



Correspondence

Health-related quality of life in chronic obstructive pulmonary disease

Sir,

I read with great interest the article published by Kharbanda and Anand¹ and congratulate the authors for a well written manuscript. However, I have a few observations and suggestions to make that may be beneficial for the readers to get more insight from the article. There was no mention about sampling method, was it convenient sampling? What about period of patient enrolment or were it any exclusion criteria which could influence the results. Chronic obstructive pulmonary disease (COPD) frequently associated with comorbidities such as asthma, cardiovascular disease and diabetes, can affect health-related quality of life (HRQOL) of patients and need to be excluded to look for the effect of COPD on HRQOL. It is also important to exclude patients with exacerbation in the last one month to avoid overestimation of HRQOL². HRQOL that worsens with severity of COPD has been shown by various Indian and international studies³⁻⁷. GOLD guideline always mentions the age cut-off to suspect COPD in a patient above 40 yr, but authors included patients 45 yr of age; the reason for this was not clear. There has been a weak correlation between FEV₁, symptoms and health status of patients, and therefore, in the recent GOLD guideline, it has been removed from disease assessment^{8,9}. It would have been good to add HRQOL in relation to disease classification as A/B/C/D rather than only airflow obstruction. There was also an important observation from the authors that onset of COPD at a younger age has a greater deterioration of HRQOL.

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