

methodologies in different settings may be the only way to develop optimised eradication regimens.

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early eradication and conventional therapy. *Eur Respir J* 2004; 24: Suppl. 48, 385s–386s.

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ERRATA

“GUIDELINES FOR THE MANAGEMENT OF ADULT LOWER RESPIRATORY TRACT INFECTIONS”. M. WOODHEAD, F. BLASI, S. EWIG, G. HUCHON, M. IEVEN, A. ORTQVIST, T. SCHABERG, A. TORRES, G. VAN DER HEIJDEN AND T.J.M. VERHEIJ. *EUR RESPIR J* 2005; 26: 1138–1180.

Unfortunately, one of the authors' names was printed incorrectly. M. Leven should read M. Ieven.

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“EXPIRATORY FLOW LIMITATION AND OBSTRUCTION IN THE ELDERLY”. C. DE BISSCHOP, M.L. MARTY, J.F. TESSIER, P. BARBERGER-GATEAU, J.F. DARTIGUES AND H. GUÉNARD. *EUR RESPIR J* 2005; 26: 594–601.

Unfortunately, figure 1 was presented incorrectly as shown and should have appeared as follows.

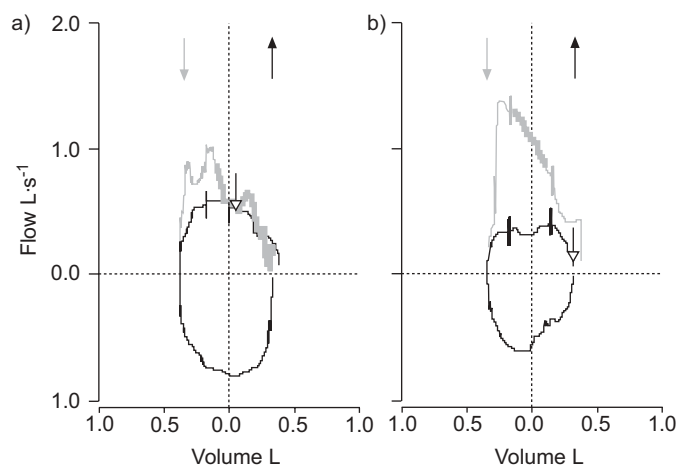


FIGURE 1. a) Flow/volume loops before and during a 5 hectopascal negative expiratory pressure technique (black trace) from an expiratory limited female with dyspnoea (grade 2) with no medical history, in the expiratory limitation and dyspnoea due to age group. The female was: aged 74 yrs, 1.44 m in height and weighed 64 kg. The subject had a forced expiratory volume (FEV₁) of 1.21 L, a forced vital capacity (FVC) of 1.53 L and a FEV₁/FVC ratio of 79.1%. b) A healthy 71-yr-old female, with a height of 1.55 m, a weight of 53 kg, a FEV₁ of 1.76 L, a FVC of 2.25 L, and a FEV₁/FVC ratio of 78.5%. The grey arrow denotes the beginning of the negative expiratory pressure technique (NEP) and the black arrows denote the end of the NEP. The open arrow denotes limitation. The grey traces represent the flow/volume curves while the subjects breathed with NEP.

For the Support statement, it should be noted that GlaxoSmithKline is situated in Marly le Roi, not in Bordeaux.

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