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EDITORS' CHOICE

PCRJ 2011 SCImago 2-year citations index = 2.61

- We are delighted with the recently-released *PCRJ* 2011 SCImago 2-year citations index, which is calculated in the same way as the Thomsons ISI Impact factor. At 2.61 (see Journal statistics on the *PCRJ* website), this is the *PCRJ's* highest ever SCImago 2-year citations index, and bodes well for our first Impact factor (for 2012) which will be published next year.

Patients with severe obesity much more likely to have obstructive sleep apnoea

- On pg 371, Wall *et al*. report on one of the largest ever cross-sectional studies to quantify the association between obesity and obstructive sleep apnoea (OSA) in people aged 50 or over. Routine primary care data on OSA prevalence, body mass index (BMI), gender and deprivation were available on over 1 million individuals. The overall prevalence of OSA was low at 0.61%, but those with a BMI of 40+ were 27.4 times more likely to have OSA than those with a normal BMI. Snoring was also strongly associated with OSA, but there was a lower prevalence of OSA with increasing age and deprivation. We have two editorials on this paper – the first by Parekh *et al*. (pg 361) from a primary care perspective, and the second by Shneerson from a secondary care perspective (pg 362).

Drug misusers have a higher prevalence of respiratory diseases

- The aim of Palmer *et al*.'s study on pg 377 was to determine whether the prevalence and management of respiratory conditions in drug misusers is different from the general population. They constructed a large cohort (> 9,000 in each group) of drug misusers and matched controls using data routinely collected in UK primary care. After adjusting for age, gender, deprivation and smoking status, more drug misusers than controls had a diagnosis of asthma or COPD, and drug misusers were also prescribed more inhaled respiratory medication. In their editorial on pg 364, Kim and Samet put the paper in context.

The healthcare needs of adolescents living with anaphylaxis

- Adolescents with anaphylaxis are at risk of fatal attacks. Gallagher *et al*. (pg 392) report a qualitative study of 26 adolescents and their parents, the aims of which were to explore the teenagers' healthcare needs, to understand the parents' perspectives, and to see how care could be improved. Most anaphylactic reactions occurred in everyday situations either by accident, misinformation or inexperience. Healthcare support was inconsistently provided, and there was little involvement of primary care. Most adolescents took an active role in managing their condition, but thought that written anaphylaxis management plans were of little use. In his thought-provoking editorial on pg 365, Lockey focuses on the implications…

Frequent non-asthma GP attendance seems to predict asthma exacerbations

- The study by Hyland *et al*. on pg 405 tested the prediction that 'dysregulated' patients – i.e. patients with multiple non-specific health problems where stress and adverse circumstances can lead to immunological, somatic and psychological symptoms – have high general practice attendance for non-asthma problems and that this indicates a higher risk of asthma exacerbation. For 166 patients in a single UK practice, all of whom were prescribed inhaled steroids, exacerbation rate did indeed correlate with non-asthma visits, as well as asthma severity and prescription-based adherence. Griffiths and Clark examine the paper in detail on pg 368, and discuss the future development of asthma attack risk prediction models.

Computer-guided consultations can aid guideline-based COPD management in primary care

- On pg 425, Angus *et al*. assessed the impact of a computer consultation programme (based on UK NICE COPD guidelines) on the diagnosis and management of 293 randomly selected patients during primary care nurse reviews. 236 patients had spirometry performed, and in 45 (19%) there was no evidence of airflow obstruction. In a further 24 patients, the diagnosis of COPD was changed to an alternative. In the 191 patients with confirmed COPD, there were guideline-based interventions in the majority (88%) of patients seen. We await further trials on the use of intelligent software systems.

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