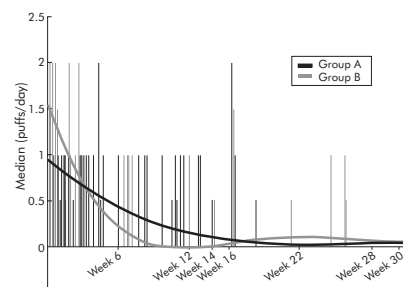


BREATHING EXERCISES IN ASTHMA?

As Bruton and Thomas point out in their editorial accompanying the paper by Slader and colleagues, treatments involving manipulation of breathing are commonly used although the evidence base for their effectiveness is weak. In a double blind study Slader and colleagues compared the effects of breathing exercises learned from instructional videos and focusing on nasal breathing (group A) with those of non-specific upper body exercises (group B). For 30 weeks the asthmatic patients performed these exercises twice daily and no differences were observed between the groups in quality of life scores, lung function, or airway responsiveness. However, across both groups there was a dramatic fall in reliever use from week 1 after randomisation amounting to a total decrease in reliever use of 86% and a 50% decrease in the dose of inhaled corticosteroid. The authors show that two different types of interventions lead to similar effects on asthma, especially relating to the use of short acting β_2 agonist. No effect was observed on any parameters relating to airway inflammation. The authors conclude that the improvements observed in the asthmatics following breathing techniques are due to improved relaxation and self-efficacy leading to a reduction in inhaler use. Breathing techniques may therefore be appropriate in patients with mild asthma symptoms who use a reliever frequently.

See pages 643 and 651



Reliever use reduction.

PREDICTORS OF COUGH IN CHILDREN

Cough is very common in children, but paediatricians need to decide which children warrant further review and investigation. In this month's *Thorax*, Marchant and colleagues describe a prospective cohort study of children referred to a tertiary hospital with cough lasting more than 3 weeks. The authors show that the most useful clinical marker in predicting cough is the presence of a daily moist cough at the time of consultation, and both chest examination and chest radiography were also helpful. A parental history of moist cough also predicted a specific cause of cough. In the accompanying editorial, Shields discusses some of the limitations of the study and points out that the study had a high frequency of bacterial bronchitis, a condition that requires further attention in children.

See pages 648 and 694

IMPROVED SURVIVAL FOR HIV PATIENTS WITH SEVERE PCP

Although pneumonia due to *Pneumocystis jirovecii* (PCP) is now overall less common, severe PCP continues to be a common cause of admission to the intensive care unit (ICU). In the 1980s survival from severe PCP was poor but, in this issue of *Thorax*, Miller and colleagues describe the outcome of patients with severe PCP admitted to the ICU between 1990 and 2005. 57% of their cohort required mechanical ventilation and overall mortality was 53%, although diagnosis before 1996 was associated with a worse outcome than a later diagnosis. This improvement occurred in the absence of intervention with HAART therapy for HIV and reflects improvements in the management of respiratory failure. The observed improved survival supports early referral to the ICU of patients with severe PCP and respiratory failure.

See page 716

COUGH REFLEXES IN BRONCHIECTASIS

Together with sputum production, chronic productive cough is usually a predominant symptom of bronchiectasis. In this month's *Thorax* Torrego and colleagues describe a study undertaken to determine if cough sensitivity in adults is increased, as measured by the response to inhaled capsaicin. The results show that, as expected, patients with bronchiectasis have a more sensitive cough reflex than controls, and this increased sensitivity was related to the severity of the cough symptoms but was not related to the extent of the bronchiectasis or to the presence of infected sputum. Although this cough sensitivity contributes to the symptom severity of bronchiectasis, the authors conclude that cough is also important as it provides one of the only ways in which excessive secretions can be removed from the airways.

See page 706

BHR, SMOKING, ASTHMA AND COPD

Bronchial hyperresponsiveness (BHR) is a common finding in asthma, but less is known about the relation between BHR and COPD. Although some studies such as the Lung Health Study have shown an interaction between BHR and smoking, other studies have not provided such definite results. In this issue of *Thorax* Brutsche and colleagues present data from follow up of the SAPALDIA cohort study where BHR to methacholine was assessed. They found that BHR is a risk factor for an accelerated decline in FEV₁ and the development of asthma and COPD, independent of atopy. Active smoking with BHR conferred a synergistic detrimental effect on the decline in lung function.

See page 671