Letters to the Editor

Thus, this interesting study on dyspnoea as a quality of life factor in old age, adds another to the list of health effects of obesity.

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The contribution of obesity to dyspnoea in elderly people

SIR—The report by Ho et al. [1] reveals much about dyspnoea in elderly people. Dyspnoea is common and can reduce the quality of life of the aged person.

I would like to reinforce one of the findings in this study: that obesity is the main contributory factor in dyspnoea in elderly people. About 30% of the study population had been dyspnoeic, of whom 33% were obese. This means that about 10% (0.3×0.33) of the study population were obese and dyspnoeic—17% of the entire study population were obese without having dyspnoea (0.7×0.23).

These data suggest that obesity contributes to dyspnoea in 10% of the general population. Among obese elderly subjects, dyspnoea occurs in about 40% (10/27).

A summary of the contribution of different diagnoses in the population is shown in Table 1 (based on Table 3 of Ho and co-workers’ paper [1]).

Although at 40% the prevalence of dyspnoea in the obese group is less than that in chronic obstructive pulmonary disease, left ventricular dysfunction and reversible airway disease (>50%), the contribution of obesity to the total number of old people with dyspnoea is almost twice that of any other medical condition.

Table 1. Contribution of various diagnosis in the population described by Ho et al.

<table>
<thead>
<tr>
<th>% of subjects</th>
<th>All</th>
<th>Dyspnoea</th>
<th>No dyspnoea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reversible airways disease</td>
<td>13</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>11</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Left ventricular dysfunction</td>
<td>10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Obesity</td>
<td>27</td>
<td>10</td>
<td>17</td>
</tr>
</tbody>
</table>

Data from Table 3 of Ho et al., 2001 [1].