References

1. Abramowicz MJ, Van Haecke P, Demedts M, *et al.* Primary pulmonary hypertension after amfepramone (diethylpropion) with BMPR2 mutation. *Eur Respir J* 2003; 22: 560–562.
2. Abenhaim L, Moride Y, Brenot F, *et al.* Appetite-suppressant drugs and the risk of primary pulmonary hypertension. International Primary Pulmonary Hypertension Study Group. *N Engl J Med* 1996; 335: 609–616.
3. Humbert M, Deng Z, Simonneau G, *et al.* BMPR2 germline mutations in pulmonary hypertension associated with fenfluramine derivatives. *Eur Respir J* 2002; 20: 518–523.

Declaration of conflicts of interest

To the Editor:

I am increasingly concerned by the failure of the *European Respiratory Journal* to require authors to declare competing interests. The most recent example was an editorial by one of the co-editors of the journal, which implied that long-acting bronchodilators and inhaled steroids are more beneficial if given in a combined inhaler device than as separate inhalers [1]. This statement was supported by reference to a review by BARNES [2], also in the *Journal*, which does indeed state that "in some studies, the fixed combination is even superior to delivery of the two components by separate inhalers". However, this statement was not referenced and the size and clinical significance of any benefit from using a combined inhaler device was not stated. Both experts have rightly referred to a substantial body of evidence that patients with asthma and COPD have been shown to benefit from treatment with two drug classes. However, the reader is asked to accept unreferenced statements that there is additional benefit if the two drugs are delivered from a combined inhaler device.

Although combined treatment is obviously more convenient for patients and may help with compliance/concordance, the cost to the healthcare provider is higher in the UK than the cost of prescribing two inhalers, one containing a long-acting β-agonist and the other containing a generic inhaled steroid equivalent to the dose of budesonide or fluticasone in the combined products. I suspect that the same cost issues will apply in many other countries.

If healthcare providers are to be persuaded by unreferenced statements by distinguished scientists they need to know if the scientist or their department (or journal) have any financial or contractual links with the companies that would profit from increased use of the more expensive products. The December 2003 issue of the *European Respiratory Journal*, which contains the above-mentioned editorial, also contains paid advertising for both types of combined bronchodilator-steroid inhalers.

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References

1. Rabe KF. Combination therapy for chronic obstructive pulmonary disease; one size fits all? *Eur Respir J* 2003; 22: 874–875.
2. Barnes PJ. Scientific rationale for inhaled combination therapy with long-acting β_2 agonists and corticosteroids. *Eur Respir J* 2002; 19: 182–191.

From the Editors:

The editors and the *European Respiratory Journal* very much welcome responses from our readership on issues published in the Journal! We therefore gladly received comments by R. O′Driscoll in relation to declaration of conflicts of interest that was raised following an editorial [1] written by one of us commenting on a paper on combination therapy for COPD [2].

A slight correction in relation to the letter of R. O′Driscoll should be allowed at this stage, however. The editorial did not reference BARNES [3] as stating that "inhaled steroids are more beneficial if given in a combined inhaler device than as separate inhalers", as was suggested by R. O′Driscoll; it was explicitly stated that the BARNES [3] reference merely gave a "reasonable scientific basis" for the use of combination therapy, indicating the degree of uncertainty that does remain around this issue.

The more relevant point, and here we fully agree with R. O′Driscoll, is the necessity for declaration of conflicts of interest in scientific journals. We as editors acknowledge the necessity to openly address academic–industrial relationships [4, 5] by authors and, therefore, the instruction to authors for the *European Respiratory Journal* clearly state that, "Authors of manuscripts are responsible for recognising and disclosing financial and other conflicts of interest related to the study or to the subject of the review of editorial article. The authors have to acknowledge in a manuscript all financial support for the work and other financial or personal connections to the work". While the instructions for authors are explicit on this issue, the Publication Committee and Executive Committee of the European Respiratory Society together with the editors of the *European Respiratory Journal* are preparing an even more transparent way to disclose any potential for conflict of interest with statements appended to the articles submitted, a practice that is adopted by more and more reputable journals.

K.F. Rabe, P.J. Sterk
Editors *European Respiratory Journal*

References

1. Rabe KF. Combination therapy for chronic obstructive pulmonary disease; one size fits all? *Eur Respir J* 2003; 22: 874–875.
2. Calverley PM, Boonsawat W, Cseke Z, Zhong N, Peterson S, Olsson H. Maintenance therapy with budesonide and formoterol in chronic obstructive pulmonary disease. *Eur Respir J* 2003; 22: 912–919.
3. Barnes PJ. Scientific rationale for inhaled combination therapy with long-acting B_2 agonists and corticosteroids. *Eur Respir J* 2002; 19: 182–191.
4. Blumenthal D. Academic-industrial relationships in the life sciences. *N Engl J Med* 2003; 349: 2452–2459.
5. Bekelman JE, Li Y, Gross GP. Scope and impact of financial conflicts of interest in biomedical research. A systematic review. *JAMA* 2003; 289: 454–465.