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Letter to Editor in Response to Article "Clinical Phenotypes and Disease-specific Health-related Quality of Life in Patients of Chronic Obstructive Pulmonary Disease. J Assoc Physicians India 2025;73(3):36–39."

We read with interest an article titled "Clinical Phenotypes and Disease-specific Health-related Quality of Life in Patients of Chronic Obstructive Pulmonary Disease" published in JAPI.[1] We have the following comments to offer:

- The main focus of the present study is based on clinical phenotypes of chronic obstructive pulmonary disease (COPD). The authors have mentioned phenotypes as nonsmoker, nonexacerbator (NEP), exacerbator (EP), and asthma-COPD overlap (ACO). Except for the ACO phenotype, which has been mentioned in the GOLD guidelines,[2] the source of the rest of the phenotypes has not been mentioned by the authors. The Spanish guideline (GesEPOC)[3] mentions COPD phenotypes as nonexacerbator, mixed COPD-asthma, exacerbator with emphysema, and exacerbator with chronic bronchitis. Although there are some similarities between phenotypes mentioned by the authors and the Spanish guidelines, the authors have not provided any reference to the Spanish guidelines in the present study. Moreover, these Spanish guidelines have never been followed widely. The basis of mentioning these phenotypes needs to be elaborated by the authors.
- The study mentions use of the modified Medical Research Council (mMRC) dyspnea scale to assess health-related quality of life (HRQoL) in COPD patients,[4] but the data for the same has neither been mentioned in the text nor in tables. Given that dyspnea severity is an important determinant of COPD-related disability, the reason for noninclusion of data about mMRC grading needs comments from the authors.
- In the results and discussion, the study reports significant improvements in spirometry values (FEV_1, FVC, and FEV_1/FVC ratio) after 3 months of treatment in all the phenotypes. However, the data presented in tables show no statistically significant improvement in these parameters for most groups, except for a marginal improvement in the ACO group.
- In the present study, the authors have used "standard treatment" for all the phenotypes, whereas in COPD, the

treatment is based on the combined COPD assessment, which includes four groups as per the GOLD guidelines.[5] The rationale for using standard treatment needs to be elaborated by the authors.

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