


Clinical Characteristics and Medical Utilization of Smokers with Preserved Ratio Impaired Spirometry [Letter]

Hammad ^{1,2}

¹Health Department, Poltekkes Kemenkes, Banjarmasin, Indonesia; ²Department Health, Poltekkes Kemenkes Surabaya, Surabaya, Jawa Timur, Indonesia

Correspondence: Hammad, Department of Health, Poltekkes Kemenkes, Jl. H. Mistar Cokrokusumo No. 1A Kelurahan Sei Besar Banjarbaru, Banjarmasin, Kalimantan Selatan, Indonesia, Email hammad@poltekkes-banjarmasin.ac.id

Dear editor

We have read the study conducted by the article “Clinical Characteristics and Medical Utilization of Smokers with Preserved Ratio Impaired Spirometry” with a keen interest. While the study by Shin et al¹ provides useful real-world data on this understudied population, I believe there are some limitations that should be highlighted for proper interpretation of the results.

The lack of post-bronchodilator spirometry is a significant limitation, as pre-bronchodilator testing is known to overestimate both obstructive and restrictive lung function patterns.² Without bronchodilator response, definitive classification and phenotyping of the preserved ratio impairment is difficult. Potential comorbid conditions such as heart failure and interstitial lung diseases that could contribute to a restrictive spirometry pattern were not accounted for in the analysis.³ This is an important confounder when attributing outcomes specifically to the spirometric restriction.

The cross-sectional nature of the study means causal inferences cannot be made between PRISm and the outcomes analyzed. Longitudinal follow-up is needed to elucidate the natural history and prognostic significance of PRISm.⁴

Medication compliance was not considered in the analysis of exacerbations and healthcare utilization. Lack of compliance could significantly confound the results attributed specifically to PRISm.⁵

Finally, never smokers were excluded from the study population. Analyzing never smokers could provide useful information on risk factors like secondhand smoke exposure and other environmental exposures in PRISm.⁵

In summary, while this study provides real-world data on PRISm patients, the limitations preclude definitive conclusions. As the authors continue this important research, I hope they will address the limitations highlighted above. This will lead to further elucidation of PRISm as a distinct clinical entity and its optimal management.

Disclosure

The author reports no conflicts of interest in this communication.

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