A study of prevalence of pulmonary hypertension in COPD patients

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Abstract
The leading cause of mortality and morbidity all over the world is Chronic obstructive pulmonary disease and the major cause for it is its complications. The most prevalent complication being Pulmonary Hypertension. According to WHO data in 2002, COPD was the fifth leading cause of death. The prevalence of disease is rising among males and females equally because of increasing trends of tobacco usage. Deaths will increase by more than 30% in the next 10years as predicted by the data. In 2030, the third leading cause of death will occur due to COPD. (Katiyar) It has also been observed non smoking females in rural population also suffer from COPD due to biomass smoke exposure at the time of cooking. (Sertogullarindan) Definition of Chronic obstructive pulmonary disease (COPD): it is an airflow obstruction resulting from an inflammatory process, which affects the parenchyma of lungs and airways. The presenting features are respiratory symptoms, which are confirmed by spirometry. The changes are not only limited to airways affects pulmonary vessels (Barbera) GOLD and BOLD are the two terms related to COPD. The Global initiative for Chronic Obstructive Lung disease (GOLD) has defined COPD as post-bronchodilator forced expiratory volume in one second (FEV1)/forced vital capacity (FVC) 70.5.

Keywords: Pulmonary hypertension, prevalence, COPD

Introduction
According to WHO data in 2002, COPD was the fifth leading cause of death. The prevalence of disease is rising among males and females equally because of increasing trends of tobacco usage. Deaths will increase by more than 30% in the next 10years as predicted by the data. Many such reports have been published in different populations around the world. Very few studies sheds light in the local population and this study is intended to study the same. The estimated worldwide prevalence of 10% in adults is seen for Chronic obstructive pulmonary disease (COPD), the prevention and treatment cost remain a challenge. The main vascular complication of the disease is pulmonary hypertension (PH) which is defined as a resting mean pulmonary artery pressure (mPAP) ≥ 25 mm Hg. According to World Health Organization (WHO) classification it is classified in group III when associated with COPD. (Andersen) Studies available in relation to pulmonary hypertension in COPD are very less. Safdar et al. Concluded that mild PH is seen in COPD. If PH is 40mmHg, then one should look for others etiologies of PH. But they have also found severe PH in moderate cases of COPD and it was found associated with poor prognosis (safdar). Andersen et al. Stated the inverse correlation of PH with the prognosis.

Pulmonary hypertension (PH) associated with parenchymal lung diseases is one of the most common forms of PH. Studies in patients with advanced COPD and hypoxemia have shown a very high prevalence of PH; however, prevalence in mild and moderate COPD is not known. Typical hemodynamic abnormalities include mild-to-moderate elevations in pulmonary artery pressure (PAP) and pulmonary vascular resistance with a preserved cardiac output. A small proportion (< 5%) of patients may have significant elevations in PAP (mean PAP > 35-40 mm Hg) in the presence of mild airflow limitation and are believed to have disproportionate PH. COPD-associated PH has significant clinical implications because it can produce functional limitation and has a negative impact on prognosis. Doppler echocardiography is the best non-invasive test, but non-invasive methods used for diagnosis are prone to error and cannot be relied on when making or refuting the diagnosis of PH. All patients require right-sided heart catheterization if treatment with PH-specific medications is
Pulmonary hypertension (PH) is the hemodynamic manifestation of various pathological processes that result in elevated pulmonary artery pressures (PAP). The disease is further classified into four stages based on calculated FEV1. Burden of obstructive disease initiative (BOLD) reported 10.1% as prevalence of COPD stage II or higher. Among GOLD’s important objectives are to increase awareness of COPD and to help the thousands of people who suffer from this disease and die prematurely from COPD or its complications. (PAUWELS) GOLD aims to improve prevention and management of COPD through a concerted worldwide effort of people involved in all facets of health care and health care policy, and to encourage a renewed research interest in this extremely prevalent disease. (Vikas) Pulmonary hypertension (PH) is a well-known predictor of increased morbidity and mortality in COPD. Definition of PH: Right ventricular systolic pressure (RVSP) was measured using the modified Bernoulli equation: RVSP = 4(TRV)² - RAP. Right atrial pressure (RAP) was estimated by degree of inferior vena cava collapse on inspiration (RAP = 5 mmHg if complete, 10 mmHg if partial, and 15 mmHg if there was no collapse on inspiration) as previously Described. Pulmonary hypertension (PH) is based on the hypothesis that chronic hypoxia initiates vascular remodeling leading to permanent changes in pulmonary vasculature. Studies performed in vitro elucidated the mechanisms underlying hypoxia driven vascular changes.


