

8.23 Relevance of Group C & D in COPD Classification Post-GOLD 2023 Guidelines

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Background: The GOLD 2023 guidelines combined Groups C and D into a single category E, suggesting similar treatment strategies. However, distinctions between C and D might still be clinically relevant, especially concerning symptom burden and exacerbation risk. **Methods:** We retrospectively analysed pulmonary function tests (PFTs) from 35 patients conducted over three months at the Cork South City Respiratory Integrated Care Hub. Data analysis was performed using Microsoft Excel and paired sample T-tests. PFTs with poor technique, missing DLCO, lung volumes, MMRC scores, or exacerbation history were excluded. **Results:** Age, gender, and certain lung function parameters (RV%, RV/TLC %, and TLC %) did not differ significantly across GOLD stages ($p > 0.05$). However, MMRC, exacerbations, post-bronchodilator FEV1 %, and DLCO% corrected showed significant differences between stages ($p < 0.05$). Regarding smoking history, the distribution of active smokers was similar across all groups, with no significant difference ($p = 0.71$). Groups A and D had slightly higher proportions of active smokers compared to B and C, but without a clear correlation to disease severity. **Conclusion:** Despite the GOLD 2023 guidelines, significant clinical differences in MMRC scores, exacerbations, and post-bronchodilator FEV1 % suggest that Groups C and D still offer relevant insights for COPD management. These distinctions, combined with the consistent smoking history across groups, justify tailored treatment approaches that might be lost in a broader category E. **Keywords:** COPD, airway disease, GOLD guidelines **Disclosures:** Nothing to declare.

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