P1237
Late-breaking abstract: Effects of mucus clearance on the differences of rheological property, driving pressure and frequency during high frequency chest wall oscillation (HFCWO)
Tetsuo Miyagawa1, Tomomi Ichiba2, Masayuki Takahashi3, Robert Hansen4.
1 Division of Respiratory Care, Showa University, Graduate School of Nursing and Rehabilitation Sciences, Yokohama, Kanagawa, Japan; 2 Department of Physical Therapy, Kyorin University, Faculty of Health Sciences, Hachioji, Tokyo, Japan; 3 Home Care Product Division, Tokibo Co. LTD, Shinagawa, Tokyo, Japan; 4 Chairman/CEO, Electro Med, Inc., New Prague, MN, United States

Background: HFCWO is commonly used for airway clearance. However the effect of mucus clearance on the rheological property, driving pressure and frequency during HFCWO is not clear. The purpose of this study is to clarify differences of airway clearance efficacy.

Method: 24 normal subjects participated in the study 1. Mucus stimulants (MS) were prepared using thickener 1, 2, 3 and 4% and the pressure controls of SmartVest™ were driven 20, 40 and 60 on the frequency 13Hz. MS rheological studied were measured using Rheometer. They were quiet breathing into the endotracheal tubes having internal diameter of 7mm during SmartVest™. We measured migration velocity of each MS, PEFR, PEmax and effortless breathing. Another 26 normal subjects participated in the study 2. MS were prepared using similar thickener were driven frequency 9Hz, 13Hz and 17Hz on the driving pressure 40. Measurement methods and items were carried out in a similar manner of Study 1.

Results: The higher setting pressure and frequency controls drove, the more PEFR and PEmax increased (p < 0.05). In the rheology of MS, the lower viscoelasticity of 1% MS had, the faster clearance velocity moved (p < 0.05). However, the clearance velocity did not increase in the higher viscoelasticity of MS in spite of high driving pressure. The 13Hz oscillation was most reduced in viscoelasticity and yield value by comparison with 9Hz and 17Hz. The lower viscoelasticity of MS in the each frequency, the clearance velocity increased (p < 0.05). The subjects were not tolerable on 17Hz.

Conclusions: The oscillation of 13Hz and driving pressure 40 is the most effective for mucus clearance.

P1238
Assessment of nocturnal hypoventilation in patients with chronic respiratory failure: Role of transcutaneous PCO2 monitoring. An observational study
Danièle Nguyen-Baranoff, Claudio Kabeya, Marjolaine Georges, Ameline Vagner, Numbra Kabeya, Philippe Camus. Service de Pneumologie et Réanimation Respiratoire, Centre Hospitalier et Universitaire de Dijon, Dijon, France

Patients with nocturnal hypoventilation are at risk of developing daytime ventilatory failure. As a result, this finding has therapeutic implications. Currently, assessment of nocturnal hypoventilation is performed using nocturnal oximetry (NO) coupled to diurnal arterial blood gases (ABG). Even if theoretically useful, transcutaneous PCO2 (TcPCO2) monitoring is not routinely used. Therefore, its role should be defined.

Objectives: To compare NO coupled to ABG versus TcPCO2 for detecting alveolar hypoventilation in a cohort of chronic respiratory failure patients.

Methods: We performed 153 NO coupled to a TcPCO2 recording (91 under non invasive ventilation and 62 during spontaneous breathing) in 98 patients. In addition, ABG were performed during spontaneous breathing. Aetiologies of respiratory failure were: neuromuscular disorder (97 traces), thoracic cage abnormalities (35 traces) and lung disease (21 traces). Nocturnal hypercapnia was defined by a nighttime mean PaCO2 ≥ 50 mmHg, nocturnal hypoxemia as SaO2 <90% and diurnal hypercapnia as a PaCO2 >45 mmHg.

Results: Combined normal NO and normal ABG underestimated nocturnal hypercapnia in >50% of both spontaneously breathing and ventilated patients. Conversely, nocturnal hypoxemia was associated with nocturnal hypoventilation in 100% of non ventilated patients but only in 50% of ventilated ones.

Conclusion: Normal values of nocturnal oximetry and/or ABG do not allow to exclude nocturnal hypoventilation. Our results underline the interest of performing nocturnal TcPCO2 monitoring to evaluate patients at risk of nocturnal hypoventilation.
P1239
Evaluation of home oxygen provision in east London: A study of appropriateness of ordering; and patient understanding and compliance
Robert Johns1, Marc Rodriguera2, Kara Remno3, Simon Lloyd-Owen1
1 Respiratory Medicine, Bart's and the London NHS Trust, London, United Kingdom; 2Community Respiratory Team, Tower Hamlets Community Health Service, London, United Kingdom

Introduction: In the UK, commissioners fund home oxygen via a tariff based on flow rate, hours of prescribed usage, and mode of delivery; each specified on an oxygen order form (HOOF).

Aims: Over six months, records from the local supplier (Air Products) showed 130 patients were under-using oxygen by at least 75% of that ordered. This study aimed to evaluate why.

Methods: Diagnoses and reasons for oxygen provision were obtained from electronic records. Patients were telephoned to explore understanding of the need for oxygen, benefits, and their individual order. Some were deceased (11), were children, or were not contactable. Data on contactable adults, who agreed to interview (45), are presented.

Results: Commonest reasons for oxygen provision were COPD and obesity hyperventilation/obstructive sleep apnoea. 47% (21/45) could not name their oxygen requiring condition. 27% (12/45) were unaware of beneficial effects. 22% (10/45) were unaware how much they were supposed to use. In 63% (22/35), recollection of their oxygen order did not tally with HOOF data. 60% (27/45) admitted to using less than instructed to. Commonest reasons were that it felt unnecessary and intrusive. Most (64%) (29/45) would use more if advised to do so, but 51% (23/45) would be unhappy for oxygen to be removed if advised it became unnecessary.

Discussion: To ensure the NHS pays for only oxygen that is used, suppliers must be notified of changing patient circumstances and requirements. Verbal instructions during clinic attendances must be accompanied by a faxed new order (HOOF).

Improved education should empower patients and translate into a reduction in oxygen underuse.

P1240
A highly complex home care service for COPD in LITOT may reduce the exacerbations
Luigi Di Re 1, Antonio Orsini 2, Giuseppe Ariano 1, Giovanni Boccia 1, Paolo Mimitoti 1, Annarita Scaleri 1, Antonio Zaccagnia 1, Donato De Sanctis 1, Pietro Marzato 1, Pietro Manelessi 1, 1Pneumology, Civil Hospital “G. Mazzini”, Teramo, Italy; 2Local Pharmaceutical Services, ASL, Teramo, Italy; 3Internal Medicine, Civil Hospital “G. Mazzini”, Teramo, Italy; 4Community Respiratory Team, Tower Hamlets Community Health Service, London, United Kingdom

Background: In Italy, the management of patients treated at home with oxygen is done with different degrees of complexity: from a basic model that provides only home delivery of oxygen to a complex model that also provides further services.

Aims: The aim of this prospective study is to confirm whether a LTOT implemented in an area with high complexity may have greater effectiveness than a “complex”, in reducing the exacerbations rate, the number and the length of the hospitalizations of the COPD patients.

Methods: 98 patients with COPD in CRF, candidate to LTOT, were enrolled and randomized in two arms (48 basic and 48 complex). The “complex” arm was treated by a high profile service and the “complex” arm solely by home oxygen delivery. All patients were followed for a period of eighteen months.

Results: The patients treated with complex profile service had a lower number of hospitalizations, shorter length of the hospitalizations and reduced number of exacerbations.

Conclusions: This study confirms the hypothesis that a LTOT “complex” service, may have greater effectiveness than a “complex”, in reducing the exacerbations rate, the number and the length of the hospitalizations of the COPD patients.

P1241
End of life in COPD: There may be no surprises!
Gail South1, Orla Reddington1, Lisa Hatfield1, Alison Phillips1, Hannah Wall2. 1BreathingSpace, The Rotherham Foundation Trust, Rotherham, South Yorkshire, United Kingdom; 2NHS Improvement, St John’s House, Leicester, Leicestershire, United Kingdom

Background: In the UK prognostic indicators have been developed for predicting end of life (EOL) in COPD.

We report on the prevalence of these indicators in patients admitted to a nurse led unit for people with acute exacerbations of COPD (AE/COPD).

Methods: Data on general and COPD specific prognostic indicators plus the surprise question were collected on all admissions Aug 2010 to Jan 2011.

Results: Total 199 patients (54%F). Mean age 70 (37-93). In 96 (48%) cases the clinician would not have been surprised if the patient died in the next 6-12 months. In only 5 of these instances were no other prognostic indicators identified (positive predictive value of negative response 95%). 174 (87%) had at least 1 prognostic indicator identified at the time of admission.

P1242
Are COPD patients referred to palliative care? 
Marcus Anthony Pittman, Bernard Yung, Johnson Samuel, Dipak Mukherjee. 1Respiratory Medicine, Basildon & Thurrock University Hospital, Basildon, United Kingdom

Introduction: The consultation on a strategy for COPD in England suggests patients with COPD should be considered for end of life care particularly if they have the following markers of severity: 1. Severe airflow obstruction (FEV1 <30%) 2. Low BMI (<20) 3. Housebound 4. Two or more admissions in previous year 5. Respiratory failure or previous ventilation.

Method: A list of patients discharged in Jan 2007 with a diagnosis of COPD was obtained. Of 69 patients identified 40 were chosen at random and included. The case notes were investigated and the markers of severity were recorded. It was also determined if the patients had survived to discharge, 3 months and 3 years.

Results:

<table>
<thead>
<tr>
<th>No. of markers of severity met</th>
<th>Patients</th>
<th>Died during admission</th>
<th>Survived to discharge</th>
<th>Alive at 3 months</th>
<th>Alive at 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8</td>
<td>2 (25%)</td>
<td>6 (75%)</td>
<td>5 (63%)</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>1</td>
<td>12</td>
<td>1 (8%)</td>
<td>11 (92%)</td>
<td>10 (83%)</td>
<td>6 (50%)</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>4 (40%)</td>
<td>6 (60%)</td>
<td>5 (50%)</td>
<td>3 (30%)</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>5 (55%)</td>
<td>4 (44%)</td>
<td>2 (22%)</td>
<td>1 (11%)</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1 (100%)</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion: None of the patients had all 5 criteria measured during, or prior to the admission in question illustrating the importance of thoroughly assessing level of disability in COPD. When considering the patients alive at 3 years there was a trend towards fewer patients surviving the greater the number of severity criteria they met. However the patient who met 4 of the severity criteria, and survived to 3 years demonstrates the difficulty in precisely predicting the transition to the end of life in COPD and thus timing of involvement of palliative care. Only 3 of the 40 patients were considered for specialist palliative care, and this consisted of using...
the Liverpool care pathway in the hours prior to death. More studies are needed to look into optimal timing for end of life care in COPD.

P1243 Readmission predictors in patients with chronic obstructive pulmonary disease hospitalisation for an exacerbation
Naoyuki Yoshida1, Takashi Yoshimata2, Satoshi Kojima3, Misako Aoki1, Shoji Kudo4, 1Respiratory Care and Rehabilitation Center, Fukuyuji Hospital, Japan; 2AECOPD: Outcomes from a pilot study
Naoyuki Yoshida1, Takashi Yoshimata2, Satoshi Kojima3, Misako Aoki1, Shoji Kudo4, 1Respiratory Care and Rehabilitation Center, Fukuyuji Hospital, Japan; 2AECOPD: Outcomes from a pilot study
Introduction: Hospitals for chronic obstructive pulmonary disease (COPD) exacerbations increase risk of readmission due to an exacerbation and lead to higher hospitalization rates, emergency department and outpatient clinic admissions, length of hospital stay and cost of care. The aim of this study was to determine factors which may contribute to readmission due to a new episode of COPD exacerbation.
Aims: To determine factors which may contribute to readmission due to a new episode of COPD exacerbation.
Methods: We reviewed medical charts of all patients with a discharge diagnosis of a COPD exacerbation admitted to Fukuyuji hospital, the secondary respiratory hospital serving the north-west of Tokyo, from October 2008 to March 2010. Data collected included age, sex, pack-year history of smoking, body mass index (BMI), previous FEV1, arterial blood gases at an emergency room, and incidence of long term oxygen therapy (LTOT). Comorbidities were measured with Charlson Comorbidity Index. Length of stay at this time as well as the number of hospitalizations for a COPD exacerbation in the previous 12 months were obtained. Readmission was defined as one or more hospitalization for an exacerbation within six months after discharge.
Results: 57 men were included in this study (mean FEV1 38.4% predicted). 19 of these patients (28.8%) were readmitted. Readmission was significantly associated with receiving LTOT (odds ratio [OR], 3.63 [95%CI, 1.18 to 11.2], p=0.04), hospitalizations for a COPD exacerbation in the previous 12 months (OR, 20.2 [CI, 4.58 to 88.1], p<0.001), and Charlson Comorbidity Index (>1 vs 0 or 1) (OR, 7.56 [CI, 2.08 to 27.53], p=0.003).
Conclusions: Receiving LTOT, hospitalizations during the previous year, and comorbidities are strong predictors of readmission due to a new episode of exacerbation in our COPD patients.

P1244 A time-limited, six month program of community-based disease management, support and education following hospital admission for AECOPD: Outcomes from a pilot study
Myra Stern, Helen Broomfield, Angela Williamson, Catherine Potter, Clare Yeremans Respiratory Medicine, Whittington Hospital NHS Trust, London, United Kingdom
Introduction: Our specialist multidisciplinary respiratory team (MDRT) can successfully support COPD patients following AECOPD admission (>100 bed-days saved/year). Patient-dependency has made discharge difficult. The aim of this pilot was to determine the efficacy/safety of a time-limited (6/12) support program, focused on self-management.
Method: Patients admitted with AECOPD (>3/4 week or first time with no previous diagnosis/education, were referred. Disease severity, anxiety/depression and admission frequency (year before/year after) were documented. A pre-determined programme of self-management skills was assessed by the Bristol QoL (BQ).
Results: 23 COPD patients, mean (±SD) age 73.3±0.1 years; FEV1, 0.79±0.07; MRCDS 4.1±0.1) were under MDRT for 6 months (mean±SE, 6±0.1). 11/23 were discharged appropriately; 2 died; 9/23 required ongoing support. There was no significant difference in disease severity or HADS between those discharged and those requiring ongoing support. Admission rate significantly (p<0.02) decreased from 1.9±0.2 patients in 12/12 prior to MDRT to 1.2±0.3 patients in 12/12 after team input, in both groups with no significant difference in final BQ (39.3±3.9 vs 39.6±4.1 scores).
Conclusion: A time-limited program focused on self management is appropriate for about 50% patients admitted with severe COPD. Further work needs to be done to determine specific factors that can predict which patients are suitable for this intervention.

P1245 Evaluation of contribution of high frequency chest wall oscillation treatment to medical treatment in patients with acute exacerbations of COPD
Tugba Goktalay, Selim Akdemir, Aysin Coskun, Aylin Alpaydin, Pinar Celik, Atsu Yorgancioğlu Department of Pulmonology, Celal Bayar University, Manisa, Moris Sinavi Yerleskesi, Turkey
Vest TM device which applies high frequency chest wall oscillation has been approved by FDA for the clearance of bronchial secretions in 1988 and for the induction of sputum in 2000. It has been used in abroad but not in Turkey yet. In this study, we aimed to investigate the contribution of VestTM device to the conventional treatment in COPD exacerbations. Thirty stage 3-4 (GOLD) COPD patients with acute exacerbation were included in the study. Patients were randomized as group I: standard treatment and group II: standard treatment + Vest TM (20 minutes,3 times a day for 5 days). Basal, third and fifth day BODE index, arterial blood gas of the patients were evaluated. VestTM device was applied to 16 of 30 patients. Basal BODE index of the study groups was not statistically different, also mean age was similar BODE index, PO2 and SO2 of the patients were statistically better both on the third and fifth days (Table). There was a 4% increase from basal FEVI of group1, while this difference was 6% in group2 (p=0.002). similarly the increase in 6MWT was 107m in Group 1 while it was 150m in VestTM group (p=0.000, p=0.000). Although MMRC dyspnea scale did not statistically different, the VestTM group reported decreased dyspnea perception (p=0.055). BODE index (p=0.861), SpO2 (p=0.640, p=0.870) were not found different between the two groups. Adding Vest TM to conventional treatment in COPD exacerbations did not result in any difference in BODE index, however exercise capacity and dyspnea perception were found to be improved more with Vest TM.

P1246 Hospital at home for patients with acute exacerbations of chronic obstructive pulmonary disease: will it be an effective home care model?
Dicle Kaymaz, Pinar Ergin, Ervan Gunay, Selma Akbas, Nilgun Mendil, Salihalt Batal, Erzu Ugu, Pervin Demir. Ataturk Chest Diseases and Thoracic Surgery Training and Research Hospital, Pulmonary Rehabilitation and Home Care Unit, Ankara, Turkey
The current acute care model for COPD is, in general, insufficient for optimal management of the disease. Coordination of services is especially important at the time of the COPD exacerbation, which is characterised by high morbidity, high healthcare utilisation and even worse fragmentation of care. Home care services can offer a great potential for this aim. Hospital-at-home (HAI) care model is feasible, safe and efficacious for certain patients with selected acute medical illnesses who require acute hospital-level care.
Aim: The aim of the present study was to analyze the effectiveness of HAI for patients with COPD exacerbation.
Methods: Two hundred and six patients who were admitted to our institution via the emergency department with the diagnosis of COPD exacerbation were included to HAI. Patients were followed up during the year after HAI practise. Hospitalization rates, emergency department usage and hospitalisation days when needed were evaluated before and after one year period of HAI.
Results: After one year follow up period of HAI practise hospitalisation rates, emergency department use and outpatient clinic additions, length of hospital stay were decreased. Respectively 40.2% 21.8%, 54.9% and 46.3%. The decreases for all parameters were found statistical significant (p<0.01).
Conclusion: We conclude that integrated care services including home care using the HAI modalities are strongly needed to enhance both health and managerial outcomes. Clinicians should consider this form of management, especially as there is increasing pressure for inpatient beds in Turkey.

P1247 Hand grip strength in patients engaged in pulmonary rehabilitation program during COPD exacerbation
Ozdem Ormeyms-Taskiran1, Zeynep Erden1, Nurcan Kokturk2, Gulcin Iscen3, Ozden Ozyemisci-Taskiran1, Zeynep Erden 1, Nurdan Kokturk2, Gulcin Iscen3, Hand grip strength measurement which is simple to perform and has low cost may be a useful diagnostic tool in patients with COPD exacerbation. Patients were divided into two groups according to a cut-off point, 0.40 bar (>54% <0.40, 46% ≥ 0.40), there was no significant difference in age, systemic diseases, FEV1/FVC, arterial blood gases between groups. Hand grip strengths were lower in women (p=0.003). In patients with lower strength, FEV1, FVC values (p=0.019 and p=0.002, respectively), hemoglobin levels, mini-nutritional scores and T scores at femoral neck were lower than that of patients with higher strength (p<0.05). The difference in 6 minute walk distance was not significant (p=0.087). However patients in the lower strength group had higher fatigue levels (p=0.039) and higher rest number during the walk test (p=0.032).
There was a moderate positive correlation between grip strength and 6-minute walk distance (r=0.511, p=0.001). There were negative correlations between strength and rest duration and number (r=-0.339, p=0.03 and r=-0.464, p=0.002), saturation changes (r=-0.383, p=0.012), dyspnea and fatigue levels (r=-0.475, p=0.001) during the walk test.
Conclusion: Hand grip strengths of COPD patients in exacerbation showed good correlation with 6-minute walk test, indicator of functional capacity. Hand grip strength measurement which is simple to perform and has low cost may be a helpful indicator of muscle performance, especially when 6-minute walk test can not be performed during exacerbation.
P1248 Effects of case management on hospitalisation and exacerbation rate in severe, complex COPD: A randomized controlled trial

SUNDAY, SEPTEMBER 25TH 2011

Thematic Poster Session

LOMANDELI WITTKOPP1,2, J. ANNE CAMPBELL1, J. KITTO1, H. ARMSTRONG1, J. PAUL1,2, J. HICKS1, R. COOPER1,2, J. HARRISON1, J. MACK1, S. FORD1,2.

Background: In RCTs 81 COPD patients GOLD stage 3–4 and co-morbid disease, with ≥ 1 reported exacerbation in the past two years were randomised to usual care or a case management care condition. In the usual care condition, patients visited the pulmonary nurse every 3 to 6 months. In the case manager condition, the pulmonary nurse started with a home visit, and contacted patients at least every 6 weeks by phone. Basic self-management techniques were taught and an exacerbation action plan was offered to the patient and all health care providers.

Aim: We investigated if a case manager could reduce number and duration of hospital admissions due to exacerbations of COPD.

Method: In this RCT, 81 COPD patients GOLD stage 3–4 and co-morbid disease, with ≥ 1 reported exacerbation in the past two years were randomised to usual care or a case management care condition. In the usual care condition, patients visited the pulmonary nurse every 3 to 6 months. In the case manager condition, the pulmonary nurse started with a home visit, and contacted patients at least every 6 weeks by phone. Basic self-management techniques were taught and an exacerbation action plan was offered to the patient and all health care providers.

Results: Number and duration of hospital admissions were not lower in the experimental condition. The number of exacerbations reported by the general practitioner during were not found. However, patients with severe COPD and multiple co-morbidities benefit from a case manager by structuring care in a better way leading to increased patient satisfaction.

Results: Number and duration of hospital admissions were not lower in the experimental condition. The number of exacerbations reported by the general practitioner during were not found. However, patients with severe COPD and multiple co-morbidities benefit from a case manager by structuring care in a better way leading to increased patient satisfaction.

P1249 The current situation and the perspective of respiratory care in Japanese COPD patients revealed by Japanese White Paper on home respiratory care


Background: Acute exacerbations have negative effects on lung function, physical performance, dyspnoea, and quality of life. Patients with severe COPD and co-morbidities are especially vulnerable to exacerbations.

Aim: We investigated if a case manager could reduce number and duration of hospital admissions due to exacerbations of COPD.

Method: In this RCT, 81 COPD patients GOLD stage 3–4 and co-morbid disease, with ≥ 1 reported exacerbation in the past two years were randomised to usual care or a case management care condition. In the usual care condition, patients visited the pulmonary nurse every 3 to 6 months. In the case manager condition, the pulmonary nurse started with a home visit, and contacted patients at least every 6 weeks by phone. Basic self-management techniques were taught and an exacerbation action plan was offered to the patient and all health care providers.

Results: Number and duration of hospital admissions were not lower in the experimental condition. The number of exacerbations reported by the general practitioner during were not found. However, patients with severe COPD and multiple co-morbidities benefit from a case manager by structuring care in a better way leading to increased patient satisfaction.

Results: Number and duration of hospital admissions were not lower in the experimental condition. The number of exacerbations reported by the general practitioner during were not found. However, patients with severe COPD and multiple co-morbidities benefit from a case manager by structuring care in a better way leading to increased patient satisfaction.

P1251 Promoting excellence in COAD care — Through a community multidisciplinary team approach

D. Liu, K.M. Lo, Y.H. Leung, H.M. Ma, H.S. Chan, S.S. Ho. Medical, Alice Ho Miu Ling Nethersole Hospital, Hong Kong, Hong Kong

Background: It was estimated that the prevalence of COPD among the elderly Chinese living in Hong Kong was 25.9%.

Method: The COAD Alliance Community Program was designed and carried out by a community hospital in Hong Kong. It involves a multidisciplinary team of specialists via a community outreach approach. The highly dedicated team includes respiratory physicians, physiotherapists, occupational therapists, community outreach nurses, and other health professionals. High risk patients with more than 3 emergency room or hospital admissions per year were identified and recruited into the program. They were then assessed by case manager who were responsible organizing the community based services for these patients. Services provided include advice and information provision, self care management at home, outreach nursing visits, outpatient physiotherapy sessions and emotional/counseling support. These patients “pre – program” and “post – program” emergency room admission rates, patient admissions and hospital inpatient bed-days were recorded and tabulated.

Results: 100 patients were recruited into the COAD Alliance Community Program. Six patients died during the study and 8 patients remaining for analysis. Reduction in AED attendance (mean number of admission of 2.38 pre program c.f 1.68 post program) and medical ward admissions (1.6 c.f 0.85) was evident. There is also a significant reduction in hospital inpatient bed-days (8.16 days pre program c.f 4.42 days post program, p = 0.05). Total cost reduction is 215,028 Euros.

Conclusion: The multidisciplinary approach was effective in reducing emergency room attendances, inpatient bed – days and total health expenditure.

P1252 Breathlessness and social cognition: The effect of social comparison on perceived breathlessness in asthma and COPD

Sibylle Petersen, Onner Van den Bergh. Psychology, KU Leuven, Leuven, Belgium

Aim: The effect of context variables on the perception of breathlessness has been investigated extensively but not in a social cognitive framework. Our aim was to test how findings in social cognition can be translated from general self-perception to research on dyspnea. We investigated the effect of social comparison on perceived dyspnea in an experimental study in asthma patients and in a field study in COPD patients in rehabilitation.

Method: In Study 1, 50 asthma patients participated in an experiment with two sequences of resistive load breathing. Both sequences were preceded by the presentation of one of two social comparison standards. We measured reported dyspnea and persistence in load breathing. In Study 2, 48 patients with COPD completed measures on social comparison at the start and end of rehabilitation as well as on perceived dyspnea during activity. In both studies, we expected comparison standards to affect self-report of breathlessness. We controlled for functional parameters such as lung function (Study 1) and BODE index (Study 2).

Results: In both studies, we found an significant impact of social comparison on the report of breathlessness. In Study 1, we found social comparison to have an impact on persistence in load breathing. Furthermore, as moderator of the relationship of social comparison and dyspnea we identified perceived similarity with a comparison unit.

Conclusion: Social cognitive processes can shape the perception of breathlessness. Particularly in settings with a strong social component such as group exercise training in rehabilitation, these social cognitive mechanisms might be important targets to improve exercise performance.
P1253
Participants perspectives of living with COPD: The role of different groups of health professionals
Andrew Hardy1, Alison Coe 2. 1Acute Medicine, Calderdale and Huddersfield NHS Foundation Trust, Halifax, West Yorkshire, United Kingdom; 2MY Therapy Services (Respiratory Physiotherapy), Mid Yorkshire Hospitals NHS Trust, Castleford, United Kingdom

Methodology: This is a qualitative research study of participants experiences of a pulmonary rehabilitation (PR) programme based in Wakefield, UK. 4 group interviews were carried out in spring 2010 involving 24 participants. 22 had a primary diagnosis of COPD (mean FEV1 1.1 litres, 42% predicted), 1 had lung cancer and 1 was a carer for a participant with COPD. A structured interview included discussion of the roles of different groups of health professionals- general practitioners (GP) and nurse specialists.

Results: Participants liked their GP to have good communication skills. Specific examples of good practice were describing illness in a manner which the participant could understand and allowing time to ask questions. Patients appreciated the amount of time they were able to spend with a doctor, liked regular contact with the same GP and disliked waiting for appointments. Participants wanted to feel that something could be done to improve their situation, trusted doctors decision making and rarely asked questions regarding their treatments. Specialist nurses were considered to be more helpful in managing symptoms than GPs. Nurses had more time for patients, were more likely to involve patients in decision making, and showed greater empathy. Some nursing staff were considered to have more specialist knowledge than GPs. Participants described a high degree of trust in nurses decision making and were more comfortable discussing their condition with them.

Summary: Patients with COPD value good communication skills, expert knowledge, a positive approach and good time management in their health providers. Specialist nurses are able to deliver an effective patient-centred service.

P1254
The impact of depression in recovery and outcome of patients hospitalized for COPD exacerbation
Andriana Papaioannou1, Konstantinos Bartziokas2, Stamatoula Tsikrika 1, Foteini Karakontaki1, Emmanouil Kastanakis1, Aikaterini Haniotou2, Vlassios Poluchronopoulos1, Konstantinos Kostikas1, 13rd Respiratory Medicine Department, Sismanogleion General Hospital, Athens, Greece; 2Respiratory Medicine Department, Amalia Fleming General Hospital, Athens, Greece; 32nd Respiratory Medicine Department, University of Athens Medical School, Athens, Greece

Background: Depression has been associated with worsening of COPD symptoms and quality of life, more exacerbations and increased mortality.

Objectives: To evaluate prospectively the impact of depressive symptoms on admission on the outcomes of patients hospitalized for COPD exacerbations (ECOPD).

Methods: We studied prospectively 151 patients admitted to hospital for ECOPD. Depression symptoms were evaluated with Becks Depression Inventory. Pulmonary function tests, arterial blood gases and COPD assessment test (CAT) score, were recorded on the day of their admission and 3, 10 and 40 days later. Patients were evaluated monthly for one year.

Results: Duration of hospitalization was longer in patients with high depressive symptoms [5 (3, 6) vs 12 (10, 14), p <0.001]. Furthermore, these patients presented slower recovery from ECOPD as evaluated by improvement in FEV1, blood gases, dyspnea and CAT score (p <0.001). Patients with more depressive symptoms had more severe disease, according to FEV1 as well as ADO and DOSE indexes on stability compared to patients with less depressive symptoms (41.5 ±10.7 vs 62.5 ±20.0, 4.8 ±1.3 vs 4.1 ±1.2 and 3.5 ±1.2 vs 1.9 ±1.2 respectively; p <0.001). During the follow up period, patients with high depressive symptoms had more ECOPD (4.0 ±1.7 vs 1.2 ±1.6, p <0.001), shorter time to the next ECOPD and higher one-year mortality (p <0.001). Frequent exacerbators (>2/year) had a higher score in Becks Depression Inventory compared to non-frequent exacerbators (22.2 ±13.1 vs 9.1 ±4.2, p <0.001).

Conclusions: Depressive symptoms in patients admitted for ECOPD have significant impact on their recovery and are related to worse survival and more new ECOPD during the following year.