

### 30. IMPACT OF COPD EXACERBATIONS ON HEALTH-RELATED QUALITY OF LIFE

**Author:** Maximciuc Corneliu

**Scientific adviser:** Alexandru Corlăteanu, PhD, Associate Professor, Discipline of Pneumology and Allergology, Department of Internal Medicine, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

**Introduction.** COPD is a complex heterogeneous disease, characterized by persistent and progressive airflow limitation with estimated prevalence ranging between 8 and 15 %. Acute worsening of clinical state being associated with significant mortality making it the third leading cause of death worldwide and a true socioeconomic burden. With each exacerbation, quality of life tends to worsen due to lung function decline described by patients as aggravation of subjective and physical state that do not fully reflect patients condition. The task of the medical community is to identify the right tools for assessing quality of life in patients with multiple exacerbations in COPD.

**Aim of study.** Comparative assessment of the quality of life in frequent exacerbators and non- exacerbators by using standard tools.

**Material and methods.** In this study were enrolled 67 patients with different COPD severity, hospitalized during the period of 2012-2016. From each patient were collected anthropometric data, were evaluated dyspnea severity via mMRC and lung function using Jaeger® Master Screen Body by measuring FVC, FEV1, FEV1/FVC. Collected statistical data were processed by using Statistica 6.0 (Statsoft Inc).

**Results.** 55 (82%) men and 12 (18%) women with mean age of  $62,3 \pm 9,9$  years participated in the research, 31 were included in non exacerbators group ( $\leq 1$  exacerbations/ year ) and 36 in frequent exacerbators group ( $\geq 2$  exacerbation/ year). Comparative assessing of clinical markers depending on the rate of exacerbation (age, weight, height, BMI, pack/year, mMRC) and mean results of quality of life measurement tools (SGQR and CCQ) of both groups revealed a decline of quality of life in patients with multiple exacerbations ( SGRQ-non exacerbators-  $54,34 \pm 14,18$ , frequent exacerbators-  $65,84 \pm 11,59$  ( $p < 0,05$ ); CCQ non-exacerbators-  $2,60 \pm 0,64$  , frequent exacerbators  $3,05 \pm 0,62$  ( $p < 0,05$ );). 6MWD showed a moderate correlation with exacerbation rate ( $r = -0,67$   $p < 0,05$ ).

**Conclusions:** In COPD multiple exacerbations lead to decline in quality of life. Malleable exogenous factors should be modified in order to reduce the rate of exacerbations.