



Mortality after admission with pneumonia is higher than after admission with an exacerbation of COPD

Jørgen Vestbo ¹, Grant Waterer², David Leather³, Courtney Crim⁴, Nawar Diar Bakerly⁵, Lucy Frith⁶, Loretta Jacques⁶, Catherine Harvey⁷, Imran Satia ^{1,8} and Ashley Woodcock¹ on behalf of the Salford Lung Study Investigators

¹Division of Infection, Immunity and Respiratory Medicine, The University of Manchester, and Manchester University NHS Foundation Trust, Manchester Academic Health Sciences Centre, Manchester, UK. ²University of Western Australia and Northwestern University, Chicago, IL, USA. ³Global Respiratory Franchise, GlaxoSmithKline UK Ltd, Brentford, UK. ⁴Clinical Sciences, GSK, Research Triangle Park, NC, USA. ⁵Salford Royal NHS Foundation Trust, Salford, UK. ⁶Respiratory Research and Development, GlaxoSmithKline UK Ltd, Brentford, UK. ⁷Global Clinical Safety and Pharmacovigilance, Safety Evaluation and Risk Management, GlaxoSmithKline UK Ltd, Uxbridge, UK. ⁸McMaster University, Hamilton, ON Canada.

Corresponding author: Jørgen Vestbo (jorgen.vestbo@manchester.ac.uk)



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Mortality after an admission for pneumonia is considerably higher than for an admission for an exacerbation in COPD patients recruited from usual clinical practice. A proper diagnosis in acute worsenings of symptoms in COPD is therefore important. <https://bit.ly/3LyhnnC>

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To the Editor:

Patients with COPD often experience exacerbations and pneumonia that are occasionally severe and lead to hospital admission [1–3]. The risk of pneumonia is further increased by treatment with inhaled corticosteroids (ICS) [4–6]. Although potentially difficult to distinguish [7], there could be differences in the risk of death associated with these events that need to be taken into account when planning management and clinical follow-up. The Salford Lung Study was set up to evaluate the effectiveness and safety of the once-daily inhaled combination of fluticasone furoate and vilanterol (FF/VI; in ELLIPTA dry powder inhaler) compared with existing maintenance therapy (usual care) in a large, real-world population of patients with COPD in conditions of normal care [8]. Strengths of the study include the relatively unselected patient population, the completeness of follow-up using a joint electronic record system and the fact that all patients were provided usual standard of care for their exacerbations and during admissions. We used this study database to examine mortality after an admission with a severe exacerbation or pneumonia, and the impact of classification of these events.

