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Cardiac disease from accelerated FEV_1 decline and acute exacerbations: time to rethink comorbidities in COPD

Yunus Çolak[1,2,3]

Affiliations: [1]Dept of Clinical Biochemistry, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev, Denmark. [2]The Copenhagen General Population Study, Herlev and Gentofte Hospital, Copenhagen University Hospital, Herlev, Denmark. [3]Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark.

Correspondence: Yunus Çolak, Dept of Clinical Biochemistry and the Copenhagen General Population Study, Herlev and Gentofte Hospital, Copenhagen University Hospital, Borgmester Ib Juuls Vej 73, Entrance 7, 4th Floor, Section M3, DK-2730 Herlev, Denmark. E-mail: yunus.colak@regionh.dk yunuscol@gmail.com

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COPD is a prevalent disease in middle-aged and older adults associated with significant morbidity and mortality [1]. Individuals with COPD have an increased risk of different comorbidities, which complicates management of an already troublesome disease [2, 3]. One of these comorbidities is cardiovascular disease, which is believed to arise from shared risk factors, such as tobacco smoke, and the higher prevalence of major cardiovascular risk factors in individuals with COPD [4]. Nonetheless, even after accounting for all these risk factors, there remains an association between COPD and cardiovascular disease suspected to involve such diverse mechanisms as hypoxia and systemic inflammation [4].