

EDITORS' CHOICE

Community acquired pneumonia: largely managed by GPs, but the debate on diagnosis continues

- The study by Snijders *et al.* (pg 400) is unique, in that the authors were able to link individual patient data on community acquired pneumonia (CAP) episodes from 85 general practices (approx. 2.6% of the Dutch population), a hospital database, and the national mortality database. Over 10 years there were 3,700 CAP episodes per year recorded in at least one of the three data systems, and 79% of these were managed solely in primary care. On pg 454, Christensen *et al.* highlight the ongoing debate on CAP diagnosis in a study from Denmark and Spain. Using a cross-sectional design, they investigated the prevalence of presumed pneumonia in 2,698 patients with lower respiratory infection; 47% of patients in Denmark were classified as having pneumonia, whereas in Spain it was 11%. In their linked editorial on both papers (pg 383), Infantino and Infantino discuss the issue of CAP diagnosis in primary care, a problem not helped by the plethora of (sometimes contradictory) guideline recommendations...

Good asthma control: correct inhalation technique is critical

- Levy *et al.* evaluated nearly 4,000 primary care asthma reviews in 15 UK general practices (pg 406). All patients using a pMDI had their inhaler technique observed by a specialist nurse using the Aerosol Inhalation Monitor (AIM) device, which measures inspiratory flow, ongoing flow, synchronisation, and breath-holding. Patients' asthma control was classified according to GINA guidelines, and asthma was controlled in only 50% of patients. When the pMDI was used with a spacer device, 68% of patients obtained disease control. In their linked editorial on pg 385, Lavorini and Usmani emphasise the importance of inhaler technique, and advocate that choosing the correct inhalation device is as important as choosing the right drug...

Communication tools for smoking cessation counselling

- The study by Neuner-Jehle *et al.* (pg 412) is an RCT comparing use of a Swiss cardiovascular risk smoking cessation tool with the IPCRG healthcare professional smoking cessation brief intervention tool. 25 GPs were recruited and randomised into an intervention group (using the Swiss communication tool plus the IPCRG tool; n=10) or a control group (using the IPCRG tool only; n=15). A total of 114 smoking cessation counselling sessions with a median duration of 10 minutes were completed over the 6-month study period. The authors conclude that their cardiovascular risk smoking cessation tool is non-inferior to the IPCRG tool. On pg 387, Lewis analyses the results and puts this work in context.

REACH: switching asthma patients to extra-fine beclometasone-formoterol

- The REACH (Real-world Effectiveness in Asthma therapy of Combination inHalers) study on pg 439 was a UK observational real-life study assessing the clinical and cost effectiveness of switching asthma patients from a fluticasone/salmeterol inhaler to an extra-fine beclometasone-formoterol combination inhaler. Using data from two large UK primary care databases, patients' medical records were examined for the year before and year after the physician review when the patient was either left on their fluticasone/salmeterol inhaler [n=1,146] or switched onto the beclometasone/formoterol inhaler at an equivalent or lower dose [n=382]. The exacerbation rate ratio between the two groups in the second year was 1.01 [95% CI 0.74 to 1.37]. So there was no reduction in clinical effectiveness but a significant reduction in cost in the beclometasone/formoterol group...

The importance of CONSORT: poor reporting may infer poor science

- In their systematic review on pg 417, Ntala *et al.* show that the reporting of asthma RCTs in leading general and specialist journals in 2010–2012 remains suboptimal when analysed according to CONSORT requirements. Areas for improvement are identified. In the linked editorial (pg 388), Been *et al.* put the study in context and discuss the implications.

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