

EDITORS' CHOICE

Long-term antibiotics in COPD: appropriate for the 'infective phenotype'?

- On pg 271, James *et al.* report a large retrospective cohort study using data from The Health Improvement Network (THIN) database with records on 6% of the UK population. Between January 2000 and December 2009, 567 out of 92,576 COPD patients (0.61%) received 998 long-term antibiotic courses (defined as being > 6 months). The three most commonly used antibiotics were oxytetracycline, doxycycline and penicillin, but azithromycin or clarithromycin were more likely to be used after 2005. This is the first contemporary study to estimate the prevalence of this type of therapy for COPD. In his linked editorial (pg 261), Miravittles discusses the possible benefits of long-term antibiotic prophylaxis in a small number of COPD patients with the 'infective' phenotype.

Deprivation, winter, and COPD admissions

- Admission to hospital with an acute exacerbation of COPD is associated with season (more common in winter) and deprivation (more common in more deprived socioeconomic groups). Using 10 years of Scottish national hospitalisation data and the Scottish Index of Multiple Deprivation (SIMD), McAllister *et al.* (pg 296) investigated whether these two factors – deprivation and seasonality – act synergistically. Absolute differences in COPD admission rates between winter and summer increased with greater deprivation, with five times as many excess winter admissions in the most deprived groups compared with the least deprived groups. In their linked editorial on pg 264, Donaldson and Wedzicha discuss the study findings and implications.

Ethnic disparities in asthma treatment for children in New Zealand

- Gillies *et al.* (pg 312) analysed data from three national databases in New Zealand to provide the first ever national study of differences in asthma treatment and outcomes between Maori and Pacific children and children of European or other descent. Those children receiving treatment for asthma were subdivided into treatment groups according to Steps 1-3 of the BTS/SIGN guideline. Data were collected on the number of hospital admissions and oral steroid prescriptions. Maori and Pacific children were more likely to remain on the lowest step of treatment, had higher rates of oral steroid use, and were more likely to be hospitalised for asthma compared to children of other descent. Davidson and Sheikh (pg 269) interpret the results and put the study in context.

What stops GPs referring patients for pulmonary rehabilitation?

- Using semi-structured interviews and a theoretically-based analysis, Johnston *et al.* (pg 319) present a qualitative study of 12 Australian GPs which provides valuable insights into the reasons for low GP referral rates of COPD patients for pulmonary rehabilitation (PR). Barriers to referral included low knowledge of the rationale for PR and access difficulties for patients, and these barriers existed not only amongst clinicians but also at a national level. The authors propose that various interventions – such as making PR part of standard COPD care through financial incentives, and improving information about referral and services – could improve referral rates...

Asthma control, risk of attack, and managing difficult asthma

- In their Clinical review on pg 344, Blakey *et al.* argue that the current focus on asthma 'control' is only one aspect of asthma management and that a more explicit focus on reducing the 'risk' of asthma attacks is required. SIMPLES is a structured approach to the management of uncontrolled and difficult asthma; using a case-based learning format (pg 365), Ryan *et al.* show how this valuable approach can be used in clinical practice to identify these patients, aid co-operation between primary and specialist care, and streamline clinical assessment and management.

Paul Stephenson and Aziz Sheikh