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COPD is a leading cause of morbidity and mortality worldwide. Apart from structural and functional abnormalities within the respiratory system COPD is also associated with effects outside the lungs, so-called systemic effects. One systemic effect that has been highlighted is skeletal muscle dysfunction which has also been suggested to play an important role in reducing exercise capacity in patients with COPD.

The present thesis elucidates changes in skeletal muscle of COPD patients and highlights physical activity and hypoxia as plausible mechanisms involved in these changes.