

## 5. ASSESSMENT OF QUALITY OF LIFE IN COPD PATIENTS WITH COMORBIDITIES

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**Introduction.** Chronic obstructive pulmonary disease (COPD) continues to be one of the leading causes of death and health-care cost worldwide. The majority of patients have at least one comorbid condition of clinical significance.

**Aim of study.** Study of comorbidities in chronic obstructive pulmonary diseases.

**Methods and materials.** The study was conducted in 75 patients with COPD. Comorbidities were assessed by Charlson comorbidity index (CCI). Health-related quality of life was assessed by the Clinical COPD Questionnaire (CCQ), COPD Assessment Test (CAT) and St. George Respiratory Questionnaire (SGRQ). Spirometric data were analyzed (FEV<sub>1</sub>, FVC, FEV<sub>1</sub>/FVC).

**Results.** 75 COPD patients were studied, mean age was 59.2±6.5 years, mean FEV<sub>1</sub>, % was 36.6±13.3%. Patients across all stages of the GOLD classification had similar age and pack/years ( $p>0.01$ ). Charlson comorbidity index (CCI) had a moderate negative correlation with 6MWD ( $r=-0.39$ ,  $p<0.01$ ) and absence correlation with the rate of exacerbations ( $r=0.15$ ,  $p=0.01$ ). CCI had a moderate correlation with SGRQ activity ( $r=0.39$ ,  $p<0.01$ ), impact ( $r=0.38$ ,  $p<0.001$ ) and total ( $r=0.38$ ,  $p<0.001$ ) scores. Questionnaires for assessing the quality of life when applied to assess the risk of comorbidities showed unsatisfactory discriminatory power (SGRQ AUC - 0.4, CCQ AUC - 0.44 and CAT AUC - 0.39).

**Conclusion.** COPD is frequently associated with other diseases. Comorbidities have a greater negative impact on COPD patients in terms of quality of life. HRQL questionnaires, when applied to assess the risk of comorbidities showed unsatisfactory discriminatory power.