Response

To the Editor:

We thank Dr Medford for his interest in and insightful comments on our recent studies in CHEST. Indeed, we did include congestive heart failure as an adjustment factor in both studies, and, to the extent that congestive heart failure will have accompanying secondary pulmonary hypertension due to left-sided failure, this will have been controlled for. Both studies were, however, performed using administrative, and not clinical, databases and, as such, clinical information pertaining to P-wave dispersion was not available.

Although it is possible that P-wave dispersion could be associated with arrhythmia, it would also need to be associated either positively or negatively with bronchodilator exposure to induce bias in our estimates of risk. That is, confounding bias would only be present in this study if physicians decided to prescribe a bronchodilator on the basis of P-wave dispersion. We believe that this is implausible. As for pulmonary hypertension secondary to COPD, we have attempted to adjust. The absence of measures of lung function raises the possibility of residual confounding by severity of COPD, which might explain part of the association between bronchodilator use and cardiac arrhythmia.

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REFERENCES


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EDUCATING THE ADOLESCENT AND YOUNG ADULT WITH CYSTIC FIBROSIS ABOUT THEIR REPRODUCTIVE RISKS AND OPTIONS

To the Editor:

We conducted a follow-up to our 2008 study assessing the genetic and reproductive knowledge of adolescents and young adults with cystic fibrosis (CF). The original study showed that only 33% of patients with CF knew that two carriers had a 25% chance of having a child with CF and that 25% knew that two carriers have a 50% chance of having a carrier child. Here, we report our effort to determine the efficacy of recent educational efforts made by organizations like the Cystic Fibrosis Foundation, who launched their 2010 webinar series to educate patients and families about CF.

We used a 24-question survey. Twelve questions assessed demographics, such as age, sex, education level, and baseline health. Twelve questions assessed patient knowledge of genetics, inheritance, reproduction, and health concerns for patients with CF wanting to reproduce. We then provided each patient (N = 40) with a trifold, color brochure addressing these topics and reassessed patient knowledge with patients able to reference the brochure. All study protocols and materials were approved by The University of Alabama (UAB) Institutional Review Board (Protocol X10070410).

We found that 23% of patients knew that two carriers have a 75% chance of having a child who does not have CF and that 40% knew that the recurrence risk for two carriers to have a second child with CF was 25% (Table 1). These numbers increased to 38% and 65%, respectively, with the brochure. Fifty percent of patients knew that among patients with CF it is more difficult...