Determinants of mortality by sex among COPD patients: the French Palomb Cohort.

N. Jestin-Guyon¹, E.H. Ouaalaya¹, A. Bernady², E. Berteaud¹, J. Casteigt³, L. Falque⁴, F. Le Guillou⁵, J. Moinard², M. Molimard⁶, L. Nguyen⁷, C. Nocent⁸, A. Ozier⁷, M. Staali⁹, C. Raherison-Semjen^{1,10}

Author's affiliations: ¹Bordeaux University, INSERM, Bordeaux Population Health Research Center, team: EPICENE, UMR1219 - Bordeaux (France), ²Medical office in Bordeaux - Bordeaux (France), ³Medical office in Saint Médard en Jalles - Saint Médard en Jalles (France), ⁴Pulmonology Center Bordeaux Rive Droite - Cenon (France), ⁵Health Center L'Esquirol -Le Pradet (France), ⁶Pellegrin Universitary Hospital Center - Bordeaux (France), ⁷Saint Augustin clinic - Bordeaux (France), ⁸Bayonne Hospital Center – Bayonne (France), ⁹Avicenne Rehabilitation Center - Libourne (France), ¹⁰Guadeloupe Universitary Hospital Center - Pointe-à-Pitre (France)

INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is the 3rd leading cause of death worldwide (WHO, 2022). According to trend projections for 2050 in France, COPD prevalence among men and women respectively will be nearly 11.5% and 8.3% (Pierre-Régis Burgel, 2018).

Prevalence of current smoking among adults men and women were 29.1% and 22.0% respectively (Baromètre Santé SPF, 2021).

Gender differences among COPD patients exist regarding disease severity and clinical features (Raherison-Semjen, 2018).

AIM OF THE STUDY

The objective of the present study was to identify sex differences regarding clinical features and mortality among COPD patients in France.

METHODS

The Palomb Cohort

Prospective multi-centered study



Recruitment by	Anonymized data
oulmonologists	(CNIL)

Real-life follow-up 2013 - ongoing

Patients are recruited in the cohort by almost 50 pulmonologists (independent or hospital) in 2 French regions (Aquitaine and Charentes).

The vital status was updated on the **20th of June 2022**. Multivariable logistic regression stratified by sex was used to study the determinants of mortality (Benjamini-Hochberg correction for pvalues).

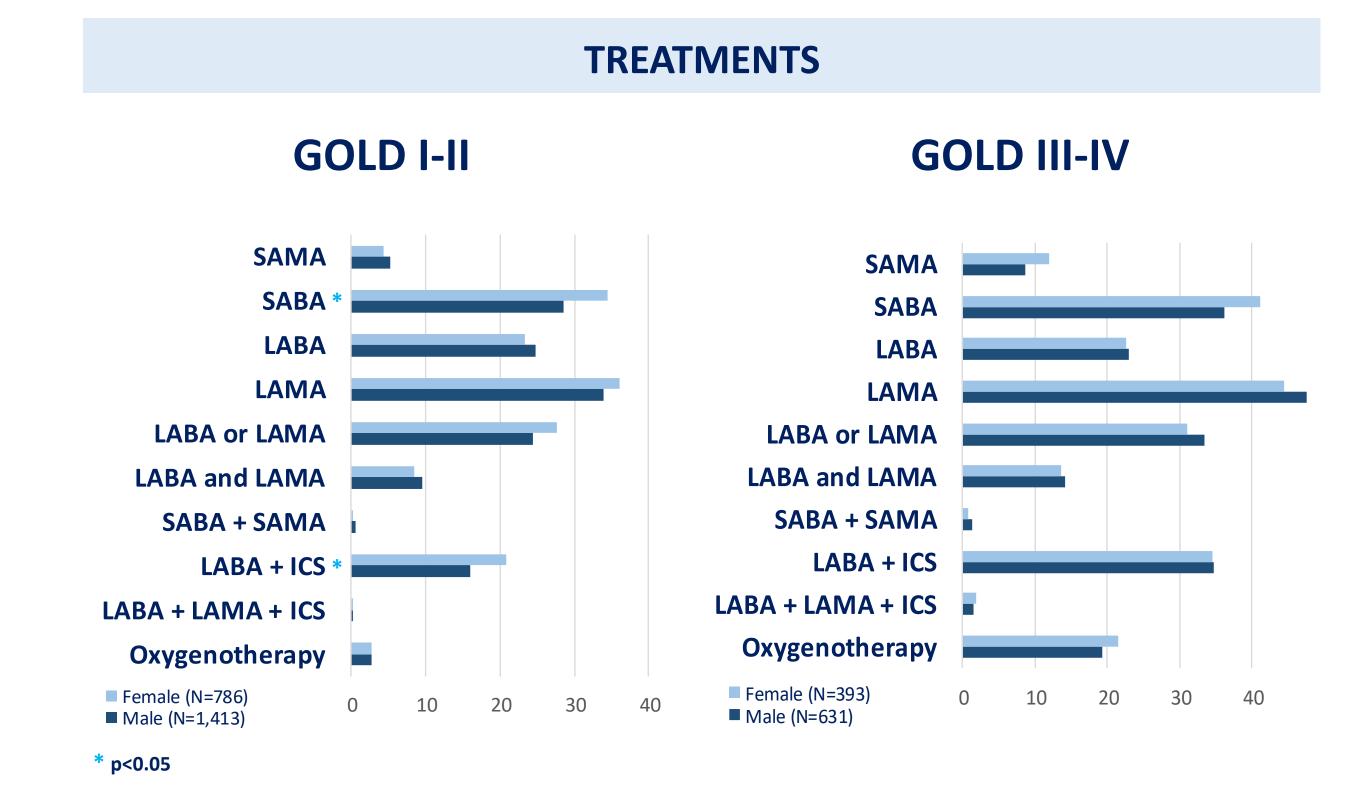
We also studied **5-year** survival between men and women using Kaplan-Meier curves and Log-Rank test (all causes of death).

In February 2022, 3,228 COPD patients were recruited and 36.5% were female. A total 27.2% of patients died since inclusion in the study.

N = 1.179

	N = 2,049	N = 1,179		
SOCIODEMOGRAPHIC				
Age at inclusion (years)	66.8 [± 10.6]	64.3 [± 10.4]	<0.001	
Patients deceased	640 (31.8)	219 (19.2)	<0.001	
Age at death (years)	75.2 [± 10.1]	72.8 [± 10.8]	0.004	
Smoking status			<0.001	
Non-smoker	77 (3.8)	86 (7.3)		
Ex-smoker	1 247 (60.9)	555 (47.1)		
Smoker	725 (35.4)	538 (45.6)		
Pack/years*	38.6 [± 18.2]	33.0 [± 17.3]	<0.001	
Exposed occupation	429 (20.9)	44 (3.7)	<0.001	
Physical activity	426 (20.8)	223 (18.9)	0.217	
CLINICAL FEATURES				
Pneumococcal vaccine	992 (48.4)	539 (45.7)	0.150	
Influenza vaccine	921 (44.9)	490 (41.6)	0.062	
Childhood respiratory	15 (0.7)	4 (0.3)	0.243	
infection Adult respiratory infection	42 (2.1)	25 (2.0)	0.152	
-	43 (2.1)	35 (3.0)	0.153	
BMI < 18.5	68 (3.3)	141 (12.0)	<0.001	
Coughing	1 175 (57.4)	676 (57,3)	>0.9	
Expectoration Chast tightness	886 (43.2)	449 (38.1)	0.004	
Chest tightness Dyspace mMPC**	101 (4.9)	64 (5.4)	0.591 0.012	
Dyspnea mMRC** 0-1	922 (45.0)	477 (40.5)	0.012	
0-1 ≥ 2	1 126 (55.0)	701 (59.5)		
Exacerbations	$0.94 [\pm 1.2]$	$1.20 [\pm 1.3]$	<0.001	
Exacerbations	0.34 [- 1.2]	1.20 [- 1.3]	<0.001	
0	956 (46.7)	443 (37.6)	\0.001	
1	625 (30.5)	370 (31.4)		
≥ 2	468 (22.8)	366 (31.4)		
Onset of symptoms***	59.0 [± 11.4]	55.7 [± 12.2]	<0.001	
FEV ₁ predicted (%)	60.9 [± 20.2]	59.2 [± 19.5]	0.010	
GOLD III-IV	633 (30.9)	393 (33.3)	0.172	
ABE classification#			<0.001	
A	754 (36.9)	354 (30.1)		
В	781 (38.2)	428 (36.3)		
E	511 (24.9)	396 (33.6)		
Emphysema	455 (22.2)	239 (23.6)	0.209	
*Missing N=123, **Missing N=4, ***Missing N=1,676, #Missing N=4				

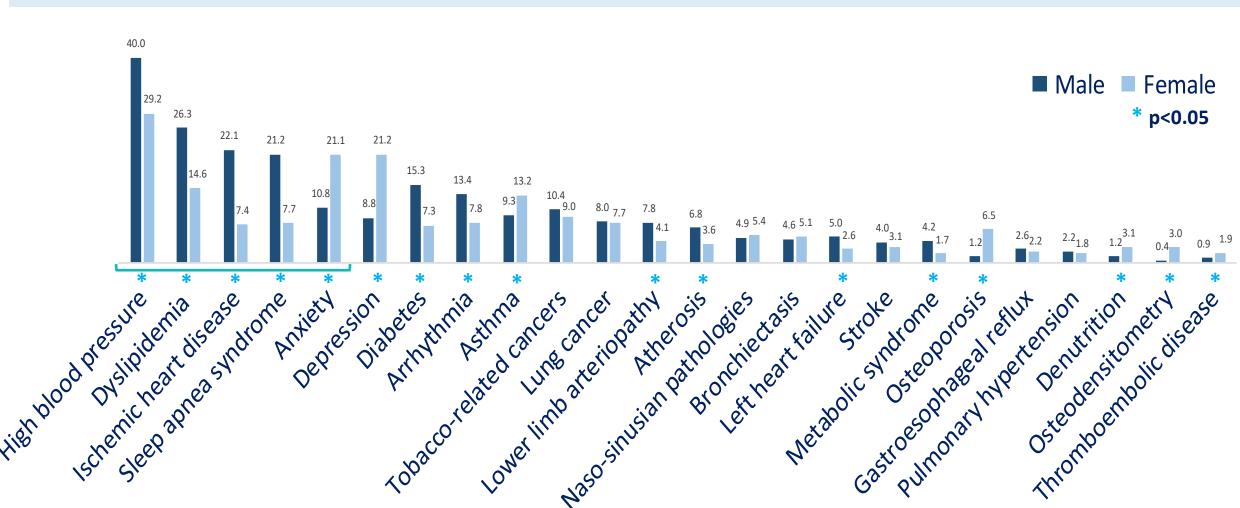
RESULTS



DETERMINANTS OF MORTALITY

	Tatal	D.A.a.l.a	Famala
aOR [CI95%]	Total	Male	Female
Deceased/alive	N= 859 /2 364	N= 640 /1 404	N= 219 /959
Sex (ref: female)	2.05 [1.67 – 2.51]	-	_
Age (years)	1.08 [1.07 – 1.09]	1.09[1.07 - 1.10]	1.07 [1.05 - 1.08]
Smoking status (ref: non-			
smoker)			
Ex-smoker	1.39 [0.92 – 2.12]	1.63 [0.91 – 2.93]	
Smoker	1.98 [1.27 – 3.09]	2.65 [1.43 – 4.91]	
BMI < 18.5	2.45 [1.74 – 3.45]	2.66 [1.51 – 4.66]	2.20 [1.42 – 3.42]
mMRC ≥ 2	1.99 [1.63 – 2.43]	2.18 [1.72 – 2.74]	1.67 [1.14 – 2.44]
GOLD III-IV	1.59 [1.31 – 1.92]	1.67 [1.32 – 2.11]	1.49 [1.05 - 2.11]
Anxiety	1.40 [1.10 - 1.80]		1.76 [1.20 – 2.56]
Naso-sinusian pathologies	0.45 [0.28 - 0.74]	0.53[0.30-0.93]	0.35[0.14-0.89]
Diabetes	1.56 [1.21 – 2.01]	1.56 [1.18 – 2.07]	2.32 [1.36 – 3.96]
Atherosis	1.63 [1.15 – 2.29]		2.37 [1.18 – 4.76]
Arrhythmia	1.32 [1.01 – 1.72]		
Left heart failure	1.67 [1.12 – 2.50]	1.73 [1.10 – 2.72]	2.47 [1.12 – 5.43]
Gastroesophageal reflux	0.36 [0.18 – 0.72]	0.35[0.16-0.77]	
Metabolic syndrome	1.63 [1.03 – 2.58]		
Lung cancer	3.85 [2.87 – 5.18]	2.66 [1.86 – 3.81]	7.71 [4.68 – 12.71]
Tobacco-related cancers	1.66 [1.26 – 2.18]	1.67 [1.21 – 2.31]	

COMORBIDITIES



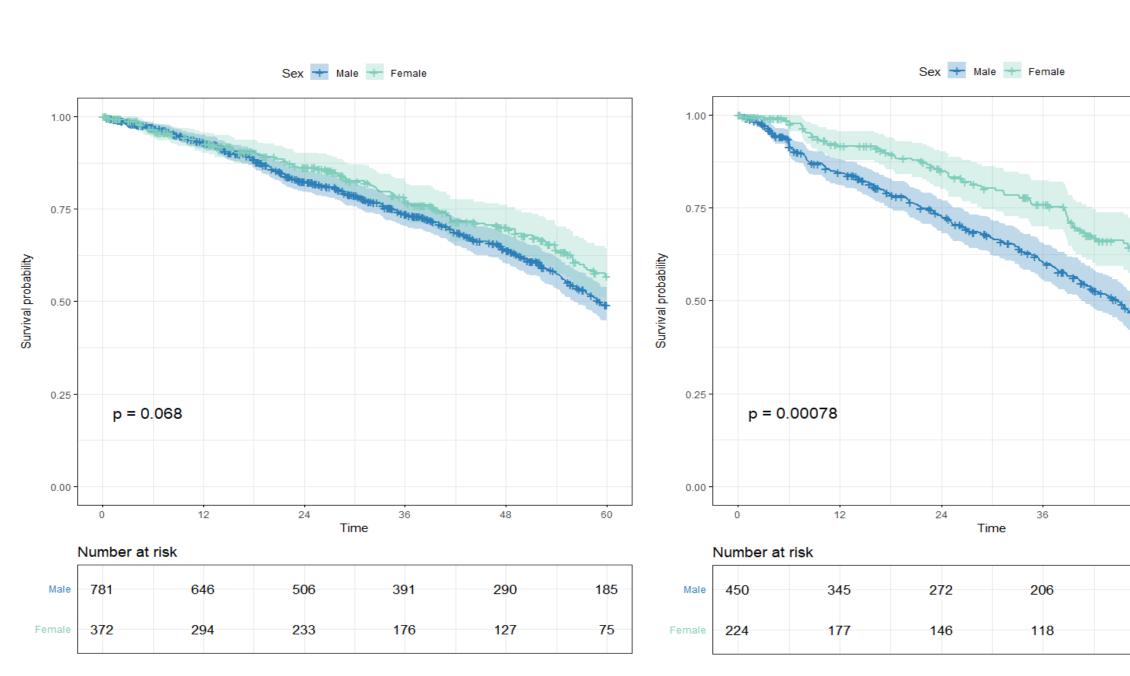
Men experienced more pulmonary diseases (p<0.001), cardiovascular diseases (p<0.001) and metabolic diseases (p<0.001), while women have more osteoarticular (p<0.001) and neuropsychiatric diseases (p<0.001).

5-YEAR SURVIVAL

A total 1,828 patients were included in the survival analysis. At any stage of disease severity since the inclusion, the 5-year survival was higher among women (log-rank p<0.001).

GOLD I-II

GOLD III-IV



Research supported by:

















The authors declare no conflict of interest.

CONCLUSION

Men and women diagnosed with COPD in the French medical framework have clinical differences (age, smoking status, symptoms, FEV₁). Even if women have a more severe aspect of COPD, the burden of cardiovascualr diseases among men is greater and male sex represent a higher risk of death and 5-year mortality. However, the determinants of mortality vary between men and women.