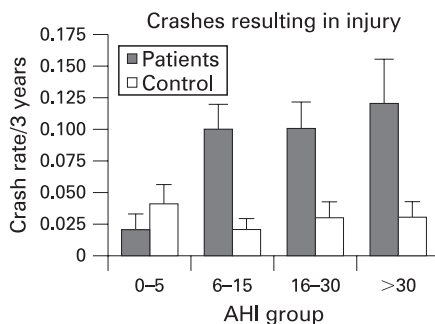


Acute renal failure in cystic fibrosis

The outcome of patients with cystic fibrosis has improved considerably over the past years and some of this benefit has been produced by the use of regular intravenous antibiotics, especially aminoglycosides. There has been recently an increase in reports of acute renal failure (ARF) in cystic fibrosis patients and in this month's *Thorax* Smyth and colleagues describe a case-control study of ARF in cystic fibrosis. They show that use of intravenous aminoglycoside, particularly gentamicin, is a risk factor for ARF. In the accompanying editorial Goss suggests that the present evidence does not support the call to ban the use of gentamicin in the cystic fibrosis population, but that careful assessment of renal function is now required in these patients who receive intravenous aminoglycosides. **See page 532**

Severity of motor vehicle crashes in OSA

It is now recognised that patients with obstructive sleep apnoea (OSA) have a higher rate of motor vehicle crashes, but little is known about the severity of these accidents at various stages of OSA. Mulgrew and colleagues examine the relationship between OSA and crash severity from study of provincial insurance records. The authors confirmed the increased rate of motor accidents, but show for the first time that patients with OSA are particularly prone to motor vehicle crashes with personal injury, even those patients with mild OSA. Daytime sleepiness did not predict risk of accidents. In the accompanying editorial, Stradling reviews the evidence for the association of motor vehicle accidents and sleep apnoea and concludes that as the accident rate falls with successful treatment, we need greater awareness of the consequence of OSA with rapid diagnosis and immediate treatment if required. **See pages 480 and 536**



Mean rates of survival of crashes causing injury over 3 years for patients grouped by severity of obstructive sleep apnoea/hypopnoea and their respective controls. AHI, apnoea-hypopnoea index. Error bars represent standard error of the mean.

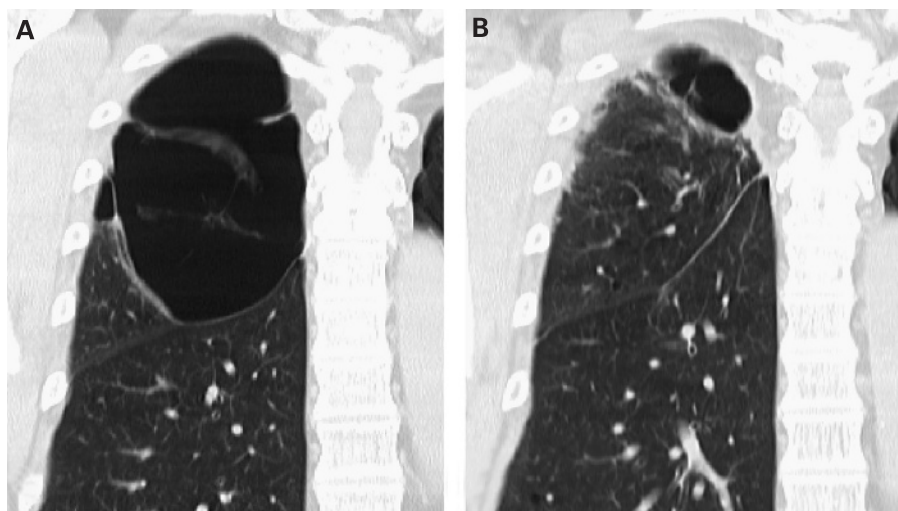
Assessment for home oxygen therapy

In February 2006, a new Home Oxygen Service was started in England and Wales with the provision of all modalities of home oxygen from a single supplier. Following prescription of home oxygen on a special home oxygen order form, a predetermined tariff is allocated according

to device and usage. In this issue, we publish a letter from Deeming and colleagues from Southend, UK who reviewed patients on home oxygen and adjusted their prescriptions and thus tariffs depending on the assessment and actual oxygen usage. This resulted in a substantial cost saving and emphasises the need for assessment and follow up of all patients on home oxygen therapy. **See page 566**

Exercise training in ILD

Although there is a large literature available on exercise training in COPD, there is little information on this topic in patients with interstitial lung disease (ILD). In this issue, Holland and colleagues describe the first randomised controlled trial of exercise training in ILD. Results show that exercise training in this patient group is safe with short-term improvements in exercise capacity, health status and dyspnoea. However by 6 months after intervention, these benefits were no longer present, although a formal maintenance exercise programme was not administered to the ILD patients. **See page 549**



Coronal reformatted CT image taken before (A) and after (B) treatment with autologous blood injection. After bronchoscopic treatment, a marked concentration of bulla was demonstrated, which shrunk from 12 to 3 cm in diameter (see page 564).