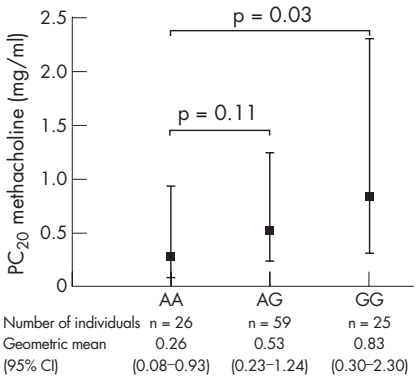
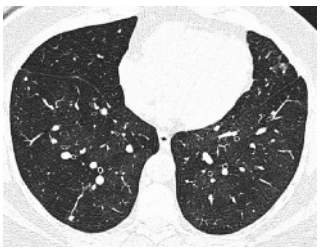
airwaves

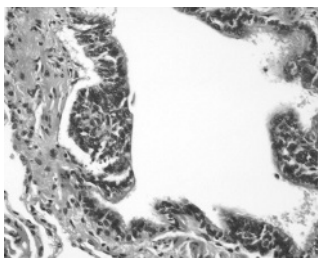
Wisia Wedzicha, *Editor in Chief*

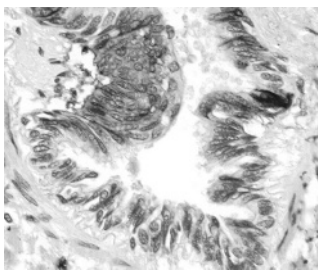


Association of ADAM33 SNP ST+5 with airway hyper-responsiveness.



A high-resolution CT scan through the lower lobes showing mosaicism and nodules, a combination of features suggestive of diffuse idiopathic neuroendocrine cell hyperplasia.





A diffuse idiopathic pulmonary neuroendocrine cell hyperplasia may comprise an intraepithelial aggregate of neuroendocrine cells, B highlighted by staining for the neuroendocrine marker CD56.

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NEW BTS INTERMEDIATE CARE IN COPD GUIDELINES

In this month's issue we publish the timely British Thoracic Society (BTS) guidelines on intermediate care in chronic obstructive pulmonary disease (COPD), which refer to the treatment models bridging the interface between hospital and community care. Intermediate care is multidisciplinary and requires organisation and cooperation of various healthcare professionals. Recent healthcare policies in the UK have emphasised the importance of transferring more care out of hospital, although, as the guidelines point out, there are many questions still to be addressed about the service development and implementation. I am sure you will find these guidelines very useful in your local practice and the concept of ''hospital at home'' encompasses both admission avoidance and early discharge in COPD patients at exacerbations. The challenge for all of us interested in the care of COPD patients is to ensure that we develop and evaluate carefully any ''intermediate'' interventions.

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RCTs IN ASTHMA: ARE THEY RELEVANT?

Randomised controlled trial (RCTs) are often performed in selected populations and in this month's issue Travers and colleagues calculate the proportion of individuals in the community with asthma who would have been eligible for a major asthma RCT. The authors conclude that asthma trials on which major guidelines are based have limited external validity, as few patients in the community with current asthma would actually meet eligibility criteria. In the accompanying editorial Town concludes that anyone involved in clinical trials should take a critical look at trial design to maximise its relevance and generalisability.

See pages 195 and 219

ADAM33 AND COPD

There has been much interest in ADAM33 (A disintegrin and metalloprotease 33) in asthma and in this issue Gosman and colleagues report on the association of single nucleotide polymorphisms (SNPs) in ADAM33 with COPD. Patients with the ST+5 genotype had more severe airway hyperresponsiveness and more inflammatory cells than the GG genotype. The authors conclude that this is the first study to show that SNPs in a gene confer susceptibility to COPD.

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DIPNECH?

Advances in imaging and diagnosis have led to increased interest in a number of conditions and in this issue Davies and colleagues describe the condition of DIPNECH (diffuse idiopathic pulmonary neuroendocrine cell hyperplasia). DIPNECH was originally described in the 1950s but not fully recognised until relatively recently. It is a primary proliferative disorder but may be associated with obliterative bronchiolitis. The condition is more common than initially thought and although most cases remain stable over many years, some patients can progress to severe airflow obstruction.

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CHILDHOOD IMMUNISATION DOES NOT LEAD TO MORE ATOPIC DISEASE

As Nakajima and colleagues point out in the introduction to their paper, more than a quarter of children have some manifestation of atopic disease and the prevalence of such conditions has increased worldwide. Vaccines have been blamed for this increase in atopic disease, although evidence of implicating vaccines has been conflicting. Nakajima *et al* report associations of childhood immunisations and atopy from a Tasmanian cohort and results show that any associations are small and age dependent. The public health message of this paper is that the benefits of childhood immunisation outweigh the risks of developing atopic disease.

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