LETTERS TO THE EDITOR

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The editors will decide as before whether to also publish it in a future paper issue.

Management of COPD

In their recent review MacNee and Calverley provided an excellent summary of the management of COPD. However, I question their assertions regarding domiciliary oxygen. Citing the work of Gorecka et al1 and Chaouat et al2, it is stated that domiciliary oxygen does not benefit patients with relatively mild hypoxaemia or isolated nocturnal desaturation.

Gorecka et al studied 135 patients with oxygen tension 7.4–8.7 kPa (56–65 mm Hg) randomised to domiciliary oxygen versus control.3 As previously noted, this study was underpowered to detect potential significant mortality benefits.4 According to the method of Collett,5 the study had an 80% power (with 0.05 two tailed alpha) to detect a hazard ratio of 0.7–0.9, requiring several thousand hypoxaemic patients might be estimated with confidence.

Given that domiciliary oxygen is the only treatment that has been proved to decrease mortality in COPD, we should not assume that the absence of evidence equates to evidence of absence of benefit in a broader patient population. An alternative position is that additional studies in patients with mild hypoxaemia and nocturnal desaturation are needed.6

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References

Authors’ reply

We thank Dr Marras for his comment on our review. It is true that we have based our assertions on the use of domiciliary oxygen in patients with mild COPD on the two published papers which provide no evidence to support the use of oxygen therapy in COPD patients with relatively mild hypoxaemia or isolated nocturnal desaturation. We understand the criticisms expressed by Dr Marras of the studies by Gorecka et al and Chaouat et al based on statistical analysis which he has made previously.7 We agree that absence of evidence does not equate to evidence of absence of benefit, but we cannot recommend oxygen for this group of patients in the absence of any evidence, a view which has been taken by the most recent evidence based guidelines on the management of COPD.7

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References
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Thorax 2003 58: 1006
doi: 10.1136/thorax.58.11.1006

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