significantly better than during exposure. In the small number of workers with pre-existing asthma, the pattern of FEV_1 decline while exposed and following removal from exposure was not significantly different from in the rest of the study group (data not shown).

In conclusion, in this group of workers with occupational asthma, FEV_1 declined rapidly at a rate of about 100 ml/year during exposure in the workplace. Removal from exposure was associated with a step-up in FEV_1 of about 12 ml in the first year, following which FEV_1 declined at a rate similar to healthy non-smoking adults.

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REFERENCES

- Ryan G, Knuiman MW, Divitini ML, et al. Decline in lung function and mortality: the Busselton Health Study. J Epidemiol Community Health 1999:53:230–4
- 2 Lange P, Parner J, Vestbo J, et al. A 15-year follow-up study of ventilatory function in adults with asthma. N Engl J Med 1998;339:1194–200.
- 3 Scanlon PD, Connett JE, Waller LA, et al. Smoking cessation and lung function in mild-to-moderate chronic obstructive pulmonary disease. The Lung Health Study. Am J Respir Crit Care Med 2000;161:381–90.
- 4 Mapp CE, Boschetto P, Maestrelli P, et al. Occupational asthma. Am J Respir Crit Care Med 2005;172:280–305.
- 5 Piirila P, Nordman H, Keskinen H, et al. Long-term follow-up of hexamethylene diisocyanate, diphenylmethane diisocyanate-, and toluene diisocyanate-induced asthma. Am J Respir Crit Care Med 2000;162:516–22.
- 6 Gannon PF, Newton DT, Belcher J, et al. Development of OASYS-2, a system for the analysis of serial measurements of peak expiratory flow in workers with suspected occupational asthma. *Thorax* 1996;51:484–9.
- 7 Malo J, Cartier A, Ghezzo H, et al. Patterns of improvement in spirometry, bronchial hyperresponsiveness, and specific IgE antibody levels after cessation of exposure in occupational asthma caused by snow-crab processing. Am Rev Respir Dis 1988;138:807–12.
- 8 James AL, Palmer LJ, Kicic E, et al. Decline in lung function in the Busselton Health Study: the effects of asthma and cigarette smoking. Am J Respir Crit Care Med 2005;171:109-14.

LUNG ALERT.....

Nursing home residents and pneumonia hospitalisation

▲ Loeb M, Carusone SC, Goeree R, et al. Effect of a clinical pathway to reduce hospitalizations in nursing home residents with pneumonia. JAMA 2006;295:2503–10

This study compared outcomes in 680 nursing home residents aged \geq 65 years with pneumonia or lower respiratory tract infection treated in the community with a clinical pathway versus those treated in a standard manner. The primary outcome measure was hospital admissions. The admission rate in the pathway group was 10% (34/327) compared with 22% (76/353) in the standard group. This represents a weighted mean reduction in hospital admissions of 12% (95% CI 5 to 18, p = 0.001). The number of hospital days per resident was 0.79 in the clinical pathway group and 1.74 in the standard care group (weighted mean difference 0.95 days, 95% CI 0.34 to 1.55, p = 0.004). There was no significant difference between the two groups in health related quality of life, functional status, or mortality. The overall cost saving in the clinical pathway group was an average of \$1016 per resident.

This study demonstrates a reduction in hospital admissions with the use of a clinical pathway for the management of elderly nursing home residents with pneumonia. Similar clinical outcomes between the groups were reported, resulting in a significant reduction in healthcare costs. Whether such results are applicable outside North America, where the range of treatments available in nursing homes may be more limited, remains to be seen.

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