airwaves

STROKE AND SLEEP APNOEA

There has been much interest recently in the precise relationship between stroke and sleep apnoea. There is some evidence that there is an increased risk of stroke in sleep apnoea and a high prevalence of sleep disordered breathing can also be found after stroke. In this issue of *Thorax* Turkington and colleagues report a study of patients with stroke admitted to hospital in whom sleep studies were performed within 24 hours of admission. The authors show that upper airway obstruction in the first 24 hours after admission with stroke is associated with a worse functional outcome and an increased chance of death and dependency at 6 months. Longer respiratory events were also associated with a worse outcome after stroke. In the accompanying editorial Gibson discusses some of the reasons why patients with sleep apnoea may have an adverse outcome with stroke. He also discusses the implications of these findings and the difficulties of treating stroke patients with nasal CPAP therapy at a very early stage after development of the stroke. However, if compliance is satisfactory, CPAP may have an important role in selected patients with stroke and sleep apnoea.
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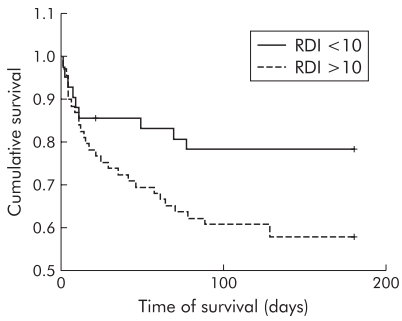

Kaplan-Meier survival plot. Stroke patients with a respiratory disturbance index (RDI) <10 had significantly longer survival times than those with RDI >10 ($p<0.04$).

DOES FARMING CAUSE ASTHMA?

There has been some evidence that growing up on a farm may protect against asthma in children and young adults, although whether this effect also occurs in adult farmers is less clear. Eduard and colleagues report a study in adult Norwegian farmers in whom exposure to various factors including dust, fungal spores, endotoxin and ammonia were assessed with exposure measurements. Current asthma was most common in cattle and pig farmers, with non-atopic asthma being more common in pig farmers and in those with two or more types of livestock, while atopic asthma was less common. Exposure measurements were positively associated with non-atopic asthma and negatively with atopic asthma. Thus, farm exposures may protect against atopic asthma but cause non-atopic asthma in farmers.
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MORE ON FREQUENT EXACERBATORS AND HEALTH STATUS

As COPD exacerbation frequency has a close relationship with health status, it is now regarded as one of the most important outcome measures in COPD and a target for new treatments. Miravitlles and colleagues confirm that there are significant differences in health status between patients with frequent and infrequent exacerbations, both at baseline and after follow up for 2 years when the differences observed were even greater. Seasonal changes were also found and were related to a higher exacerbation frequency in the winter. Hospital admissions also had an adverse effect on the health status. However, a surprising result was that the health status scores did not worsen with time; the authors explain this as the effect of study inclusion, with treatment being optimised and support given to these patients, helping them to cope better with their disability. The results also emphasise the need to perform longer term follow up studies in COPD with an appropriate placebo.
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ASTHMA AND SOCIOECONOMIC STATUS

There has been much interest in the association between asthma and socioeconomic status, although overall the studies have been cross sectional in nature and have provided conflicting conclusions. In this month's *Thorax* we publish a paper by Hancox and colleagues describing the follow up from birth to age 26 of the Dunedin, New Zealand cohort. In this study, in which detailed follow up was conducted, the authors found no association between childhood or adult socioeconomic status and asthma prevalence, airway responsiveness, or lung function. It is possible that these findings may not apply to some other countries, but any further studies planned on this topic should take note of the methodology developed in this study.
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TREATMENT OF SARS

In this month's *Thorax* we publish a paper by Sung and colleagues from Hong Kong which describes the outcome of treatment for SARS. High dose steroid therapy (with methylprednisolone) was used in a large proportion of patients who had not responded to a combination of the antiviral agent ribavarin and low dose steroids, 88.8% of whom showed a response to treatment. The overall mortality was around 11% and these patients had significant co-morbidities. However, the protocol was uncontrolled and, although the results are encouraging, high dose steroids can be a problem in an infectious disorder. Any future SARS outbreak must include randomised controlled studies of the effect of high dose steroid therapy on outcome.
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