

EDITORS' CHOICE

COPD and its impact on functional status and health status

- COPD has a major impact on patients' lives, and one of the goals of COPD management is to minimise the disease burden and ensure the best possible quality of life for patients. But how can we assess the impact of the disease? On pg 257, Tsiligianni *et al.* present a systematic review of factors that influence quality of life in COPD patients, and on pg 269, Kocks and colleagues review the available methods for measuring their functional status. As Jones points out in his linked editorial (pg 227), the terms 'health-related quality of life' (HRQoL) and 'health status' are often used interchangeably; furthermore, 'impaired function' is a more specific term that is clinically useful, but methods of measurement vary widely. Both research papers clarify the terminology used. And as Jones concludes, both papers remind us that an FEV₁ measurement tells us very little about a patient's ability to function at home, also noting that there are now valid and reliable instruments that can easily be used in clinical practice.

Winter forecasting of COPD exacerbations

- Exacerbations of COPD have a major impact on health status as well as disease progression, and two-thirds of them occur in the winter months. The ability to predict when exacerbations will occur should bring considerable benefits, not least earlier intervention. The UK Met Office has developed a unique forecasting service which can predict the risk of a COPD exacerbation in the next two weeks, and on pg 324 Halpin *et al.* report the first evaluation of this service in a primary care setting using the EXACT-PRO questionnaire. Although there was no statistical difference in exacerbation rates between the intervention and control groups, the potential of the model to predict periods of increased risk was demonstrated. In her editorial on pg 235 Wedzicha discusses the results and the implications.

Lower respiratory tract infection: variation in care and disease definitions

- One of the prerequisites for high quality research and clinical practice is reliable diagnostic coding. Greene *et al.* (pg 299) report the findings of a systematic review and international consensus study to obtain clinical definitions of the four common lower respiratory tract infections (LRTIs) – community acquired pneumonia, acute bronchitis, and exacerbations of both asthma and COPD. On pg 231, van Weel puts this work into perspective, particularly in the context of 'the paradox of primary care'.

Asthma and psychological dysfunction

- Asthma is a chronic disease, and like many long-term illnesses it can have psychological co-morbidity. In their thorough review of the subject (pg 250), Thomas and colleagues discuss the prevalence of psychological dysfunction in people with asthma, the association between the two, and whether anxiety and depression affect asthma control.

Recruiting ethnic minority groups into asthma research

- Elsewhere in this issue, Johnson comments (pg 229) on the qualitative study by Stirland *et al.* (pg 282) of the views of UK and US academics on the recruitment of minority ethnic groups into asthma research studies...

Patients' fears and how to deal with them

- ...and Kaplan and Small discuss our care for patients with obstructive airways diseases (pg 233) in the context of the papers by Partridge *et al.* (pg 315) and Sheridan *et al.* (pg 307).

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