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Response

To the Editor:

We appreciate the correspondence of Dr van Dijk on our study in CHEST,1 in which we examined lung function decline in three groups of heavy smokers classified by their baseline prebronchodilator FEV1/FVC: >70%, ≤70%, and less than the lower limit of normal. We believe that Dr van Dijk misinterpreted the outcomes reported in Table 4. As can be found in the “Materials and Methods” section,1 the decline was analyzed by multiple linear regression with the follow-up FEV1 as the dependent variable and the baseline FEV1 and, among others, as an independent variable. In our Table 4, the regression coefficients (β) of the significant independent variables are listed. Classically, in linear regression analysis, the independent variables are multiplied with their regression coefficient (β), in this case, baseline FEV1 × 0.94. From this it can be easily concluded that a higher baseline FEV1 results in a lower follow-up FEV1, and not, as implied by Dr van Dijk, in preserving airflow.

We corrected for smoking status and pack-years smoked, and, therefore, do not find it likely that our results can be explained by differences in smoking status. Moreover, in the patients with an FEV1/FVC <70% and less than lower limit of normal, pack-years smoked and number of current smokers was highest. None-theless, at the end, we agree with Dr van Dijk that lung function decline in our cohort of heavy smokers was substantial and that smoking cessation is one of the major interventions to address this.

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Obstructive Sleep Apnea Is Associated With Increased High-Sensitivity Cardiac Troponin T Levels

To the Editor:

The study by Randby et al1 in an issue of CHEST (September 2012) explores the association between the severity of obstructive sleep apnea and circulating levels of high-sensitivity cardiac troponin T (hs-cTnT) in the general population. The prevalence of measurable hs-cTnT was 43%, which the authors state is high. In the Dallas Heart Study, the prevalence of detectable hs-cTnT was 24% in participants aged 40-50 years and 41% in participants aged 50-60 years.2 In the Atherosclerosis Risk in Communities (ARIC) Study, 67% of participants had measurable hs-cTnT levels using the same cutoff. Although the ARIC subjects were older than the current study population, they were free of coronary disease and stroke at baseline.2 Although even minimally elevated hs-cTnT was associated with increased mortality in the ARIC study, it was the highest category that carried the dramatic excess of adverse events. Was the significance of high levels of measurable hs-cTnT (eg, the top quartile) in association with obstructive sleep apnea severity analyzed by Randby et al?1

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