

part of our new multisystem, comprehensive, holistic assessment of COPD patients.

REFERENCE

1. Joliffe, *et al.* Prevalence, determinants and clinical correlates of Vitamin D deficiency in patients with chronic obstructive pulmonary disease in London, UK., 2017. *J Steroid Biochem Mol Biochem.*

P92 EFFICACY OF BETA BLOCKERS PRESCRIBED AMONG COPD PATIENTS WITH CONCOMITANT HEART FAILURE

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Background Due to common risk factors, there is considerable number of COPD patients who has concomitant heart failure. There is always reluctance in prescribing beta blockers in patients with COPD, though recent literature has supported the use of cardio-selective beta blockers among these patients. We conducted this study to determine the effect of cardio-selective beta blockers on dyspnea grade and exacerbation rate among COPD patients with concomitant heart failure.

Methods This was a prospective cohort study among COPD patients with concomitant heart failure, conducted in a clinic during the last one year. Patients were recruited into 2 groups those who were prescribed cardio- selective beta blockers (group 1) and those managed without beta blockers (group 2). Patients were followed for one year. Outcomes measured were the reduction in MRC dyspnea grade and reduction in number of exacerbations in this year as compare to last year. Those patients having renal disease, liver disease, cancer, any Pneumonia leading to hospitalisation, stroke, etc. were excluded from the study.

Results Total of 95 patients (45 in group 1 and 50 in group 2), mean age 61.3 ± 11 years, BMI 27.5 ± 6.8 , mean COPD exacerbation rate of 2.45 ± 0.8 were included in the study according to inclusion criteria. There was statistically

significant difference in the two groups regarding their smoking history and BMI, though no difference in the gender distribution and mean COPD exacerbation rate in the last year. At the end of one year follow up, we found statistically significant difference in reduction in COPD exacerbation rate and reduction in dyspnea grade with $p < 0.05$.

Conclusion Cardio- selective beta blockers when prescribed among sub group of COPD patients who had concomitant heart failure may benefit in terms of reduction in dyspnea grade and reduction in COPD exacerbation rate.

P93 'COPD: CT THORAX – FRIEND OR FOE': CLINICAL UTILITY OF CT THORAX IN DIAGNOSING COMORBIDITIES

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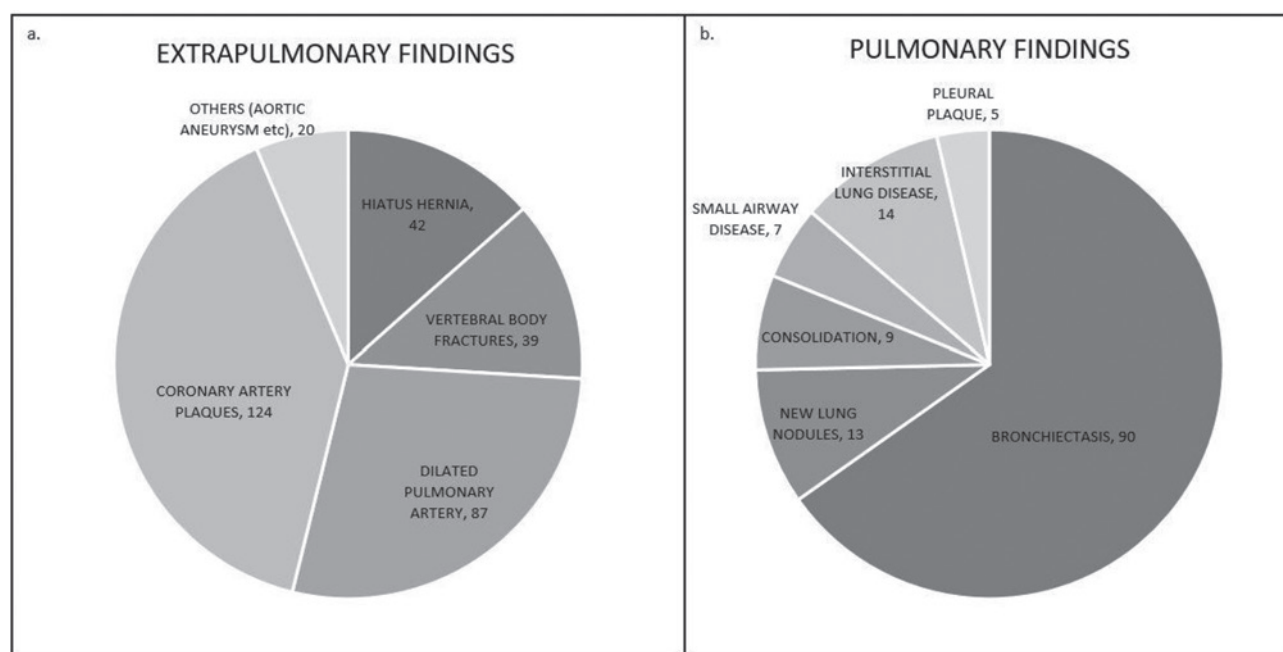
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Introduction Chronic obstructive pulmonary disease (COPD) is associated with several pulmonary and extra-pulmonary comorbidities. Comorbidities have a significant impact on health, healthcare services, and mortality in COPD patients, who have, on average, ≥ 4 additional diseases.¹ Earlier detection and treatment will lead to better patient outcomes. This study aims to demonstrate the added value of non-contrast CT Thorax in revealing previously unreported co-morbidities. Our hypothesis is CT Thorax is often requested in COPD patients primarily for co-existing lung disease however extra-pulmonary comorbidities are often under requested and under reported.

Methods

Setting Tertiary cardio thoracic centre

Study design Retrospective review 1000 non-contrast CT thorax scans in COPD patients. Using a pre-formed list of comorbidities (listed below), images were reviewed by a single operator. Pulmonary bronchiectasis, infection, lung cancer, ILD Extra-pulmonary Coronary artery calcification, Pulmonary artery diameter, hiatus hernia, vertebral fractures.



Abstract P93 Figure 1 Pie charts showing extra pulmonary (a) and pulmonary findings (b) on retrospective analysis of 227 CT scans.