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## Impact of cardiovascular comorbidities on COPD

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Introduction: Chronic obstructive pulmonary disease (COPD) is a real general disease, with a respiratory origin. The cardiovascular involvement almost present during this disease a considerable impact on its evolution and the quality of life of patients. The objective is to determine the frequency and type of cardiovascular comorbidities present in patients hospitalized for COPD. we will also define the mainrisk factors common to COPD and cardiovascular comorbidities.

Methods: This is a retrospective study on the files of COPD patients hospitalized inthePneumology department of the Public Hospital of Blida between January 2022 until December 2023. All patients had benefited from cardiovascular exploration (Pressureblood pressure, electrocardiogram transthoracic ultrasound and cardiac enzymeassay) and an assessment of quality of life.

Results: A cohort of 78 patients is admitted to the study. The average age of the studypopulation is  $64 \pm 7.4$  years, predominantly male with 73 men (93.6%) for 5 women(6.4%); COPD is post-smoking in 93% of cases and secondary to biomass intheremainder of cases. The patients are classified as follows: GOLD A: 9%, GOLDB: 24.3% GOLD C: 37.2%, GOLD D: 29.5%. The frequency of cardiovascular comorbidities is 67.4% (n=53), the different pathologies found are as follows: hypertension: 39.7% (31), rhythm disorders: 9% (7), coronary heart disease: 11.5%, valvular heart disease: 1.3%(1), stroke: 2.6%(2), pulmonary hypertension 29.5%(23), chronic cor pulmonale: 7.7% and heart failure: 10.3%.

The presence of at least one comorbidity was associated with disease severity and an increased number of exacerbations. Pulmonary hypertension is associated with the degree of bronchial obstruction. The impact on the quality of vision is noted in the presence of the association stage C or D with at least one cardiovacular comorbidity.

Conclusion: The presence of cardiovascular comorbidities in COPD is associated with greater severity of the disease and a more impaired quality of life due to the disease. This comorbidity should be looked for systematically and as soon as the patient is taken into care..

#### **Biography**

Sofiane Alihalassa is working as a Pneumologist in the Pneumology department at EPH, Blida, Algeria. She has published many articles and eager to join the conferences related to the cardiology, Pneumology globally.

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