EDITORIAL

What's in this issue

Welcome to this second *PCRJ* issue of 2008 – particularly to those of you here at the IPCRG Conference in Seville, where this issue is being distributed free of charge to all delegates. We hope you enjoy the conference!

We have some excellent papers in this issue, and herewith our selection of highlights;

- We continue our series of commissioned papers on different national systems for managing patients with respiratory diseases in primary care¹ with a paper from Canada by Kaplan on page 73.² Kaplan summarises the system for primary care service delivery in Canada, the national model and the facilities available for providing respiratory care in primary care settings, and gives a fascinating insight into the epidemiology of respiratory disease in Canada.
- The review by Price on the use of omalizumab in asthma³ is an excellent and detailed review of the subject. Omalizumab is a humanised monoclonal anti-IgE antibody that targets IgE and partially inhibits the inflammatory cascade present in allergic asthma. This review summarises the clinical data on omalizumab, and emphasises that a 16week trial of treatment is justified in those highly selected patients with moderate to severe allergic asthma who fulfil the criteria for treatment.
- We are delighted to publish in this issue of the *PCRJ* a summary by Thomas *et al*⁴ of the EPOS guideline on the diagnosis and management of rhinosinusitis and nasal polyps which was published in *Rhinology* last year. We are grateful to the editors of *Rhinology* for their permission to use some of the figures and tables which were published in the original document. This summary document presents valuable guideline information in a more compact format suitable for use in primary care generalist settings.
- Griffin *et al* present a study comparing tiotropium and combined ipratropium/salbutamol for the treatment of COPD using data from the UK General Practice Research Database.⁵ By using propensity score matching to balance prognostic covariates between the treatment groups, they have shown that tiotropium is associated with a reduced risk of exacerbations and COPD-related referrals and hospitalisation compared to combined ipratropium/ salbutamol in patients with COPD.

- The study by Hewitt *et al* from New Zealand, on the use of exhaled nitric oxide (FE_{NO}) measurement and spirometry in primary care, confirms that these two types of clinical information improved diagnostic and therapeutic decision-making, as well as clinican confidence, when assessing patients with non-specific respiratory symptoms.⁶ The authors conclude by saying that FE_{NO} measurements are reliable and easily performed, and that they provide information over and above that provided by spirometry particularly for patients with asthma.
- Finally, as the official journal of the IPCRG, we are very pleased to publish on page 119 many of the abstracts which are being presented here at the IPCRG Conference in Seville. The breadth, quality, and number of abstracts being presented at this conference is a clear manifestation of the strength of interest in, and research into, primary care respiratory medicine worldwide. Long may this continue.

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