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From the authors:

We applaud and totally agree with the concept expressed by A. Ostrem and colleagues that in order to win the battle against chronic obstructive pulmonary disease (COPD) we must all join forces. Indeed, the coincidence of important research questions related to COPD between the document generated by the International Primary Care Respiratory Group (IPCRG) in 2010 [1] and the recently published American Thoracic Society (ATS)/European Respiratory Society (ERS) statement on research questions in COPD [2] is evidence of the agreement that exists among everyone interested in this topic.

However, it is not totally true that the ATS/ERS document left out important questions that were raised in the IPCRG document. These questions included the use of “simple” tools and “pragmatic” approaches for diagnosing and assessing patients in low-tech communities. The ATS/ERS document addressed the issue of diagnosis and recommended the following. Studies should be undertaken to measure the accuracy of various tools (*e.g.* questionnaires) to detect symptoms in patients at risk for COPD, using spirometry as the reference standard. Studies should be carried out to compare outcomes among symptomatic individuals whose COPD diagnosis is based on the combination of airflow limitation confirmed by spirometry and a history of exposure to the causative agent with outcomes among symptomatic individuals whose COPD diagnosis has not been confirmed with spirometry, but rather is based on an alternative approach. Examples of alternative approaches include various combinations of symptoms, imaging findings, and physiological abnormalities measured by complementary tests such as forced oscillation techniques, and studies that evaluate case-finding strategies using questionnaires, mini-spirometers and office spirometry in areas where access to conventional spirometry requires specialised assessment. Addressing the question of using “simple” tools in the diagnosis of COPD is implicit in these recommendations for research. In relation to the questions of how to implement guidelines and how to educate clinicians to tackle respiratory diseases, the ATS/ERS statement was neither a guideline, nor was it developed to teach clinicians how to tackle “respiratory diseases”. The last two questions are very worthwhile goals that were not addressed by either the ATS/ERS statement [2] or the IPCRG document [1], and require a much wider audience to develop the appropriate framework for their research.

We also believe that it is a pity that neither we, nor the IPCRG thought to work together on these documents, but optimistically look at the convergence of thoughts and action as a positive step to help decrease the burden that COPD places on humanity. Let us continue joining forces.



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ATS/ERS task force agrees coordinated action by all groups (including patients) aimed at combating COPD is beneficial <http://ow.ly/R2oNy>

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