Transcript Details

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Trends and Disparities in COPD with Secondary Pulmonary Hypertension

ReachMD Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Nasibul Alam, who's an internal medicine resident at the Rosalind Franklin University of Medicine and Science. He'll be discussing his research on COPD and secondary pulmonary hypertension.

Here's Dr. Alam now.

Dr. Alam:
COPD is a major public health challenge, and it's frequently complicated by secondary pulmonary hypertension. In fact, pulmonary hypertension affects approximately 25 to 30 percent of COPD patients, and it's recognized as a poor prognostic marker in this group. Despite its clear clinical significance, there was limited national-level data evaluating mortality trends in patients with both COPD and secondary pulmonary hypertension, particularly across demographic subgroups. That gap really motivated us to analyze CDC WONDER mortality data from 2003 to 2020.

Over the study period, there were around 85,000 deaths among patients with both COPD and secondary pulmonary hypertension. More importantly, the age-adjusted mortality rate increased nearly threefold over the 17-year period, which highlights a worsening mortality trend in this specific subgroup, even though overall COPD mortality has improved over time.

We observed significant racial, ethnic, and geographic disparities in mortality. Non-Hispanic Black patients had the highest age-adjusted mortality rate at 1.4 per 100,000, followed by non-Hispanic White patients at 1.2. In contrast, Hispanic patients had a substantially lower mortality rate at 0.5, and Asian and Pacific Islanders had the lowest rate at 0.4.

When we looked at the regional differences, the Midwest had the highest mortality rate at 1.4 per 100,000, followed by the West at 1.3, while both the South and Northeast had lower rates at 1 per 100,000. What was particularly striking was that non-Hispanic Black patients in the Midwest and West experienced disproportionately higher mortality with an age-adjusted mortality rate of 1.8 per 100,000 compared to 1.3 per 100,000 among non-Hispanic White patients in those same regions.

I think there are several important opportunities to improve outcomes based on our findings. First, earlier recognition of pulmonary hypertension in COPD patients is critical. Pulmonary hypertension is often underdiagnosed because its symptoms overlap with COPD progression. Echocardiography plays a key role here as it is the best non-invasive screening tool to estimate the probability and severity of pulmonary hypertension. So, patients who have disproportionate dyspnea, worsening functional status, or symptoms that are more severe than expected based on their underlying lung disease should be evaluated with echocardiography and considered for referral to specialized pulmonary hypertension centers for further evaluation, including right heart catheterization when appropriate.

Second, optimizing underlying COPD management remains fundamental. This includes smoking cessation, pulmonary rehabilitation, guideline-directed inhaler therapy, and long-term oxygen therapy in hypoxemic patients, which has been shown to improve outcomes. Emerging evidence also suggests that select patients with pulmonary hypertension and COPD may benefit from pulmonary vasodilator therapies, even though the evidence is mixed. So, we need more research on that.

Third, our findings clearly show significant racial and regional disparities, particularly among non-Hispanic Black patients and those living in the Midwest and West. This highlights the need for targeted interventions to improve healthcare access, early diagnosis, and availability of specialized care in these vulnerable populations.

ReachMD Announcer:

That was Dr. Nasibul Alam talking about his research on COPD and secondary pulmonary hypertension. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!