

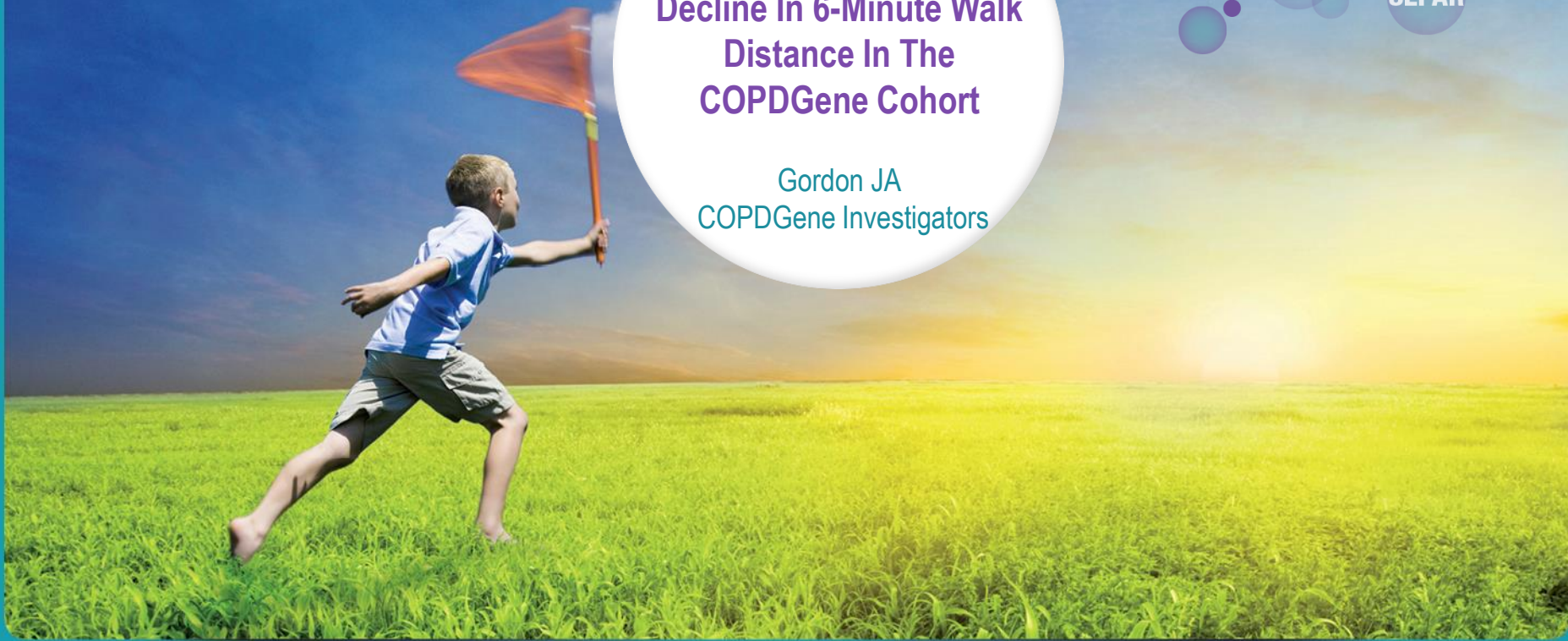
**[ATS] Correlates Of 5 Year
Decline In 6-Minute Walk
Distance In The
COPDGene Cohort**

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EPOC AVANCES

ERS ATS

SEPAR





La P6MM es un test submaximal simple, objetivo y clínicamente útil que permite estimar la capacidad funcional del paciente con EPOC, y aporta información de 3 variables principales:

- Distancia recorrida (D6MM).
- Desaturación de O_2 .
- Disnea percibida por el propio paciente evaluada con la escala de Borg, como reflejo de diferentes dimensiones de la enfermedad.



Las diferentes características clínicas de la EPOC están relacionadas con distintos resultados en la prueba de los 6 minutos marcha

Waatevik M, Johannessen A, Hardie J A, Bjordal JM, Aukrust P, Bakke PS, Eagan TML.
COPD: Journal of Chronic Obstructive Pulmonary Disease 2012; 9(3): 227- 234

El análisis multivariante demostró que las siguientes variables tenían un valor predictivo estadísticamente significativo de la D6MM: sexo, edad, VEMS (% de su teórico), puntuación en la escala de disnea de la MRC, comorbilidades (índice de Charlson) y limitación al esfuerzo físico.



D6MM se asocia con la frecuencia de exacerbaciones, la gravedad de la enfermedad (según criterios GOLD), la difusión (TLCO), el atrapamiento aéreo y grado de enfisema cuantificado por la TC torácica.

Estudio NETT y ECLIPSE



Correlates Of 5 Year Decline In 6-Minute Walk Distance In The COPDGene Cohort

We utilized a large cohort studied over a 5-year interval to determine epidemiologic and clinical variables that predict 6MWD decline.

Methods: We sought correlates of 6MWD decline in a large longitudinal cohort of current or ex-smokers; subjects with and without spirometric evidence of COPD were included. Data were gathered in the COPDGene study, at baseline and 5-year follow-up, at 21 United States hospitals.

Predictors of 6MWD decline from among baseline assessments, and also among changes seen over the 5-year follow-up period, were sought using univariable and multivariable linear regression.



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Results: 1837 subjects were assessed: 797 with normal spirometry, 177 GOLD 1, 389 GOLD 2, 205 GOLD 3, 62 GOLD 4, and 207 preserved ratio impaired spirometry. 6MWD decline averaged 32.7 meters, which was highly significant ($p < 0.0001$), despite a large variance ($SD = 105.7$ meters). There was greater decrease ($P < 0.05$) in 6MWD over 5 years in subjects with spirometric COPD compared to those with normal spirometry. There was, however, no difference in 5-year 6MWD decline among GOLD stages: median 6MWD decrease (in meters) normal spirometry = 23.2, GOLD 1 = 44.2, GOLD 2 = 46.6, GOLD 3 = 47.5, GOLD 4 = 62.8.



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Results: In multivariable regression analysis of 5-year change predictors, only 5 % of variance in 6MWD decline was predicted by change in (in order of significance) total SGRQ, FEV₁, BMI, and FEV₁/FVC. A regression analysis restricted to the 656 GOLD 2-4 subjects yielded qualitatively similar results.

Conclusion: These results demonstrate that 6MWD declines significantly over a 5-year period in a large cohort of smokers and ex-smokers, but the decline is highly variable. Spirometric, CT, health status and anthropometric measures account for only modest portions of this variance.