

Poverty associated with worse survival, fewer lung transplants in lung disease patients

16 May 2021

Patients with idiopathic pulmonary fibrosis (IPF), a rare lung disease that causes shortness of breath and low oxygen levels because of lung scarring, have worse outcomes if they live in poor neighborhoods, according to research presented at the ATS 2021 International Conference.

Gillian Goobie, MD, Human Genetics, Graduate School of Public Health, University of Pittsburgh, and colleagues sought to determine how environmental and occupational factors contribute to the development and progression of IPF. People who live in areas with high neighborhood-level disadvantage, as measured by the Area Deprivation Index, experience disparities in housing, poverty, employment, and education. These social determinants of health impact the outcome of many chronic diseases.

"Our preliminary data from our single center study at the University of Pittsburgh indicates that neighborhood-level disadvantage may be associated with increased mortality and reduced odds of receiving a [lung transplant](#) in patients with IPF," stated Dr. Goobie, study author.

Policies and legislation that promote more equitable environments and reduce the burden of poverty in our society may help to alleviate the disparities we see in outcomes of patients with IPF.

People are more likely to develop IPF or other forms of interstitial lung disease (ILD) if they have worked in an occupation that has significant exposure to airborne materials. For example, individuals exposed to asbestos, silica, wood chippings, or numerous other materials through their work are at a higher risk for development of ILD in comparison to individuals without those exposures. We also know that smoking is a very important risk factor that contributes to the

development of IPF in many patients, as well as exposure to air pollution.

"I think there are substantial real-world implications of this research. With a disease like IPF, which has a very high mortality, we are more able to demonstrate the substantial impact that these neighborhood-level factors can have on survival and transplant outcomes. I was surprised that we were able to find a significant impact of neighborhood-level disadvantage on survival in our relatively small cohort of patients with IPF. I am looking forward to validating these results in a larger and more diverse population of patients with IPF and other forms of fibrotic ILD," stated Dr. Goobie.

More information:

conference.thoracic.org/program/search.php?sid=P6760

Provided by American Thoracic Society

APA citation: Poverty associated with worse survival, fewer lung transplants in lung disease patients (2021, May 16) retrieved 26 May 2022 from <https://medicalxpress.com/news/2021-05-poverty-worse-survival-lung-transplants.html>

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