"Study on factors associated with post bronchodilator reversibility among patients presenting with dyspnea"

Sir,

I have read with interest, the article by Mehta *et al*. titled "*Study on factors associated with post bronchodilator reversibility among patients presenting with dyspnea*".[1] I would like to offer the following comments:

1. The authors have not mentioned, in methods, about preprocedural precautions for spirometry such as stoppage of bronchodilator drugs–oral or inhaled form, as this might significantly affect the reversibility in spirometry testing. Also, in smoking individuals, it should be advised to not smoke within one hour before spirometry.[2]
2. The definition of chronic obstructive pulmonary disease (COPD) and asthma were not clearly defined in the study population: *"The definition of asthma was based on self-reported diagnosis, attacks and medication, and the definition of COPD in this study excluded all subjects with a history of asthma and participants with nonsmoke-related COPD"*.
3. Authors have not addressed the distinctive subset of asthma-COPD overlap in which they have features of both diseases. The prevalence of asthma-COPD overlap as per Global INitiative for Asthma (GINA) had been in the range of 9%-55%[3] and in a study of north Indian population it was noted to be around 22.6%.[4]
4. Although smoking was noted to be a significant factor affecting the bronchodilator reversibility, quantification of smoking and stringent nonsmoker definition protocols would have added more strength to the study.[5]
5. Finally, the authors have not mentioned what type of spirometers had been used for the study and what prediction equations were used for baseline reference values, as these factors affect the test quality and values.[6,7]

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Conflicts of interest
There are no conflicts of interest.

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