

Interdisciplinary strategy in COPD treatment

[Hoogendoorn M et al. Eur Respir J. 2010 Jan;35\(1\):79-87. Epub 2009 Jul 2.](#)

The present randomised controlled trial tested the efficacy of interdisciplinary community-based management of chronic obstructive pulmonary disease (COPD). Patients (n=199) with moderate airflow obstruction and impaired exercise capacity were assigned to exercise training, education, nutritional therapy and smoking cessation counselling given by community-based physiotherapists and dieticians and hospital-based respiratory nurses. The authors found that the interdisciplinary counselling was associated with an elevated number of patients with a clinically relevant improvement as compared with usual care. Counselling markedly improved disease-specific quality of life, but did not affect exacerbation rate. The cost of the programme was found to be acceptable, making this type of COPD management strategy practicable.

Novel establishment of COPD diagnosis

[Vaz Fragoso CA et al. Am J Respir Crit Care Med. 2010 Mar 1;181\(5\):446-51. Epub 2009 Dec 17.](#)

The present article analyses the lambda-delta-sigma (LMS) method as a new tool to identify the lower limit of normal (LLN) for the ratio of FEV1/FVC (as the 5th percentile of the distribution of Z scores) in chronic obstructive pulmonary disease. Among representative white Americans (n=3502, 40-80y), FEV1/FVC was classified based on LMS-LLN, with thresholds set at the 5th, 10th, 15th, 20th, and 25th percentiles. Groups were then assessed for their risk of death or incidence of respiratory symptoms. The authors concluded that FEV1/FVC less than LMS-LLN5 effectively identify persons with elevated risk of death and prevalence of respiratory symp

oms. These findings were confirmed both for persons aged 40-64 years and those aged 65-80 years. Thus, in white persons aged 40-80 years, a LMS-LLN5 threshold might be employed in order to establish a chronic obstructive pulmonary diagnosis.

The sweet sleep of the snoring patient

[Aronsohn RS et al. Am J Respir Crit Care Med. 2010 Mar 1;181\(5\):507-13. Epub 2009 Dec 17.](#)

Obstructive sleep apnoea (OSA) is known to be associated with problems of glycaemic control. This study evaluated the prevalence of OSA in previously diagnosed diabetes patients. In 60 consecutive patients successfully enrolled, 46 were diagnosed by a prolonged period of polysomnography (a minimum period of 7 hours with an average of 6.6 hours of sleep) as suffering from OSA. The inverse relationship between OSA severity and glycaemic control was demonstrated to be graded and quite clear. These findings support the importance of evaluating DM patients for the presence of co-morbid OSA and suggest that treating the OSA may help improve glycaemic control.

Obesity and asthma

[Grammatopoulou E et al. J Asthma. 2010 Apr;47\(3\):276-80.](#)

This cross-sectional study aimed to evaluate the correlation between obesity and different aspects of asthma morbidity. Asthma outpatients (n=100) were classified, with respect to Body Mass Index (BMI), into three groups: normal: <25.0, overweight: 25.0-29.9.0 and obese: > or = 30.0. The authors then assessed demographics, asthma severity, smoking, pulmonary function, asthma control, disability associated with dyspnea and physical activity among each group. The findings suggest that in adult asthma patients who apparently maintain a similar body weight compared to the general population, age is strongly associated with overweight/obesity in asthma patients.

Mood disorders in the pulmonary population

[Schneider C et al. Chest. 2010 Feb;137\(2\):341-7. Epub 2009 Oct 3.](#)

COPD has been associated with depression. In this study, the very extensive GPRD (general practice research database) of the UK was used to identify 35,722 COPD patients and compare prevalence of COPD depression to depression in a control population of equal size. A nested case control of the COPD patients who developed depression after diagnosis of COPD was conducted in order to assess the time to development of depression. Depression in the COPD population was more prevalent (23.1% vs 16.8%). The OR of developing depression in patients with severe COPD was 2.01.

Pulmonary rehabilitation makes patients healthier

[Rubi M et al. Arch Phys Med Rehabil. 2010 Mar;91\(3\):364-8.](#)

Pulmonary rehabilitation (PR) is a powerful potential tool for benefiting COPD patients. In this study, 72 consecutive patients with severe or very severe COPD underwent an intensive period of PR followed by a maintenance period for a total of 1 year of intervention. This program paid off well as it was demonstrated to significantly reduce the utilization of healthcare resources as well as improve clinical variables such as BODE index, FEV1 and 6MWT as well as improvements in dyspnoea, exercise capacity and quality of life. Thus, multidisciplinary outpatient PR is a valuable technique that has the potential of benefiting patients suffering from severe COPD.