

Lay educators in asthma

As Partridge and colleagues remind us in the introduction to their paper in this month's *Thorax*, national and international guidelines stress the importance of self-management education for patients with asthma. However, self-management is poorly implemented and alternative methods of education need to be explored. This study describes a randomised trial of well-trained lay educators compared to practice-based primary care nurses delivering self-management education. Similar outcomes—such as unscheduled need for healthcare, patient satisfaction and need for courses of oral corticosteroids—were found in both groups. This study shows it is possible to recruit and train lay educators to deliver asthma self-management education. **See page 778**

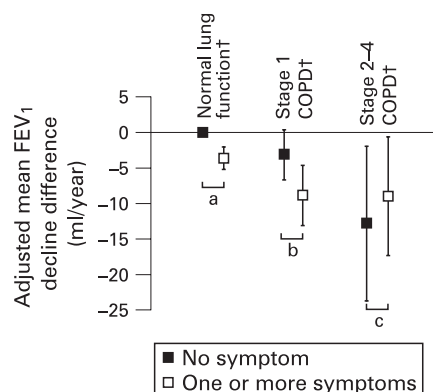


Chest CT scan revealed a well-delineated heterogeneous mass with punctuate calcifications (arrows) of the right paravertebral gutter. **See Image page 845.**

GOLD stage 1 and respiratory symptoms in COPD

The GOLD (Global Initiative for Chronic Obstructive Lung Disease) classification is now widely used for staging chronic obstructive pulmonary disease (COPD) but there has been relatively little systematic study of GOLD stage 1 patients. In this issue, Bridevaux and co-authors report from the Swiss SAPALDIA study and show that symptomatic patients with stage 1 COPD disease showed faster

decline in lung function, increased health-care utilisation and lower quality of life than a reference population of asymptomatic patients with normal lung function. Asymptomatic GOLD 1 patients had similar forced expiratory volume in 1 s (FEV₁) decline and outcomes to the reference population. Outcomes in patients with stage 2–4 COPD did not depend on the presence of symptoms. In his accompanying editorial, De Marco points out that in addition to the presence of airflow obstruction, respiratory symptoms should be part of the definition of COPD. **See pages 756 and 768**

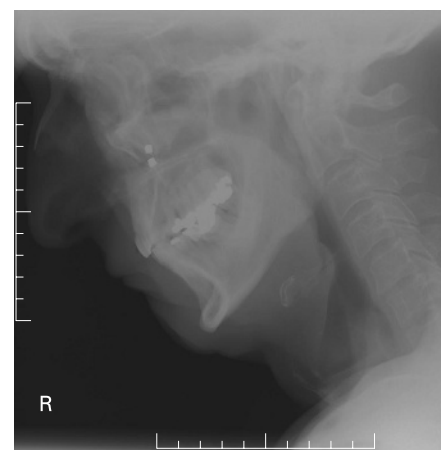


Adjusted difference in decline in forced expiratory volume in 1 s (FEV₁; ml/year with 95% CI) over 11 years stratified by modified GOLD (Global Initiative for Chronic Obstructive Lung Disease) and symptom categories at SAPALDIA 1 (1991). **See page 768.**

Thorax impact factor at 6.226

The *Thorax* editorial team is delighted to inform its readers that the recently published *Thorax* 2007 impact factor is at its highest ever at 6.226. *Thorax* is the second highest ranked respiratory journal behind the *American Journal of Respiratory and Critical Care Medicine*. The impact factor reflects the number of citations in 2007 to original papers and reviews published in *Thorax* in 2005

and 2006. This rise in impact factor reflects the high quality submissions we have received for publication and we urge you all to continue sending us your very best papers. The increase in the impact factor reflects the success of the journal and the future for *Thorax* is very good indeed.



Lateral facial radiograph—what is the abnormality? **See Pulmonary puzzle page 802.**

Lower respiratory infection in the over 85s

The impact of lower respiratory tract infections is high, especially in very elderly patients. However, there is little information on factors predicting such episodes in this age group so that those at risk can be targeted. In this month's *Thorax*, Sliedrecht and co-workers report a cohort study of 587 patients aged ≥85 years in Leiden, The Netherlands and show that this risk of lower respiratory infections is high, increasing with age. Multivariate analysis showed that among a number of factors, smoking was the greatest contributor to risk of respiratory infection, with other factors including COPD, cognitive impairment and declined functional status. **See page 817**