



Invisible Killer in COPD: Cardiopulmonary Risk (CPR) & AE

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Conclusions

- **New concept of “Clinical control in COPD”**
 - **Impact score: CAT <10 (for FEV1≥50%); CAT < 16(for FEV1<50%)**
 - **Stability: Δ CAT score \leq 2 points or no AECOPD (within 3 months)**
 - **Good control = Low impact + Stable**
- **A patient with COPD often combine many comorbidities**
 - **CV comorbidities: CAD: 30.2%; CHF: 15.7%; Af: 13%**
 - **Other major comorbidities: Lung ca, Lung fibrosis, depression, DM, sarcopenia, osteoporosis...**
- **To reduce CV burden in people living with COPD: Every AE matters**

Conclusions

- **AECOPD and CV events:**
 - Increased **Cardiovascular risk** even in those **without prior CVD**
 - The risk of **CV events** is increased by **3-4 folds** following AECOPD.
 - **Mod AE:** increased risk **with 30 days**; For **severe AE:** within **1 year**.
 - **AECOPD can trigger New CV events even without past Hx of CVD**
- **GOLD 2025:**
 - SITT compared to dual LABD therapy relative risk reduction:
 - IMPACT: HR 0.72 (95% CI: 0.53, 0.99)
 - **ETHOS: HR 0.51 (95% CI: 0.33, 0.80)**
- 提升呼吸道照護的戰略：將COPD, Asthma納入大家醫計畫
- 胸腔重症醫學會：與診協全聯會、分級醫療學會一同構建照護網