

## CORRESPONDENCE

## Exacerbations in non-COPD patients: truth or myth—authors' response

Dear Sir,

We are grateful to Dr Khurana and Dr Aggarwal for their interest<sup>1</sup> in our paper.<sup>2</sup>

On their first point, we agree that we should be careful about terminology. We evaluated a random sample of individuals representative of the general population rather than patients, so the findings that episodes of respiratory events occurred in these subjects would likely reflect real events in the general population. Furthermore, our study definition for exacerbations was the same standard questionnaire criteria for exacerbations used in clinical trials of selected patients with COPD.<sup>3</sup>

On the second point on aetiologies for non-COPD subgroup in this study, we would like to emphasise that 'non-COPD' was defined by the absence of chronic airflow limitation using the standard, although arbitrary spirometric criteria. We excluded those individuals with self-reported chronic obstructive lung diseases, namely, COPD, chronic bronchitis, emphysema and asthma and evaluated bronchodilator reversibility but did not perform bronchoprovocation test. Thus, residual confounding by undiagnosed asthma or bronchiectasis remains. We could not address other specific aetiologies in this study, and further data would require linkage to administrative databases and longitudinal follow-up of the cohort.

On the third point of aetiologies for exacerbations, we do not have aetiologies for the exacerbation-like events. However, to be fair, do we really know the aetiologies for exacerbations among patients with COPD? We assume most of the causes are viral or bacterial infections, but data on causality are lacking. This is an area that requires further exploration. Our study could only address this point indirectly.

Dr Khurana and Dr Aggarwal are right to imply that more data for proper diagnosis are required; we need more evidence of the types of respiratory symptoms that best detect COPD and its onset by following up cohort subgroups

with respiratory symptoms and with normal lung function or mild airflow limitation.<sup>4</sup>

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