

Impact of Comorbid COPD and Chronic Heart Failure

Patient characteristics	Heart failure with COPD	Heart failure without COPD
Mean NYHA class	2.2	2.0
Quality of life assessed by Short Form-36 physical function score	50	59
Depressive symptoms on nine-item Patient Health Questionnaire screen	7.3	5.9
Heart rate	71 bpm	67 bpm
WBC count	8,200/mm ³	7,600/mm ³
Mean LVEF	43%	42%

Note: All differences except LVEF are statistically significant.
Source: Dr. Angermann

ELSEVIER GLOBAL MEDICAL NEWS

Undiagnosed COPD Often Present in Heart Failure

BY BRUCE JANCIN
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MUNICH — Chronic obstructive pulmonary disease is an extremely common yet often unrecognized comorbid condition in patients who have systolic heart failure, according to the findings of two studies.

“Data on COPD and heart failure are re-

ally scarce, probably because the leading symptom—dyspnea—is shared. If heart failure is known in a patient, physicians tend to be content to treat the heart failure without further diagnostic workup,” said Dr. Christiane E. Angermann, professor of medicine at the University of Würzburg (Germany).

Even when the comorbid COPD is diagnosed in a patient with chronic heart failure, it is most often inadequately treated, she added in an interview.

At the annual congress of the European Society of Cardiology, Dr. Angermann reported on a series of 512 consecutive patients, mean age 66 years, with a mean left ventricular ejection fraction of 31% when hospitalized for acute decompensated systolic heart failure. They were discharged after their heart failure was stabilized, then examined 6 months later when they underwent pulmonary function testing as well as structured assessments of quality of life and depressive symptoms.

The prevalence of COPD in this large unselected cohort of heart failure patients was 31%, based on the widely utilized Gold criterion of a ratio of postdilatory forced expiratory volume in 1 second divided by forced vital capacity (FEV₁/FVC) of less than 0.7. The prevalence was similar in men and women.

In only 26% of affected patients was the COPD previously diagnosed. Three-quarters of those with known COPD were on bronchodilator therapy. Among those with known COPD who were being treated for it, 72% had an FEV₁/FVC of 0.8 or less, as did 74% of patients with known but untreated COPD.

Patients with COPD had more symptomatic heart failure, more depressive symptoms, worse quality of life scores, and more systemic inflammation than those with heart failure but not COPD. (See box.)

Overall, 88% of heart failure patients with COPD and 92% without COPD were on a cardioselective β -blocker, with no apparent adverse pulmonary effects in the COPD group. It appears physicians no longer accept the traditional contraindication of β -blockade in patients with COPD, Dr. Angermann observed.

Among the influential studies in terms of changing physician thinking on this score was a meta-analysis led by Dr. Shelly R. Salpeter of Stanford (Calif.) University, which concluded that the use of cardioselective β -blockers in patients with COPD doesn’t reduce airway function or increase the rate of COPD exacerbations (Respir. Med. 2003;97:1094-101).

In a separate presentation at the congress, investigators at the University of Salzburg (Austria) reported that 38 of 86 (44%) unselected patients with systolic heart failure who underwent blinded spirometric screening met diagnostic criteria for COPD. Only 14 of the 38 were already known to have COPD. All patients with COPD, whether previously known or not, were on a cardioselective β -blocker. ■

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