	79/293 (27.0)
	OR (95% CI)	1	1.4 (0.3 to 2.1)	2.7 (1.2 to 6.2)	6.0 (2.9 to 12.5)	3.8 (1.9 to 7.6)
	70–80	19/88 (21.6)	7/38 (18.4)	22/53 (41.5)	58/116 (50.0)	87/207 (42.0)
	OR (95% CI)	1	0.8 (0.3 to 2.1)	2.6 (1.2 to 5.5)	3.6 (1.9 to 6.7)	2.6 (1.5 to 4.6)
Women	40–49	4/223 (1.8)	1/178 (0.6)	12/214 (5.6)	4/44 (9.1)	17/436 (3.9)
	OR (95% CI)	1	0.3 (0 to 2.7)	3.3 (1.0 to 10.0)	5.5 (1.3 to 22.9)	2.2 (0.7 to 6.6)
	50–59	11/318 (3.5)	2/118 (1.7)	7/115 (6.1)	7/55 (12.7)	16/288 (5.6)
	OR (95% CI)	1	0.5 (0.1 to 2.3)	1.8 (0.7 to 4.8)	4.1 (1.5 to 11.1)	1.6 (0.7 to 3.5)
	60–69	24/322 (7.5)	2/33 (6.1)	1/40 (2.5)	5/27 (18.5)	8/100 (8.0)
	OR (95% CI)	1	0.8 (0.2 to 3.5)	0.3 (0 to 2.3)	2.9 (1.0 to 8.1)	1.1 (0.5 to 2.5)
	70–80	24/283 (8.5)	2/15 (13.3)	3/8 (37.5)	5/10 (50.0)	10/33 (30.3)
	OR (95% CI)	1	1.7 (0.4 to 8.0)	6.5 (1.5 to 29.0)	10.8 (2.9 to 40.0)	4.7 (2.0 to 11.0)

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LE

sease Prevalence Among
n the United States

H, Jacek M. Mazurek, MD, MS, PhD,
PhD

range 4% to 24%) of COPD is attributable to occupational
s.[2] Occupational exposures associated with COPD include
ses, minerals (coal, oil mist, and silica), fibers, chemicals
m, cadmium, isocyanates, vinyl chloride, and polycyclic
hydrocarbons), and welding fumes.[19–24] A study based
Third National Health and Nutrition Examination Survey
ES III) reported that the fraction of COPD attributable to
on was 31.1% among nonsmokers and prevalence odds ra-
OPD was elevated for certain industries and occupations
onsmokers.[12] For example, COPD was significantly asso-
th the utility industry (odds ratio = 27.7; 95% confidence
CI] = 3.6 to 214) and the records processing and distribu-
s occupation (odds ratio = 2.9; 95% CI = 1.1 to 7.6).[12] The
of this study was to examine COPD prevalence changes
onsmoking working adults between 1997 to 2000 and 2001
y occupational groups.

RESULTS

During 1997 to 2004, the COPD prevalence among nonsmoking working adults aged 25 years or more was 2.8% (95% CI = 2.7 to 3.0) (Table 2). The prevalence was significantly higher in females than in males, in both whites and blacks compared with other races. Between 1997 to 2000 and 2001 to 2004, the overall average annual COPD prevalence and prevalence by age, sex, and race did not change significantly (Table 2).

During 1997 to 2004, of the 27 occupational groups, 3 groups had significantly higher annual average COPD prevalence than the overall annual prevalence (2.8%): *financial records processing* (4.6%), *mail and message distributing* (4.4%), and *secretary, stenographers, and typists* (4.1%). The differences in annual average COPD prevalences in these occupational groups were not confounded by age. The mean ages in these occupational groups do not differ statistically between the two periods. For example, the mean age for *financial records processing* was 43.6 (95% CI = 42.9 to 44.3) years and 44.7 (95% CI = 44.0 to 45.3) years for 1997 to 2000 and 2001 to 2004, respectively (data not shown). In 17 occupational groups, the COPD prevalence increased between 1997 to 2000 and 2001 to 2004, but these changes were not significant (Table 3). The percentage change in COPD prevalence ranged from −70.0% (ie, indicating the decrease in prevalence) to 93.3% (ie, indicating the increase in prevalence). The COPD prevalence increased more than 50% in *private household* (93.3%), *machine operators and tenders, except precision* (92.3%), *other administrative support* (61.5%), and *engineers and scientists* (53.3%) occupational groups. The COPD prevalence decreased more than 50% in *farming, forestry, and fishing* (−70.0%) and *police and firefighters* (−57.1%) occupational groups. No statistically significant percentage change was found in these occupational groups (Table 3).

n = 78.163, mayores de 25 años

Mild and Moderate-to-Severe COPD in Nonsmokers*

Distinct Demographic Profiles

Carolyn E. Behrendt, PhD

Study objective: **To investigate the risk of COPD among nonsmokers.**
Design: **Case-control study, logistic regression analysis.**
Setting: **Third National Health and Nutrition Examination Survey, from 1988 to 1994.**
Participants: **Community residents 18 to 80 years of age, of white, black, or Mexican-American ethnicity. Nonsmokers included never-smokers and former smokers with a < 5 pack-year smoking history who had never smoked cigars or pipes.**
Measurements: **COPD (FEV_1/FVC < 70%) was classified as mild (FEV_1 ≥ 80% predicted) or moderate to severe (FEV_1 23 to 79% predicted).**
Results: **Among 13,995 examinees, 51.3 ± 0.4% were female, mean age was 42.2 ± 0.4 years, 48.7 ± 0.9% were nonsmokers, 8.8 ± 0.3% had mild COPD, and 4.1 ± 0.3% had moderate-to-severe COPD [± SE]. One fourth of mild and moderate-to-severe cases were nonsmokers. Among 7,526 nonsmokers, 4.7 ± 0.3% had mild COPD (n = 403; age, 60.9 ± 1.3 years) and were mostly female (82.5%), while 1.9 ± 0.3% had moderate-to-severe COPD (n = 92, age 39.3 ± 1.3) and were mostly male (88.1%). Few nonsmokers with COPD (12.1 ± 2.4%) had a previous diagnosis of chronic bronchitis or emphysema. Among nonsmokers, physician-diagnosed asthma increased the risk of mild and especially of moderate-to-severe COPD. Independently of asthma, risk of mild COPD in nonsmokers increased with age (doubling every 12 years), before age 60 was lower among men than women, and was inversely associated with current exposure to tobacco smoke at home and at work. In contrast, the risk of moderate-to-severe COPD in nonsmokers was markedly associated with male gender, peaked in middle age, and was inversely associated with**

Conclusions: **Among nonsmokers, mild and moderate-to-severe COPD are associated with asthma but otherwise have distinct demographic profiles, suggesting that moderate-to-severe disease is not a mere progression of mild COPD.** ***(CHEST 2005; 128:1239–1244)***

COPD most commonly refers to chronic bronchitis, emphysema, and the subset of asthma characterized by irreversible or partly reversible airflow obstruction.[1] Although the majority of COPD occurs in current or former smokers, the disease also occurs in persons who have never smoked. According to the previous epidemiologic study[2] of COPD in nonsmokers, prevalence is greater among women than men until the age of 60 years, when prevalence ceases to differ by sex. Neither urban residence nor occupational category is associated with COPD in nonsmokers.[2] In the general population, COPD is independently associated with smoking, age, and asthma but not with atopy alone.[3,4] In addition, genetic predisposition, environmental tobacco smoke, air pollution, *Helicobacter pylori* infection, and autoimmune thyroid disease have been proposed as risk factors for COPD.[5–9]

The possibility that risk factors for COPD differ according to the severity of disease has not been investigated to date. Using data from a national health examination, the current study identifies and

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RESPIRATORY RESEARCH

RESEARCH **Open Access**

Characterisation of exacerbation risk and exacerbator phenotypes in the POET-COPD trial

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Abstract

Background: Data examining the characteristics of patients with frequent exacerbations of chronic obstructive pulmonary disease (COPD) and associated hospitalisations and mortality are scarce.

Methods: *Post-hoc* analysis of the Prevention Of Exacerbations with Tiotropium in COPD (POET-COPD) trial, targeting exacerbations as the primary endpoint. Patients were classified as non-, infrequent, and frequent exacerbators (0, 1, or ≥ 2 exacerbations during study treatment), irrespective of study treatment. A multivariate Cox regression model assessed the effect of covariates on time to first exacerbation.

Results: In total, 7376 patients were included in the analysis: 63.5% non-exacerbators, 22.9% infrequent, 13.6% frequent exacerbators. Factors significantly associated with exacerbation risk were age, sex, body mass index, COPD duration and severity, smoking history, baseline inhaled corticosteroid use, and preceding antibiotic or systemic corticosteroid courses. Frequent exacerbators had greater severity and duration of COPD, received more pulmonary medication, and ≥ 2 systemic corticosteroid or antibiotic courses in the preceding year, and were more likely to be female and ex-smokers. The small proportion of frequent exacerbators (13.6%) accounted for 56.6% of exacerbation-related hospitalisations, which, overall, were associated with a three-fold increase in mortality.

Conclusion: The frequent exacerbator phenotype was closely associated with exacerbation-related hospitalisations, and exacerbation-related hospitalisations were associated with poorer survival.

Trial registration: NCT00563381; Study identifier: BI 205.389.

Keywords: Chronic obstructive pulmonary disease, Exacerbations, Mortality, Hospitalisation, Tiotropium, Salmeterol, GOLD

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ORIGINAL RESEARCH

Comparison of clinical features between non-smokers with COPD and smokers with COPD: a retrospective observational study

Conclusion: Non-smokers with COPD had less impairment in airflow limitation and gas exchange, and a lower prevalence of emphysema, chronic cough, and sputum compared with their smoking counterparts. Tobacco cessation is warranted in smokers with COPD.

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	(n=230)	(n=375)		for FEV_1
Chronic cough, n (%)	19 (8.3%)	60 (16%)	0.006	0.001
Chronic sputum, n (%)	19 (8.3%)	57 (15.2%)	0.016	0.002
mMRC >1, n (%)	3 (1.3%)	8 (2.1%)	0.546	0.214

Abbreviations: COPD, chronic obstructive pulmonary disease; FEV_1, forced expiratory volume in first second of expiration; mMRC, modified Medical Research Council dyspnea score.

Eskerrik asko

Gracias