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We agree that hospital readmission is a complex surrogate parameter whereby the short period after dismissal is related to a fragile health condition of the patient. The close correlation of readmission to increased mortality is another indicator of this vulnerable condition of the COPD patient, following acute exacerbation.

The pilot project of the European audit analyzed only readmissions of the COPD patients due to respiratory reasons, in order to assess the risk related to the original hospital admitted exacerbation. This was also very well described in the data by HURST et al. [1], who demonstrated that the first exacerbation is followed by a second in nearly one-third of patients within 8 weeks. Moreover, we found a correlation of the readmission rate and the severity of respiratory failure during the first admission and in line with other publications, a consecutive increase in mortality risk in COPD patients: a long-term observational study. PLoS One 2016; 11: e0150737.

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From the authors:

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It is high time for a holistic approach to COPD exacerbation including each suitable intervention to the risk profile http://ow.ly/iUok300hb8V

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References


European idiopathic pulmonary fibrosis

Patient Charter: a missed opportunity

To the Editor:

The European charter for idiopathic pulmonary fibrosis is a welcome document [1], highlighting unmet needs in patients which will inform policy makers across Europe. However, it is sad that an important opportunity to involve children with interstitial lung diseases (ILDs) has been missed. There is a current pan-European paediatric ILD consortium [2] which could have been used to access these children and families. Our own work also highlighted similar themes [3]: diagnostic delay, the need for improved holistic care and written information, and also interestingly highlighted a previously undescribed issue, the high prevalence of feeding disorders in these children. So the European Charter, excellent as it is, sadly represents a lost opportunity to represent the needs of children with rare lung diseases to health commissioners.

Children with ILD should also have been included in the IPF European Charter

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