incomplete fissure the FEV1 and 6MWD showed no change. One year follow-up randomized controlled trials reported deaths although the cause of death was not related to BLVR. Respiratory failure and pneumothorax incidence rate was relatively higher in the BLVR group but the difference was not significant. Conclusions: Bronchoscopic lung volume reduction may be an effective and safe procedure for the treatment of severe COPD patients with emphysema based on existing studies.

Results: Chronic Obstructive Pulmonary Disease

A total of 137 COPD patients were classified as responders or nonresponders according to FEV1 improvement after 3 months of LABA/ICS treatment. Exacerbation factors for the occurrence of acute exacerbation in COPD patients.

Methods: Multiple comorbidities related to chronic obstructive pulmonary disease (COPD) make it a difficult disease to treat. The relationship between these comorbidities and COPD has not been fully investigated. We aimed to determine whether COPD was independently associated with various comorbidities.

Results: Of a total of 9488 patient who underwent spirometry, 744 (7.84%) COPD cases and 3333 non-COPD controls were included in the analyses. Although the prevalence rates of the majority of the comorbidities were high among the COPD patients, only hypertension (adjusted odds ratio [aOR], 1.63; 95% CI, 1.13–2.33 in Stage 1 COPD group; aOR, 1.92; 95% CI, 1.36–2.72 in Stage 2–4 COPD group) and a history of pulmonary tuberculosis (aOR, 3.38; 95% CI, 1.90–5.99 in Stage 2–4 COPD group) were independently associated with COPD after adjustment for age, smoking status, and confounders.

Conclusions: Only hypertension and a history of pulmonary tuberculosis were independently associated with COPD after adjustment for confounders among 15 comorbidities. The results suggest that majority of COPD patients might have similar risk factors with its comorbidities, including age and smoking status.