We read with interest the recent article by Nguyen et al in \textit{CHEST} (July 2013), which demonstrated novel findings. However, we would like to draw attention to certain conceptual issues that could effectively question the crux of those findings. As the authors mentioned, objectively measured physical activity is an excellent predictor of prognosis for patients with COPD. However, physical activity is distinct from psychomotor activity. Psychomotor activity is defined as motor/physical activity that is secondary to or dependent on a psychic component and is mostly non-goal-directed. For example, manic, psychotic, and anxious patients would demonstrate increased psychomotor activity. This is generally state-dependent, that is, it lasts during the course of psychiatric symptoms and normalizes on effective treatment.

Furthermore, comorbid anxiety symptoms have never been implicated as a good prognostic factor in either COPD or any other chronic illnesses, to our knowledge. If anything, mild anxiety symptoms predict positive outcome negating a sedentary lifestyle; this is generally state-dependent and cannot be considered in the selection of antibiotic treatment. How- ever, the outcome (in this case, a microbial cause) was not assessed uniformly in all included patients, which is a well-known cause of bias in predictive research. Apparently, microbial testing was left to the discretion of the treating physician. This is at least suggested by the pattern of microbial testing: serologic tests in 1,537 patients (44%), sputum cultures in 1,913 patients (54%), and blood cultures in 2,753 patients (78%).

An anxious state resulting in increased step counts per day is expected and logical even in a patient with COPD. The authors propose no strong hypothesis to explain the better prognosis of mild anxiety symptoms. In fact, we would consider anxiety symptoms as a confounding factor in assessment of physical activity in patients with COPD. A longitudinal study of physical activity in patients with COPD accounting for anxiety or use of an anxiety inventory like the State-Trait Anxiety Inventory (STAI) would better clarify the picture.

\textbf{REFERENCES}