but must be openly discussed, communicated and documented. A predicted moderate to high risk of death from community-acquired pneumonia is a highly relevant piece of information required to mount an ethically valid treatment recommendation and decision, particularly in those patients with pneumonia regarded to be a terminal event. Nevertheless, we recalculated the predictions of the CRB-65 score excluding all those who died without having received any ventilator support during hospitalisation. The results are: overall death rate 8618, 2.5%, CRB-65 risk class 1: 0.5%, risk class 2: 1.7% and risk class 3: 12.2%. These numbers support the following conclusions: (1) the CRB-65 score remains useful in predicting deaths in a three class pattern; (2) obviously, virtually no previous study on community-acquired pneumonia truly excluded all patients with treatment limitations.

**Table 1 Effects of pulmonary rehabilitation in patients with MRC 2 and MRC 3/4 dyspnoea**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Change following PR</th>
<th>MRC 2</th>
<th>MRC 3/4</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD) ISW (m)</td>
<td></td>
<td>83 (7)</td>
<td>68 (5)</td>
<td>0.08</td>
</tr>
<tr>
<td>Median (25th, 75th centile) ISW change</td>
<td></td>
<td>27 (12, 45)</td>
<td>33 (9, 68)</td>
<td>0.07</td>
</tr>
<tr>
<td>Mean (SD) CRQ-D</td>
<td></td>
<td>0.75 (0.11)</td>
<td>0.75 (0.07)</td>
<td>0.96</td>
</tr>
<tr>
<td>Median (25th, 75th centile) HAD-anxiety</td>
<td></td>
<td>–1 (–3, 1)</td>
<td>–1 (–3, 0)</td>
<td>0.74</td>
</tr>
<tr>
<td>Median (25th, 75th centile) HAD-depression</td>
<td></td>
<td>0 (–2.5, 1)</td>
<td>–1 (–3.0)</td>
<td>0.46</td>
</tr>
</tbody>
</table>

HAD, Hospital Anxiety and Depression Scale; ISW, incremental shuttle walk; PR, pulmonary rehabilitation.

The potential danger of a solely interferon-γ release assay-based approach to testing for latent *Mycobacterium tuberculosis* infection in children

The study reported by Lucas *et al* is a valuable addition to recent publications that have compared the performance of commercial interferon-γ release assays (IGRAs) with that of the tuberculin skin test (TST) for the diagnosis of latent tuberculosis infection (LTBI) in high-risk children. However, we believe that the principal conclusions are not supported by the data provided and that a more guarded interpretation is warranted.

In agreement with previous studies in children, Lucas *et al* found significant discordance between the results of IGRA and TST. Specifically, of 420 T-SPOT.TB and 460
Pulmonary rehabilitation in patients with MRC Dyspnoea Scale 2

W D-C Man, A Grant, L Hogg, J Moore, R D Barker and J Moxham

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