

Results: Average data obtained from analyzing questionnaires were: 18.05 (± 19.45) package /year – index smoker, 245.30 (± 89.88) - 6MWD. Correlational analysis showed that there was no correlation between Charlson index 2.43 (± 1.52) and 6-minute walk test $p = -0.41$, index smoker $p = 0.04$, Health – related quality of life instruments: CCQ 64.03 (± 11.14), $p = 0.25$, SGRQ 2.86 (± 0.78), $p = 0.31$, as well as between CDS 4.33 (± 2.52) and 6MWD $p = -0.35$, index smoker $p = -0.01$, CCQ 64.03 (± 11.14), $p = 0.29$, SGRQ 2.86 (± 0.78), $p = 0.38$.

Conclusion: Analyzing the impact of comorbidities on quality of life, we found a significant contribution to pathologies associated quality of life in elderly patients. The results tell us that COPD patients differentiate specific allegations of complaints characteristic of other diseases and can be used as specific tools for measuring quality of life of COPD.

Keywords: COPD, Charlson index, CDS index.

THE RELATIONSHIP BETWEEN BODY MASS INDEX AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH COPD

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Introduction: Chronic obstructive pulmonary disease (COPD) is a progressive illness, which affects public health due to its exacerbations and can reduce the life - threatening risks from a sudden flare of its symptoms. It is one of the leading cause of chronic morbidity and mortality worldwide, that's why, the assessment of the life quality is used on a large scale in clinical trials. **The aim** of the study was to analyze the influence of body mass index (BMI) on quality of life in patients with COPD.

Materials and methods: 60 patients with COPD were enrolled into the study: 30 men and 30 women, mean age was 64.45 ± 8.5 years. The following parameters were studied: age, the spirometric data (FEV1%, FVC, FEV1%/FVC), BMI, health-related quality of life (HRQL) by Saint George's Respiratory Questionnaire (SGRQ) and Clinical COPD Questionnaire (CCQ).

Results: The mean FEV1 was $45.34 \pm 12.94\%$, the mean FVC was $55.77 \pm 17.12\%$; the mean FEV1/FVC was $59.03 \pm 11.71\%$. The mean body mass index (BMI) was 29.12 ± 6.89 kg/m². We detected severe deterioration of quality of life in patients by SGRQ and CCQ. The mean total score of SGRQ was 64.03 ± 11.14 ; symptoms score was 78.88 ± 12.39 ; activity score was 59.02 ± 14.33 ; impact score was 62.24 ± 11.09 . Also CCQ demonstrated deterioration of quality of life. There were no significant correlations between HRQL and BMI.

Conclusions: COPD is an important cause of severe deterioration of quality of life. The correlation analysis didn't show any relationship between BMI and HRQL. Further investigation of the relationship between BMI and HRQL would be useful.

Key words: COPD, BMI, HRQL.