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Prevalence, Impact on Outcomes, and Management of Comorbidities in Chronic Obstructive Pulmonary Disease

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Abstract (600 words):

Comorbidities affect a substantial percentage of individuals with chronic obstructive pulmonary disease (COPD), with over 80% of COPD patients having at least one chronic comorbid condition. Comorbidities are only now being included in COPD treatment guidelines, and it is becoming increasingly clear that multimorbidity, as well as specific comorbidities, have strong associations with mortality and clinical outcomes in COPD, such as dyspnea, exercise capacity, quality of life, healthcare utilisation, and exacerbation risk. Appropriately, there has been a greater emphasis on documenting the burden of comorbidity in the COPD population and incorporating this information into existing efforts to better understand this group's clinical and phenotypic heterogeneity. The Charlson score overestimated the burden of comorbidities in a Spanish population with COPD, according to Almagro et al. As a result, there have been a few recent initiatives to better assess the burden of comorbidity in COPD patients. The COPD-specific comorbidity test index was created by Divo and colleagues from the BODE collaborative group to predict COPD mortality. They showed that when paired with the BODE index, the COTE index improved mortality prediction significantly.

Importance of Research (200 words):

There has been an increasing corpus of study in recent years seeking to better understand the issue of co-morbidity in people with chronic obstructive pulmonary disease (COPD) (COPD). In the industrialised world, COPD is mostly caused by former or current cigarette smokers, and smoking is also a known risk factor for a variety of nonpulmonary disorders. Although smoking can cause comorbidities, it is becoming widely recognised that people with COPD have a significant burden of comorbidities that are not caused by smoking. Furthermore, it is becoming obvious that these comorbidities play a role in poor patient outcomes, increased health-care usage, and mortality.

Biography (200 words):

Nirupama Hansal is the Division of Pulmonology, John Hopkins University, Maryland. She has lecture nationally and internationally and has published on many aspects of chronic care. She attended

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medical school and completed his surgical residency in Maryland, and completed a surgical oncology fellowship at John Hopkins. She has been named to the Top Docs list and has won awards for the development of multidisciplinary chronic care programs.

Information of Institute (200 words):

Johns Hopkins is the oldest research university in the United States.Hopkins' $7 million bequest to establish the university was the largest philanthropic gift in U.S. history up to that time. Daniel Coit Gilman, who was inaugurated as Johns Hopkins' first president on February 22, 1876, led the university to revolutionize higher education in the U.S. by integrating teaching and research. In 1900, Johns Hopkins became a founding member of the American Association of Universities. The university has since led all U.S. universities in annual research expenditures.

Institution:

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