**ROLE OF CVD RISK ASSESSMENT IN COPD**

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Chronic obstructive pulmonary disease (COPD) is commonly associated with cardiovascular disease (CVD) since they are both linked with shared factors such as age and smoking history; however, in clinical practice, these two diseases are treated separately. COPD and CVD are among the most prevalent diseases and account for significant morbidity and mortality in the US and globally. About 85.6 million Americans are living with some form of cardiovascular disease or the after-effects of stroke. The prevalence of COPD in the adult US population is about 15 million (14%).

Despite this frequent association, pulmonologists and cardiologists in both clinical and research settings often underestimate the importance of a correct diagnosis and severity stratification of the two combined conditions. Spirometry, in particular, is largely underprescribed. Missed diagnosis and severity stratification combined with an incomplete knowledge of adverse drug events lead to undertreatment of patients with both COPD and CVD. Moreover, pulmonologists do not typically do appropriate CVD risk assessment in their COPD patients; the use of global risk scores such as the ASCVD Pooled Cohort Risk Calculator can be applied to determine their 10-year and lifetime risk of CVD and who may benefit from appropriate preventive therapies (e.g., statins) for the prevention of CVD. We have previously demonstrated a strong association of global risk scores with severity of COPD and that their use improves risk stratification of patients with COPD. Thus, use of appropriate CVD risk assessment in patients with COPD is important for identifying who may need appropriate CVD preventive therapies and for predicting the long term survival of COPD patients.