

People Experiencing Homelessness With COPD Are Younger And Have More Severe Disease Than Housed People With COPD

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AFFILIATIONS

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INTRODUCTION

Homelessness is an independent risk factor for mortality and morbidity¹.

People experiencing homelessness (PEH) have a greater prevalence of respiratory diseases such as chronic obstructive pulmonary disease (COPD) than the housed population, while also having poorer access to healthcare diagnostics².



AIMS

To compare characteristics of PEH to housed patients admitted with COPD.

METHODOLOGY

We performed a retrospective cohort study using electronic records of patients admitted with exacerbations of COPD to St James's Hospital, Dublin, between January 2023 and June 2024.

Homelessness was defined according to FEANTSA typology, and included rough-sleeping and living in hostels. Statistical analyses were conducted in SPSS, with one-way ANOVA used to compare outcomes which were continuous variables and Fisher's exact test used to compare categorical outcomes.

DEMOGRAPHICS

201 patients were admitted with exacerbations of COPD during the study period, of whom 24 were PEH and 177 were housed.

Approximately 2,000 of 270,000 adults in the SJH catchment area have experienced homelessness.

RESULTS

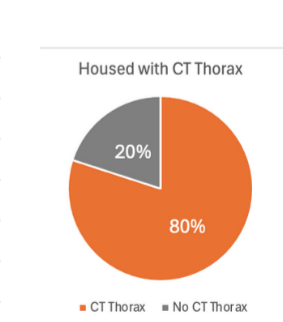
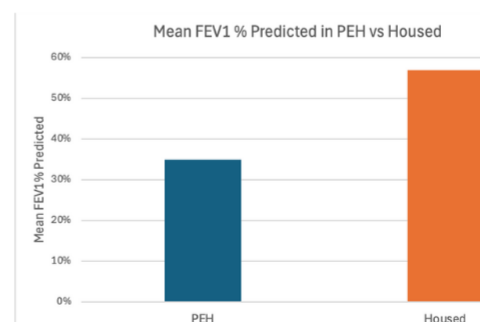
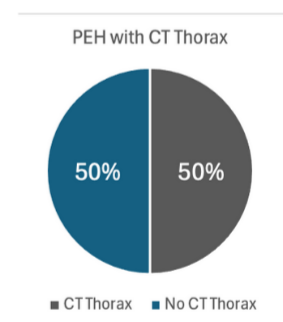
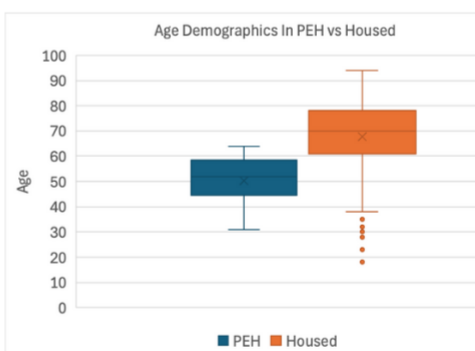
PEH admitted with COPD exacerbations were younger than their housed counterparts, 50 years (range 37-64) vs 68 years (range 18-94) respectively, ($p < 0.001$).

8/24 (33%) of PEH had pulmonary function tests on record compared to 105/177 (60%) of housed patients ($p < 0.05$).

The mean FEV1% predicted in PEH was 35% (range 17-65%), compared to 57% (13-119%) in housed patients ($p = 0.008$).

12/24 (50%) of the PEH had a CT thorax in the past 3 years vs 141/177 (80%) of housed patients ($p = 0.004$). Emphysema was described in 9/12 (75%) of CT reports in PEH compared with 102/141 (72%) of housed patients (ns).

Despite a younger average age in PEH, length of stay in hospital was similar in PEH and housed patients (7.9 days vs 8.0, ns). Inpatient hospital mortality was higher among PEH with 1/24 (4%) vs 5/177 (3%), (ns).



CONCLUSION

PEH admitted to hospital with infective exacerbations of COPD have more severe disease and higher mortality rates despite being much younger than housed patients.

PEH are less likely to have pulmonary function tests, a key investigation which guides specialist outpatient COPD management. This small cohort study suggests a need for improving access to COPD care in PEH.

REFERENCES

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