

Comorbidities in COPD: are we considering them adequately?

Comorbilidades en EPOC ¿estamos considerándolas adecuadamente?

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Chronic obstructive pulmonary disease (COPD) is a multisystem disease whose morbidity and mortality are undoubtedly related to its associated chronic comorbidities, to a greater extent in those who do not suffer from it, with these comorbidities often being the cause of death.

The management of patients with COPD, must include a set of factors that significantly influence the prognosis and number of hospitalizations, such as advanced age, FEV1 value, the degree of dyspnea measured by the MRC (Medical Research Council) Scale, the number of exacerbations per year, the level of pO₂, and the degree of functional dependence. Likewise, these patients have a higher prevalence of cardiovascular diseases, cancer, and depression than the general population, among other comorbidities.

Although we do not have a single tool that encompasses everything mentioned, it is useful to use different indices that allow for a better assessment of these patients. The Charlson Index, which is not specific to COPD, groups many of the comorbidities and expresses life expectancy in terms of 10 years, taking into account some not included but prevalent comorbidities such as arterial hypertension, osteoporosis, abdominal obesity, dyslipidemia, anemia, depression, and anxiety. Similarly, it is important to note that this population presents a higher frequency of ischemic heart disease, myocardial infarction, and chronic renal failure.

The BODE Index (body-mass index, airflow obstruction, dyspnea, and exercise capacity), which is easy to calculate and shows a strong correlation with survival, was initially designed to replace the FEV1 as the sole predictor of COPD patient evolution and is extremely useful. The ADO (Age, Dyspnea, Airflow Obstruction) Index is also very useful. It is multidimensional and has

good correlation with quality of life measured by the EQ-5D and Visual Analogue Scale (VAS), like the BODE Index.

For assessing the degree of independence in relation to activities of daily living, the Katz Index is useful, and it is also helpful in evaluating quality of life.

In this issue, an article is published on the comorbidities of COPD and their impact on morbidity and mortality. (1) It correlates the severity of COPD, the COTE index, and mortality but does not find a correlation between the variables under consideration and mortality. The study of Jiménez and Sívori published in this review last year compared the Charlson and COTE indices in COPD and its relationship with mortality. The correlation between both indices was found to be poor, with the Charlson Index being better at discriminating mortality. (2)

Therefore, studying comorbidities in COPD is essential in the management of these patients, and interdisciplinary care should be provided. Similarly, the systematic use of multidimensional indices is important to allow for a better assessment of comorbidities and their impact on mortality. These indices are valuable not only for their prognostic value but also to enable timely intervention in the various areas that may require it.

REFERENCES

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