

EDITORS' CHOICE

An Impact factor and beyond...

- We are pleased to announce that the *PCRJ* has recently been selected by Thomson Reuters ISI for inclusion in its Web-of-science citation index listing and has therefore been awarded an Impact factor. Our first Impact factor will be included in the 2012 citation data which will be available mid-2013. We present our thoughts on what this means for the *PCRJ*, our contributors and our global readership on pg 121.

Acute rhinosinusitis: symptoms, quality of life, treatment, and costs

- Acute rhinosinusitis is extremely common and accounts for up to 10% of all physician visits. On pg 174, Stjärne *et al.* report on the symptoms, effects on quality of life, patterns of treatment, and (for the first time in Scandinavia) the direct and indirect total costs of this condition. 150 patients completed validated questionnaires and a health status visual analogue scale. Guideline-based treatment was predominantly with nasal steroids (91%), antibiotics (60%) and decongestants (27%). Response to treatment occurred in 90% of patients, but there was high morbidity. In his editorial on pg 130, Friedlander puts this study in context, and focuses on the need to reduce antibiotic prescribing for what is essentially an inflammatory condition.

Providing diagnostic spirometry for primary care

- There is on-going debate regarding the quality of diagnostic spirometry in primary care and how best to improve it. Starren *et al.* (pg 180) performed a 4-year audit of a nurse-led (with respiratory specialist support) Community Respiratory Assessment Unit established to provide quality-assured spirometry and diagnostic and management advice to GPs in west London. 36% of referrals for suspected COPD were incorrect, implying previous inappropriate inhaler prescribing. Restrictive defects were overlooked, and obesity as a potential cause of breathlessness was not fully appreciated by the referrers...

Continuing the debate: COPD case-finding with microspirometry

- So, rather than perform diagnostic spirometry in primary care, should we select patients for onward referral using hand-held mini spirometers? Thorn *et al.* (pg 159) pre-selected 305 smokers (> 15 pack-years smoking history) aged over 45 and measured their lung function using the COPD-6 – a mini-spirometer which measures the FEV₁/FEV₆ ratio – as well as performing diagnostic spirometry according to ATS guidelines. Pre-screening with the COPD-6 device significantly predicted COPD, and an FEV₁/FEV₆ cut-off of 0.73 provided the best sensitivity and specificity in comparison with gold-standard diagnostic spirometry. In their editorial on pg 128, Sims and Price relate this paper to the two other microspirometry papers published last year, and develop the debate...

Features of spirometrically-defined restrictive lung disease

- Two papers in this issue develop the themes of restrictive defects and obesity as causes of breathlessness. Soriano *et al.* (pg 187) studied the features of spirometrically-defined restrictive ventilatory defect (FEV₁/FVC \geq 0.70, % predicted FEV₁ < 80%) in 3,802 participants from 11 centres throughout Spain. Overall prevalence of restrictive ventilatory defect was 12.7%, highest in Seville (19.4%) and lowest in Oviedo (5.2%). These patients had more phlegm, dyspnoea and wheezing than healthy controls and had similar St George's Respiratory Questionnaire scores to COPD patients – i.e. restrictive lung disease is a common finding with variable geographical distribution and presents a similar quality of life burden to COPD.

Obesity, airflow limitation and respiratory symptoms

- And on pg 194, the study by Zutler *et al.* enhances our understanding of the interactions between obesity, airflow obstruction, respiratory symptoms and functional limitation. Of 371 middle-aged subjects with no previous diagnosis of COPD, 69 (19%) had airflow obstruction and over 40% were obese. In his enlightening editorial (pg 131), Franssen highlights the fact that, in this group of patients, obesity and not airflow obstruction was associated with increased respiratory symptoms, poor self-reported health and decreased functional performance.

education@pcrj: a new initiative for the *PCRJ*

- Finally, we are delighted to present a new journal section, education@pcrj. The section editors Hilary Pinnock and Jaime Correia de Sousa present their plans for the future on pg 133.

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