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Title: Sleep does not affect health status in a primary care COPD population

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Body: Introduction Knowledge on the relation between sleep quality and health status in mild COPD patients is very limited. Aims and objectives The aim of the current study was to evaluate the effect of sleep on health status as measured by the Clinical COPD Questionnaire (CCQ) in a primary care COPD population. Method 38 COPD patients were enrolled in the study, which was part of a larger study evaluating health status based treatment versus standard GOLD guideline based treatment. The participants completed the CCQ (symptoms, mental, functional and total scale) and the Pittsburgh Sleep Quality Index (PSQI; duration, disturbances, latency, daytime dysfunction, efficiency, quality, medication need and total score). Results Mean participant age was 66 years; mean number of packyears 41; 72% male; GOLD I 36%, GOLD II 56%, GOLD III 8%. In the univariate analyses relations were found between the CCQ total scale and FEV1 (spearman -0.416, p=0.009), CCQ total and daytime dysfunction (spearman 0.404, p=0.012) and CCQ total and GOLD stage (spearman 0.369, p=0.023). No relations were found with group allocation, age, social economic status, medication, BMI or packyears. Multivariate analyses confirmed health status to be related to FEV1 and daytime dysfunction. The relation with GOLD stage was not confirmed. Conclusion Health status by means of CCQ is related to FEV1 and daytime dysfunction. None of the other sleep quality scales showed to have an influence on health status. The current study gives an insight into the possible relation between health status and sleep in a primary care COPD population and shows that the PSQI is a relevant instrument, however the n of 38 is too low for definitive conclusions.