



# Bronchodilators in bronchiectasis: there is light but it is still too dim

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**Despite the fact that the first large randomised controlled trial on the effect of bronchodilators in bronchiectasis has now been published, more information in this field is urgently needed**

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An important question that nags at those who must treat a patient with bronchiectasis and want to follow guideline recommendations is whether they should prescribe treatment that includes bronchodilators. The several guidelines on the treatment of bronchiectasis are quite laconic in addressing this topic and also somewhat contradictory, probably as a consequence of the small amount of existing scientific literature. In general, they recommend the use of bronchodilators only on an individual basis for those individuals who also have chronic airflow limitation and/or a history of asthma, or significant dyspnoea with documented beneficial effect of treatment [1–5]. However, bronchodilators are prescribed to patients with bronchiectasis even in the absence of asthma or COPD [6–9]. This could potentially be an inappropriate choice because only a small percentage of bronchiectasis subjects with airflow limitation show a significant acute bronchodilator response in terms of improvement in forced expiratory volume in 1 s (FEV<sub>1</sub>) [9–11]. However, bronchodilators can be useful in patients with dyspnoea [12] and it is well known that more than half of patients with bronchiectasis experience breathlessness on a daily basis [13]. There is no doubt that FEV<sub>1</sub> alone is not sufficient to fully characterise patients with bronchiectasis from a functional point of view, because severity of dyspnoea correlates poorly with FEV<sub>1</sub> decline and radiological extent of bronchiectasis [14]. Therefore, a complete pulmonary function testing (spirometry, plethysmography, and measurement of the lung diffusing capacity for carbon monoxide (D<sub>LCO</sub>)) should be performed to investigate small airway involvement and parenchymal impairment [15, 16].