We are grateful to Dr Stanojevic and her colleagues for their interest in our paper.

On their first point we assume that they mean mortality rates not national prevalence rates. In either case the weak association between diagnosis and spirometric findings is already well known and unsurprising given that very few people have spirometric testing. In the case of death...
certificates the situation is further con-
founded by the limited choice of
International Classification of Disease codes
for people dying with chronic lung disease.

Their second paragraph deals with two
separate issues, the potential divergence
between national and local statistics and
the interpretation of ecological analyses.
They are right to repeat our caveat that
data do not necessarily reflect
local conditions. For gross national
income there is by definition no local
equivalent and readers are free to speculate
on what else might be strongly related
to national income and local prevalence
of low lung volumes, bearing in mind that
national income is correlated with both
local levels of low lung volumes and
national mortality from COPD. In the
case of smoking the national data reflected
in the Tobacco Atlas correlate well with
the local data on smoking collected
directly by the BOLD study. In this case we
can compare national smoking estimates
with national mortality and local smoking
rates with local lung function data. On
the second point, ecological associations
may or may not reflect individual associa-
tions but are not in themselves biased.
Our data are entirely compatible with a
large excess of deaths confined to rich
people living in poor countries. The evi-
dence that this interpretation is unlikely
comes not from our study but from other
sources. BOLD could only address this
point directly with a follow-up study of
mortality within the cohort.

On ethnicity we hold an agnostic view
as to how much of between population
variation is due to ‘race’, our objection is
to the assumption made by some that
ethnic differences in lung volumes are
hard wired into the DNA. We do maintain
however that, on the current evidence,
the prognostic significance of a given FVC
is not dependent on ethnic group and that
all groups are equally disadvantaged by a
low value. This view is consistent with
our findings.

Dr Stanojevic and her colleagues are
right to imply that more evidence is
required; there is still almost no direct evi-
dence on the prognosis of one of the com-
monest conditions in low income countries.

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