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Breathe: the influence of gender on respiratory conditions commencing in childhood

The influence of gender on the evolution of both rare and common chronic conditions, their management and response to treatment has been a poorly studied area in which we are catching up as pulmonologists. Perhaps psychiatrists and psychologists have recognised that there are gender differences in behaviour and response to illness, which evolve over time from childhood into adulthood, but there is far less research in this area in internal medicine, let alone surgery!

In this issue, we have a number of excellent reviews tackling uncommon illnesses: bronchopulmonary dysplasia [1], cystic fibrosis (CF) and non-CF bronchiectasis [2], and an online exclusive focusing on α_1 -antitrypsin deficiency. In addition, we have an outstanding physiology masterclass on the physiological differences in respiratory function between the two sexes [3]. At present, there is no really good information on those who are transitioning between genders during adolescence and the influence of hormone treatments on their lungs, something that we will probably come to understand over time and with greater awareness.

For those of you who regularly prescribe and apply noninvasive ventilation (NIV) to your patients, Mukherjee *et al.* [4] review the impact of the work that led to its use outside intensive

care and high-dependency units. In many hospitals throughout the world, NIV is a life-saving, and also at times palliative, procedure that is routinely performed in a ward-level setting. This would not have been possible without clinical trials.

And *apropos* of clinical trials, members of a European Respiratory Society funded clinical research collaboration have developed a protocol for a prospective pan-European observational study of paediatric severe asthma and patient registry, which aims to improve recruitment to paediatric studies in respiratory medicine [5]. In addition, we have a short paper incorporating some handy hints on how to obtain informed consent from patients [6]. If we are to progress in our understanding of respiratory disease and its management, it is essential that our patients help us along the way through trial participation. In return, we are beholden to them in terms of minimising harm: *primum non nocere!*

Once again, I would like to thank the outstanding editorial team in Sheffield and all the contributors to this issue who have given of their time and experience. After a bleak and seemingly endless winter, spring has finally broken through for most of us in the Northern hemisphere. So here's to a long, sunny summer! Happy reading!

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The June issue of *Breathe* focuses on gender and/or sex differences in the evolution of respiratory conditions that commence in childhood and persist into adulthood

<http://ow.ly/nABf30jGO6N>



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Conflict of interest

None declared.

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