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## **Underweight COPD Patients at Higher Risk of Death**

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Patients suffering from chronic obstructive pulmonary disease (COPD) are at a higher risk of death if they are underweight.

A new study, which will be presented September 26, 2011 at the European Respiratory Society's Annual Congress in Amsterdam, assessed the link between death rates and the weight of COPD patients. The research also assessed the link with other co-existing diseases, such as heart disease.

The World Health Organization predicts that COPD will become the third leading cause of death worldwide by 2030. A number of co-morbid conditions often exist with COPD, including cardiovascular disease, muscle wasting, type-2 diabetes and asthma.

In a study by researchers at Uppsala University in Sweden, 552 patients were assessed. Information was collected using questionnaires to review patients' age, education, smoking status and level of care. They also looked at information on lung function and history of comorbidities.

The results showed that heart disease, hypertension and being underweight were all associated with higher mortality in COPD patients. People who were underweight were 1.7-times more likely to die than people with a normal body weight. Additionally, people with heart disease or cardiac failure were 1.9-times more likely to die than people with COPD alone.

The results were found even when taking into account age, sex, lung function and smoking. The findings have important implications for health practitioners in both primary and secondary care settings.

Dr Bjorn Stallberg, from Uppsala University in Sweden, said: "As the population is aging, people are more likely to suffer from more than one condition at the any given time. It will be important for clinicians to recognise other symptoms outside of their specialist area to ensure patients are receiving all the necessary treatment. The findings of this study have shown that heart disease and being underweight are very serious conditions and therefore should be taken into consideration when managing patients with COPD."

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