Maximal Inspiratory and Expiratory Pressures in Men with Chronic Obstructive Pulmonary Disease: A Cross-Sectional Study

Sir,

It is worthy to comment on the interesting study by Nambiar *et al.* on the maximal inspiratory pressure (MIP) and maximal expiratory pressure (MEP) in Indian patients with chronic obstructive pulmonary disease (COPD) published in the latest issue of Indian J Resp Care.^[1] Using respiratory pressure meter to measure spirometric pulmonary function test (PFT), the authors found that the correlation of MIP and MEP with forced expiratory volume in the 1 s showed a positive linear trend, and the MEP values were higher than MIP values. There was a decrease in MIP and MEP with increasing severity of COPD.^[1] I presume that such results ought to be cautiously taken. As a limitation in the study, the authors mentioned that other factors, such as smoking, medication compliance, and comorbidities were not considered, which probably could have an influence on MIP and MEP.^[1] I presume that the following methodological limitation might additionally cast some suspicions on the study results. It is obvious that the reference values of spirometric PFT are affected by many factors, including regional, environmental, and anthropometric factors.^[2] To my knowledge, the population in India is polygenetic and it is an astonishing amalgamation of various cultures and ethnicities. The author did not mention the ethnic backgrounds of the studied population. This is important to be considered as noticeable differences in spirometric PFT among different ethnic groups do exist that might affect the accuracy of estimating the various components of PFT.^[3] Despite the aforementioned limitations, the inclusion of respiratory muscle strength assessment in term of MIP and MEP could help in better monitoring the respiratory functions in COPD patients.

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Conflicts of interest

There are no conflicts of interest.

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