

## EDITORS' CHOICE

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### The art of medicine: recognising influenza and pneumonia

- Consultations for acute respiratory tract infection (RTI) account for 15-20% of all primary care consultations. A large proportion of these patients have a mild self-limiting illness, but for the remainder a key challenge is whether to prescribe antibiotics for presumed community acquired pneumonia (CAP) or antivirals. On pg 421, Nakanishi *et al.* report a cohort study describing the symptoms and signs that distinguished CAP from influenza during the 2009 influenza A/H1N1 pandemic in Japan. At 48 hours, the presence of coarse crackles, sputum production, dyspnoea and chest pain in an older patient increased the likelihood of CAP as opposed to influenza. In his linked editorial on pg 353, Lim puts the paper in context, and emphasises the challenges in diagnosing influenza and whether or not to treat it with antivirals.

### Efficacy of indacaterol in the treatment of COPD

- Long-acting inhaled bronchodilators are the most effective pharmacological agents for reducing COPD symptoms. There are now four available: the twice-daily long-acting  $\beta_2$ -agonists (LABAs) salmeterol and formoterol, the once-daily anticholinergic tiotropium, and a new once-daily LABA indacaterol which was introduced in 2009. In their review on pg 380, Jones *et al.* evaluate the efficacy and safety of indacaterol in comparison to the other three bronchodilators based on the evidence from four recently-published clinical trials, and they discuss its use in the treatment of COPD.

### Assessing inflammatory markers in patients with respiratory infection...

- Increased levels of antibiotic resistance and the need to decrease antibiotic prescribing – particularly in primary care where most antibiotic prescriptions are issued – is increasing interest in the use of biomarkers that can reliably predict the presence or absence of bacterial infection. Procalcitonin is one such inflammatory marker, albeit used much less widely than C-reactive protein (CRP). In their review on pg 360, Aabenhus and Jensen discuss the procalcitonin assays currently available and its use in guiding antibiotic prescribing in RTIs. Melbye *et al.* (pg 367) put this in context, emphasising the different levels of incidence and severity of lower RTIs, and the need for sound consultation skills when discussing treatment options with patients.

### ...and in patients with asthma and COPD

- Similarly, there is increasing interest in the use of inflammatory markers for differentiating between asthma and COPD. As Thomas and Taylor point out on pg 349, the presenting symptoms of both diseases overlap, and as a consequence there may be diagnostic confusion. Since asthma and COPD treatment algorithms differ, every effort should be made to obtain objective confirmation of the diagnosis before starting long-term treatment. On pg 407, Tilemann *et al.* report distinctive inflammatory profiles in 210 patients presenting to their GP with symptoms suggestive of obstructive airways disease: asthma patients had higher levels of exhaled nitric oxide, higher IgE and eosinophil levels, and lower levels of CRP, than the patients with COPD.

### Pulmonary rehabilitation: a nurse-led multidisciplinary programme

- On pg 427, Zakrisson *et al.* report the results of a nurse-led COPD programme in Swedish primary care. Exacerbation frequency was reduced in the intervention group, but this didn't translate into better quality of life. George and Fletcher discuss the implications and possible reasons in their linked editorial (pg 355), and Krus and Chavannes comment on the results in their correspondence (pg 357).

### Telehealth: bridging the gap between theory and practice

- Telehealth is one potential mechanism for providing health care to populations in remote areas. As Morrison and Mair discuss (pg 351), one of the key problems is how to integrate telehealth into the standard working practices of healthcare professionals (HCPs). After analysing the population distribution in the remote Highlands of Scotland, and using qualitative interviews to assess HCPs' attitudes towards telehealth, Godden and King (pg 415) examine the potential for telehealth in this region of the UK.

### Is it time to reject sex-based stereotypes in COPD?

- In their review on pg 370, Ohar *et al.* discuss why sex-based stereotypes of COPD are now out of date and should be rejected. COPD prevalence in women is increasing, and women have increased disease susceptibility, a faster rate of decline in FEV<sub>1</sub>, more hospitalisations, more dyspnoea, and more deaths. DunnGalvin provides comment on pg 378.

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