Étude EABPCO

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Étude

EABPCO-CPHG

PROTOCOLE

Facteurs prédictifs de la survie à 3 ans
des patients hospitalisés pour exacerbations
aiguës de BPCO dans les services
de pneumologie des hôpitaux généraux

1er octobre 2006 – 31 décembre 2006

Pour toute information, contacter :
Dr L. Marsal
Tél. : 01 42 21 15 25 Fax : 01 42 21 15 55

Objectif principal

- **Facteurs prédictifs de mortalité à 3 ans**
  - Date
  - Cause du décès

Objectifs secondaires

- **Suivi à 3 mois des EA de BPCO hospitalisées :**
  - facteurs prédictifs de la mise sous oxygénothérapie de longue durée (OLD)
  - et/ou sous ventilation non invasive (VNI)

- **Décrire les caractéristiques de la BPCO antérieurement à l'EA**

- **Décrire la prise en charge en hospitalisation des EA de BPCO :**
  - thérapeutique
  - suivi
  - caractéristiques des patients
  - etc.

Considérations éthiques

- **Le protocole de l'étude a reçu l'accord de**
  - **Comité consultatif sur le traitement de l'information en matière de recherche dans le domaine de la Santé (DGS)**
  - **Commission nationale informatique et liberté (CNIL)**
  - **Comité d'évaluation des protocoles de recherche de la SPLF en janvier 2007**

Les soutiens d'EABPCO

- La Direction générale de la santé
- La Société de Pneumologie de Langue Française.
- La Fédération française de pneumologie
- Pneumologie développement
- Comité National contre les maladies respiratoires
- Astra-Zeneca
- Boehringer Ingelheim-Pfizer
- Glaxo-Smith-Kline
- Orkyn'
- Vitalaire

Centres investigateurs

1er octobre 2006 – 31 juin 2007

68 centres

- Ile-de-France :

Argenteuil, Arpajon, Briis-sous-Forges, Corbeil-Essonnes, Eaubonne, Le Chesnay – Versailles, Longjumeau, Meaux, Montfermeil, Nanterre, Pontoise, Saint-Germain-en-Laye, Villeneuve-St-George

- Départements d'Outre-Mer :

Le Carbet (Martinique), Papeete (Polynésie Française), Saint-Denis (La Réunion), Saint-Pierre (La Réunion)

Population de l'étude

68

centres investigateurs

1 849 patients
inclus du 01/10/06 au 30/06/07

25 exclusions
(dg BPCO non retenu)

1 824 patients
retenus pour analyse descriptive

Population de l'étude

1 824 patients
inclus du 01/10/06 au 30/06/07

1 143 patients
inclus du 01/10/06 au 15/01/07
et suivis à 3 mois
selon le protocole

681 patients
inclus du 16/01/07 au 30/06/07
et non suivis à 3 mois

32 patients décédés

202 patients PDV

909 patients suivis

Taux de suivi : **81,8%**

Objectifs:

- **Facteurs prédictifs de la mise sous oxygénothérapie de longue durée (OLD) et/ou sous ventilation non invasive (VNI)**
- **Facteurs prédictifs de la mortalité**
- **Facteurs prédictifs re-hospitalisation**

CPLF 2009

Etude EABPCO-CPHG
du Collège des Pneumologues des Hôpitaux Généraux

Caractéristiques et prise en charge des exacerbations aiguës (EA) de BPCO hospitalisées selon que l'EA était inaugurale ou la BPCO connue auparavant

Piquet J, Lebas FX, Roche N, Morel H, Brunet P, Carré P, Grib M, Foulon G, Bernier C, Martin M, Didi T, Gonzalez G, Coëtmer D, Orlando JP, Desurmont –Salasc B, Hermant P, Pasquet P, Carbonelle M, Acker D, Blanchon F

Population de l'étude

1 824 patients
inclus du 01/10/06 au 30/06/07

BPCO non identifiée avant l'épisode d'EA

290 patients

(15,9%)

BPCO connue avant l'épisode d'EA

1 534 patients

(84,1%)

Données générales / Tabagisme selon le statut de la BPCO au moment de l'hospitalisation

		Non	Oui	
N		290	1534	*p*
Sexe, %	Femmes	29.7	22.0	*0.004*
Age (ans)	m± ET	66.7± 12.2	71.0± 10.9	*<0.0001*
Age, %	<60	30.7	17.9	*<0.0001*
	60-79	52.8	57.6	
	≥80	16.6	24.5	
IMC, %	≤20 kg/m²	17.6	20.9	*0.26*
	20-25 kg/m²	33.8	34.7	
	25-30 kg/m²	26.3	26.8	
	≥30 kg/m²	22.3	17.7	
Tabagisme, %	Non fumeur	3.4	7.2	*<0.0001*
	Ex fumeur	40.3	64.7	
	Fumeur	56.2	28.2	

Données générales / Tabagisme selon le statut de la BPCO au moment de l'hospitalisation

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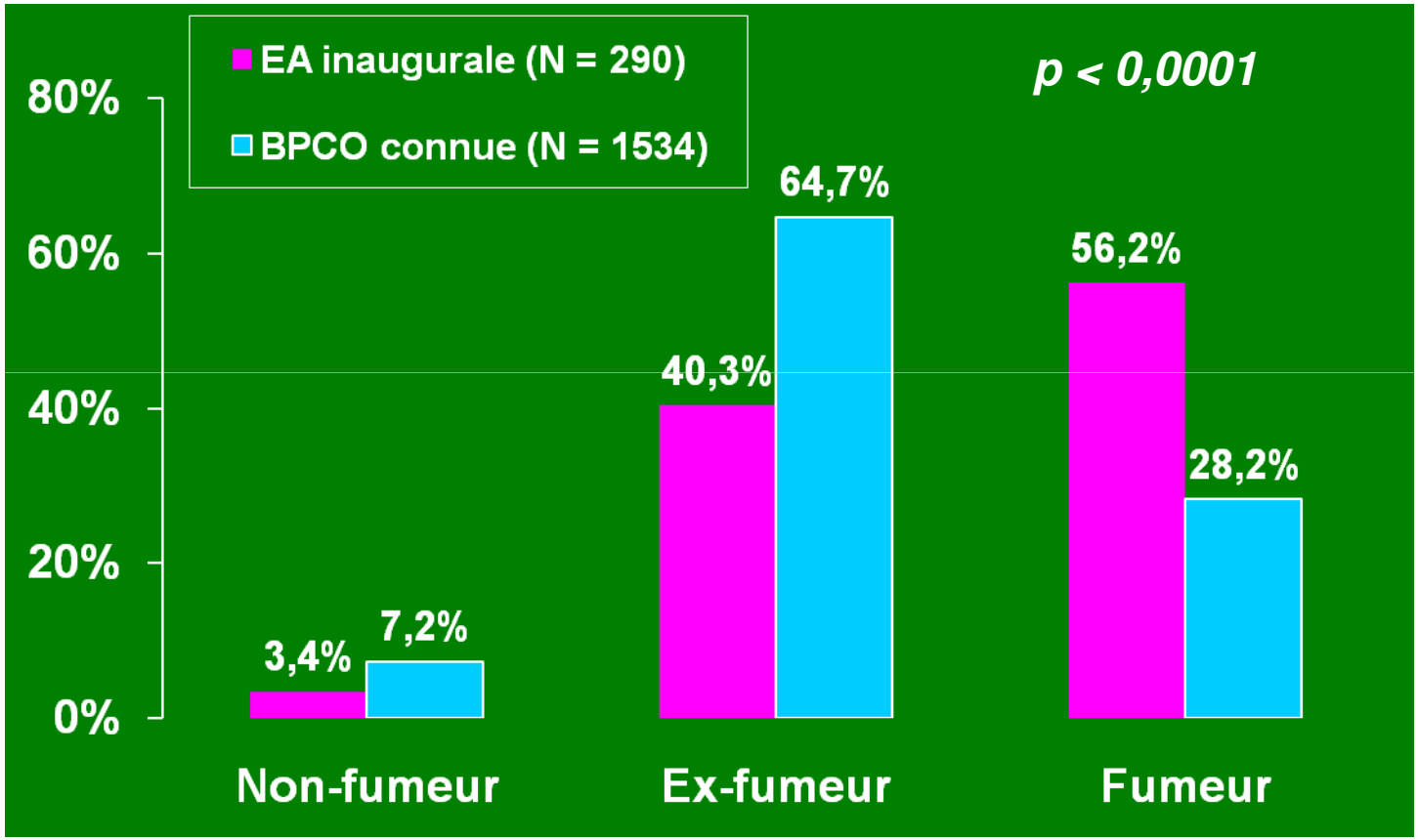
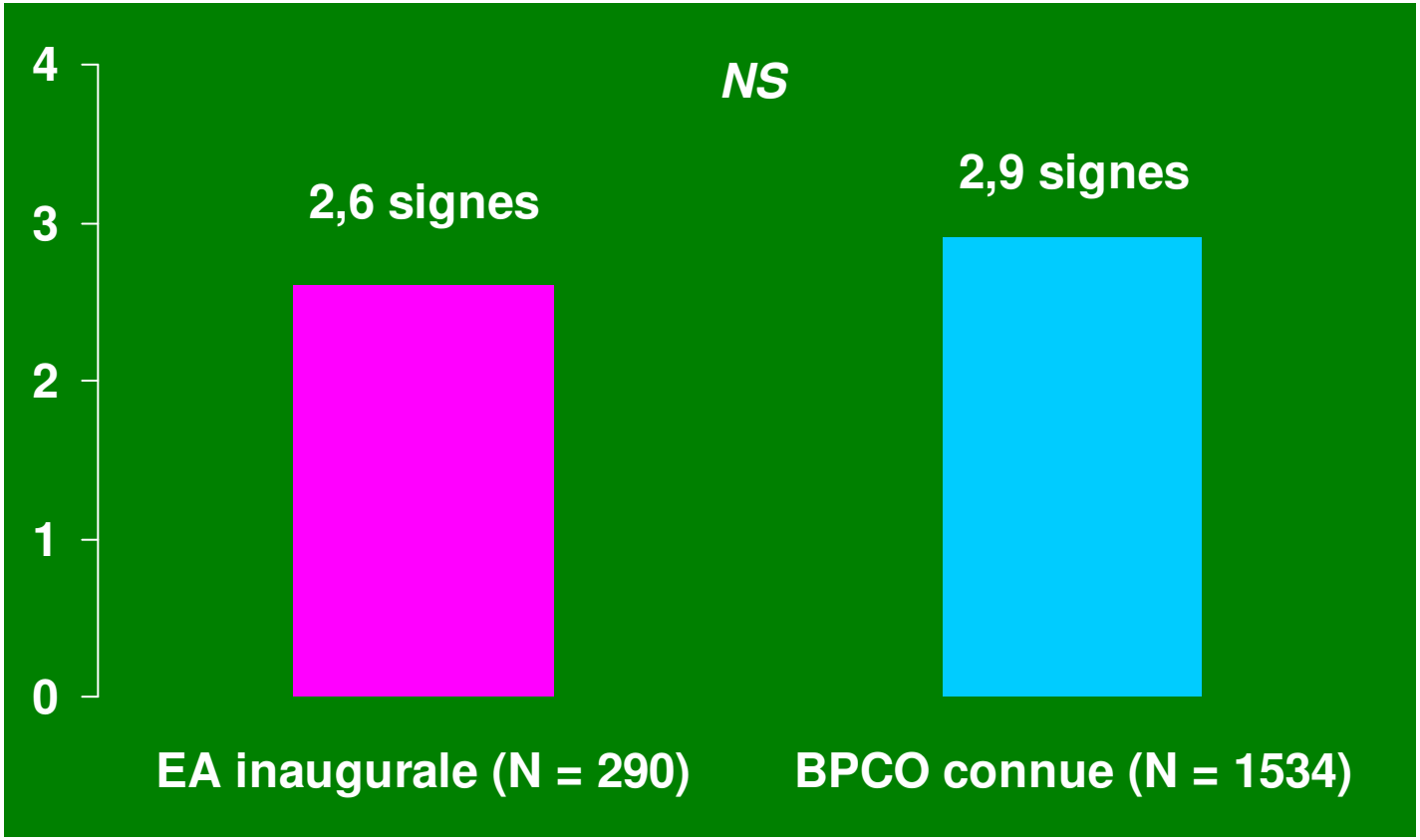
	25-30 kg/m²	26.3	26.8	
	≥30 kg/m²	22.3	17.7	
Tabagisme, %	Non fumeur	3.4	7.2	*<0.0001*
	Ex fumeur	40.3	64.7	
	Fumeur	56.2	28.2	

Tabagisme


EA inaugurale (N = 290)
BPCO connue (N = 1534)
p < 0,0001
80%
60%
40%
20%
0%
3,4%
7,2%
40,3%
64,7%
56,2%
28,2%
Non-fumeur
Ex-fumeur
Fumeur

Fréquence des signes de gravité au moment de l'EA



Conclusion: BPCO connue ou non / EA

- 1 patient sur 6 a une EA inaugurale de la BPCO….
- Patients plus jeunes, plus souvent des femmes et des fumeurs
- A l'état de base, dyspnée et syndrome obstructif moins sévères ; mais, 21% ont une dyspnée de stade 3 ou 4 et 44% un VEMS <50%, 20% sont hypercapniques…
- Au moment de l'EA, signes de gravité et passage en réanimation et ventilation assistée aussi fréquents.

➔ L'amélioration de l'identification de ces patients devrait permettre de prendre en charge cette population avant une première EA suffisamment sévère pour justifier une hospitalisation

Modele +
RMR 131–11

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ARTICLE ORIGINAL

Caractéristiques et prise en charge des exacerbations aiguës de BPCO hospitalisées. Étude EABPCO—CPHG du Collège des pneumologues des hôpitaux généraux

Characteristics and management of acute exacerbations of COPD in hospital. EABPCO—CPHG Study by the College of General Hospital Respiratory Physicians

J. Piquet[a,*], J.-M. Chavaillon[b], P. David[c], F. Martin[d], D. Braun[e], P. Ferrer Lopez[f], L. Chemery[g], M. Bénichou-Flurin[h], F. Goupil[i], M. Le Poulain-Doubliez[j], C. Arvin-Berod[k], L. Moncelly[l], F.-X. Lebas[l], C. Maurer[a], C. Dujon[m], M. Mornet[n], N. Roche[o], M. Zureik[p], F. Blanchon[l]

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ATS 2009: comparaison hommes - femmes

EABPCO-CPHG Study: Characteristics of male and female COPD patients hospitalized for acute exacerbation in French General Hospitals

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(1) CH Meaux; (2) CHI Le Raincy-Montfermeil; (3) CH Longjumeau; (4) CH Perigeux; (5) CH Toulon; (6) CH Châlon en Champagne; (7) CH Epinal

BACKGROUND

- Emerging evidence suggests that gender differences exist in the prevalence, susceptibility to, severity of, and response to treatment of COPD [Prescott; Camp; Chapman; Watson].
- The French College of General Hospital Lung Specialists (CPHG) has enrolled a cohort of COPD patients hospitalized for acute exacerbation (AE) in French General Hospitals, which it plans to follow-up for 3 years (EABPCO study).

OBJECTIVES

- **To compare male and female COPD patients at enrolment.**

METHODS

- Data from all male and female COPD patients admitted for acute exacerbation between October 2007 and June 2008 in a pneumology department of one of the 68 general hospitals involved in this prospective epidemiological study were collected on an standardized questionnaire specifically developed for the study, regardless of hospital admission types, comorbidities, and severity of COPD or acute exacerbation [Piquet].
- The questionnaire included items concerning:
  - the patients
  - the COPD before the acute exacerbation
  - the acute exacerbation that led to hospitalization
  - the treatments and the types of hospital discharge.
- The COPD diagnosis was established by a senior lung specialist.
- The definition of the Société de Pneumologie de Langue Française (SPLF) of "acute exacerbation" was used: i.e., enhancement or occurrence of at least 1 of the symptoms of the disease (cough, expectoration, or dyspnea) regardless of intensity.
- Univariate analyses were performed to compare the characteristics of male and female patients before and during the acute exacerbation. The significant threshold was set at 0.05.
- All the data were collected anonymously. The French Data Protection Authority (*Commission Nationale Informatique et Liberté*) has approved the study protocol.

RESULTS

- Data from 1,824 COPD patients were collected.
- **423 of the included COPD patients were females (23.2%).**

Characteristics of the patients (Tab.1)

- Compared to male patients, female patients were more frequently <60 years of age, under-weighed or obese, and non-smokers or smokers.
- Numerous male and female patients had comorbidities or COPD complications. Asthma was more prevalent in female than male patients.

Characteristics of the COPD before the acute exacerbation (Tab.1)

- Functional impairment, as assessed by means of the FEV1, appeared to be less severe in female than in male patients while hypercapnia was more frequent in female patients.
- COPD was less frequently diagnosed before the acute exacerbation in male than female patients, and when diagnosed, female patients were less frequently followed-up by a lung specialist than male patients.

Tab.1: **Patients and COPD characteristics**

Characteristics	Females (N = 423)	Males (N = 1401)	*p-value*
Patients' characteristics			
Age (<60 years): %	26.0	18.1	***0.0010***
BMI: %			***0.0009***
≤ 20 kg/m²	25.9	18.7	
≥30 kg/m²	21.0	17.6	
Tobacco addiction: %			***<0.0001***
Non-smoker	14.4	4.2	
Ex-smoker	39.0	67.4	
Smoker	46.6	28.4	
Comorbidities/Complications: %			
Coronary heart disease	11.8	21.1	***<0.0001***
Asthma	18.0	11.6	***0.0006***
Bronchiectasis	10.4	5.9	***0.002***
Obstructive sleep apnea	4.5	8.2	***0.010***
GERD	6.6	3.9	***0.016***
Heart failure	9.9	13.5	***0.05***
COPD characteristics before the acute exacerbation			
Dyspnea, grade >2 (MRC classification): %	46.1	47.8	*0.20*
FEV1 (% pred.) ≤30%: %	13.3	21.1	***<0.0001***
Pa, CO2 >=45 mmHg: %	43.8	32.7	***0.0003***
COPD previously diagnosed	79.7	85.4	***0.004***
COPD followed by GP/lung specialist	20/75.2	13.8/82.7	***0.003***

Characteristics of the acute exacerbation (Tab.2)

- There was no gender difference in hospital admission type (78.4% of the patients were initially admitted to emergency ward) or in the most frequently reported etiology of the acute exacerbation (79.0% of the acute exacerbations had an infectious cause).
- Consciousness disorders and desaturation were more prevalent in female than male patients during the acute exacerbation
- Hypercapnia was more severe in female than male patients.
- There was no gender difference in acute exacerbation management except for ventilation: during the hospitalization period, female patients were more frequently ventilated than male patients.

Tab.2: **Characteristics and management of acute exacerbation**

Characteristics	Females (N = 423)	Males (N = 1401)	*p-value*
Acute exacerbation causes: %			
Infectious cause	79.2	78.9	*0.01*
Iatrogenic cause	4.3	1.3	***0.0001***
Tobacco consumption or intensification/staring up again	5.0	1.7	***0.0002***
Acute exacerbation characteristics			
Dyspnea, grade >2: %	87.3	89.2	*0.50*
PCO2 (mmHg): mean +/- std	50.7 +/- 18.3	46.5 +/- 14.4	***<0.0001***
Severity signs (first 24 hours): %			
SpO2 < 90%	50.4	42.0	***0.002***
Coma, somnolence	6.4	3.9	***0.033***
In-hospital acute exacerbation management			
Ventilation: %	23.9	17.1	***0.002***
Including non-invasive ventilation: %	21.5	15.2	***0.002***

Hospital stay and discharge

There were no gender difference in:

- Length of stay (12.1 +/- 9.7 days).
- Type of hospital discharge (88.1% of patients went to their domicile at the end of the hospital stay).
- In-hospital mortality (2.5%).

CONCLUSION

Female COPD patients hospitalized for acute exacerbation of COPD in a pneumology department of a French general hospital differed from male COPD patients: they were younger, their COPD was less severe, less frequently diagnosed and followed by a lung specialist.

REFERENCES

- Prescott E, et al. Gender difference in smoking effects on lung function and risk of hospitalization for COPD: results from a Danish longitudinal population study. Eur Respir J 1997; 10: 822-7.
- Patel BD, et al. Childhood smoking is an independent risk factor for obstructive airways disease in women. Thorax 2004; 59: 682-6.
- Camp PG, Goring SM. Gender and the diagnosis, management, and surveillance of chronic obstructive pulmonary disease. Proc Am Thorac Soc 2007; 4: 689-91.
- Chapman KR, et al. Gender bias in the diagnosis of COPD. Chest 2001; 119: 1691-5.
- Watson L, et al. Gender differences in the management and experience of chronic obstructive pulmonary disease. Respir Med 2004; 98: 1207-13.
- Piquet J, et al. Exacerbations aiguës de BPCO hospitalisées : facteurs prédictifs de mortalité à 3 ans. Présentation de l'étude EABPCO-CPHG. Rev Mal Resp 2007;24:909-16

This study has been promoted by the Collège des Pneumologues des Hôpitaux Généraux (CPHG) with the help of the Direction Générale de la Santé (DGS) and the Société de Pneumologie de Langue Française (SPLF). It has been funded by Astra-Zeneca, Boehringer-Ingelheim-Pfizer, the Comité National contre les Maladies Respiratoires (CNMR), GlaxoSmithKline, Orkyn', Pneumologie Développement, and Vitalaire.

EABPCO-CPHG

ERS 2009: femmes et tabac

EABPCO Study: characteristics of COPD women hospitalized for acute exacerbation (AE) according to their tobacco consumption

ABSTRACT # 989 (3626)

Cyril Maurer (1), Laurence Moncelly (2), François Blanchon (2), Bruno Caillet (3), Eric Kelkel (4), Bernard Duvert (5), Christophe Roy (6), Christian Delafosse (7), Catherine Fouret (8), Patricia Barré (9), Hassane Ziani Bey (10), Olivier Chrétien (11), Jacques Piquet (1)

(1) CHI Le Raincy-Montfermeil; (2) CH Meaux; (3) CH Montélimar; (4) CH Chambéry; (5) CH Lons-le-Saunier; (6) CH Sainte-Foy-la-Grande; (7) CH Eaubonne; (8) CH Villeneuve-Saint-Georges; (9) CH Cahors; (10) CH Vire; (11) CH Alençon

AIMS

- Emerging evidence suggests that COPD women will be at least as numerous as COPD men in the future. However, COPD is still under-diagnosed and little studied in women.
- The French College of General Hospital Lung Specialists has enrolled a cohort of 1,824 COPD patients, including 423 women (23.2%) hospitalized for acute exacerbation (AE) of COPD, which it plans to follow up for 3 years.

OBJECTIVES

- **To describe the population of women at enrolment according to tobacco consumption**

METHODS

- Data from all female COPD patients admitted for AE between October 2006 and June 2007 in a pneumology department of one of the 68 general hospitals involved in this prospective epidemiological study were collected on a dedicated standardized questionnaire, regardless of hospital admission type, comorbidity, or severity of COPD or AE [Piquet].
- The questionnaire included items concerning:
  - patients
  - COPD before the AE
  - AE leading to hospitalization
  - treatments and types of hospital discharge.
- COPD diagnosis was established by a senior lung specialist.
- The Société de Pneumologie de Langue Française (SPLF)'s definition of "acute exacerbation" was used: i.e., enhancement or occurrence of at least one of the symptoms of the disease (cough, expectoration, or dyspnea) regardless of intensity.
- Univariate analyses were performed to compare characteristics of female patients before and during the acute exacerbation according to tobacco consumption. The significance threshold was set at 0.05.
- All data were collected anonymously. The French Data Protection Authority (*Commission Nationale Informatique et Liberté*) approved the study protocol.

RESULTS

- **Approximately half of the women hospitalized for AE of COPD were active smokers (Fig.1)**

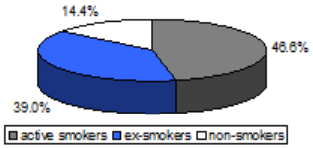

Fig 1. Percentage of active smokers, ex-smokers, and non-smokers in the population of women hospitalized for acute exacerbation of COPD

Characteristics of female patients (Tab.1)

- Active smokers were younger than the other women. They had fewer COPD complications and cardiovascular comorbidities.
- Bronchiectasis was more frequent in non-smokers than in the other women, with a similar trend for asthma (no statistically significant difference between the 3 groups for asthma).

Tab. 1: Characteristics of female patients hospitalized for acute exacerbation of COPD according to their tobacco consumption

	Active smokers N=197	Ex-smokers N=165	Non-smokers N=61
Age (years) (mean +/- SD)	62.5+/-12.3	73.7+/-9.6	78.1+/-7.5
COPD complications and comorbidities (%)			
- Arterial hypertension	22.8%	40.0%	49.2%
- Ischemic cardiopathy	9.1%	10.9%	23.0%
- Cardiac insufficiency	4.6%	13.9%	16.4%
- Pulmonary arterial hypertension	4.6%	11.5%	18.0%
- Right ventricular insufficiency	2.5%	7.3%	9.8%
- Bronchiectasis	6.1%	7.9%	31.1%
- Asthma	16.8%	17.0%	24.6%

All the differences between the 3 groups were statistically significant except for asthma

COPD characteristics before the acute exacerbation (Tab.2)

- Before the AE, active smokers had a better respiratory function than the other women, and in particular than ex-smokers.
- Their COPD was also less frequently diagnosed before the AE. In addition, when the COPD was diagnosed, active smokers were less frequently followed up by a lung specialist.

Tab. 2: COPD characteristics before the acute exacerbation according to tobacco consumption

	Active smokers N=197	Ex-smokers N=165	Non-smokers N=61
Dyspnea (MRC)			
- 0/1	30.1%	13.0%	6.6%
- 3/4	35.2%	55.0%	57.4%
Respiratory function			
- FEV1 (% pred.): mean +/- SD	50.9+/-19.7	46.2+/-16.8	51.9+/-16.8
- Pa,O2 <60 mmHg	17.2%	36.3%	30.8%
COPD previously diagnosed	68.0%	89.1%	91.8%
Medical follow-up			
- General practitioner	26.3%	17.8%	10.7%
- Lung specialist	63.9%	80.8%	87.5%
- No follow up	9.8%	1.4%	1.8%

MRC: Medical Research Council
All the differences between the 3 groups were statistically significant

Characteristics of the acute exacerbation

- 79.2% of the cases of AE were due to infectious causes.
- AE was due to tobacco consumption intensification/resumption in 10.7% of active smokers, and left cardiac decompensation was associated with 11.5% of the cases of AE in non-smokers (versus 8.5% in ex-smokers and 2.5% in active smokers).
- During the AE, symptom worsening was similar in the 3 groups, as well as signs in relation with AE severity.

Hospital stay and discharge

- During hospital stay, active smokers were less frequently ventilated than ex-smokers or non-smokers (18.8% versus 29.7% and 24.6%).
- A total of 6 women died during the hospitalization period: 4 were ex-smokers and 2 active smokers.

CONCLUSIONS

- 46.6% of the COPD women hospitalized for AE in French general hospitals were active smokers, 39.0% were ex-smokers, and 14.4% non-smokers.
- The demographic and clinical characteristics of these COPD women before the AE differed according to tobacco consumption.
- The characteristics of the AE did not differ according to tobacco consumption.

REFERENCES

- Piquet J, et al. Exacerbations aiguës de BPCO hospitalisées : facteurs prédictifs de mortalité à 3 ans. Présentation de l'étude EABPCO-CPHG. Rev Mal Resp 2007;24:909-16

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It was funded by AstraZeneca, Boehringer-Ingelheim-Pfizer, Comité National contre les Maladies Respiratoires (CNMR), GlaxoSmithKline, Orkyn', Pneumologie Développement, and VitalAire.

EABPCO-CPHG

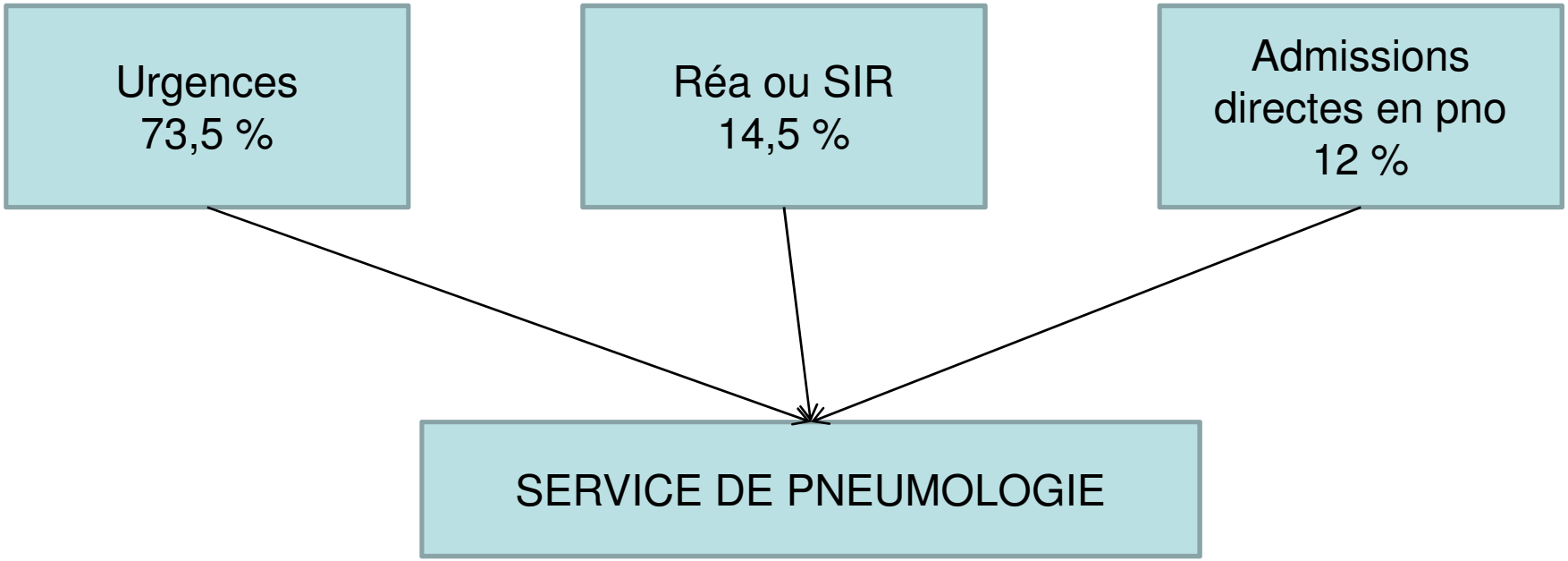
Les femmes à l'inclusion comparées aux hommes

- **Sont plus jeunes**
  - 69 ans vs 71 ans
- **Fument davantage**
  - 14% vs 4%
- **Asthme et DDB plus fréquents**
- **La sévérité de l'exacerbation est plus importante**
  - Troubles de la conscience plus fréquents (6,4% vs 3,9%)
  - Hypercapnie plus sévère (51 mmHg vs 46 mmHg)
  - Désaturation plus marquée
  - VNI plus fréquemment utilisée (24% vs 17%)

Sous presse….

- Les exacerbations aiguës de BPCO chez la femme: étude EABPCO du CPHG
- L Moncelly, C Maurer, N Roche, M Zureik, JM Chavaillon, J Quieffin, JR Calvaire, C Louerat, A Strecker, JP Mathieu, O Salmon, A Karimo, P Bonnefoy, B Tanguy, S Talbi, F Blanchon, J Piquet

Mortalité intra hospitalière



Mortalité globale: 2,5 % (n = 45)
Mortalité patients: 2,6 % (n = 48) Transférés Réa ou SIR: 18,8 %
Données de la littérature: 2,5 % à 8 %

Facteurs de risque de mortalité intra hospitalière

- **Analyse univariée (p < 0,05)**
  - Age
  - Comorbidités cardiovasculaires (G/D)
  - VEMS
  - PaO2 < 60 mmHg
  - Oxygénothérapie au long cours
  - Corticoïdes oraux au long cours
  - Stade dyspnée à l'arrivée > 2
  - Signes de gravité / 24 heures

Facteurs de risque de mortalité intra hospitalière

Analyse multivariée

	OR	IC 95%	p
Age (ans)	1,06	1,02-1,10	0,002
Stade de la dyspnée à l'état stable >2†	3,91	1,70-8,96	0,001
Maladie cardiovasculaire avant l'EA	2,28	1,06-4,91	0,036
Signe de gravité dans les 24 premières heures de l'EA	1,34	1,18-1,53	<0,001

EA : exacerbation aiguë ; IC 95% : intervalle de confiance à 95%
* différence significative si p<0,05 ; † selon le *Medical research council*

Article soumis à la RMR

Mortalité intra hospitalière au cours des exacerbations aiguës de BPCO: étude EABPCO du CPHG

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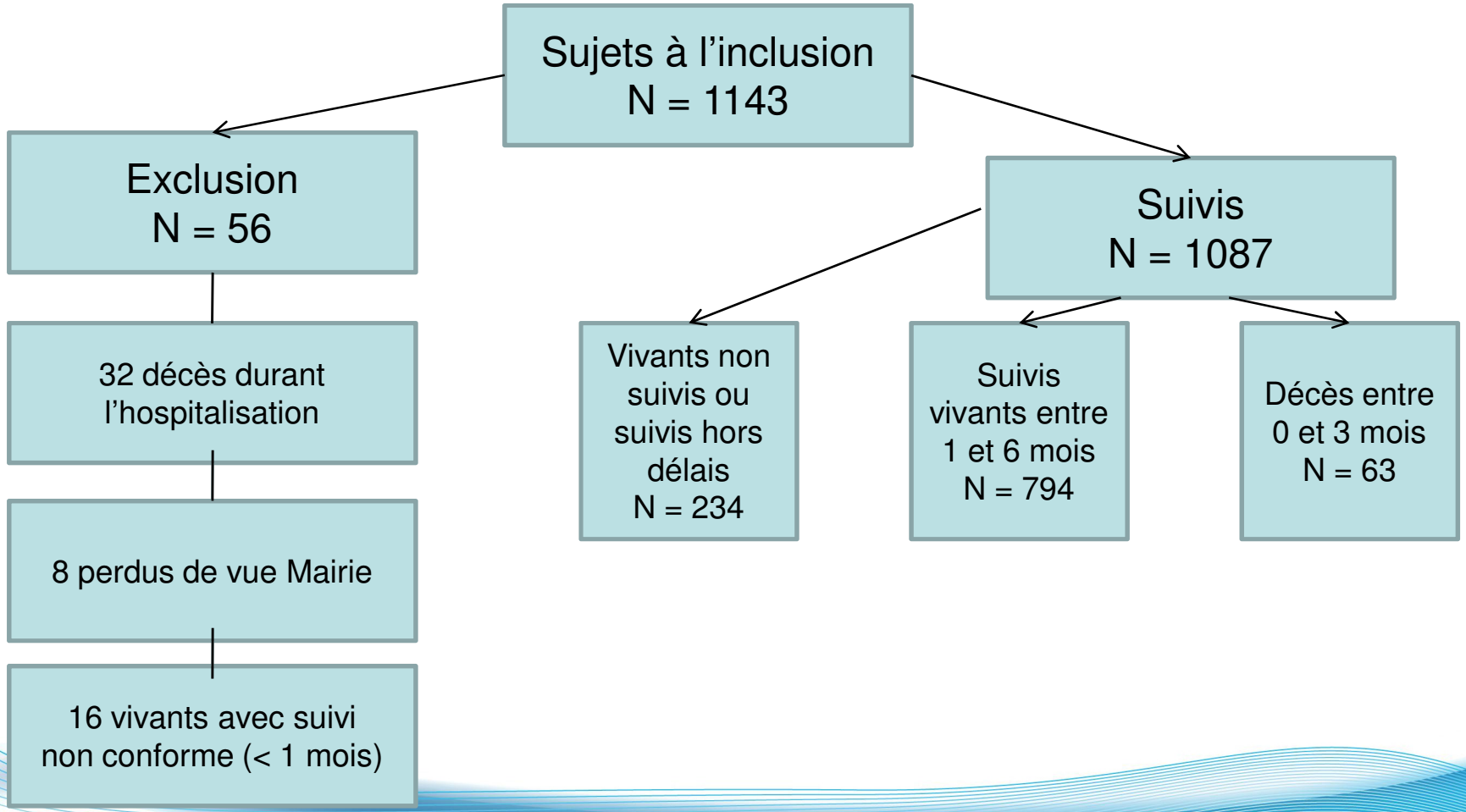
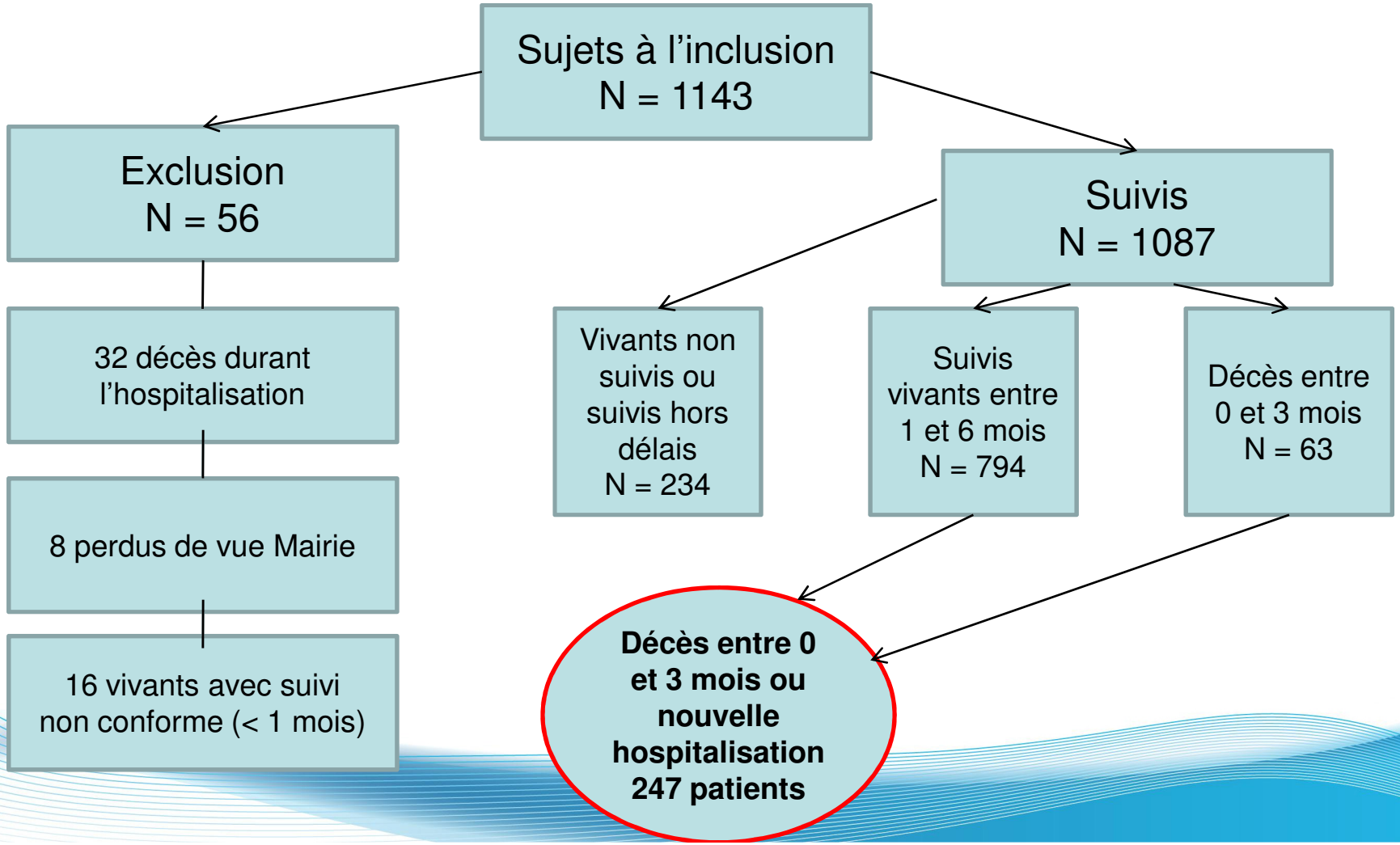
Françis MARTIN, Corinne LAMOUR, Alain BERAUD, Charles SLEIMAN,
Didier DEBIEUVRE, Nicolas JUST, François SENECHAL,
Juliette CAMUSET, Michel MORNET, Guillaume FESQ,
Mahmoud ZUREIK, Nicolas ROCHE, François BLANCHON, Jacques PIQUET

Suivi à 3 mois



Suivi à 3 mois



CPLF 2010
Suivi à 3 mois: résultats

	OR	IC à 95%	IC à 95%	p
Age < 60 ans	1			
Age 60-80 ans	1.18	0.77	1.81	0.45
Age > 80 ans	**2.15**	**1.34**	**3.44**	**0.002**
Dilatation bronches NON	1			
Dilatation bronches OUI	**1.75**	**1.04**	**2.96**	**0.04**
TT OLD à inclusion NON	1			
TT OLD à inclusion OUI	**1.92**	**1.40**	**2.65**	**< 0.0001**
Cortic PO inclusion NON	1			
Cortic PO inclusion OUI	**1.76**	**1.03**	**3.00**	**0.04**
N hospit pour EA/ 12 mois				
Aucune	1			
2 ou moins de 2	**1.61**	**1.13**	**2.30**	**0.008**
3 ou plus	**2.71**	**1.72**	**4.27**	**< 0.0001**

Les projets

- **Analyse de la mortalité à 3 ans**
  - Budget 80 000 euros
- **Analyse des patients « asthmatiques » de la cohorte**
  - Morbi/mortalité
  - Comparaison avec les « non asthmatiques »
  - Budget 24 000 euros
- **Validation du score Urgences-BPCO dans la population EABPCO**
  - Vérification validité du score dans EABPCO
  - Comparer Se et Spe des facteurs prédictifs des 2 études
  - Nouveau score « associé » ?

ORIGINAL ARTICLES: CLINICAL COPD:
N. Roche, M. Zureik, D. Soussan, F. Neukirch, D. Perrotin, and the Urgence BPCO (COPD Emergency) Scientific Committee and investigators
Predictors of outcomes in COPD exacerbation cases presenting to the emergency department
Eur. Respir. J., Oct 2008; 32: 953 - 961.