CHAPTER 5: COPD AND COMORBIDITIES

KEY POINTS:

- COPD often coexists with other diseases (comorbidities) that may have a significant impact on disease course.
- In general, the presence of comorbidities should not alter COPD treatment and comorbidities should be treated per usual standards regardless of the presence of COPD.
- Cardiovascular diseases are common and important comorbidities in COPD.
- Lung cancer is frequently seen in people with COPD and is a major cause of death.
    - Annual low-dose CT scan (LDCT) is recommended for lung cancer screening in people with COPD due to smoking according to recommendations for the general population
    - Annual LDCT is not recommended for lung cancer screening in people with COPD not due to smoking due to insufficient data to establish benefit over harm
- Osteoporosis and depression/anxiety are frequent, important comorbidities in COPD, are often under-diagnosed, and are associated with poor health status and prognosis.
- Gastroesophageal reflux (GERD) is associated with an increased risk of exacerbations and poorer health status.
- People with COPD presenting with new or worsening respiratory symptoms, fever, and/or any other symptoms that could be COVID-19 related, even if these are mild, should be tested for possible infection with SARS-CoV-2 or influenza.
- When COPD is part of a multimorbidity care plan, attention should be directed to ensure simplicity of treatment and to minimize polypharmacy.

INTRODUCTION

COPD often coexists with other diseases (comorbidities) that may have a significant impact on prognosis.[329,510,511,520,1432-1435] Some of these arise independently of COPD whereas others may be causally related, either with shared risk factors or by one disease increasing the risk or compounding the severity of the other. It is possible that features of COPD, are shared with other diseases and as such this mechanism represents a link between COPD and some of its comorbidities.[1436,1437] The risk of comorbid disease can be increased by the sequelae of COPD e.g., reduced physical activity or continued smoking. Whether or not COPD and comorbid diseases are related, management of the COPD patient must include identification and treatment of its comorbidities. Importantly, comorbidities with symptoms also associated with COPD may be overlooked e.g., heart failure and lung cancer (breathlessness) or depression (fatigue and reduced physical activity).

Comorbidities are common at any severity of COPD[182] and the differential diagnosis can often be difficult. For