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We have read the letter of Liccardi et al. (1) with interest. They discuss several underlying mechanisms of depression and anxiety in asthma and relate those supposed mechanisms to distress in COPD. In the future, the mechanisms described by Liccardi et al. (1) may turn out to be useful in the discussion concerning the explanation of distress and/or a need for psychosocial care in patients with COPD. In that respect, their response adds to our paper (2).

References

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