**Survival in COPD**

**THE 'OBESITY PARADOX' IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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Poor nutritional status in chronic obstructive pulmonary disease (COPD) is associated with increased mortality independently of disease-severity (Collins et al.). Epidemiological studies have suggested a protective role of obesity against mortality in COPD (Vestbo et al.) which is contrary to data from the general population where obesity is associated with decreased life expectancy. This relationship has been referred to as the 'obesity paradox' and has been demonstrated in a number of chronic wasting conditions (Kalantar-Zadeh et al.). This study investigated the existence of the obesity paradox in outpatients with COPD by examining the effect of body mass index (BMI) on 1-year healthcare use and clinical outcome in terms of hospital admission rates, length of hospital stay, outpatient appointments and mortality. BMI was assessed in 424 outpatients with COPD, with measurements performed by specialist respiratory nurses during outpatient clinics. 1-year healthcare use was retrospectively collected from the date of BMI measurement. Abstract S163 Table 1 Patients classified as overweight (25.0–29.9 kg/m²) or obese (>30 kg/m²) experienced significantly fewer emergency hospital admissions, as well as a reduced length of hospital stay, in comparison to normal weight (20.0–24.9 kg/m²) or underweight (<20 kg/m²) outpatients. There was a significant negative trend between BMI classification and mortality. This study supports the existence of the 'obesity paradox' in COPD, not only in relation to reduced 1 year mortality rates but also in terms of reduced emergency hospital admissions and reduced length of hospital stay.

Abstract S163 Table 1

<table>
<thead>
<tr>
<th>BMI category (kg/m²)</th>
<th>&lt;20</th>
<th>20–24.9</th>
<th>25–29.9</th>
<th>&gt;30</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. EM admissions per patient</td>
<td>15.0 (7.7)</td>
<td>11.7 (7.1)</td>
<td>7.4 (4.4)</td>
<td>7.1 (1.1)</td>
<td>0.011*</td>
</tr>
<tr>
<td>EM LOS (days per patient)</td>
<td>6.5 (12.8)</td>
<td>9.6 (19.3)</td>
<td>5.3 (17.3)</td>
<td>3.6 (9.0)</td>
<td>0.034*</td>
</tr>
<tr>
<td>No. ELEC admissions per patient</td>
<td>0.33 (0.75)</td>
<td>0.22 (0.71)</td>
<td>0.20 (0.67)</td>
<td>0.39 (0.90)</td>
<td>0.216*</td>
</tr>
<tr>
<td>ELEC LOS (days per patient)</td>
<td>1.94 (7.9)</td>
<td>0.59 (2.6)</td>
<td>0.48 (3.2)</td>
<td>2.1 (13.0)</td>
<td>0.240*</td>
</tr>
<tr>
<td>OPA per patient</td>
<td>3.4 (2.5)</td>
<td>4.1 (3.4)</td>
<td>3.4 (2.6)</td>
<td>3.5 (2.6)</td>
<td>0.163*</td>
</tr>
<tr>
<td>1-year mortality (%)</td>
<td>21</td>
<td>15</td>
<td>5</td>
<td>4</td>
<td>&lt;0.001†</td>
</tr>
</tbody>
</table>

Values are mean ± SD.

*ANOVA.

1P p-trend.

1No. number; EM, emergency; ELEC, elective; LOS, length of stay; OPA, outpatient appointments.

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REFERENCES


**DEPRIVATION IS AN INDEPENDENT PREDICTOR OF 1-YEAR MORTALITY IN OUTPATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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Deprivation is linked to increased incidence in a number of chronic diseases but its relationship to chronic obstructive pulmonary disease (COPD) is uncertain despite suggestions that the socioeconomic gradient seen in COPD is as great, if not greater, than any