

## EDITORS' CHOICE

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### Advance care planning for COPD patients after hospital discharge

- When should we start discussing end-of-life issues with patients who have severe COPD? One option is to identify key transitions in the patient's management that could trigger such discussion, such as hospitalisation. On pg 261, Seamark *et al.* present a qualitative study involving 16 patients and their carers following hospital admission. Various themes were elicited, not least the chaotic nature of the hospital admission and discharge process, and that patients think their GP is the best person to discuss advance care planning (ACP). In their editorial on pg 241, Goeman *et al.* highlight the need for new and innovative models to provide various aspects of COPD care such as ACP.

### Real-life validation of the RCP 3 questions

- On pg 288, Pinnock *et al.* present the first validation study of the Royal College of Physicians 3 questions (RCP3Q) score, now part of the Quality Outcomes Framework assessment of asthma patients in the UK. With paired data on 129 patients, the RCP3Q score extracted from patients' medical records was compared with the Asthma Control Questionnaire (ACQ). Sensitivity and specificity of the RCP3Q score was compared with the ACQ cut-off for good/poor control. An RCP3Q score of 0 indicates good asthma control; a score of 2 or 3 indicates poor control; and a score of 1 has good sensitivity but poor specificity for suboptimal control and indicates the need for further assessment.

### Fluticasone furoate nasal spray reduces symptoms of acute rhinosinusitis

- On pg 267, Keith *et al.* report a double-blind parallel-group 2-week three-arm randomised controlled trial comparing fluticasone furoate nasal spray 110mcg once- and twice- daily versus placebo in adults and adolescents. The primary endpoint was change in the daily major symptom score (MSS) which measures three symptoms (nasal congestion, sinus headache/ facial pain, and postnasal drip) on a 0-3 scale. Secondary endpoints included time to symptom improvement, and mean change from baseline in twice-daily MSS scores. There was a statistically significant reduction in MSS scores for both doses of fluticasone furoate versus placebo and the safety profile was similar to placebo. However, fluticasone didn't speed up symptom resolution...

### The DOSE index predicts mortality in COPD patients

- The Dyspnoea, Obstruction, Smoking, Exacerbation (DOSE) index incorporates the modified MRC dyspnoea scale, FEV<sub>1</sub> % predicted, smoking status, and the number of exacerbations in the previous year. A maximum score of 8 signifies the worst COPD disease state. On pg 295, Sundh *et al.* report the first study to investigate an association between the DOSE index and COPD mortality. 562 patients aged 34-75 years had data on all DOSE index components. Mortality was higher in patients with a DOSE index score > 4 (42.4%) than for lower scores (11.0%) [P<0.0001]. The DOSE index is therefore associated with mortality, and potentially could be used to assess prognosis in COPD patients. Chavannes *et al.* (pg 245) discuss the use of multidimensional COPD indices, and conclude that DOSE has the potential to be the most relevant index in routine clinical practice.

### Influenza vaccination uptake: good progress, but we need to do better

- Van Rossem *et al.* (pg 308) investigated whether or not primary care patients in Belgium wanted to be notified about seasonal influenza vaccination, and if they did what form that notification should take. Around 20% of patients didn't want notification, and in patients who had never been vaccinated this increased to 34%. Mowbray and Rubin discuss the implications (pg 248).
- On pg 302, Hothersall *et al.* report on vaccination uptake and attitudes of healthcare workers to the H1N1 2009 pandemic influenza vaccination campaign. In the linked editorial, Simpson and McMenamin (pg 246) argue that a national vaccination strategy is required.

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