

*Aspergillus fumigatus*, can use glucose as a carbon source. Therefore, if abnormal glucose levels in respiratory secretions do lead to an increase in infection, the pathogens affected will probably not be limited to MRSA. This may have implications in controlling infection in other patient groups—for example, patients with cystic fibrosis who frequently have co-existent diabetes and chronic bronchial suppuration, or patients on long term corticosteroid treatment for chronic lung conditions such as pulmonary fibrosis and asthma.

The novel observation by Philips *et al*<sup>2</sup> that MRSA infection is associated with abnormal glucose levels in respiratory tract secretions may eventually lead to improved control of MRSA and potentially other respiratory tract infections in

high risk patients. However, further research is needed to evaluate the potential mechanisms underlying this observation to confirm whether abnormal glucose levels in respiratory secretions cause the increased risk of infection, and whether intervention to lower blood glucose levels will reduce the incidence of respiratory infection.

*Thorax* 2005;**60**:711–712.  
doi: 10.1136/thx.2005.044875

Correspondence to: Dr J S Brown, Centre for Respiratory Research, Department of Medicine, Royal Free and University College Medical School, Rayne Institute, London WC1E 6JJ, UK; jeremy.brown@ucl.ac.uk

## REFERENCES

- 1 Fluit AC, Wielders CL, Verhoef J, *et al*. Epidemiology and susceptibility of 3051

*Staphylococcus aureus* isolates from 25 university hospitals participating in the European SENTRY study. *J Clin Microbiol* 2001;**39**:3727–32.

- 2 Philips BJ, Redman J, Brennen A, *et al*. Glucose in bronchial aspirates increases the risk of respiratory MRSA in intubated patients. *Thorax* 2005;**60**:761–4.
- 3 McAlister FA, Majumdar SR, Blitz S, *et al*. The relation between hyperglycemia and outcomes in 2471 patients admitted to the hospital with community-acquired pneumonia. *Diabetes Care* 2005;**28**:810–5.
- 4 van den Berghe G, Wouters P, Weekers F, *et al*. Intensive insulin therapy in the critically ill patient. *N Engl J Med* 2001;**345**:1359–67.
- 5 Basset G, Saumon G, Bouchonnet F, *et al*. Apical sodium-sugar transport in pulmonary epithelium in situ. *Biochim Biophys Acta* 1988;**942**:11–8.
- 6 Philips BJ, Meguer JX, Redman J, *et al*. Factors determining the appearance of glucose in upper and lower respiratory tract secretions. *Intensive Care Med* 2003;**29**:2204–10.
- 7 Saiki O, Negoro S, Tsuyuguchi I, *et al*. Depressed immunological defence mechanisms in mice with experimentally induced diabetes. *Infect Immun* 1980;**28**:127–31.

Impact factors for 2004

## Journal impact factors for 2004: another rise for *Thorax*

J A Wedzicha, S L Johnston, D M Mitchell

The impact factor for *Thorax* continues to rise

The journal impact factors for the year 2004 have recently been announced. The impact factor reflects the number of citations in 2004 to the number of original papers and reviews published in *Thorax* in 2002 and 2003. We are very pleased to let all our readers know that the impact factor for *Thorax* has risen from 4.188 in 2003 to 5.040 in 2004. *Thorax* is the second highest ranked respiratory journal in terms of impact factor, behind the *American Journal of Respiratory and Critical Care Medicine*. The impact factors for the main respiratory journals are listed in table 1.

The impact factor for *Thorax* has risen over the last few years and this reflects the high quality original papers and reviews we have received for publication.<sup>1,2</sup> In 2002 and 2003 we also published useful management guidelines for common conditions including the new British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN) guidelines for the management of asthma in February 2003,<sup>3,4</sup> and BTS guidelines for the management of community acquired pneumonia in children,<sup>5</sup> the use of

**Table 1** Journal impact factors for 2004: respiratory journals

<i>American Journal of Respiratory and Critical Care Medicine</i>	8.123
<b><i>Thorax</i></b>	<b>5.040</b>
<i>American Journal of Respiratory Cell and Molecular Biology</i>	4.175
<i>American Journal of Physiology - Lung Cellular and Molecular Pathology</i>	4.051
<i>Respiratory Research</i>	4.028
<i>Journal of Thoracic and Cardiovascular Surgery</i>	3.263
<i>Chest</i>	3.118
<i>European Respiratory Journal</i>	3.096
<i>Journal of Heart and Lung Transplantation</i>	2.813
<i>Respiratory Medicine</i>	1.511

non-invasive ventilation in acute respiratory failure,<sup>6</sup> guidelines on air travel,<sup>7</sup> the management of pulmonary embolism,<sup>8,9</sup> the management of pleural disease,<sup>10</sup> and on respiratory aspects of fitness for diving.<sup>11</sup>

Over the past few years we have seen a marked rise in submissions to the journal, especially of high quality original papers,<sup>12</sup> and we very much urge you

to continue to send us your best papers. The increase in the impact factor reflects the success of the journal, and the future for *Thorax* is very good indeed.

*Thorax* 2005;**60**:712.

doi: 10.1136/thx.2005.050922

## Authors' affiliations

J A Wedzicha, S L Johnston, D M Mitchell,  
*Thorax* Editorial Office

Correspondence to: Professor J A Wedzicha, *Thorax* Editorial Office, BMA House, Tavistock Square, London WC1H 9JR, UK; j.a.wedzicha@medsch.ucl.ac.uk

## REFERENCES

- 1 Knox AJ, Britton J. Journal impact factors for 2000: *Thorax* flying yet higher. *Thorax* 2001;**56**:587.
- 2 Wedzicha JA, Johnston SL, Mitchell DM. Journal impact factors for 2003: *Thorax* increases. *Thorax* 2004;**59**:736.
- 3 BTS/SIGN. British guidelines on management of asthma. *Thorax* 2003;**58**(Suppl 1):i1–94.
- 4 Higgins BG, Douglas JG. The new BTS/SIGN asthma guidelines: where evidence leads the way. *Thorax* 2003;**58**:98–9.
- 5 British Thoracic Society. Guidelines for the management of community acquired pneumonia in childhood. *Thorax* 2002;**57**(Suppl 1):i1–24.
- 6 British Thoracic Society. Non-invasive ventilation in acute respiratory failure. *Thorax* 2002;**57**:192–211.
- 7 British Thoracic Society. Managing passengers with respiratory disease planning air travel: British Thoracic Society recommendations. *Thorax* 2002;**57**:289–304.
- 8 British Thoracic Society. British Thoracic Society guidelines for the management of suspected acute pulmonary embolism. *Thorax* 2003;**58**:470–83.
- 9 Miller AC, Boldy DAR. Pulmonary embolism guidelines: will they work? *Thorax* 2003;**58**:463.
- 10 British Thoracic Society. BTS guidelines for management of pleural disease. *Thorax* 2003;**58**(Suppl 1):ii1–59.
- 11 British Thoracic Society. BTS guidelines on respiratory aspects of fitness for diving. *Thorax* 2003;**58**:3–13.
- 12 Wedzicha JA, Johnston SL, Mitchell DM. Annual report 2004. *Thorax* 2004;**59**:1015–7.