

Library Corner – November 2004

A good month for those with an interest in exercise and rehabilitation. A few pickings from my frenetic perusal of the journals this month.

***Chest*126(3), September 2004:**

Measurement of Health-Related Quality of Life in the National Emphysema Treatment Trial. R.M.Kaplan *et al.* 781-789

Physiologic Responses to Incremental and Self Paced Exercise in COPD: A comparison of Three Tests. SE Turner *et al.* 766-773.

See also

Reproducibility of Cardiopulmonary Exercise Measurements in Patients with Pulmonary Arterial Hypertension. J.E.Hansen *et al* 816-824.

Risk Factors and Natural History of Habitual Snoring. MS Urschitz *et al.* 790-799.

Peripheral Muscle Strength Training in COPD: A systematic review. SD O'Shea *et al* 903-914.

Cardiopulmonary Exercise Testing and Prognosis in Chronic Heart Failure: A Prognosticating Algorithm for the individual patient. U Corrà *et al* 942-950.

Help for interpretation of cardiopulmonary exercise testing. RM Ross & DB Corry, 1001.

Measuring the Work of Exercise. CM Kirsch. 1006

The importance of Bronchoscope Preprocessing Guidelines. Raising the Standard of Care. LF Muscarella. 1001-2.

And from Andrew Coates:

Remember reading about dodgy spirometry from the Library Corner, July2002? Here is more by the same authors. Read how a lack of duty of care can interfere with office-based spirometer readings:-

Townsend, M. C., J. L. Hankinson, L. A. Lindesmith, W. A. Slivka, G. Stiver, and G. T. Ayres. 2004. Is my lung function really that good? Flow-type spirometer problems that elevate test results. *Chest* **125**(5):1902-9.

Is anyone still routinely testing diffusing capacity in CF children for annual reviews? If you are then you may want to read this:-

Merkus, P. J., E. S. Govaere, W. H. Hop, H. Stam, H. A. Tiddens, and J. C. De Jongste. 2004. Preserved diffusion capacity in children with cystic fibrosis. *Pediatr Pulmonol* **37**(1):56-60.

And on a similar note, diagnosing paediatric bronchiectasis, still requires an HRCT. FEV₁ alone is not enough. See:-

Pifferi, M., D. Caramella, A. Bulleri, S. Baldi, D. Peroni, A. Pietrobelli, and A. L. Boner. 2004. Pediatric bronchiectasis: correlation of HRCT, ventilation and perfusion scintigraphy, and pulmonary function testing. *Pediatr Pulmonol* **38**(4):298-303.

And from the same issue, a study that shows that lung function does not worsen with aging in children with Idiopathic Pectus Excavatum:-

Koumbourlis, A. C., and C. J. Stolar. 2004. Lung growth and function in children and adolescents with idiopathic pectus excavatum. *Pediatr Pulmonol* **38**(4):339-43.

Thanks Andrew.

Till next month, happy browsing.

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