

# APSR RESPIRATORY UPDATES



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APSR EDUCATION PUBLICATION



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**Articles selected and commented on by:** Mark Lavercombe The University of Melbourne, Melbourne, Australia

Each month, Dr Lavercombe selects and comments on papers with a particular educational value published in *Respirology* that month. This special issue of the APSR Respiratory Updates collates the 2019 selection. To find the collection of selected papers please visit: <http://www.apsresp.org/education/articles/index.html>



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## Asthma & Allergy, COPD, Sleep and Ventilation, Exercise and Pulmonary Rehabilitation

### Real-life effectiveness of inhaler device switch from dry powder inhalers to pressurized metred-dose inhalers in patients with asthma treated with ICS/LABA.

Park, H-S, Yoon, D, Lee, HY, et al.

*Respirology*. 2019; 24: 972– 979.

<https://doi.org/10.1111/resp.13559>

**Related Editorial:** Bosnic-Anticevich, S. Inhaler device use: Should we just forgo the detail and go for the 'big picture' approach? *Respirology*. 2019; 24: 924– 925. <https://doi.org/10.1111/resp.13645>

**Comment:** Selection of inhaler device is known to affect compliance in asthma patients. This study demonstrates that changing from one format to another can lead to significant improvement in outcomes and is generally accepted by the patients.

### Increased risk of major adverse cardiac events following the onset of acute exacerbations of COPD.

Reilev, M, Pottegård, A, Lykkegaard, J, Søndergaard, J, Ingebrigtsen, TS, Hallas, J.

*Respirology*. 2019; 1– 8.

<https://doi.org/10.1111/resp.13620>

**Related Editorial:** Mkorombindo, T, Dransfield, MT. COPD exacerbations and MACE: More than a chance encounter? *Respirology*. 2019; 1– 2. <https://doi.org/10.1111/resp.13683>

**Comment:** Multiple studies have demonstrated an increase in cardiovascular outcomes in patients with COPD, and treatment with cardiac medications in patients with AECOPD has also been investigated. This large study demonstrates that adverse cardiac outcomes are markedly increased in patients with AECOPD, and especially in those who require hospitalisation.

## APSR Publications



Edited By:

Philip Bardin and

Paul Reynolds

**Impact Factor: 4.756**

ISI Journal Citation Reports ©

Ranking:2018 11/63 (Respiratory System)

Online ISSN: 1440-1843



Edited By:

Christopher Lai

Online ISSN: 2051-3380

**Development and validation of the COugh Assessment Test (COAT).**

Koo, H-K, Jeong, I, Kim, J-H, et al.  
*Respirology*. 2019; 24: 551– 557.  
<https://doi.org/10.1111/resp.13462>

**Comment:** A simple tool to measure chronic cough and its impact on daily life can be useful for ongoing outpatient or clinic assessment of patients with this condition. In this paper, the authors develop and validate a 5-point questionnaire that correlates well with other tools and demonstrates reliability and validity in a South Korean population.

**Nasal high-flow therapy compared with non-invasive ventilation in COPD patients with chronic respiratory failure: A randomized controlled cross-over trial.**

McKinstry, S, Singer, J, Baarsma, JP, Weatherall, M, Beasley, R, Fingleton, J.  
*Respirology*. 2019; 24: 1081– 1087.  
<https://doi.org/10.1111/resp.13575>

**Video:** <https://youtu.be/Co-quvyLW8M>

**Related Editorial:** Mansfield, DR. Nasal high-flow therapy: Established roles and emerging opportunities. *Respirology*. 2019; 24: 1039– 1041. <https://doi.org/10.1111/resp.13677>

**Comment:** Two papers (<https://doi.org/10.1111/resp.13575> and <https://doi.org/10.1111/resp.13664>) published in this edition (<https://onlinelibrary.wiley.com/toc/14401843/2019/24/11>) consider the role of Nasal High Flow (NHF) therapy in patients with COPD. In this paper, NHF is compared with NIV (untitrated) in stable COPD patients with chronic hypercapnic respiratory failure. Patients found NHF easier to use and more comfortable, although NIV had more marginally more effect on PtCO<sub>2</sub> levels.

**Nasal high flow does not improve exercise tolerance in COPD patients recovering from acute exacerbation: A randomized crossover study.**

Prieur, G, Medrinal, C, Combret, Y, et al.  
*Respirology*. 2019; 24: 1088– 1094.  
<https://doi.org/10.1111/resp.13664>

**Video:** <https://youtu.be/U6Ex1qZHvzE>

**Related Editorial:** Mansfield, DR. Nasal high-flow therapy: Established roles and emerging opportunities. *Respirology*. 2019; 24: 1039– 1041. <https://doi.org/10.1111/resp.13677>

**Comment:** Two papers (<https://doi.org/10.1111/resp.13575> and <https://doi.org/10.1111/resp.13664>) published in this edition (<https://onlinelibrary.wiley.com/toc/14401843/2019/24/11>) consider the role of Nasal High Flow (NHF) therapy in patients with COPD. In this paper, addi-

tion of NHF with air (or oxygen for those requiring LTOT) during high intensity exercise did not improve endurance during pulmonary rehabilitation. Several potential explanations for discordance with prior studies are considered.

### Changes in physical activity during hospital admission for chronic respiratory disease.

Orme, MW, Harvey-Dunstan, TC, Boral, I, et al.  
*Respirology*. 2019; 24: 652– 657.  
<https://doi.org/10.1111/resp.13513>

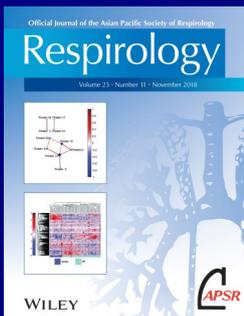
**Comment:** In a large cohort of patients admitted for acute exacerbation of chronic respiratory disease, the authors demonstrate low overall physical activity levels during the inpatient period with no significant improvement over time. This study also demonstrates little day-to-day variance, potentially allowing future study designs to benefit from shorter activity monitoring periods.

### Pleural Disease

### Risk factors for pleural effusion recurrence in patients with malignancy.

Grosu, HB, Molina, S, Casal, R, et al.  
*Respirology*. 2019; 24: 76– 82.  
<https://doi.org/10.1111/resp.13362>

**Comment:** Although malignant pleural effusion can be treated with repeated thoracenteses, identification of patients more likely to suffer recurrence of their effusion might lead to earlier definitive intervention. The authors identify several risk factors for recurrence in their cohort, however further study is required to develop a predictive model with external validity.



## Most cited articles:

<https://onlinelibrary.wiley.com/page/journal/14401843/homepage/mostcited.html>

**Pulmonary Vascular Disease, Rare Lung Disease****Pulmonary arterial hypertension in a multi-ethnic Asian population: Characteristics, survival and mortality predictors from a 14-year follow-up study.**

Lim, Y, Low, T-T, Chan, S-P, et al.

*Respirology*. 2019; 24: 162– 170.

<https://doi.org/10.1111/resp.13392>

**Related Editorial:** Reynolds, PN. Pulmonary arterial hypertension: In Asia, as elsewhere, still a lethal disease despite modern treatment. *Respirology*. 2019; 24: 99– 100. <https://doi.org/10.1111/resp.13438>

**Comment:** The authors of this paper publish the first data for a multi-ethnic Asian cohort of patients with pulmonary arterial hypertension and have follow-up to 14 years. The REVEAL risk score for prediction of one-year mortality is evaluated with a cut off of >6 found to have a hazard ratio for earlier death of 4.4.

**Bronchiectasis****High-intensity inspiratory muscle training in bronchiectasis: A randomized controlled trial.**

Ozalp, O, Inal-Ince, D, Cakmak, A, et al.

*Respirology*. 2019; 24: 246– 253.

<https://doi.org/10.1111/resp.13397>

**Comment:** This study evaluates the effect of high-intensity inspiratory muscle training in patients with non-cystic fibrosis bronchiectasis. Two of the three weekly sessions were performed in the patients' homes using a threshold loading device. Improvements in shuttle walk distance and respiratory muscle strength and endurance are noted, along with the social dimension of quality of life. Treatment was well tolerated.

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**Tuberculosis, Interstitial Lung Disease****Bidirectional association between tuberculosis and sarcoidosis.**

Wang, S-H, Chung, C-H, Huang, T-W, et al.  
*Respirology*. 2019; 24: 467– 474.  
<https://doi.org/10.1111/resp.13482>

**Comment:** This cohort study demonstrates the difficulty of differentiating sarcoidosis and tuberculosis. The diagnosis of tuberculosis within one year of sarcoidosis diagnosis occurred at a significant rate, suggesting the possibility of misdiagnosis. Further, subsequent diagnosis of sarcoidosis in patients treated for tuberculosis is significant after the first year of follow-up.

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<http://apsresp.org/education/articles/index.html>

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<https://onlinelibrary.wiley.com/page/journal/14401843/paediatric-and-adult-bronchiectasis>

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## Case Report Poster Award

as part of the

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- Be present at your poster from 3.30 - 4pm
- The Editor in Chief will meet you at your poster.



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### APSR Respiratory Updates is an initiative of the APSR Education Committee

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