

EDITORS' CHOICE

Risk-to-benefit ratio of inhaled corticosteroids in COPD

- In contrast to asthma, the role of inhaled corticosteroids (ICS) in the management of COPD is less well defined and more limited. On pg 92, Price *et al.* comprehensively review the risk/benefit ratio of ICS treatment in COPD. They emphasise the need for correct diagnosis and the dangers of indiscriminate use of ICS. However, the need for ICS treatment needs careful consideration particularly in patients with an FEV₁ < 50% predicted who have repeated exacerbations.

The Finnish 10-year Asthma programme: improved primary care diagnosis

- Kainu *et al.* (pg 64) analysed the trend in age-adjusted prevalence of physician-diagnosed asthma during the Finnish Asthma Programme which ran from 1994 to 2004. Two postal questionnaire surveys provided data on diagnosis, respiratory symptoms and precipitating factors. The age-adjusted prevalence of physician-diagnosed asthma increased from 6.5% to 10.0%, and the authors conclude that one of the likely reasons was improved diagnosis in primary care. Using a multivariate logistic regression model, the risk of asthma was significantly increased by allergic conjunctivitis, family history of asthma, and a BMI > 30 kg/m². On pg 13, Bjerg discusses the results and analyses the importance of trends in epidemiological research.

The importance of lung hyperinflation in COPD

- COPD is characterised by expiratory flow limitation which results in air trapping and lung hyperinflation. The extensive literature review by Thomas *et al.* on pg 101 is an excellent summary of the mechanisms involved in lung hyperinflation and how it affects dyspnoea and activity limitation in patients with COPD. The authors review the treatment options available, with particular emphasis on those treatments available in primary care.

Challenges for primary care education: are we at the crossroads?

- Continuing medical education is an ongoing challenge for all clinicians. On pg 23, Ulrik *et al.* report a study in 102 general practices assessing the impact of a COPD educational programme. Data were collected on the rate of spirometry testing, preventive consultations, and influenza vaccination rates. Over three years, the intervention group almost doubled performance in all outcomes. On pg 29, Patel *et al.* report on the translation of the Physician Asthma Care Education (PACE) programme from the USA to Australia. Using various educational interventions, the transfer of PACE was successful. In his editorial on pg 6, Tomlins places both studies in context, whilst discussing primary care respiratory education globally.

Impact of the COPD Assessment Test (CAT) on primary care consultations

- On pg 37, this multinational randomised controlled study is the first to assess the impact of the COPD Assessment Test (CAT) on the quality of primary care COPD consultations. 165 primary care physicians undertook six standardised consultations either with or without the completed CAT available, with trained actors playing the role of COPD patients. 882 consultations were suitable for analysis. There was no difference between the two groups of physicians in terms of their mean overall score, but the CAT group were significantly better in identifying and dealing with COPD-related issues. In their editorial on pg 8, Langhammer and Jones discuss the usefulness of the CAT in primary care and compare it with other validated tools for measuring health status in COPD patients.

Exhaled nitric oxide is a marker for allergy but not symptoms

- Allergic rhinitis (AR) and asthma are often associated, and fractional exhaled nitric oxide (FeNO) is a biomarker of the eosinophilic inflammation present in both conditions. On pg 44, de Bot *et al.* report a prospective cohort study on 251 children with either asthma and AR [n=93] or AR alone [n=158]. Data on FeNO concentration, nose and asthma symptom scores, house dust mite-specific IgE, and allergy-related quality of life, were collected at baseline and after 2 years. FeNO was unrelated to symptoms or quality of life in both groups of children. On pg 10, Gevorgyan and Fokkens discuss the results.

Paul Stephenson and Aziz Sheikh