

**Table 1** Statistical analysis of the case-control study

	Co-dominant			Dominant (AA/AG v GG)				Recessive (AA v AG/GG)				
	AA	AG	GG	P value	AA/AG	GG	OR (95% CI)	P value	AA	GG/AG	OR (95% CI)	P value
Controls	84 (41%)	82 (41%)	36 (18%)		166	36			84	116		
Cases	99 (47%)	93 (44%)	18 (9%)	<b>0.021</b>	192	18	<b>2.31 (1.27 to 4.23)</b>	<b>0.006</b>	99	111	1.25 (0.85 to 1.85)	0.276
Acute	30 (42%)	32 (45%)	9 (13%)	0.576	62	9	1.49 (0.68 to 3.28)	0.358	30	41	0.99 (0.57 to 1.71)	0.97
Chronic	59 (52%)	47 (41%)	8 (7%)	<b>0.021</b>	106	8	<b>2.87 (1.29 to 6.42)</b>	<b>0.007</b>	59	55	0.67 (0.43 to 1.07)	0.095

Significant associations are shown in bold.

(95% CI 1.29 to 6.42),  $p < 0.0069$ ; table 1) with a PAR for AA homozygotes and AG heterozygotes of 50%.

This study underlines the importance of the association of *BTNL2* rs2076530 variant with the susceptibility to develop sarcoidosis in a German population. Furthermore, our data suggest that susceptibility is preferentially towards the chronic form of the disease.

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Competing interests: none.

## References

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## Asthma and allergies in Germany

We read the study by Zöllner and colleagues published recently in *Thorax* about the levelling off of asthma and allergies among

children in Germany between 1992 and 2001.<sup>1</sup> We have published a study looking at the same issue and using a similar protocol (ISAAC)<sup>2</sup> to assess the symptoms, diagnosis, and severity of asthma and allergies in more than 15 000 children aged 6-7 and 13-14 years between 1995 and 2000 in Münster, Germany.<sup>3</sup> We found a tendency towards an increase in current symptoms of asthma and allergies in both age groups, but more so among girls.<sup>3</sup>

Indices of diagnosis either remained the same or increased in parallel with the increase in symptoms, arguing against a change in diagnostic behaviour as an explanation for our results. Indices of severity also showed a homogenous increase in the 5 year study period, pointing towards an increase in the overall burden of asthma and allergies within the society.<sup>3</sup>

Regrettably, these results, coming from Germany, were not considered in either the discussion of Zöllner's report or in the affirmative title that no increase in asthma and allergies occurred in Germany in the 1990s. Even more regrettable is the fact that when our study was alluded to in the discussion and conclusion of the paper by Zöllner *et al*, it was cited—contrary to our results—as one of the studies showing a decrease or levelling off of asthma and allergies among children.<sup>1</sup>

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## References

- 1 Zöllner IK, Weiland SK, Piechotowski I, et al. No increase in the prevalence of asthma, allergies, and atopic sensitisation among children in Germany: 1992-2001. *Thorax* 2005;**60**:545-8.
- 2 Asher MI, Keil U, Anderson HR, et al. International Study of Asthma and Allergies in Childhood (ISAAC): rationale and methods. *Eur Respir J* 1995;**8**:483-91.
- 3 Maziak W, Behrens T, Brasky TM, et al. Are asthma and allergies in children and adolescents increasing? Results from ISAAC phase I and phase III surveys in Münster, Germany. *Allergy* 2003;**58**:572-9.

## Authors' reply

Unfortunately, the paper by Maziak *et al* published in *Allergy* was listed as reference number 18 instead of number 21 in the reference list of our paper.<sup>2</sup> We apologise for any misunderstanding which may have arisen from this error. A correction is published below.

In the paper by Maziak *et al*<sup>1</sup> the prevalences in 1994/5 and 1999/2000 are compared. As we know from our own studies, trend analyses based on (only) two time points may be difficult and should be interpreted with caution. Indeed,

in their investigation Maziak *et al* did not find a significant increase in the lifetime prevalence of asthma and hay fever, except in one subgroup. The effect found in 13-14 year old girls could also be due to a former underdiagnosis of asthma in girls, as discussed in their paper.

Since our results are based on six cross sectional surveys, we consider the title and the conclusion—that we did not see an increase in asthma and allergies from 1992 to 2001—to be appropriate.

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## Reference

- 1 Maziak W, Behrens T, Brasky TM, et al. Are asthma and allergies in children and adolescents increasing? Results from ISAAC phase I and phase III surveys in Münster, Germany. *Allergy* 2003;**58**:572-9.
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## CORRECTIONS

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In the paper entitled "No increase in the prevalence of asthma, allergies, and atopic sensitisation among children in Germany: 1992-2001" by I K Zöllner *et al* which appeared in the July 2005 issue of *Thorax* (2005;**60**:545-8), the authors apologise for a mistake which occurred in the reference list. Reference number 18 should be number 21 and references 19-21 should be listed as 18-20.

doi: 10.1136/thx.2005.040444corr1

The paper entitled "Anticholinergics in the treatment of children and adults with acute asthma: a systematic review with meta-analysis" by G J Rodrigo and J A Castro-Rodriguez (10.1136/thx.2005.040444) has been published previously on 17 June 2005 as a *Thorax* Online First article but under the incorrect DOI (10.1136/thx.2005.047803). The publishers apologise for this error. The definitive version of the article can be found at the following citation: *Thorax* 2005;**60**:740-6.

doi: 10.1136/thx.2005.040881corr1

In the paper entitled "Hormone replacement therapy, body mass index and asthma in perimenopausal women: a cross sectional survey" by F Gómez Real *et al* published in the January 2006 issue of *Thorax* (2006;**61**:34-40), the fourth author should be **K A Franklin**, not K Franklin.