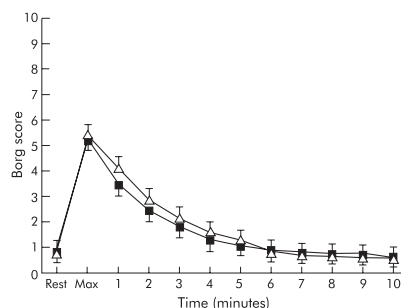


## CONTROVERSY OF SHORT BURST OXYGEN

Short burst oxygen therapy refers to the use of oxygen intermittently or “as needed” for the relief of breathlessness and should be distinguished from ambulatory oxygen therapy where oxygen is used during exercise. As Roberts points out in his editorial, various COPD guidelines have provided little useful guidance for the use of short burst oxygen. This is largely due to the inconsistency of the evidence for its benefit, and recent studies have suggested that short burst therapy is largely ineffective. In this issue of *Thorax* we report a randomised study by Stevenson and Calverley in which they studied the effect of oxygen on recovery after maximal exercise. The results were interesting in that, although oxygen produced a more rapid resolution of dynamic hyperinflation, it had no effect on dyspnoea. They also found that use of a face mask for oxygen administration was associated with faster improvement in dyspnoea, suggesting that any benefits of oxygen may be due to cooling effects. However, the reality is that most prescriptions for oxygen cylinders in the UK are for administering short burst therapy and are associated with considerable cost consequences. Data from the study give further support to the view that oxygen prescriptions should focus on patients



Borg score for breathlessness before and after exercise in patients breathing oxygen (open symbols) or air (solid symbols)

requiring long term oxygen therapy and those who are candidates for ambulatory oxygen therapy.

See pages 639 and 668

## SERIOUS CONCERNS ABOUT CHILDHOOD SMOKING

In this issue of *Thorax* we publish a paper that evaluates the relation between childhood smoking and obstructive airways disease in a cohort of current and ex-smokers in the Norfolk arm of the European Prospective Investigation of Cancer (EPIC-Norfolk). A considerable proportion of adult smokers start to smoke as children and, as the authors point out, the prevalence of smoking in children aged 13–15 years is as high as 40% in some countries. The study shows that childhood smokers are more likely to continue smoking, and that they have a greater risk of developing obstructive airways disease than those who started smoking as adults. In male and female ex-smokers this increased risk was explained by increased smoking but, in women, exposure to cigarettes in childhood is an independent risk factor for development of airways disease. As the authors conclude, it is now crucial that we address the public health implications of childhood smoking.

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## CHANGES IN ASTHMA EPIDEMIOLOGY

Information as to how asthma epidemiology changes with age has been limited. In this month's *Thorax* we publish a study by Chinn and colleagues which analyses data from young adults in the European Community Respiratory Health Survey. As Wieland points out in the accompanying editorial, this study is unique because of its international approach—including 29 study centres in 14 countries—and the considerable consistency of findings across countries. Questionnaires were completed in 1991–1993 and then 5–11 years later. An increase was seen in the proportion of adults being treated for asthma but not in those reporting symptoms. The authors suggest that this mismatch may be due to increased labelling of patients with mild asthma or increased use of asthma medications.

See pages 637 and 646

## VITAMIN E SUPPLEMENTS DO NOT WORK IN ASTHMA

A number of epidemiological studies have suggested that there is a beneficial effect of the antioxidant vitamin E on reducing asthma, so vitamin E supplements may be expected to have a useful role in the management of asthma. In this issue Pearson and colleagues describe a randomised controlled study of 6 weeks treatment with vitamin E or matched placebo on bronchial hyperresponsiveness in atopic adults with asthma. There was no difference in bronchial hyperreactivity in the two groups after the intervention and no effect of vitamin E on any other determinant of asthma control. The authors discuss why the results differ from those of the epidemiological studies and also suggest that combinations of antioxidants should be used rather than single nutrients.

See page 652

## LINK BETWEEN COPD AND CANCER

Cigarette smoking is a risk factor for both COPD and lung cancer. Within the different histological types of lung cancer, squamous cell carcinoma has a stronger association with tobacco smoking than other non-small cell lung cancers (NSCLC). Papi and colleagues report a case control study of squamous cell cancer in patients undergoing lung resections. The results show that, among smokers with surgically resectable NSCLC, COPD increases the risk of developing squamous cell cancer more than fourfold, while chronic bronchitis which is not associated with COPD is associated with the adenocarcinoma subtype.

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