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Title: The impact of comorbidities on the short-term serious health outcomes in hospitalized COPD patients due to exacerbation

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Body: The comorbidities are frequent in hospitalized COPD patients but little is known about their association with the serious health outcomes. We aimed to assess the relationship between comorbidities and the short-term serious health outcomes in hospitalized COPD patients due to exacerbation. We analysed data of 72 COPD patients who hospitalized due to exacerbation. We evaluated comorbidities, need of ICU, mortality during hospitalization, and re-hospitalization and mortality within 3 months after discharge. Risk factors (smoking, FEV1, MRC, exacerbation frequency and comorbidities) were investigated for these outcomes. The frequent comorbidities were: Hypertension (48.6%), ischemic heart disease (36.1%), diabetes (27.8%), heart failure (26.4%), cachexia (20.8%), obesity (19.4%), anemia (19.4%), dyslipidemia (18.1%), kidney disease (13.9%), depression (12.5%). Eight (11.1%) patients died during hospitalization, and 14 (21.9%) within 3 months. 10 (15.6%) patients had re-hospitalization, 21 (29.2%) required ICU. MRC ($p=0.004$), cachexia($p=0.002$), anemia ($p=0.021$) were independent risk factors for mortality during hospitalization. MRC ($p=0.001$), depression ($p=0.048$), dyslipidemia ($p=0.015$), obesity ($p=0.046$) were independent risk factors for the need of ICU. Kidney disease ($p=0.013$), diabetes ($p=0.050$) were independent risk factors for mortality within 3 months. Depression ($p=0.026$) was the independent risk factor for re-hospitalization. This study showed that dyspnea degree and comorbidities are related to the short-term serious health outcomes in COPD. Detailed evaluation and treatment of these associated comorbidities may improve the shorttime-prognosis of this patients.