More than 1,300 respiratory care physicians and respiratory therapists gathered for a joint conference in Barcelona in March. Program planners Joan Escarrabill Sanglas, MD, Patrick Léger, MD, and Dominique Robert, MD, presented a full schedule of panels and practical sessions led by the top experts in home mechanical ventilation (HMV) for both children and adults.

A recurring theme was the increasing demand for HMV (due in part to better vents and masks for children). However, fewer financial resources and increasing health costs in depressed economies worldwide mean that even countries with universal health care are cutting back on services for vent users in the home.

People with obesity hypoventilation syndrome are a growing population of vent users, not only in the United States, but around the world, and several panels discussed how to diagnose sleep and breathing problems, how to ventilate them during surgeries, such as gastric bypass, and which is the best vent and best interface.

Transcutaneous monitoring of carbon dioxide levels (or tcPCO$_2$) is favored by many European physicians to monitor high CO$_2$ and underventilation in people with chronic respiratory failure. Arterial blood gases (ABGs) and overnight oximetry are useful tools to a point, but ABGs only measure one point in time and do not reflect high CO$_2$ overnight.

Physicians from Chile, Slovenia, Serbia and Poland described setting up home ventilation centers in their countries. The most recent program is at Benghazi Medical Center in Libya.

The session on interfaces provided a key finding: Skin problems develop from movement of the mask, not from pressure or tightness of the mask.

Several panels focused on the different disorders, development and physiology of infants and children and their challenges as vent users for physicians. *Guidelines for the respiratory management of children with neuromuscular weakness* is due in spring 2012 from the British Thoracic Society.

Discussions and topics for more than 100 posters included how, when and where to initiate noninvasive ventilation (NIV) in ALS, COPD, etc.; caregiver training and programs to keep vent users at home; use of pressure-targeted or volume-targeted ventilators; recent guidelines on HMV from Australia, Canada and Germany; tracheostomy ventilation; diaphragmatic pacing; and use of NIV in the ICU and palliative and end-of-life care. (See story on IVUN’s poster “Flying While Using a Vent” on p. 3.)

Ventilator equipment manufacturers were represented by their European distributors, and several new assisted coughing units were on display. (See From Around the Network on p. 2.)

Special thanks and acknowledgment are owed JIVD’s incomparable Brigitte Hautier for ensuring that the conference ran smoothly. www.jivd-france.com.