

**Table 1 Risk factors for acute exacerbations**

Increasing age	Longer duration of COPD
Severity of obstruction	Colonization of airways
Prior history of inhaled COPD drug use	Comorbidities
Chronic bronchial mucus production	Poor health related quality of life
Productive cough and wheezing	Prior history of exacerbations
Antibiotic or systemic steroid use	

**Table 2 Selected comorbidities of COPD**

Cardiovascular diseases	Depression
Heart failure	Anxiety
Pulmonary hypertension	Gastroesophageal reflux
Pulmonary embolism	Diabetes mellitus
Osteoporosis	Sleep disturbances

**Table 3 Causes of infection in AECOPD**

<b>Bakteria</b>	<b>Tíðni</b>
<i>Hemofilus influenzae</i>	20-30%
<i>Streptokokkus pneumoniae</i>	10-15%
<i>Moraxella catarrhalis</i>	10-15%
<i>Pseudomonas aeruginosa</i>	5-10%
<b>Viruses</b>	
Rhinovirus	10-25%
Parainfluenzavirus	5-10%
Influenzavirus	5-10%
Respiratory syncytial virus	5-10%

**Table 4. Treatments that can prevent acute exacerbations of chronic obstructive pulmonary disease**

<b>Pharmacological</b>	<b>Nonpharmacological</b>
Long acting bronchodilators	Tobacco cessation
Inhaled corticosteroids	Influenza vaccination
Antioxidants	Pnumococcal vaccination
Antibiotics	Pulmonary rehabilitation
Betablockers if indicated for comorbidities	Nutritional assessment