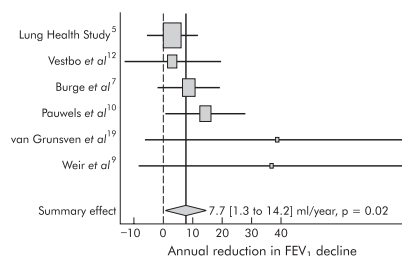


INHALED STEROIDS AND COPD PROGRESSION

There is now considerable evidence that inhaled steroids reduce exacerbation frequency in patients with more severe COPD, although evidence that they affect disease progression has been lacking. In this issue of *Thorax* Rand Sutherland and colleagues report a meta-analysis of eight large studies of 2 or more years which evaluated the longer term effects of inhaled steroids. The meta-analysis concluded that inhaled steroid treatment slows the rate of decline in FEV₁ and that the effect is greater with higher dose regimes. This meta-analysis is further discussed by Burge and Lewis in an accompanying editorial in which they explain why the results of the present study differ from a previously published meta-analysis of long term inhaled steroid treatment. Burge and Lewis also point out that future studies should now pay attention to the optimal inhaled steroid dose, the stage of disease severity for commencing treatment, and the effects of combinations with other COPD therapies.

See pages 911 and 937



CALL FOR IMAGES

This month in *Thorax* we see the start of a new educational series that we have called "Images in *Thorax*". As the editorial by Fitzgerald and colleagues explains, this feature consists of radiological and/or pathological images accompanied by a short commentary and key messages and we now welcome submissions for this new series. We are grateful to the series editors Mark Fitzgerald, Nestor Muller and Jim

Hogg for organising such a valuable resource for *Thorax*.
See pages 915 and 919

NEW LUNG BIOPSY GUIDELINES

In this issue of *Thorax* we publish the latest BTS guidelines on lung biopsy. As Manhire and colleagues point out in the accompanying editorial, this important diagnostic procedure is not without its associated morbidity and mortality. A recent survey of UK centres performing this technique revealed that practice varied greatly, with no apparent consensus about how it should be performed. These guidelines have been produced in agreement with the societies of those practitioners commonly involved in performing this technique, and are firmly based on the evidence available. They are comprehensive, covering all issues including indications, techniques, consent and staffing. Although sufficiently detailed to direct the less experienced, they are not prescriptive and provide a guide to best practice for the more experienced practitioner. Adherence to and guidance by these recommendations will undoubtedly improve standards of practice for this important diagnostic procedure.

See pages 913 and 920

SURFACTANT PROTEINS ARE USEFUL BIOMARKERS

Acute lung injury (ALI) and acute respiratory distress syndrome (ARDS) are important causes of mortality in intensive care units. Levels of plasma surfactant proteins, secreted by alveolar type II cells, increase early in these conditions and these rises may reflect pulmonary epithelial injury. In this month's *Thorax* Eisner and colleagues describe the relationship between surfactant proteins and the risk of death and other outcomes. They show that high levels of plasma surfactant protein D (SP-D) early on in the course of ALI/ARDS is associated with a worse clinical outcome, and the 6 ml/kg tidal volume strategy that has been shown to reduce mortality attenuates the rise in SP-D. Thus, plasma SP-D levels may be a useful biomarker and should be used in trials of new treatments.

See page 983

NEW TREATMENT FOR COPD – RED WINE!

Considerable effort is being made to find new treatments for COPD, especially those with anti-inflammatory activity which could potentially affect disease progression. Culpitt and colleagues describe the effect on alveolar macrophages from patients with COPD of resveratrol, a component of red wine extract which has anti-inflammatory and antioxidant properties. Resveratrol inhibited basal and stimulated cytokine release from alveolar macrophages taken from COPD patients and thus could reduce airway inflammation. As this compound has a low bioavailability, other analogues are being developed. So the recommended menu for COPD is now chicken soup (reported to be of some benefit) together with red wine!

See page 942

DOMESTIC CLEANING AND ASTHMA

In this issue of *Thorax* Medina-Ramon and colleagues assess the risk of asthma in Spanish women employed in domestic cleaning. They report that 13% of the population studied were currently employed in domestic cleaning, and asthma, chronic bronchitis and other respiratory symptoms were more common in this group than in women who had never worked as cleaners. Overall, they found that 25% of asthma cases in the population were attributed to domestic cleaning. The authors suggest that housewives performing routine cleaning tasks in the home may also be at increased risk of airways disease. Domestic cleaning work is thus a significant public health issue and deserves further attention.

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