Primary Care
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EDITORS' CHOICE

A new partnership with Nature Publishing Group

- We are delighted to announce that, as from April 1st, the journal will be published by Nature Publishing Group (NPG). We present more detail in our editorial on pg 1.

Autoimmune disorders in parents: a risk factor for allergic disease in their children?

- Autoimmune disorders and allergic diseases are characterised by increased activity of two opposing T helper cell subsets – T helper type 1 (Th1) cells in most autoimmune disorders, and T helper type 2 (Th2) cells in allergic diseases. Hitherto, these two different types of disorders were thought to be distinct and mutually exclusive. However, on pg 14, Maas *et al*. report their analysis of the medical records of 5,604 families in the Netherlands. The presence of any autoimmune disorder, particularly psoriasis, in fathers was associated with an increased risk of allergic disease in children, whereas in mothers, the association was restricted to rheumatoid arthritis/ankylosing spondylitis. In his thought-provoking editorial (pg 2), Weiss discusses the results and puts them into context.

Asthma comorbidities and unscheduled asthma care

- Steppuhn *et al.* (pg 22) report the results of two consecutive national telephone surveys involving 43,312 adults in Germany. Using logistic regression models, the authors quantified the association between asthma and eight other common chronic diseases – diabetes, hypertension, chronic heart failure, depression, osteoarthritis, stroke, coronary artery disease and cancer. There was a statistically significant and independent association between asthma and all of the eight co-morbidities, particularly coronary artery disease, chronic heart failure, and stroke. 18% of people with asthma had three or more co-morbidities, and rates of unscheduled asthma care increased with the number of co-morbidities. Mercer discusses the importance of co-morbidity and multimorbidity in his linked editorial (pg 4).

GOLD 'ABCD' groups versus the '1234' grades: impact on quality of life and costs

- The rationale behind the new GOLD COPD classification into 'ABCD' groups is that it provides a multidimensional assessment of symptoms and exacerbation risk, unlike the old '1234' grades classification which was primarily based on lung function only. The large cross-sectional study by Boland *et al*. on pg 30 involved a wide range of health-related quality of life (HRQoL) instruments, and is the first to compare the two different GOLD classifications in terms of healthcare costs. The GOLD ABCD groups were more strongly associated with costs and HRQoL than the old 1234 grades. Soriano and Román-Rodríguez discuss the results (pg 5) with a distinct sporting flavour…

Management of COPD in Sweden over 11 years

- The extensive 11-year epidemiological study reported by Stallberg *et al*. (pg 38) involved patients from 76 primary healthcare centres in Sweden, corresponding to approximately 8% of the Swedish population. It provides important longitudinal data on management, co-morbidities and mortality. Incidence and prevalence rates increased over the 11-year period. The mean age at diagnosis decreased from 73 to 66 years, the number of COPD exacerbations decreased from 3.0 to 1.3 per patient per year, and hospitalisations decreased from 1.02 to 0.20 per patient per year. In their linked editorial (pg 7), Jones and Roberts discuss these results in light of the impending National COPD audit in England and Wales.

End-of-life care for advanced COPD versus lung cancer

- Epiphaniou *et al*.'s multi-perspective, longitudinal qualitative study (pg 46) explores the difference between patients with lung cancer and those with advanced COPD in terms of their experience of the coordination of end-of-life care. They conclude that the keyworker role is of fundamental importance. LeBlanc *et al*. (pg 8) discuss the findings.

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