

## male patients (Tab.1) ounger than the other women. They had fewer COPD ovascular comorbidities.

re frequent in non-smokers than in the other women, sthma (no statistically significant difference between the

## of female patients hospitalized for acute

| according to their tobacco consumption |                |                |                 |  |  |  |
|--|----------------|----------------|-----------------|--|--|--|
|  | Active smokers | Ex-<br>smokers | Non-<br>smokers |  |  |  |
|  | N=197          | N=165          | N=61            |  |  |  |
| D)                                     | 62.5+/-12.3    | 73.7+/-9.6     | 78.1+/-7.5      |  |  |  |

Active smoke N=197Dyspnea (MRC)

• Their COPD was also less frequently diagn when the COPD was diagnosed, active smol

Tab. 2: COPD characteristics before the a

followed up by a lung specialist.

to tobacco consumption

## - 3/4

- Pa,O2 <60 mmHg

Lung specialist

-0/1

**Respiratory function** - FEV1 (% pred.): mean +/- SD

**COPD** previously diagnosed

**Medical follow-up** - General practitioner

- No follow up MRC: Medical Research Council

All the differences between the 3 groups were sta

30.1%

35.2%

50.9 + / -1

17.2%

68.0%

26.3%

63.9%

9.8%

| ,       |   | • | • | <b>-</b> 1 | J |  |  |  |
|---------|---|---|---|------------|---|--|--|--|
| N=61    |   |   |   |            |   |  |  |  |
| <u></u> | 4 |   | 7 | 7          |   |  |  |  |

78.1+/-7.5

nd comorbidities (%)