Financial/nonfinancial disclosures: The authors have reported to *CHEST* that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

Correspondence to: Roberto Manfredini, MD, Clinica Medica, Department of Medical Sciences and Vascular Diseases Center, Via Savonarola 9, 44124 Ferrara, Italy; e-mail: roberto.manfredini@unife.it

© 2013 American College of Chest Physicians. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.12-2060

REFERENCES

1. Nanchal R, Kumar G, Taneja G, et al; from the Milwaukee Initiative in Critical Care Outcomes Research (MICCOR) Group of Investigators. Pulmonary embolism: the weekend effect. *Chest*. 2012;142(3):690-696.
2. Gallerani M, Imberti D, Ageno W, Dentali F, Manfredini R. Higher mortality rate in patients hospitalised for acute pulmonary embolism during weekends. *Thromb Haemost*. 2011;106(1):83-89.
3. Gallerani M, Boari B, Manfredini F, Mari E, Maraldi C, Manfredini R. Weekend versus weekday hospital admissions for acute heart failure. *Int J Cardiol*. 2011;146(3):444-447.
4. Gallerani M, Imberti D, Bossone E, Eagle KA, Manfredini R. Higher mortality in patients hospitalized for acute aortic rupture or dissection during weekends. *J Vasc Surg*. 2012;55(5):1247-1254.
5. LaBounty T, Eagle KA, Manfredini R, et al. The impact of time and day on the presentation of acute coronary syndromes. *Clin Cardiol*. 2006;29(12):542-546.

Response

To the Editor:

We thank Dr Manfredini and colleagues for their interest in our work.¹ We agree that from the analysis of the administrative data, we are unable to determine a cause-and-effect relationship for the weekend effect. As mentioned in their letter, we did find that fewer people than expected with pulmonary embolism (PE) were admitted over the weekend than during the week. Weekend admissions for PE also had higher severity of illness as arbitrated by the need for mechanical ventilation, thrombolysis, and vasopressors. However, the weekend effect persisted when we controlled for all these factors, demographics, and random hospital effects, suggesting that perhaps other variables than those mentioned are responsible. We are also in agreement that carefully planned studies should be devoted to investigate the weekend effect in PE and other acute medical conditions.

Rahul Nanchal, MD, FCCP
Jeff Whittle, MD, MPH
Gagan Kumar, MD
Milwaukee, WI

Affiliations: From the Division of Pulmonary and Critical Care Medicine (Drs Nanchal and Kumar) and Division of General Internal Medicine (Dr Whittle), Department of Medicine, Medical College of Wisconsin; and the Primary Care Division (Dr Whittle), Clement J. Zablocki VA Medical Center.

Financial/nonfinancial disclosures: The authors have reported to *CHEST* that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

Correspondence to: Rahul Nanchal, MD, FCCP, Division of Pulmonary and Critical Care Medicine, Department of Medicine, Medical College of Wisconsin, 8701 Watertown Plank Rd, Milwaukee, WI 53226; e-mail: rnanchal@mcw.edu

© 2013 American College of Chest Physicians. Reproduction of this article is prohibited without written permission from the American College of Chest Physicians. See online for more details. DOI: 10.1378/chest.12-2386

REFERENCES

1. Nanchal R, Kumar G, Taneja A, et al; from the Milwaukee Initiative in Critical Care Outcomes Research (MICCOR) Group of Investigators. Pulmonary embolism: the weekend effect. *Chest*. 2012;142(3):690-696.

Does Spirometry Still Measure Up in the Diagnosis of COPD?

To the Editor:

An adequate and early diagnosis of COPD is essential for an appropriate and efficient treatment of this debilitating disease. Currently, spirometry is required to establish a diagnosis of COPD in patients with chronic respiratory symptoms or in those at risk.¹ According to the results reported in *CHEST* (December 2012) by Mohamed Hoessein et al,² this approach would misdiagnose an important group of patients who do not (yet) fulfill the spirometry diagnostic criteria; that is, among male heavy smokers, those with higher FEV₁/FVC ratios may be the ones with the fastest FEV₁ decline, a hallmark of COPD. However, from their regression model that exposed potential confounders, it appears that a higher level of FEV₁ actually preserved airflow.² Adjustments for this confounder would have subsequently disfavored individuals with higher FEV₁/FVC ratios. I wonder how the different groups would compare without these adjustments. Moreover, a recent article by Akkermans et al³ revealed a faster FEV₁ decline for patients with lower FEV₁/FVC ratios in both smokers and nonsmokers. Although the ECLIPSE (Evaluation of COPD Longitudinally to Identify Predictive Surrogate Endpoints), UPLIFT (Understanding Potential Long-term Impacts on Function With Tiotropium), and TORCH (Towards a Revolution in COPD Health) trials indeed found FEV₁ decline to be inversely related to GOLD (Global Initiative for Chronic Obstructive Lung Disease) stage, as recognized by Mohamed Hoessein et al,² this effect may as well be explained by the inverse relation across all studies between GOLD stage and the prevalence of current smoking, the most important factor for FEV₁ decline.^{4,7}

Whether a horse-racing effect should be acknowledged in the progression of COPD remains undecided. As yet, the current spirometry diagnostic criteria appear to remain crucial in the diagnosis of COPD. In the end, one of the striking results from this cohort appears to be the relatively high FEV₁ decline in heavy smokers. Apart from an adequate diagnosis of COPD, smoking may still be the most important and practical tool to predict future disease and may as well be the most important feature at which to direct intervention.

Wouter D. van Dijk, MD
Nijmegen, The Netherlands

Affiliations: From the Department of Primary and Community Care, Radboud University Nijmegen Medical Centre.

Financial/nonfinancial disclosures: The author has reported to *CHEST* that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.