asthma and allergy at the David Hide Centre, said: ‘Until recently, wheezing during infancy was not thought to be associated with any significant respiratory health risks in adulthood.

‘However, using our large group of long-term research patients, we’ve discovered that wheeze can transcend adolescence into young adulthood and cause airway disease at 18 years, which is a new finding.’

The study results were presented at a meeting of the British Thoracic Society on December 2, 2015

**Ask older patients with knee osteoarthritis about buckling to prevent recurrent falls**

Targeted exercises to prevent ‘knee buckling’ can help maintain health and quality of life in older people by reducing their risk of falls, a new study suggests.

US researchers studied 1,842 older adults with an average age of 67 years who had or were at risk for knee osteoarthritis. At the end of five years, 16.8% of those studied developed knee buckling (often described as a knee ‘giving way’) and at the end of seven years, 14% had recurrent falls.

The researchers said that those who experienced knee buckling at year five were up to 2.5 times more likely to have recurrent falls, fear of falling, and poor balance confidence at year seven.

Those who fell when a knee buckled at the start of the study were 4.5 times more likely to experience recurrent falls two years later; twice as likely to have significant fall injuries; and four times more likely to have poor balance.

‘Falls, injury from falls, and poor balance confidence are common and debilitating problems in older people. This study has demonstrated for the first time that knee instability and knee buckling are important causes of these problems in the large segment of the older population suffering from knee pain,’ the study authors said.

Clinicians should ask older people with knee osteoarthritis about instability, buckling and falls, and take appropriate preventive action.


**Improving delivery of blood products would reduce deaths after major haemorrhage**

Reducing delays in blood transfusion practices could help lower the death rate among patients who experience life-threatening bleeding, new research has shown.

In a study led by Queen Mary University London (QMUL) and NHS Blood and Transplant, researchers assessed 442 patients at 22 hospitals in England and Wales who had experienced major trauma haemorrhage as a result of their injuries.

They found that 36 patients died within the first three hours of admission and 79 deaths occurred within 24 hours, with mortality continuing to rise even after discharge.

Optimal blood transfusion therapy uses a high dose of clotting products in conjunction with packed red blood cells during the patient’s first hour of arrival at an emergency department. The researchers found that only 2% of patients with massive haemorrhage received optimal therapy.

There were delays in administration of blood, and platelets and cryoprecipitate were either not given, or transfused well after initial resuscitation, the researchers said.

QMUL chair of trauma sciences and trauma surgeon Karim Brohi said: ‘The rapid and consistent delivery of blood, plasma, platelets and other clotting products to trauma patients is essential to maintain clotting during haemorrhage and has been shown to halve mortality.

‘There is a clear opportunity for clinicians to improve the delivery of blood and clotting products during resuscitation for major haemorrhage.’