dramatic fall in pulmonary artery pressure, the patient might fulfil the responder criteria (fall in mean pulmonary artery pressure by >10 mmHg to <40 mmHg in the presence of a cardiac output), and may, therefore, be a candidate for treatment with calcium channel blockers [1].

I agree with A.H. Morice and coworkers that the relatively short half-life of sildenafil (3–4 h) may be a drawback of this drug. Patients' compliance may rarely be an issue. However, the fluctuations in sildenafil plasma concentrations are poorly tolerated by some patients. A drug with a much longer half-life, such as tadalafil (~18 h), might be advantageous, but caution is necessary. GHOFrani *et al.* [2] have demonstrated substantial variability in the haemodynamic effects of several phosphodiesterase-5 inhibitors. For the time being, there is a strong body of evidence for the safety and efficacy of sildenafil in pulmonary arterial hypertension, but there is a lack of comparable data for other phosphodiesterase-5 inhibitors, such as tadalafil.

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DOI: 10.1183/09031936.05.00032405

Efficacy of fluticasone on cough

To the Editors:

In the original article by PONSIOEN *et al.* [1], there is no mention of the predictive value of the type of airway inflammation that is associated with cough, or whether there was any benefit from inhaled corticosteroid treatment.

There is increasing evidence that eosinophilic airway inflammation, *i.e.* an eosinophilic bronchitis, which can be identified from spontaneous or induced sputum cell counts, predicts the benefit from corticosteroid treatment in chronic cough, asthma and chronic obstructive pulmonary disease and that a lack of eosinophilia indicates an absence of any benefit [2–6].

An eosinophilic bronchitis occurs in only 10–30% of patients referred to a specialist with an isolated chronic cough [7–9]. Hence, in an unselected population of patients with cough, the majority of whom will not have eosinophilic bronchitis, the benefit from inhaled steroid treatment is likely to be small, as indicated in the study by PONSIOEN *et al.* [1], or absent. Measurement of airway inflammation is necessary to interpret the results of treatment with anti-inflammatory medications.

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DOI: 10.1183/09031936.05.00023205

From the authors:

We would like to thank F. Hargreave and K. Parameswaran for their suggestion that sputum eosinophils and the provocative dose causing a 20% fall in forced expiratory volume in one