

Respiratory comorbidities cannot be neglected

Fa-Ping Wang, Hui Mao^{*}

Department of Respiratory Medicine, West China Hospital, Sichuan University, Chengdu 610041,
China

^{*}Corresponding author: Hui Mao, E-mail: merrymh@126.com

To the Editor:

We read with interest the recent study by Bozek et al reporting comorbidities in elderly patients with asthma and COPD [1]. They found that elderly patients with asthma frequently suffer from arterial hypertension and/or depression, and patients with COPD have a more exaggerated profile of coexisting diseases, especially cardiovascular problems. This study increases our understanding of comorbidities in the elderly population with asthma and COPD. Unfortunately, respiratory comorbidities, which are very common in asthma and COPD, have been neglected when the authors identified the various comorbidities. To extend our understanding of this issue, we have systematically reviewed literature in recent years and summarized respiratory comorbidities (other than asthma and COPD) in patients with asthma and COPD (Table 1). For example, it is noticeable that allergic rhinitis and chronic rhinosinusitis are the most common coexistent respiratory diseases in asthma [2]. A recent study involving subjects ≥ 65 years old with asthma also showed that approximately 60% of them had rhinitis [3]. This proportion is sufficiently large to be taken into consideration. Identifying and managing respiratory comorbidities such as rhinosinusitis, sinusitis, and nasal polyps are emphasized even in the Global Initiative for Asthma (GINA) 2016 report [4], which indicates that these comorbidities may contribute to symptom burden, impaired quality of life, and medication interactions in asthma. Moreover, asthma and COPD can coexist with sleep breathing disorders like obstructive sleep apnea syndrome [3,5]. Sleep apnea has been found, by polysomnography, in 65.9% of

patients with moderate to severe COPD [6]. Lung cancer is thought to be the most frequent cause of death in patients with mild to moderate COPD. Other respiratory diseases such as acute bronchitis pneumonia are also common in older age groups [7]. The collective findings indicate that respiratory comorbidities are both common in asthma and COPD and, therefore, should not be neglected or underestimated. Lastly, selection criteria for the study population are not adequately described. The study initially involved 1315 patients with asthma and 3152 patients with COPD; however, 1023 asthmatic patients, 1084 patients with a diagnosis of COPD, and 1076 control subjects were finally included in the study. It is unclear why other patients with asthma and COPD were excluded.

Conflict of interest

Fa-Ping Wang and Hui Mao declare that they have no relevant conflicts of interest.

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No

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Table 1. Common respiratory comorbidities in asthma and COPD

COPD	Asthma
respiratory infections	rhinitis, chronic rhinosinusitis, nasal polyps
lung cancer	respiratory infections
pulmonary fibrosis	vocal cord dysfunction
bronchiectasis	dysfunctional breathing
obstructive sleep apnea (syndrome)	obstructive sleep apnea (syndrome)