

# Dyslipidemia in COPD patients

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### INTRODUCTION

Chronic obstructive pulmonary disease (COPD) is a progressive inflammatory lung disease that causes obstructed airflow limitation from the lungs. COPD is currently the third leading cause of death worldwide and is characterized by airway inflammation, alveolar destruction,

### RESULTS

For p<0.05, the analysis indicated a significant difference between the four IG subgroups in terms of triglyceride level (Kruskal-Wallis test: H(3)=12,842; p=0.005). Analysis in IG/CG indicated an average triglyceride level of 1.34±0.74 (mmol/L) in IG vs. 1.41±0.69 (mmol/L) in CG. For p>0.05, there was no significant difference between IG and CG respondents in relation to triglyceride value (Mann-Whitney U Test: Z=-1,484; p=0.1377). For p>0.05, there was no significant difference between the four IG subgroups in terms of cholesterol level (Kruskal-Wallis test: H(3)=2,303; p=0.512). Analysis in IG/CG indicated an average cholesterol value of 4.88±1.07 (mmol/l) in IG vs. 4.79±1.12 (mmol/l) in CG. For p>0.05, there was no significant difference between IG and CG subjects in relation to cholesterol levels (Mann-Whitney U Test: Z=1,187; p=0.235). The proportion of hypercholesterolemia, hypertriglyceridemia and combination (hypercholesterolemia + hypertriglyceridemia) was consequential in: a) GOLD1 -19 (33.33%) vs. 4 (7.02%) vs. 5 (8.77%); b) GOLD2 - 24 (38.71%) vs. 9 (14.52%) vs. 2 (3.23%); c) GOLD3 - 14 (26.92%) vs. 4 (7.69%) vs. 5 (9.62%); and d) GOLD4 - 21

and airflow limitation. It is prone to the viewpoint that systemic inflammation maybe complicated in the pathogenesis of majority comorbidities.

### MATERIAL AND METHODS

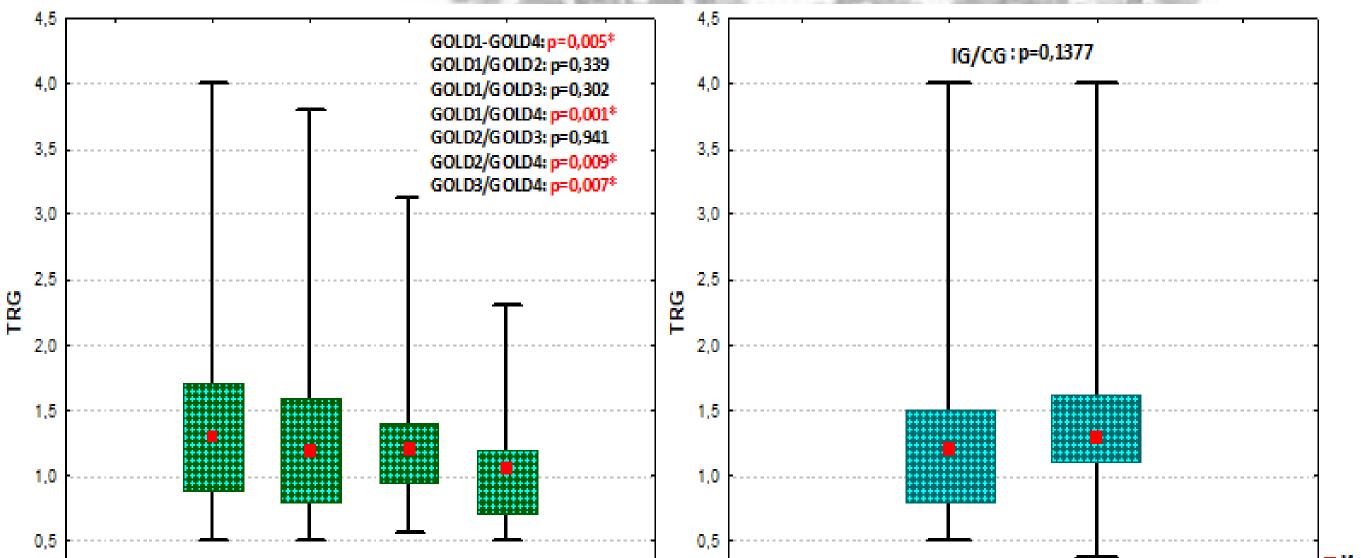
The study was conducted at the General Hospital "8<sup>th</sup> September", Skopje, in the period 2018-2020 as a continuum of our investigation of the impact of cardiovascular comorbidities on COPD. The design is a crosssectional study, including 220 patients with stable COPD as investigated group (IG), aged 40-75 years and 58 non-COPD subjects, matched by gender, age, BMI, smoking-status, as control group (CG). All study subjects underwent pulmonary evaluation (dyspnea severity assessment, baseline and postbronchodilator spirometry, gas analyses), BMI measurement, laboratory analyses with attention to lipid profile (cholesterol, triglycerides, LDL = low density lipoprotein, HDL

= high density lipoprotein).

## CONCLUSION

Chronic obstructive pulmonary disease - associated chronic illnesses and systemic comorbidities pose a significant problem in the risk assessment and affect the integrated treatment plans.

#### FIGURE 3 - Distribution of COPD patients according to triglyceride level

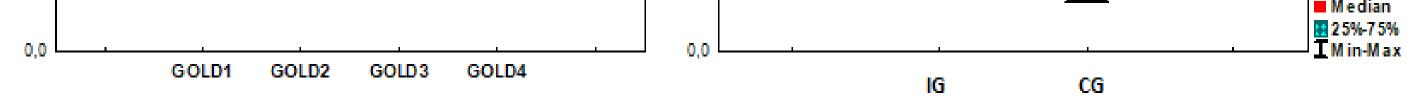


(42.86%) vs. 1 (2.04%) vs. 1 (2.04%). For p>0.05, there was no significant association between the GOLD subgroup of IG, which included respondents and the dyslipidemia status for the Fisher Freeman Halton test: p=0.190.

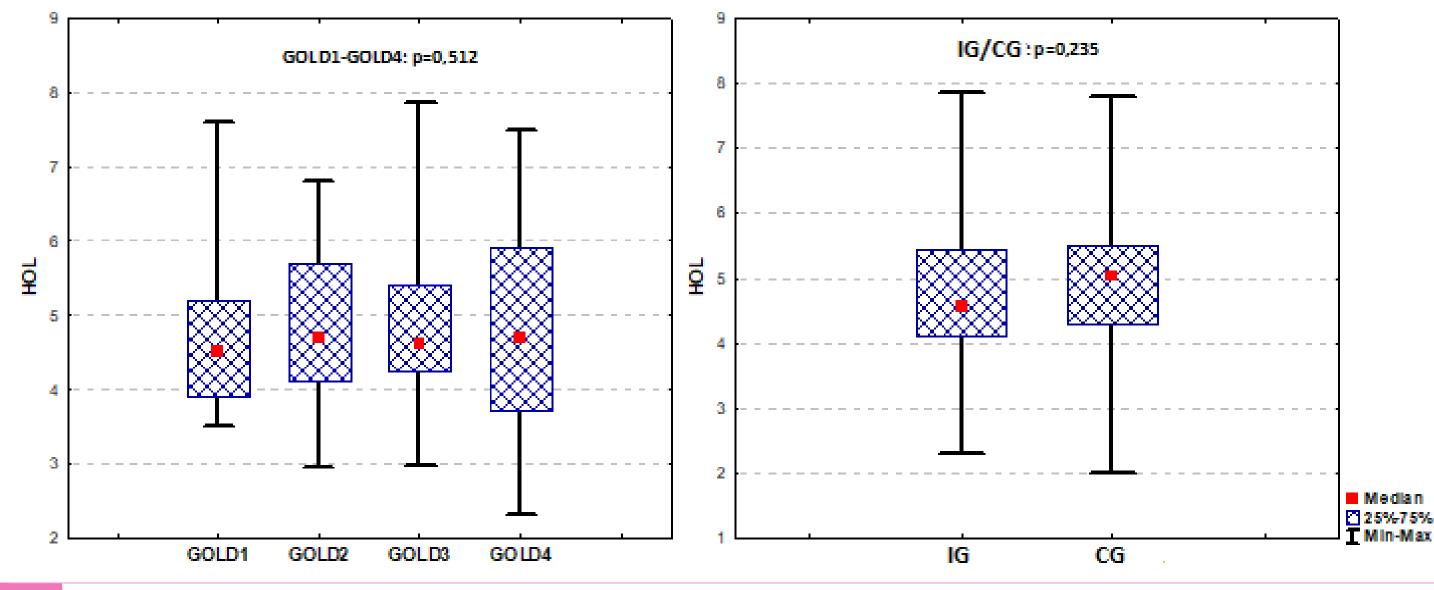
#### FIGURE 1 - Distribution of COPD patients according by degree of airflow limitation

Groups/ Subgroups		1					
	Male	Female	Total	<sup>1</sup> P			
GOLD 1	43 (75.44%)	14 (25.56%)	57 (2.91%)				
GOLD 2	47 (75.81%)	15 (24.19%)	62 (18.18%)	X <sup>2</sup> =0.358; df=3;			
GOLD 3	38 (73.01%)	14 (29.92%)	52 (23.64%)	p=0.9488			
GOLD 4	35 (71.43%)	14 (28.57%)	49 (22.27%)				
IG	163 (74.09%)	57 (25.91%)	220 (79.14%)	X <sup>2</sup> =0.272; df=1;			
CG	41 (70.69%)	17 (29.31%)	58 (20.86%)	p=0.6021			
IG = Investigated Group; CG = Control Group; <sup>1</sup> Pearson Chi-square test; *significance p < 0.05							

#### FIGURE 2 - Distribution of COPD patients according to lipid profile



#### FIGURE 4 - Distribution of COPD patients according to cholesterol level



	Subgroups					Groups			
Parameters	GOLD 1 N=57	GOLD 2 N=62	GOLD 3 N=52	GOLD 4 N=49	р	IG N=220	CG N=58		
Cholesterol – HOL (mmol/l)									
$\overline{X^{\pm}}$ SD	4,65±1,07	4,79±1,09	4,91±1,01	4,84±1,34	Kruskal-Wallis test:	4,79±1,12	4,88±1,07		
Median (IQR)	4,5 (3,9-5,2)	4,7 (4,1-5,7)	4,6 (4,2-5,4)	4,7 (3,7 -6)	H (3)=2,303; p=0,5119	4,6 (4,1-5,4)	5 (4,3-5,5)		
р	-			Mann-Whitney U Test:: Z=-1,187; p=0,2352					
Triglycerides – TRG (mg/dL)									
± SD	1,92±0,99	1,36±0,71	1,34±0,62	1,02±0,35	Kruskal-Wallis test:	1,34±0,74	1,41±0,69		
Median (IQR)	1,3	1,2	1,2	1	H (3)=12,842;	1,2			
	(0,9-1,7)	(0,8-1,6)	(0,9-1,4)	(0,7 -1,2)	p=0,005*	(0,8-1,5)	1,3 (1,1-1,6)		
р	GOLD1/GOLD2: Z=0,968; p=0,339; GOLD1/GOLD3: Z=1,031; p=0,302; GOLD1/GOLD4: Z=3,213; p=0,001*; GOLD2/GOLD3: Z=-0,074; p=0,941; GOLD2/GOLD4: Z=2,601; p=0,009*; GOLD3/GOLD4: Z=2,708; p=0,007*;					Mann-Whitney U Test:: Z=-1,484; p=0,1377			
HDL (mmol/L)									
± SD	1,29±0,46	1,24±0,39	1,26±0,35	1,27±0,30	Kruskal-Wallis test:	1,27±0,38	1,17±0,35		
Median (IQR)	1,3 (0,8-1,8)	1,2 (0,9-1,5)	1.2 (1-1,5)	1,3 (1 -1,5)	H (3)=0,397; p=0,941	1,3 (0,9-1,5)	1,1 (0,9-1,3)		
р			-			Mann-Whitn Z=1,827; J	-		
IG=Investigated Group; CG=Control group; Z=Mann-Whitney U Test;									
*significance for p<0,05									