Life-sustaining treatment preferences: matches and mismatches between patients’ preferences and clinicians’ perceptions
Summary: The objective of this observational study of 196 male veterans with COPD was to investigate the preferences for life-sustaining therapies as well as the accuracy of clinicians’ understanding of those preferences, and the predictors of discrepancy. The authors concluded that clinicians were more often wrong about the patients’ preferences when the patients did not want treatment compared with when they did want it. Treatment decisions based solely on clinician perception of patient preference could result in costly and unwanted treatments, so end-of-life care could benefit from increased clinician–patient discourse, allowing better patient education about the risks of the treatment and better clinician awareness of the patient’s preferences.

Oxygen is nonbeneficial for most patients who are near death
Summary: In routine care, clinicians prescribe and administer oxygen for dyspnoea, when confronted with dropping oxygen saturation, or as a means to support anxious family members. The aim of this study was to assess the benefit of oxygen administration to patients near death. In a double-blind, repeated-measure observation, the authors showed that analysis of variance revealed no difference in scores, assessed by the Respiratory Distress Observation Scale, under differing gas and flow conditions. The conclusion was that the routine application of oxygen to patients who are near death is not supported.

Prediction of the clinical course of COPD using the new GOLD classification a study of the general population
Summary: In the new GOLD (global initiative for obstructive lung disease) classification, stratification of patients into categories is based on their symptoms, the level of lung function and their exacerbation history. The aim of this study was to assess the predicting power of this stratification into categories to predict the COPD patient’s clinical course. The study showed that individuals at risk of exacerbations are identified by this new stratification. Interestingly, however, group B, which is characterised by more severe dyspnoea, had a significantly poorer survival than group C. This suggests that group B deserve special attention because the poor prognosis could be caused by other factors, such as cardiovascular disease or cancer and so the patients may require additional assessment and treatment.

Internet-based dyspnea self-management support for patients with chronic obstructive pulmonary disease
Summary: The efficacy of two 12-month dyspnoea self-management programmes (DSMPs) was tested in this study. The two DSMPs, internet-based (eDSMP) and face-to-face (fDSMP), were compared with a general health education (GHE) control with the primary outcome of dyspnoea with activities. The results showed that DSMPs did not significantly reduce dyspnoea with activities compared with control; however, the participants were highly satisfied with the DSMPs and there were positive changes in other outcomes, including self-management of dyspnoea and exercise behaviour. This highlights the need for additional testing of these technology-enabled individually tailored interventions in order to optimise provide the best care to patients and improve clinically relevant outcomes.
A home-based exercise program to improve function, fatigue, and sleep quality in patients with stage IV lung and colorectal cancer: a randomized controlled trial
Summary: The aim of this study was to explore patients’ experiences and descriptions of breathlessness in order to better categorise breathlessness. In-depth interviews with patients suffering from life-limiting and advanced diseases (chronic heart failure, chronic obstructive pulmonary disease, lung cancer, and motor neuron disease) were used to evaluate qualitatively how patients categorise their symptoms. The authors found that participants categorised their breathlessness by time and triggers. The authors suggest that this categorisation needs to be further verified, as in the categorisation of pain, but can be used as a new evidence-based approach to better categorise breathlessness for optimal patient management.

Episodic and continuous breathlessness: a new categorization of breathlessness
Summary: The aim of this study was to investigate patients’ experience and descriptions of breathlessness for the purpose of the study in combination with the domains of pain, breathlessness, and exercise tests. The authors concluded that a home-based exercise programme seems to improve factors, such as mobility, fatigue and sleep quality in the patients.

Anxiety and depression following pulmonary rehabilitation
Summary: This study aimed to evaluate changes and predictive factors of anxiety and depression before and after pulmonary rehabilitation. The study followed 100 patients with COPD before and up to 3 months after pulmonary rehabilitation. The patients were all participating in a 6-week pulmonary rehabilitation programme, which involved education, psychosocial support and training sessions. They were assessed using various measures, including the Hospital Anxiety and Depression Scale, as well as spirometry, exercise testing and self-reported COPD. However, the authors concluded that a non-significant decrease in anxiety and depression during the pulmonary rehabilitation programme was found.

Dyspnea severity, changes in dyspnea status and mortality in the general population: the Vlagtwedde/Vlaardingen study
Summary: While it is known that dyspnoea is a predictor of mortality, the effects of dyspnoea severity and of changes in dyspnoea status on all-cause and cause-specific mortality are still unclear. In order to improve understanding, this study used data from the Vlagtwedde/Vlaardingen study. The study began in 1965 and examined over 8,000 subjects every 3 years. Cox regression was used to evaluate associations between mortality and severity/changes in dyspnoea status. The results showed that dyspnoea was associated with mortality in a severity-dependent manner. Additionally, the authors show for the first time that dyspnoea remission normalises mortality risk.

Conceptions of daily life in men living with a woman suffering from chronic obstructive pulmonary disease
Summary: The aim of this study was to investigate the perceptions of daily life by men with a woman who suffers from COPD in different stages of their disease. They felt that daily life was burdened, restricted and that the relationship was affected, even before the disease had reached the later stages. COPD forced them to take on a caregiving role, rather than being a spouse, and this had changed their daily life. They also felt that they didn’t have enough knowledge, and that support from health professionals and local authorities was lacking.

Evaluation of quality of life instruments for use in COPD care and research: a systematic review
Summary: This review sought to evaluate the content and psychometric properties of available quality of life instruments used in COPD care and research. Despite the comprehensive overview the authors gave, they could not uniformly recommend the best instrument to evaluate quality of life in COPD patients. However, they did recommend the disease-specific instruments: the Chronic Respiratory Questionnaire (CRQ); the COPD Assessment Test (CAT), the Saint George Respiratory Questionnaire (SGRQ); and the Living with COPD questionnaire (LCOPD). In conclusion, the decision surrounding which tool to use should be determined by the purpose of the study in combination with the domains that the instrument probes.

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