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Statement of Interest: A statement of interest for T. Lahm can be found at www.erj.ersjournals.com/misc/statements.dtl

REFERENCES

- 1 de Torres JP, Cote CG, Lopez MV, *et al.* Sex differences in mortality in patients with COPD. *Eur Respir J* 2009; 33: 528–535.
- 2 Lahm T, Crisostomo PR, Markel TA, et al. The effects of estrogen on pulmonary artery vasoreactivity and hypoxic pulmonary vasoconstriction: potential new clinical implications for an old hormone. Crit Care Med 2008; 36: 2174–2183.
- 3 Hultgren HN, Lopez CE, Lundberg E, et al. Physiologic studies of pulmonary edema at high altitude. *Circulation* 1964; 29: 393–408.
- **4** Rabinovitch M, Gamble WJ, Miettinen OS, *et al.* Age and sex influence on pulmonary hypertension of chronic hypoxia and on recovery. *Am J Physiol* 1981; 240: H62–H72.
- 5 Wetzel RC, Sylvester JT. Gender differences in hypoxic vascular response of isolated sheep lungs. J Appl Physiol 1983; 55: 100–104.
- **6** Lahm T, Crisostomo PR, Markel TA, *et al.* Selective estrogen receptor-alpha and estrogen receptor-beta agonists rapidly decrease pulmonary artery vasoconstriction by a nitric oxide-dependent mechanism. *Am J Physiol Regul Integr Comp Physiol* 2008; 295: R1486–R1493.
- **7** Lahm T, Patel KM, Crisostomo PR, *et al.* Endogenous estrogen attenuates pulmonary artery vasoreactivity and acute hypoxic pulmonary vasoconstriction: the effects of sex and menstrual cycle. *Am J Physiol Endocrinol Metab* 2007; 293: E865–E871.
- 8 Resta TC, Kanagy NL, Walker BR. Estradiol-induced attenuation of pulmonary hypertension is not associated with altered eNOS expression. *Am J Physiol Lung Cell Mol Physiol* 2001; 280: L88–L97.
- **9** Haddad F, Hunt SA, Rosenthal DN, *et al.* Right ventricular function in cardiovascular disease, part I: anatomy, physiology, aging, and functional assessment of the right ventricle. *Circulation* 2008; 117: 1436–1448.
- 10 Kawut SM, Al-Naamani N, Agerstrand C, et al. Determinants of Right Ventricular Ejection Fraction in Pulmonary Arterial Hypertension. Chest 2009; 135: 752–759.
- **11** Murphy E, Steenbergen C. Gender-based differences in mechanisms of protection in myocardial ischemia-reperfusion injury. *Cardiovasc Res* 2007; 75: 478–486.

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From the authors:

We appreciate the comments of T. Lahm about our recently published article [1]. He suggests that one possible explanation for the better survival observed in females with chronic obstructive pulmonary disease (COPD) compared to that of males with COPD may be the presence of less severe hypoxemic vasoconstriction and, therefore, pulmonary hypertension (PH) and/or right ventricular hypertrophy in females compared with males. Although he provides indirect evidence to support his comments, we have a few problems with this mechanism being an important one. This is based on the fact that in our study population only 18% of participants had Global Obstructive Chronic Lung Disease stage IV and 12% were in quartile 4 of the BODE (body mass index, airflow obstruction, dyspnoea, exercise capacity) index, usually the

type of individuals that develop hypoxaemia and PH. In fact, only 25 patients (\sim 5%) from our population were on long-term oxygen therapy, which would be the population where the likelihood of cor pulmonale is highest. However, the difference in mortality between females and males persisted across disease severity. Conversely, we do agree with his comments regarding the more severe patients, especially those with hypoxaemia, as was previously shown by the works of the MIYAMOTO $et\ al.\ [2]$, CROCKETT $et\ al.\ [3]$ and FRANKLIN $et\ al.\ [4]$.

A problem with T. Lahm's theory is that females with obstructive sleep apnoea syndrome have a higher mortality than males with obstructive sleep apnoea syndrome [5, 6]. If we accept that sleep apnoea represents an example of intermittent hypoxaemia and increased pulmonary artery pressure, and is usually associated with right ventricular hypertrophy and adipose tissue, T. Lahm's proposed theory to explain the better survival effect in females with COPD is not quite that clear.

Greater effort in the research field is needed in order to clarify the increasingly important issue of sex and disease expression. However, the interesting hypothesis proposed by T. Lahm sheds more light on to this dark field; we are thankful for his insight.

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REFERENCES

- 1 de Torres JP, Cote CG, López MV, et al. Sex differences in mortality in patients with COPD. Eur Respir J 2009; 33: 528–535.
- **2** Miyamoto K, Aida A, Nishimura M, *et al.* Gender effect on prognosis of patients receiving long-term home oxygen therapy. The Respiratory Failure Research Group in Japan. *Am J Respir Crit Care Med* 1995; 152: 972–976.
- 3 Crockett AJ, Cranston JM, Moss JR, et al. Survival on long-term oxygen therapy in chronic airflow limitation: from evidence to outcomes in the routine clinical setting. *Intern Med J* 2001; 31: 448–454.
- **4** Franklin KA., Gustafson T., Ranstam J., et al. Survival and future need of long-term oxygen therapy for chronic obstructive pulmonary disease: gender differences. *Respir Med* 2007; 101: 1506–1511.
- **5** Morrish E, Shneerson JM, Smith IE. Why does gender influence survival in obstructive sleep apnoea? *Respir Med* 2008; 102: 1231–1236.
- **6** Young T, Finn L. Epidemiological insights into the public health burden of sleep disordered breathing: sex differences in survival among sleep clinic patients. *Thorax* 1998; 53: Suppl. 3, S16–S19.

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