exchange measurements with and without exercise largely as a means to assess the need for supplemental oxygen.

In this era of the information superhighway, more is always felt to be better. But until proven to be beneficial, perhaps the greater danger is in recommending more invasive, expensive testing.

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2 Kirtland SH, Winterbauer RH. Pulmonary function tests and idiopathic pulmonary fibrosis. Simple may be better. Chest 1997; 111:7-8

To the Editor:

We agree with Drs. Hansen and Wasserman that the editorial entitled “Pulmonary Function Tests and Idiopathic Pulmonary Fibrosis: Simple May Be Better” (January 1997)1 could be misinterpreted. However, it must be stressed that our retrospective study in 99 patients with idiopathic pulmonary fibrosis (IPF) focused on the prognostic value of pulmonary function tests.2 A diminished survival was only found in patients with an age older than 50 years, a reduced value to more than 2 SDs below the predicted values of both total lung capacity alone or in combination with a reduced vital capacity. This has also been reported in a number of other studies which were cited by us.

We were unable to find a prognostic value not only of gas transfer per alveolar volume (DCO/VA) but also of DCO and VO2max/VO2 predicted in our patients, all fulfilling the criteria for histologic and clinical diagnosis of IPF. We did not measure exercise dead space, but we are not aware of any prognostic meaning of this parameter.

We agree that measurements of gas exchange at rest and during exercise may correlate better with exercise limitations of the patients. They may be helpful particularly for follow-up examinations of individual patients under treatment. We certainly will continue to measure these parameters along with lung volumes upon first presentation of patients with diffuse lung diseases and during the follow-up as help in determination of disease activity and, in particular, of response to therapy.

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2 Erbes R, Schaberg T, Loddenkemper R. Lung function tests in patients with idiopathic pulmonary fibrosis: are they helpful for predicting outcome? Chest 1997; 111:51-57