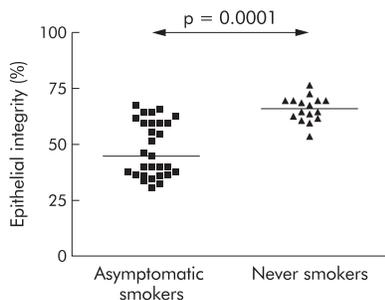


INFLAMMATORY CELLS AND EPITHELIAL DAMAGE IN SMOKERS

Amin and colleagues describe differences in airway inflammatory cells from bronchial biopsy specimens taken from the airways of asymptomatic smokers (who had never sought medical attention) and never smokers. More inflammatory cells were seen in asymptomatic smokers than in never smokers. However, a further interesting finding was that there was a relationship between the levels of inflammatory cells and epithelial integrity and also between eosinophils and increased thickness of the laminin and tenascin layers in the airways. This study provides evidence of early tissue remodelling in airways of smokers and has implications for the early development of COPD.

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HRCT, INTERSTITIAL PNEUMONIA, AND PROGNOSIS

High resolution computed tomography (HRCT) is useful in the diagnosis and management of patients with idiopathic interstitial pneumonia (IIP). The paper by Flaherty and colleagues addresses the issue as to whether HRCT can be used to predict prognosis in the two major subgroups of IIP patients with usual interstitial pneumonia (UIP) and non-specific interstitial pneumonia (NSIP). Although HRCT was useful in

predicting histology and prognosis in UIP, the same did not apply to patients with NSIP. This study also provides some information on the difficult issue as to which patients with IIP will benefit from surgical biopsy.

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SIGN UP FOR THE NEW ASTHMA GUIDELINES

This issue of *Thorax* is accompanied by publication of the new BTS/SIGN (Scottish Intercollegiate Guidelines Network) guidelines on the management of asthma. As explained in the accompanying editorial by Higgins and Douglas, the guideline structure follows the pattern of SIGN publications and this has resulted in a larger evidence-based document produced after an exhaustive literature search and wide consultation. The recommendations are clearly highlighted, a number of new topics are included, and other issues are given more emphasis. An important consequence of the process is that it has exposed areas of asthma management that require more research and these will need to be addressed in the future. The new asthma guidelines will be of immense value to all those involved in the care of patients with asthma, and are a good model for development of future evidence-based guidelines in other conditions.

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MORE EXERCISE FOR FREQUENT EXACERBATORS

Some patients with COPD are prone to frequent exacerbations that lead to worse health status, an increased risk of hospital admission, and accelerated disease progression. In this issue Garcia-Aymerich and colleagues describe a further analysis from the Spanish EFRAM study concerned with evaluating risk factors for COPD exacerbations. The authors followed up patients with COPD from the original cohort and showed that patients with a history of frequent exacerbation had a higher risk of readmission to hospital. However, another intriguing finding in this study, that is further discussed by Morgan in the accompanying editorial, was that patients with a high level of usual physical activity had a reduced risk for hospital readmission. The reasons for this association are probably complex but, as Morgan points out, the huge health economic costs associated with COPD exacerbations require further study of interventions to reduce hospital admission and readmission.

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BREATHING RETRAINING: OPPORTUNITY IN ASTHMA

Functional breathing disorders such as hyperventilation are common in patients with asthma and can complicate management of the condition. Thomas and colleagues describe the results of a randomised controlled trial of a relatively short course of breathing retraining administered by a physiotherapist on health related quality of life. Just over half of the patients in the active treatment group responded with improvement of health status scores at 1 month after the intervention and this improvement persisted in about 25% of the patients at 6 months. It is possible that, with some regular retraining at follow up, improvements may be maintained in the longer term without overloading physiotherapy services. The mechanisms for the improvement are potentially varied and are discussed in the paper, but were not specifically addressed in the study. At last the morbidity from this difficult condition can be reduced in asthmatics.

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