

## EDITORS' CHOICE

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- It is with considerable pride, but also sadness, that we welcome you to Mark Levy's last issue after 15 years as Editor-in-Chief of the *PCRJ*. Over this time the *PCRJ* has evolved from a simple twice-yearly newsletter into a reputable and influential Medline-listed scientific journal with an increased 2009 SCImago Journal Rank (SJR) of 0.182 (from 0.117 in 2008),\* reflecting the increased prestige of the journal in the academic community. This is a tremendous achievement. On pg 299, he says farewell as Editor-in-Chief, gives his perspective on the last 15 years, and highlights the challenges which face his successors. (\*<http://info.scopus.com/journalmetrics/processors.php>)
- On pg 315, Kaplan presents a systematic review of the effect of tiotropium on COPD patients' quality of life (QoL). 24 studies met the inclusion criteria. He concludes that tiotropium does indeed improve QoL in COPD patients who require long-acting bronchodilators, but that other additional therapies provide further benefits depending on the patient population.
- The review by van der Molen (pg 326) highlights the most frequent co-morbidities in COPD such as asthma, cardiovascular disease, depression, high or low BMI, diabetes, lung cancer and osteoporosis.
- Roflumilast, a phosphodiesterase-4 inhibitor, represents a new class of drug in the management of COPD. Through its effect on cyclic AMP it affects inflammatory cell activity. It has a role in adult patients who have severe COPD (FEV<sub>1</sub> < 50%) associated with chronic bronchitis and a history of frequent exacerbations. In their review on pg 342, Price *et al.* summarise the current evidence for its use, and the challenges that we face in identifying suitable patients for this new treatment.
- Published simultaneously with this issue is a *PCRJ* supplement summarising the Consultation on a Strategy for COPD Services in England published by the Department of Health (DH) in England earlier this year. The supplement elucidates the practical implications of the DH Strategy document, and summarises relevant information from the 2010 NICE clinical guideline. In their editorial on pg 304, Kearney *et al.* highlight the importance of the DH Strategy Consultation document and the *PCRJ* summary, but also compliment the excellent and innovative integrated COPD care project reported by Roberts *et al.* on pg 390.
- Elsewhere in this issue, in their editorial on pg 301 Gupta and Woodhead assess the importance of Bewick *et al.*'s study on the role of pulse oximetry in assessing patients with community acquired pneumonia (pg 378), Roche *et al.* evaluate the impact of acute respiratory illness as a trigger for detecting chronic bronchitis in adults at risk of COPD (pg 371), and Arnlinde *et al.* report a comparative study on the use of four different approaches to asthma severity classification (pg 383).

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