

LETTERS

The author responds to “Chronic obstructive pulmonary disease and Occam’s razor”

I thank Dr. Weiner for his thoughtful letter¹ in response to our *CMAJ* article.²

We excluded patients who died during their stay in hospital because they did not have a full diagnosis period, as defined, to obtain pulmonary function testing (PFT).

One of the limitations of our study was that, as a result of its observational nature, an association between PFT and patient outcomes could not prove causation. It is possible that testing was a marker of overall quality of care rather than a direct source of improved outcomes.

Trying to tease apart the effects of testing and other components of good-quality care of chronic obstructive pulmonary disease (COPD) — such as appropriate medication use — is challenging, because the effects are likely to be highly correlated. Indeed, we hypothesized that appropriate medication use — which arguably can be determined only if PFT is done — is likely

on the causal pathway between PFT and better patient outcomes. This is why we included a table showing medication distribution between people who did and did not receive PFT. Nonetheless, a positive association between PFT and death and COPD hospitalizations was found, even after clustering by primary care physician and adjusting for many markers of good-quality COPD and overall care, suggesting that PFT did affect these outcomes.

Andrea S. Gershon MD MSc

Scientist, Sunnybrook Research Institute, Toronto, Ont.

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References

1. Weiner B. Chronic obstructive pulmonary disease and Occam’s razor [letter]. *CMAJ* 2017; 189:E945.
2. Gershon A, Goldman G, Croxford R, et al. Outcomes of patients with chronic obstructive pulmonary disease diagnosed with or without pulmonary function testing. *CMAJ* 2017;189:E530-8.

Competing interests: None declared.