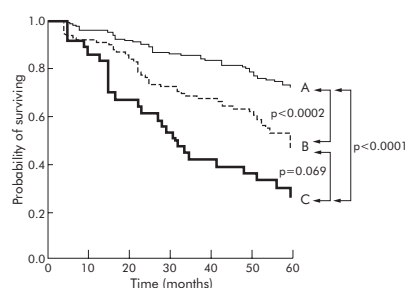


## FREQUENT EXACERBATORS AND MORTALITY

We now know that some COPD patients are prone to frequent exacerbations and that these patients are more likely to be admitted to hospital and pose a considerable health economic burden, especially during the winter months. Patients with a history of frequent exacerbations, especially those with three or more exacerbations per year, have worse health status, reduced daily activity, increased airway inflammation, and a faster decline in lung function. In this month's *Thorax* Soler-Cataluña and colleagues for the first time report that severe exacerbations requiring hospital management are independently associated with all-cause mortality, and the mortality risk increases with exacerbation frequency. The study emphasises the poor outcome associated with hospital admission for COPD exacerbation, with the lowest survival being reported in the patients who had readmissions to hospital. These results are important, as one can then expect that any intervention that reduces COPD exacerbation frequency will also reduce mortality. Some of the interventions reporting reducing exacerbation frequency or severity include bronchodilators, inhaled ster-



Kaplan-Meier survival curves by frequency of exacerbations in patients with COPD: group A, patients with no acute exacerbations of COPD; group B, patients with 1–2 acute exacerbations of COPD requiring hospital management; group C, patients with  $\geq 3$  acute exacerbations of COPD.

oids, pulmonary rehabilitation, and influenza vaccination, and we await the results of large trials investigating the effect of these interventions on mortality. See page 925

## ADULT ASTHMA IN DEVELOPING COUNTRIES

Population surveys of asthma in adults have provided much useful information about prevalence and determinants of asthma, but relatively few studies have been performed in developing countries. In this issue of *Thorax* Ehrlich and colleagues describe a study to determine the predictors of wheeze, asthma diagnosis, and current treatment in a national survey of South African adults, and the results are further discussed in an accompanying editorial by Becklake. Some interesting results are reported—for example, women were less likely to be on current treatment than men, and tuberculosis and occupational exposures were independent risk factors for recent wheeze and asthma diagnosis. The authors conclude that, in addition to smoking, control of tuberculosis and occupational exposure is essential to reduce chronic respiratory morbidity. See pages 885 and 895

## EXERCISE AND BRONCHIECTASIS

Most pulmonary rehabilitation programmes are designed for patients with COPD, and other conditions that lead to chronic respiratory morbidity have been less well studied. In this month's *Thorax* Newall and colleagues describe a study of the effect of pulmonary rehabilitation in bronchiectasis and the additional effect of inspiratory muscle training. Exercise training was found to improve exercise tolerance but there was no additional effect of inspiratory muscle training. In the accompanying editorial Goldstein points out that, although there are a number of further issues that need to be addressed in future trials of the role of pulmonary rehabilitation in bronchiectasis, this patient group should now be enrolled in such programmes. See pages 889 and 943

## ACCURACY OF TBNA

Non-small cell lung cancer (NSCLC) is the commonest malignancy in the world and overall has a poor survival, although this is better when lung resection can be performed. Careful mediastinal staging is essential for appropriate surgical treatment. Holty *et al* describe a meta-analysis of the accuracy of transbronchial needle aspiration (TBNA) for mediastinal staging in NSCLC. The authors conclude that, when properly performed, TBNA is highly specific for identifying metastases. Sensitivity analysis shows that the sensitivity of the technique depends on the prevalence of mediastinal metastases and is lower where there is a lower prevalence of metastases. In an accompanying editorial Gasparini and Silvestri encourage chest physicians to read this paper carefully and to “practise, practise and practise” to obtain these important necessary skills. See pages 890 and 949

## MOULDS, CATS, DOGS AND RESPIRATORY SYMPTOMS

There is limited information available on the effect of a poor indoor climate on respiratory health. In this issue of *Thorax* Duellien Skorge and colleagues describe a survey of the indoor climate of 3181 adults aged 26–82 years. The survey showed that exposure to mould was associated with all respiratory symptoms, and the authors conclude that the advice to eradicate moulds is based on sound evidence. The study could not produce any firm conclusions on pet ownership, but the authors suggest that any effect on respiratory symptoms of pet ownership during childhood may differ between dogs and cats. See page 937