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rehabilitation is a relatively modest investment in comparison to inpatient admission. Lack of awareness of the benefits of rehabilitation remain a difficulty amongst the medical profession but less so with patients where the benefits are becoming the focus of a political campaign. Finally, the regrettable absence of a national service framework for lung disease means that there is little pressure for commissioners to provide these services. In future, the forthcoming NICE guidelines for COPD might generate some pressure to improve the situation.

Meanwhile, people with lung disease and their doctors should lobby to provide pulmonary rehabilitation as a local priority.

References

1. British Thoracic Society Statement on Pulmonary Rehabilitation. *Thorax* 2001; **56(11)**:827-834.

2. Griffiths TL, Burr ML, Campbell IA, Lewis-Jenkins V, Mullins J, Shiels K *et al.* Results at 1 year of outpatient multidisciplinary pulmonary rehabilitation: a randomised controlled trial. *Lancet* 2000; **355**:362-8.

3. Griffiths TL, Phillips CJ, Davies S, Burr ML, Campbell IA. Cost effectiveness of an outpatient multidisciplinary pulmonary rehabilitation programme. *Thorax* 2001; **56(10)**:779-84.

4. British Thoracic Society. The Burden of Lung Disease. 2002. London, British Thoracic Society.

5. Davidson AC, Morgan MDL. A UK survey of the provision of pulmonary rehabilitation. *Thorax* 1998; **53**(s4):A86.

6. British Thoracic Society/ British Lung Foundation. Pulmonary Rehabilitation Survey. 2003. British Lung Foundation. http://www.brit-thoracic.org.uk

The Cochrane Airways Group 2nd International Symposium 2003

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ne of the ongoing challenges in primary care is to assess critically the evidence relating to new and existing treatment options for asthma and COPD. We are bombarded by information from drug company representatives and local medicines management teams, and also have to wade through weighty guidelines that arrive on our desks. Some of these have a strong evidence base (and the new BTS/Sign asthma guidelines are much more transparent about how they relate to the underlying evidence), but there is still a major challenge to try to keep up to date.

The Cochrane Airways Group international Symposium will be held in London on 6th and 7th November, 2003. This event represents a unique opportunity to explore the evidence base for some of the most important and widely used therapies in the management of respiratory disease affecting primary and secondary care.

As clinical trials are published they add to an increasing amount of information regarding treatment efficacy. Cochrane reviews aim to assimilate the information from clinical trials that address a focussed question. Evidence is assessed in terms of its quality, its implications for clinical practice and its unanswered questions, in a structured way.

Reviews have made important contributions to evidence gathering at local and national levels. The publication of the British Thoracic Society Guidelines in February 2003 marked an important occasion in the dissemination of Cochrane Systematic Reviews in respiratory medicine. The recommendations for many of the treatments listed in the guidelines were made on the basis of 31 Airways Group reviews. A similar contribution to the COPD guidelines due for publication in 2005 is anticipated.

The two-day event will explore three important areas

of Cochrane systematic reviews; the rationale of systematic reviews, the findings of reviews and their role in clinical guideline formulation. Plenary sessions will be devoted to explaining the methods used in reviews, from appropriate outcome measure selection, to identifying and interpreting findings for different patient populations. The aim of these sessions will be to equip listeners with a more extensive understanding of the systematic review process, and the potential for applying their findings in clinical practice.

Against this backdrop of review methodology, we will present the evidence base of the effects of interventions used in the day to day management of respiratory disease. These will include the prevention of exacerbations in COPD, the safety profile of different inhaled steroids compared, beta-agonist delivery in the treatment of acute asthma, anti-leukotriene agents and the role of self-management plans in the treatment of chronic asthma.

As the burden of respiratory care is falling increasingly on to Primary Care, information on therapeutic benefit and harm becomes increasingly important. With the advent of combination delivery of steroid and long-acting beta-agonists, and new drugs such as anti-leukotrienes, the amount of information generated is very hard to keep up with. However, systematic reviews have been conducted in these areas which have attempted to bring together as much reliable evidence as possible in order to better determine their role in the management of respiratory disease.

Don't come to the Symposium expecting simple answers to complex problems, but if you are interested in digging into the foundations upon which the new guidelines are based, and trying to work out how to put them into practice this could be of interest to you.

Turn to our News page (pp98) for details of how to register for this symposium ■

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