



SHAREABLE PDF

The adipose tissue and lung health: like many things in life, the extremes are not good

Miguel J. Divo 

Affiliation: Pulmonary and Critical Care Division, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA.

Correspondence: Miguel J. Divo, 75 Francis Street, Pulmonary and Critical Care Division, Brigham and Women's Hospital and Spaulding Rehabilitation Hospital, Boston, Massachusetts 02115 USA. E-mail: mdivo@bwh.harvard.edu



@ERSpublications

Adipose tissue is not an inert organ but rather a systemic modulator of the response to environmental exposures and perhaps a potential target for therapeutic intervention <https://bit.ly/2UPRqqd>

Cite this article as: Divo MJ. The adipose tissue and lung health: like many things in life, the extremes are not good. *Eur Respir J* 2020; 55: 2000107 [<https://doi.org/10.1183/13993003.00107-2020>].

This single-page version can be shared freely online.

Most epidemiological population studies in COPD have historically been conducted in North America and Europe. This hegemony was held until the PLATINO [1] and BOLD [2] studies broke the monopoly. Among the many contributions made by these population-based studies are the description of underrepresented populations, the increased relevance given to the never-smoker COPD phenotype, and the race-specific risks for developing or resisting the disease. In spite of these advances, populations from the middle and far East and African countries continue to be underrepresented in the literature.