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EDITORIAL

What's in this issue

This issue contains a number of papers related to lung cancer and chronic obstructive pulmonary disease (COPD), conditions which are mainly due to the effects of smoking and which are therefore largely preventable. The effects of smoking were highlighted recently in a BBC news broadcast featuring a new UK campaign 'Women Against Lung Cancer' [1], which emphasised the disproportionately high risks for women in particular. Whilst the need for screening against breast and cervical cancer has been widely advertised, this has not been the case for lung cancer. To their credit, the UK government have passed a law against smoking in public places; however, this will only come into effect in a few years' time, possibly too late for many people who will start smoking in the meantime.

Smoking is the single largest cause of preventable cancer deaths. In the UK, there has been a 5% increase in smoking among 16- to 25-year-old women since 1992. In fact, twice as many women are likely to die from lung cancer compared with the European Union average. In this issue we publish an editorial by David Weller and Christine Campbell [2] which relates to a review paper on early diagnosis of lung cancer by Stephen Spiro and colleagues [3]. In the review article, the authors describe the reasons why diagnosis of lung cancer is often delayed, as well as outlining the different methodological approaches for speeding up the diagnosis. The paper describes the difficulties in detecting lung cancer early. The main message is that we need to try and find ways of preventing people from starting smoking and exposing themselves to the risk of developing this disease. In particular, the authors emphasise the need for greater vigilance in suspecting lung cancer in susceptible individuals.

There has been little focus at governmental level worldwide on the care of people with COPD, despite the fact that this disease is responsible for so many deaths and so much morbidity [4]. For example, palliative care is widely available for patients with cancer, but there are problems accessing similar services for those patients dying from COPD [5]. Diagnosis of end-stage COPD is often delayed or even not made, and too many patients die before they and their families have a chance to come to terms with their terminal illness [6]. Among 209 respondents in a retrospective UK questionnaire survey of families and carers of 399 patients who died from COPD, many patients had lacked surveillance and had received inadequate services from primary and secondary care in the year before they died [7]. Even if the diagnosis of end-stage COPD is made, often precipitated by hospital admission for exacerbations, access to palliative care is frequently unavailable. As Murray and colleagues describe in this issue [8], there are a number of matters requiring attention, and one of them is the need to identify which COPD patients require referral for palliative care. This paper offers much practical advice on the rationale and methodology for creating this type of register in primary care.

Access to spirometry and other diagnostic services for primary care health professionals varies across the world and within countries. In the UK, many Primary Care Organisations (PCOs) deny 'open access' to specialist spirometry services on the grounds that many general practitioners (GPs) now have their own spirometers. This is a matter of considerable concern to many of us, mainly because there is little evidence of adequate training within primary care on performing spirometry, nor is there much expertise in interpretation of the results [9—11]. Therefore, there is considerable risk of incorrect diagnosis and therefore treatment.

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In this issue, we publish two different examples of diagnostic facilities being provided for primary care service providers. The first paper [12] from Martyn Partidge's team reports on a one-year evaluation of a new Community Respiratory Assessment Unit (CRAU) set up to enhance the accuracy of respiratory diagnosis in primary care in an area of London. Over 50% of patient referrals to this CRAU were for suspected COPD; of these, airway narrowing was only demonstrated in 58% of patients and some of these had significant reversibility, suggesting at least a significant component of asthma. A quarter of all patients referred with definite or suspected COPD had no abnormalities at all detected during the assessment. Definite or suspected asthma accounted for 28% of all the referrals and definite asthma was confirmed in only 15% of these patients. Furthermore, a significant number of patients were diagnosed with restrictive ventilatory defects. There is clearly a need for available diagnostic services for primary care health professionals.

In the second paper on the provision of diagnostic services for COPD patients, Meulepas and colleagues describe their model of care for people with COPD in primary care, delivered by GPs and practice nurses with support from a centralised COPD advisory service with access to advice from chest physicians [13]. This paper offers a system for implementing guidelines through integrating resources without necessarily requiring referral of patients with COPD to secondary care for face-to-face consultations.

This year is the 50th anniversary of the introduction of the first modern inhaler device for the treatment of asthma, and to celebrate this Graham Crompton has written an illuminating review [14] detailing the history of inhaled drug therapy for asthma over the last fifty years. In it he takes many of us down memory lane as he describes the development and implementation of asthma therapy in recent times. In a future issue, we will publish another historical review, detailing the various inhalation therapies used through the ages.

Our new Journal round-up section is now well established, and in this issue two of our International Editorial Board members—Andy Bush and Alan Kaplan—have reviewed several important recent papers on inhaled corticosteroid therapy and leukotriene treatment in young children with asthma [15,16]. Send us your comments, and let us know if you have similar topics which you would like to see reviewed in the future.

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