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Tailor COPD therapy to reduce future risk, recommend experts

A new report calls for an individualized approach to chronic obstructive pulmonary disease (COPD) to both relieve symptoms and also to reduce each patient's future risk.

According to Professor Wisia Wedzicha, Royal Free & University College Medical School, London, speaking at a press briefing: 'Reducing risk is preventing exacerbations. Twenty-five per cent of disease progression is due to exacerbations, so if we can prevent exacerbations we can make an inroad into disease progression and of course death.'

The Shifting Paradigm in COPD Management includes contributions by a panel of international COPD experts and patient representatives, and builds on a revised scientific consensus from the Global Initiative for Chronic Obstructive Lung Disease (GOLD). The GOLD guidelines recommend a dual approach addressing COPD's short- and long-term impact on patients.

'We have a lot to learn from how cardiovascular risk is managed. Many treatments do not have any immediate effect on symptoms, but they reduce the risk and patients understand that they will prevent heart attacks. In the same way we have to encourage our patients to take treatment that will prevent exacerbations even if they do not get immediate symptomatic benefit,' commented Professor Wedzicha.

The Shifting Paradigm in COPD Management (www.copdforum.org) was initiated and developed by Takeda Pharmaceuticals International GmbH. The company markets roflumilast, a novel anti-inflammatory indicated as maintenance treatment of severe COPD associated with chronic bronchitis in adults with a history of frequent exacerbations as an add-on to bronchodilator treatment.

Sue Lyon

Professor Wisia Wedzicha, Royal Free and University College Medical School, London

New technique to determine muscle wasting in ICU patients

Using ultrasound to measure the cross-sectional area of the rectus femoris muscle in the thigh can objectively track muscle loss early in critical illness. This finding comes from the MUSCLE (Musculoskeletal Ultrasound Study in Critical Care: Longitudinal Evaluation) study, which included 63 patients recruited within 24 hours of admission to the intensive care unit (ICU).

Presenting the study, Dr Nicholas Hart, Guy's & St Thomas' NHS Foundation Trust and King's College London, said: 'Eighty per cent of patients now survive ICU but many have significant disability even 5 years after discharge. Muscle wasting is a major contributor to disability post-ICU, but until now we did not have objective monitoring tools. If we can understand the underlying mechanisms, we can develop interventions.'

The greatest cross-sectional area of the rectus femoris was seen in multiorgan failure: 21.53±10.5% *vs* 7.2±9.7% in patients with one failed organ ($P<0.0001$). This greater muscle loss in multiorgan failure was seen as early as day 3 after admission (8.7±16.3% *vs* 1.8±9.6%; $P<0.01$).

'We now know that the sickest patients are those who are losing the most muscle. This is important because we can target early mobilization within ICU to these patients, possibly enabling earlier discharge and better patient outcomes,' concluded Dr Hart.

Sue Lyon

Increase in non-smokers diagnosed with lung cancer

The number of non-smokers diagnosed with non-small cell lung cancer is increasing, according to a French study.

Researchers from the French College of General Hospital Respiratory Physicians collected information from 7610 people diagnosed with lung cancer in 2010, 6083 of whom had non-small cell lung cancer. They looked at each patient's smoking history, stage of cancer at diagnosis and histology.

The proportion of non-smokers diagnosed with lung cancer was 11.9%, up from 7.9% in a similar study 10 years previously. The proportion of women with lung cancer had also increased, from 16% in 2000 to 24.4% in 2010. The number of people diagnosed with adenocarcinoma (the commonest type of lung cancer in never smokers) increased from 35.8% to 53.5%.

More than half (58%) of people with lung cancer were diagnosed at stage 4 of the disease, where the cancer has spread to both lungs or metastasized. This was an increase from 43% in 2010, but this may be explained by a new classification system.

Lead author Dr Chrystèle Locher said: 'Not only has there been an increase in the number of women and non-smokers contracting the disease [non-small cell lung cancer], but there has also been an increase in the number of cases diagnosed in stage 4 of the illness.' She said more research is needed to understand the causes of these differences.

Susan Mayor