Correlate Clinical Findings With Hemodynamic Findings

To the Editor:

We have read with interest the article by Weitzenblum et al (Chest 1994;105:1377-82) concerning pulmonary hemodynamic changes associated with the development of peripheral edema in patients with COPD. The authors found that two groups of patients could be identified: those with evidence of right ventricular failure and those without during the period of decompensation. Neither group had evidence of cardiac dysfunction at baseline.

Although statistical analysis confirmed the difference in hemodynamic parameters and outcome between the two groups during a period of “decompensation” with edema, it appears that those in group 1 were heavier (70.6 ± 16.1 kg vs 57 ± 13.3 kg) and had evidence of more CO₂ retention (46 ± 7 mm Hg vs 42 ± 6 mm Hg) at base line.

In the article, no attempt was made to correlate clinical findings other than the development of peripheral edema during the study. Could it be that groups 1 and 2 consisted of “blue bloaters” and “pink puffers” varieties of COPD respectively? Further investigation of the correlation between right ventricular failure and peripheral edema in patients with COPD with respect to the clinical classification may be helpful.

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Inhaled Drug Consumption and Asthma Mortality in Greece

To the Editor:

Inhaled bronchodilator drugs have been especially advocated to reduce the frequency and severity of asthma attacks. The benefits of regular use of inhaled bronchodilators in contrast for relief of symptoms have not been assessed.¹ In some countries where morbidity and mortality from asthma are high, regular inhaled adrenergics is recommended to patients with severe asthma. With these data, some authors related the increased severity of asthma with the adverse effect of drug treatment.² In Greece where the prevalence of asthma is about the same with other European countries, bronchodilators consumption increased dramatically in the last 10 years.

With the purpose of studying the relationship between asthma mortality and drugs in Greece, we correlated the annual deaths from asthma with the consumption of antiasthmatic drugs for 13 years (1979 to 1991). All deaths from asthma attacks were recorded under the code 493, which included atopic or nonatopic asthma. We studied the deaths in the 5 to 64-year-old age group, because some deaths in the neonatal or elderly age groups may be from another disease in addition to asthma. Bronchodilator drugs consumption in Greece was estimated by International Marketing Statistic data.

The mean annual bronchodilator drugs consumption in Greece is 198,900 units of adrenergics inhalers and 55,000 units of steroid inhalers in the years 1979 to 1982, and 795,600 of adrenergic inhalers and 205,100 units of steroid inhalers in the years 1989 to 1991. In spite of these data, the annual deaths from asthma decreased continuously from the year 1979 (84 deaths) to the year 1991 (11 deaths).

In Greece from 1979 to 1991, the increased use of bronchodilator inhalers followed a significant decrease of asthma mortality. In the United Kingdom, mortality went from 2.60/100,000 general population in 1960 to 4.35 in 1965. This increase paralleled a rise in the use of isoprenaline and was at first linked to the use of the drugs. This has been refuted, particularly, since the mortality decreased while sales of isoprenaline continued to increase. A similar situation occurred when attempts were made to link the epidemic in New Zealand to the market share of fenoterol between 1976 and 1968.³ In Australia, a study attempting to link increased sales of various categories of drugs to the increasing mortality rate, found that it is difficult to do so because of problems with data sources.