



CORRESPONDENCE

Acute exacerbations of COPD: it's the weekend but it can't wait until Monday

To the Editors:

In a large nationwide study in Spain, BARBA *et al.* [1] recently reported that patients admitted for treatment of an acute exacerbation of chronic obstructive pulmonary disease (AECOPD) over a weekend showed poorer in-hospital survival compared to those admitted on weekdays. The data suggest that this effect is independent of confounders such as age, sex, comorbidity and respiratory failure. The authors elaborate on the possibility that limited healthcare availability during the weekends may be an explanation for their findings.

However, we believe that the data of BARBA *et al.* [1] support an additional explanation. Chronic obstructive pulmonary disease patients with respiratory distress during the weekend may tend to wait until the Monday to contact health services. While the level of symptoms would allow a patient with mild AECOPD to do so without running a significant risk, patients with severe AECOPD ultimately are left no choice but to contact health services during the weekend. Consequently, this shift towards fewer but more severe AECOPD patients presenting during the weekends may contribute to the explanation of the “weekend effect”. Indeed, BARBA *et al.* [1] reported the lowest proportion of admissions at weekends and the highest on Mondays, and the latter had the lowest risk of mortality. Also, patients admitted over the weekends had respiratory failure more often. Although the effect of weekends on mortality remained significant after adjusting for respiratory failure, the lack of data on blood gas analyses, oxygen therapy, medication prescribed and intensive care unit admissions

precluded a detailed analysis on the effect of AECOPD severity in this context.

We recommend providing patients with a written action plan [2] with clear instructions and contact details in order to better prepare the patient for the occurrence of an AECOPD, especially outside office hours.

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- 2 Trappenburg JC, Monninkhof EM, Bourbeau J, *et al.* Effect of an action plan with ongoing support by a case manager on exacerbation-related outcome in patients with COPD: a multicentre randomised controlled trial. *Thorax* 2011; 66: 977–984.

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Could neutrophilic airway inflammation in obese people be more due to obstructive sleep apnoea syndrome than to asthma?

To the Editors:

The study by SCOTT *et al.* [1] investigated the known association between asthma and obesity with the aim of better understanding the mechanism that drives airways inflammation in these conditions. They enrolled obese and nonobese subjects with asthma and obese and nonobese

healthy controls, supposing that obese asthmatics could have a different airway inflammation phenotype compared with nonobese asthmatics. They described an increase in sputum neutrophils in obese asthmatics attributed to the innate immune pathways, while the sputum eosinophils were unaffected by obesity. Furthermore, they reported the highest concentrations of plasma interleukin (IL)-6, C-reactive protein and leptin in