

This month we publish 2 editorials, 1 original research paper, a case report, a teaching case, and the executive summary of the new United States Public Health Service Clinical Practice Guideline on treating tobacco use and dependence. We also publish a letter and several book reviews. We feature 6 reviews from the New Horizons Symposium, all of which deal with the subject of pulmonary rehabilitation.

Three therapies that have been shown to be beneficial in patients with COPD are oxygen therapy, pulmonary rehabilitation, and smoking cessation. Each of these is addressed in this issue of RESPIRATORY CARE.

For patients with COPD and chronic hypoxemia, supplemental oxygen is one of the only interventions that reduce mortality. This was clearly established by randomized controlled trials reported more than 25 years ago. Light-weight portable oxygen systems are commonly preferred by patients over compressed-oxygen systems that use E-cylinders. However, cost is often perceived as a barrier to the prescription of lightweight portable oxygen systems. In their study, Mapel et al found that the type of oxygen system used did not significantly affect overall cost of care in patients with COPD on long-term oxygen therapy. Although the health care plan did not see increased costs, Dunne, in an accompanying editorial, questions whether the home care providers may have seen increased costs. Dunne addresses important issues related to deliveryless technology that does not require the homecare provider to make home deliveries of oxygen. He also appropriately addresses the misconception that a setting on a pulse-dose device is the same as a continuous flow device on the same numerical setting. As Dunne appropriately warns, assurance must be provided to protect from arterial desaturation regardless of the device.

The New Horizons is a symposium presented each year at the AARC Annual Congress. Typically, the symposium includes 6 to 8 presentations related to aspects of a specific respiratory care topic, and the presenters are invited to publish a paper in RESPIRATORY

CARE related to their symposium presentation. The 2007 New Horizons Symposium was on the topic of Pulmonary Rehabilitation and was chaired by Neil MacIntyre; the presenters are all noted authorities on the subject. We are pleased to publish the related papers in this issue, as they constitute a state-of-the art review of the expanding pulmonary rehabilitation evidence base. Specific papers address the history of pulmonary rehabilitation; the pathophysiologic mechanisms of functional loss in patients with chronic lung disease; the roles of therapies such as oxygen, bronchodilators, and ventilatory assistance in pulmonary rehabilitation; the role of pulmonary rehabilitation in patients who receive lung-volume-reduction surgery or lung transplantation; and the role of pulmonary rehabilitation on neuropsychiatric function. There is also a paper that reviews the recent evidence-based guideline for pulmonary rehabilitation.

The case by Dickson et al reports a rapidly progressive necrotizing pneumonia caused by community-acquired MRSA. This has been reported in increasing frequency, and respiratory care providers should recognize that necrotizing pneumonia caused by community-acquired MRSA can present without fever or hemoptysis and can be rapidly progressive and fatal. In this month's teaching case, Vahid et al report a case of lymphomatoid granulomatosis presenting as multiple pulmonary nodules.

Finally, the United States Public Health Service Clinical Practice Guideline on treating tobacco use and dependence was recently published and we are pleased to provide the Executive Summary in this issue of the Journal. Included in this Executive Summary are the 10 key recommendations of the updated guidelines. As Waugh and Lorish point out in an accompanying editorial, if each of us becomes familiar with the recommendations of this Clinical Practice Guideline and convincingly advise our patients to quit smoking, more of our patients would quit smoking and avoid the inevitable morbidity and premature death that result from continuing to smoke.