Results 37 patients (18 male) trialled nebulised meropenem, with median age (IQR) 27 (20–37) years and FEV_1% predicted 48% (35–64%). Patients received a 250 mg dose reconstituted with water for injection preceded by a bronchodilator. All patients were chronically infected with *P. aeruginosa*. The most common treatment indications were deteriorating condition or intolerance to other antibiotic nebulisers (21/37), with additional indications including treatment of *Burkholderia cepacia* complex (8/37) and non-tuberculous mycobacteria (8/37). 22/37 continue to tolerate the drug well. 10 of these 22 had previously been intolerant to Tobramycin Inhalation Solution (TIS) and 1 intolerant to nebulised amikacin. 4/37 discontinued due to no benefit or poor concordance. 11/37 did not tolerate nebulised meropenem, reporting adverse effects including chest tightness, increased cough, chest discomfort, nausea and lethargy. 6 of these 11 had previously been intolerant to TIS and 2 were intolerant to amikacin. There were no significant changes in lung function, BMI or requirement for IV antibiotics comparing the 12-month periods before and after commencing nebulised meropenem.

Conclusion Nebulised meropenem is generally well tolerated in CF adults and offers an alternative antibiotic choice for people with CF unable to tolerate other treatments.

Abstract P92 Table 1

	No. courses of IVs 12/12 pre mero	No. courses of IVs 12/12 post mero	Days in hosp 12/12 pre mero	Days in hosp 12/12 post mero
M. abscessus	7	10	43	44
B. cepacia complex	8	5	43	11
Other	23	25	211	293

P93 CLINICAL OUTCOMES AND PATIENT SATISFACTION FOLLOWING INITIATION OF THE TOBI PODHALER IN CF ADULTS

doi:10.1136/thoraxjnl-2012-202678.335

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Background In the clinical trial setting, TOBI Podhaler (TIP) has been shown to be non-inferior to nebulised Tobramycin Inhalation Solution (TIS) in CF subjects in terms of effects on lung function, with increased adverse events but overall superior patient satisfaction. However, there is currently little 'real world' evidence of tolerance and effectiveness of TIP.

Aim To assess the experience of CF adults receiving TIP at our large regional UK adult CF centre.

Methods We report the preliminary results of a prospective observational study to evaluate changes in lung function, tolerability and antibiotic requirements of 73 CF adults that have received at least one dose of TIP at our centre to date. Patients also completed a visual analogue scale (VAS) score of tolerance, convenience, satisfaction and likelihood to continue (1 = very satisfied/not at all severe/very likely, 10 = not at all satisfied/very severe/not at all likely) at their 28-day review.

Results Adverse events (AEs) were common following the test dose (most commonly cough in 24/73, 32.9%), although only 1 patient discontinued treatment, due to a 10% drop in FEV1% predicted. 27/72 patients so far have completed 28 days treatment, with median change in FEV1% predicted of –1.7% (IQR –6.1 to 2.4%). 12/27 patients (44.4%) reported AEs at their 28-day review; most commonly cough (10 patients, 37.0%), with median VAS score for severity of all AEs of 4/10. 12/27 patients (44.4%) were commenced on oral or IV antibiotics for pulmonary exacerbation at their 28-day review. Median VAS scores for overall satisfaction, ease of administration, and likelihood to continue were all 1/10. 12/72 patients to date have discontinued TIP before completion (10 patients) or at completion (2 patients) of 28 days treatment, 8 (66.7%) of whom were previously intolerant of TIS. The most common reason for discontinuation was cough (9/12 patients, 75.0%), with median VAS score for severity of all AEs 7/10.

Conclusion Despite experiencing a high incidence of adverse events, patients commencing TIP report high levels of treatment satisfaction.

P94 SHOULD ADRENALINE AUTO-INJECTORS BE PRESCRIBED FOR CYSTIC FIBROSIS PATIENTS HAVING HOME INTRAVENOUS ANTIBIOTICS? - A UK NATIONAL AUDIT

doi:10.1136/thoraxjnl-2012-202678.336

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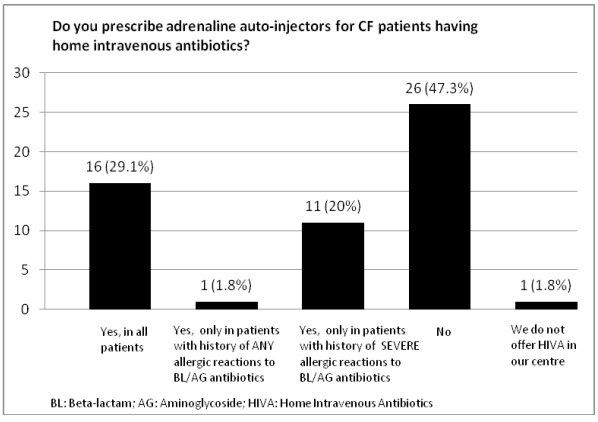
Introduction The UK Cystic Fibrosis (CF) Trust antibiotic guidelines recommends that all patients having home intravenous antibiotics (HIVA) should have an "anaphylactic kit" at home. However, the practise of prescribing adrenaline auto-injectors (AAI) for patients having HIVA varies widely across the country. Studies on HIVA have shown that they are safe, especially if first dose is given in hospital. The aim of this audit is to assess compliance with CF Trust antibiotic guidelines and discover how many patients have experienced anaphylaxis at home while on HIVA.

Methods The audit was performed online from April to September 2011 by asking respondents to fill in a web-based questionnaire. An email was sent to 59 adult and paediatric UK CF centre leads requesting them to take part in this audit.

Results 55/59 (93%) took part in the audit. 16 (29%) routinely prescribe AAI whereas others do not or only prescribe in patients with previous history of allergic reactions to antibiotics (Figure 1). 5 physicians reported they knew patients who had experienced anaphylaxis at home. These physicians reported a total of at least 10 anaphylaxis episodes in the last 5 years. 1 mentioned they occurred after the 1st dose, 3 after the 3rd dose and 2 were unsure. 3 reported these patients used their AAI and 3 did not. We estimate that if the average annual number of HIVA courses is 100 courses per centre, this equates to approximately 1 anaphylaxis episode per 2,700 courses of HIVA.

Conclusions Most CF centres do not routinely prescribe AAI, in contrast to the guidelines issued by the CF trust. Anaphylactic reactions do occur in CF patients having HIVA but this is a relatively rare event. However, as this is a retrospective study based on recall of previous events, the precise nature of the reported reactions cannot be confirmed, so the true prevalence of anaphylactic reactions related to HIVA cannot be ascertained. A prospective multicentre study recording reactions to HIVA and evaluating them in detail (preferably by an allergist) is required.



Abstract P94 Figure 1