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Let's talk about sex

June 30th, 2021

As respiratory health care professionals we are used to communicating challenging information to our patients. For example, we routinely discuss the complexities of lung function and breathless symptoms, the difficulties of living with a progressive condition and the uncertainty of the disease trajectory. Yet most of us shy away from talking about sex with our patients, many of whom are from the same generation as our parents or even our grandparents! It is likely that patients find any consultation on the topic of sexual health even more toe curling. Perhaps this is one of the reasons why literature on intimacy issues is so scarce in people with COPD. Thankfully Rubio-Rask and colleagues¹ have not shied away from the topic. They recognise this is an important issue for people with COPD due to fear of breathlessness and reduced function. By drawing on the literature in other chronic conditions with comparable intimacy issues (i.e. cancer and heart disease) they provide an overview of the contents and design of patient information leaflets and their use in sexual health communication in COPD. The availability of high-quality materials and training in their application would make sex a much easier topic for health care professionals to broach with their patients and improve the quality of communication around intimacy issues.

-Samantha Harrison, Associate Editor, Chronic Respiratory Disease.

Severe asthma in Brazil—there's work to do

June 25th, 2021

Developing a coherent public policy approach to the management of a common disease is common sense. This

doesn't mean it is always in place. In the journal this month Pitrez et al.² report the findings of an expert panel on the prevalence and management of severe asthma in Brazil and identify a number of measures that could be undertaken to improve asthma care. We suspect such measures are needed in many countries. Is the next step to get the patient view? Let's hope health policy makers are listening.

-Mick Steiner, Editor-in-Chief, Chronic Respiratory Disease.

Evaluation of service improvement – Enriched by data!

June 18th, 2021

Most clinical services evolve over time or are developed through specific quality improvement projects on the ground. Few such innovations make their way into scientific journals—a shame because there is much for others to learn from the outcome. In the journal this month Hall et al.³ present the outcome of the incorporation of allied health assistants into an adult cystic fibrosis service. They nicely demonstrate that this development had a positive impact on physiotherapy workload and patient experience. Perhaps most importantly, the authors took great care to collect data to inform the effectiveness of the innovation. We'd love to

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see more papers like this submitted to CRD but please...show us the data!

-Mick Steiner, Editor-in-Chief, Chronic Respiratory Disease.

Risk prediction in chronic respiratory disease—not just about the lung

May 25, 2021

At CRD we aim to promote a holistic approach to the assessment of lung disease and again this is emphasized by the findings of Sunmi Ju et al.⁴ who show that serum albumin is an independent predictor of future hospitalisation in people with bronchiectasis. The mechanism of effect is uncertain, but the association has also been reported in other chronic lung diseases such as COPD. Albumin might be a marker of nutritional status but perhaps also a surrogate for general “health and fitness” something all clinicians almost subconsciously take into account but find difficult to define objectively. It remains to be seen whether scrutinising the serum albumin will assist in the management of an individual patient but reminds us to keep looking beyond the lungs.

-Mick Steiner, Editor-in-Chief, Chronic Respiratory Disease.

The start of the rehabilitation journey in long COVID

May 6th, 2021

The prolonged burden of symptoms for people recovering from acute COVID-19 infection has been clear from media reports from patients and from emerging cohort studies, including in this journal.⁵ Intuitively, many of these physical and psychological problems could be addressed by progressive, structured rehabilitation. After all, this works well for people recovering from other health events such as exacerbations of COPD and following orthopaedic surgery. In the journal this month Daynes and colleagues⁶ report initial data from a cohort of patients attending a structured rehabilitation programme (modelled on pulmonary rehabilitation) following acute COVID-19 infection. Patients were enrolled if they reported persistent symptoms that might be amenable to rehabilitation such as breathlessness or fatigue. The report demonstrates clear improvement in these symptoms and other measures such as exercise performance following the intervention.

This is an important but preliminary milestone and many questions remain. As with recovery from any acute illness, disentangling the effects of the intervention from natural

recovery is difficult—we’ll need controlled trials to work this out. The biology of the syndrome probably varies between individuals and over time as any direct effects of the virus during recovery may be aggravated by deconditioning and mood disturbance in those whose daily lives are substantially curtailed by the condition. This will influence the optimum timing and content of the programme offered. Finally, and crucially, it is becoming clear just how debilitating the syndrome can be, particularly with respect to severe physical and mental fatigue. Taking part in a structured rehabilitation programme is clearly going to be challenging for some patients who find even minor physical tasks exhausting. The findings of the study however, provide optimism that with the right support, rehabilitation can offer a return towards normality for such individuals.

-Mick Steiner, Editor-in-Chief, Chronic Respiratory Disease.

Hold your breath for hypoxia

April 28th, 2021

Given how easy it is to do, it is surprising that the measurement of our ability to hold our breath is not in regular use in the assessment of respiratory disease. Ideguchi and colleagues⁷ address this in the journal this month, testing whether desaturation during breath holding relates to exercise desaturation in people with chronic lung disease. They found that the minimum saturation during a 15 s breath hold related well to desaturation during the 6MWT. Something we could readily do in the clinic? It takes time for new diagnostics to find their way into routine practice so we’re not holding our breath!

-Mick Steiner, Editor-in-Chief, Chronic Respiratory Disease.

Psychosocial morbidity in TB

April 26th, 2021

At CRD we are always keen to highlight fields where there is a clear need for more research. The psychosocial consequences of TB (and particularly MDR TB) is certainly one of those. In the journal this month, Farooq et al.⁸ publish a systematic review summarising interventions to ameliorate the psychological consequences of TB. For such a prevalent condition there were disappointingly few studies to analyse. Quality was not high and data too heterogenous to present quantitatively. What does come through is the psychological burden of TB (in terms of stigma, depression, impact on families etc.) especially in low and middle income countries and the impact it has on treatment adherence. The indications from the studies that are available indicate treatment

can be effective and improve adherence to TB therapy. A potentially high return approach - more studies needed please!

-Mick Steiner, Editor-in-Chief, Chronic Respiratory Disease.

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