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Letter to the Editor

Reply to letter to the editor by Dr. Jolobe

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We thank Dr. Jolobe for his letter and agree that patients with heart failure (HF) and COPD are at risk of pulmonary embolism (PE) and that PE may contribute to a proportion of COPD-related admissions. We further agree that chronic hypoxaemia, related to COPD or chronic PEs, may lead to pulmonary arterial hypertension, cor pulmonale and right ventricular failure. As with all studies that use data for purposes secondary to that for which they were acquired, there were a number of limitations. Among these, data from arterial blood gas sampling are not routinely recorded in most national administrative databases, or indeed in the NRD, which was used to derive the cohort of our study. While we acknowledge that these data would provide additional insights into the severity of hypoxaemia, and hypercapnia, for individual patients with HF and COPD, we also appreciate that the relationship between airflow limitation and pulmonary gas exchange may be complex and not necessarily linear [1], and beyond the scope of an epidemiological study. It should be considered too that decompensated HF itself may be associated with hypoxaemia.

Secondly, we support Dr. Jolobe's suggestion that documentation of left (and also right) ventricular function would be valuable in patients with COPD, both to enable early diagnosis of HF and to prevent potential misattribution of HF symptoms to COPD alone. We are delighted that our study has generated interest and welcome further study of dedicated interventions that may improve prognosis among patients with concomitant HF and COPD.

Declaration of Competing Interest

The authors report no conflict of interest.

References

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