

# Readmission, death risk higher in COPD with comorbidities

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comorbid congestive heart failure (aOR, 0.64), [coronary artery disease](#) (aOR, 0.73), and [chronic kidney disease](#) (aOR, 0.74) compared with patients without those comorbidities. No comorbidity was associated with increased odds of receiving appropriate therapies.

"Comorbidity was associated with 30-day readmission and mortality, and with delivery of fewer treatments known to be beneficial among patients with COPD exacerbation," the authors write.

**More information:** [Abstract/Full Text](#) [\(subscription or payment may be required\)](#)

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(HealthDay)—Patients with chronic obstructive pulmonary disease (COPD) who have comorbidities are more likely to experience readmission or mortality and less likely to receive beneficial treatments, according to a study published in the September issue of the *Annals of the American Thoracic Society*.

Laura J. Spece, M.D., from the University of Washington in Seattle, and colleagues performed a cohort study of 2,391 veterans treated at six Veterans Affairs hospitals between 2005 and 2011 to evaluate whether comorbidity was associated with readmission, mortality, and delivery of in-hospital treatment for COPD exacerbations.

The researchers found that each one-point increase in the Charlson index was associated with greater odds of readmission or death (adjusted odds ratio [aOR], 1.24) and reduced odds of receiving treatment with steroids and antibiotics (aOR, 0.9). Corticosteroids and antibiotic treatment were less likely to be received by patients with

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