

## Bronchitis and COPD

0031

### **Social and economic aspects of ischaemic heart disease in patients with Chronic Obstructive Pulmonary Disease**

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**Introduction.** Cardiovascular diseases and Chronic Obstructive Pulmonary Disease (COPD) are global epidemics incurring significant morbidity and mortality. Co-occurrence of ischaemic heart disease (IHD) and COPD is associated with number of risk factors, difficulties in implementing appropriate therapies, numerous complications and high costs of treatment. All these elements significantly reduce the quality of life of patients. The aim of the study was to evaluate effectiveness and cost of pharmacotherapy of IHD in patients with COPD.

**Materials and methods.** The study included 57 patients: 27 women and 30 men. Criteria include: age, sex, BMI, smoking, alcohol intake, co-morbidity and treatment. The data was collected from the medical records of the Respiratory Medicine Center Białystok, Poland from June to December 2016. The severity of COPD was assessed according to the Global Initiative for Chronic Obstructive Lung Disease (GOLD) criteria. The development of stable angina pectoris was assessed on the basis of CCS scale. Patients were also assessed for lipid profile and glycaemia. Unit prices of medicines came from the NFZ 2016 list.

**Results.** There was a decrease in the incidence of assessed clinical factors after two months from the time of the diagnosis. Monthly vs yearly pharmacotherapy of patients in each class was: I - 34.66 EUR vs. 415.92 EUR, II - 27.01 EUR vs 324.03 EUR, III - 111.30 EUR vs 1335.58 EUR, IV - 121.05 EUR vs. EUR 1452,57.

**Conclusions.** Patients with COPD and coexisting CHD generate high costs of pharmacotherapy. Appropriate prophylaxis and pro-health behaviors significantly reduce the risk of morbidity and mortality and therefore have a beneficial effect on the pharmacokinetics of ischemic heart disease.