lowest (10%) within patients presenting co-morbidities and lower than the overall mortality. This finding reopens the debate about the low acute mortality of patients with COPD presenting with CAP. In fact COPD was a protective factor for treatment failure in one study.13 Although the rate of acute treatment with steroids in patients with COPD is not reported in the study of Ewig et al, it is highly likely that a high percentage of them could have received such treatment, which could have attenuated the lung and systemic inflammatory response leading to a lower mortality.1; On the other hand, recent information suggests that despite the fact that previous inhaled steroid treatment may increase the risk of hospitalised CAP it may be associated with lower CAP severity and consequently lower mortality.18

The number of patients requiring mechanical ventilation was lower compared with other studies, particularly in advanced ages. As recognised by the authors, this could be due to treatment limitations such as “do not resuscitate” orders, or avoiding intensive care unit admission in older ages and severely disabled strata. This issue could not be analysed in detail by the authors. These factors are likely to have influenced the high mortality of German hospitalised patients with CAP in this large study. This is a common error in most retrospective studies of CAP. For future studies it is highly recommended to record these two variables in order to interpret reliable data on mortality more precisely.

Finally, this study confirms in a large population the good performance of CRB-65 to predict mortality in CAP in a three-class pattern, a score much easier and less tedious to calculate than the PSI9 and which further simplifies similar scores such as CURB and CURB-65.

The data presented by Ewig et al are currently the most solid and informative data available about hospitalisation rates in patients with CAP. The information reported in this study reminds us that this is an acute illness which occurs particularly in the elderly, a population which is going to increase in the next decades. CAP in this population currently represents an enormous economic and healthcare burden, and this burden will increase substantially in future years. Programmes of prevention are the only effective way to decrease the magnitude of this problem.

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Competing interests: None.

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REFERENCES

Thorax 2009: another great year!

J A Wedzicha, S L Johnston

We are delighted to be able to let you all know that Thorax has continued to have a very successful past year. As usual, we nervously awaited the impact factor announcements in June 2009 and we were all delighted with the news that surpassed our expectations that our impact factor for 2008 had risen to the highest ever for Thorax at 7.069. This increase in the impact factor is due to the high quality papers and reviews that you have all submitted to the journal for publication. We have thus maintained our position as the second highest ranked respiratory journal in terms of impact factor, behind the American Journal of Respiratory and Critical Care Medicine. During the last year, we have published a number of original papers and guidelines that are likely to be highly cited, and we can see the Thorax impact factor rising even further in June 2010. Please continue to send us your very best papers over the coming year.

There has been a sharp rise in the numbers of submissions to the journal over the past few months that may reflect the rise in impact factor and we have nearly 1600 submissions over the past year, which is the highest number of submissions ever received by the journal. As usual the submissions come from all over the world and we are continuing to see a rise in submissions from outside Europe. BMJ Publishing have also introduced a “Portal” whereby authors can submit to more than one journal. In the event of rejection by the first-choice journal, papers and any associated peer reviews in the event of rejection are...
passed to the second choice, and thus
down the portal. Our publication lag
time between acceptance and publication
in the print version is now short and
under 3 months, though papers are also
posted in the “Online First” section of
the Thorax web site as soon as they are
accepted for publication. We are publish-
ing in this issue the names of the peer
reviewers who have helped us assess
papers over the past years. We are
especially grateful to all our reviewers
for their expertise and time they have
given to the journal.

Since the start of our editorship, we
have always tried to ensure that there is
something in Thorax each month of
interest to all readers, and thus educa-
tional features are important for the
success of the journal. Our “Pulmonary
Puzzle” feature with a question and
answer format has proved very popular
and we are suggesting that a number of
submitted case reports are converted into
this format. We are encouraging authors
of case reports to submit them in the
“Puzzle” format. However, we have dis-
cussed the value of case reports at our
editorial board meetings and decided that
we should continue to publish selected
case reports, as they do play an important
role in describing novel case descriptions
or a new adverse effect of a particular
treatment. The “Images in Thorax” series
has been running for some time and is
very popular with authors; they are also
available on the Thorax web site in a
collection. We are very grateful to Mark
Fitzgerald (Associate Editor) who has
edited the case reports, Puzzles and
Images so well and made them such a
valuable educational resource for our
readers. Our Lung Alerts have proved very
popular, and are organised and edited by
Angshu Bhowmik and Jenni Quint. We
have decided to start a Thorax Podcast
feature, and the first one can be found on
the web site this month.

We would like to thank our excellent
and skilful team of Associate Editors,
most of whom have been with us now
for 7 years and have contributed to the
high quality of the journal by selecting
only the very best papers for publica-
tion. This year we have been joined by
two new Associate Editors—Andy
Fisher (Newcastle, UK) and Jack
Gibson as Statistical Editor
(Nottingham, UK). We would like to
thank Richard Sands, Thorax Journal
Manager, who has provided us with
much valued support this year. We are
grateful to Julia Dimitriou our editorial
assistant for all her hard work in the
daily running of the journal and to
Kathryn Walsh our Thorax production
editor. We are also grateful to Sheila
Edwards, Mike Morgan and the British
Thoracic Society (BTS) for their support
of the journal over the year.

During our editorship, we have very
much valued the annual meetings of the
Advisory Board and Associate Editors.
These meetings have enabled us to
discuss the direction of the journal, while
at the same time teaching us about issues
relating to peer review, publication ethics
and technological advances in publishing.
We held our usual breakfast meeting of
the Thorax International Advisory Board
at the American Thoracic Society in San
Diego, USA in May 2009, which again
was well attended. We would like to
thank the Advisory Board members for
their support and contributing to the
lively debates. The Associate Editors
meeting was held in October 2009 in
BMA House, London, and again was very
well attended, with presentations, excel-
rent discussions and concluded by a very
enjoyable dinner. We are grateful to
Richard for organising such a memorable
Thorax day for us all. Finally we would
like to wish all our readers all over the
world a very Happy Christmas and
Successful New Year 2010.

Competing interests: None.
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externally peer reviewed.

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