was not seen in model 2 (OR = 1.00, 95% CI 0.99–1.02).
Work performance: increased work performance (presenteeism) was associated with a higher quality of life in both models (B coefficient 0.13, 95% CI 0.08–0.18 and 0.12, 95% CI 0.05–0.19 in models 1 and 2 respectively).
Conclusions The association between presenteeism and HRQoL has not previously been assessed in a UK COPD working population. Our findings show that after adjusting for all relevant confounders, employment status is not associated with quality of life. However, for those at work, a better quality of life is associated better work performance.

P22 THE RELATIONSHIP BETWEEN SOCIAL DEPRIVATION AND HOSPITAL ADMISSIONS WITH ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (AECOPD)

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Background AECOPD is a major source of hospital admissions. Research is underway to reduce such admissions, but the effect of social deprivation on AECOPD hospital admissions and length of stay is unknown.
Aims and Objectives To analyse the effect of social deprivation on hospital admissions and length of stay in AECOPD.
Methods Retrospective review of hospitalisation with a primary diagnosis of AECOPD Sep 11–Aug 12 in a UK hospital. Patients were assigned an index of multiple deprivation score based on postcode and subdivided into quintiles. For each quintile, total admissions and median length of stay per admission were calculated and corrected for population size (per 100,000 residents). Fisher's exact test (two-tailed) was used to compare quintiles. The least deprived quintile represented <5% of the population and was excluded.
Results There were significantly higher numbers of hospital admissions in patients from more deprived postcodes as compared to affluent areas ($p < 0.001$). There was no significant difference in median length of stay between quintiles (Table 1).
Conclusions Patients from socio-economically deprived backgrounds have higher rates of hospital admissions with AECOPD. Deprivation does not influence length of stay; this could be due to a dedicated COPD unit. Increasing healthcare investment in deprived areas should be considered.

Abstract P22 Table 1.

COPD admissions and length of stay

Quintile	Total population	COPD admissions	Admissions per 100K	p value	Median length of stay (interquartile range)
1 (most deprived)	98,560	442	448	1 vs. 2–4 p<0.0001	1 (0–5)
2	70,840	244	344	2 vs. 3–4 p<0.001	2 (0–6)
3	61,600	97	157	3 vs. 4 p = not significant	2 (0–5)
4	61,600	73	119	N/A	2 (1–5)

P23 THE INCIDENCE OF CONGENITAL THORACIC MALFORMATIONS: AN INCREASING TREND FROM 1994 TO 2011 IN A DEFINED POPULATION

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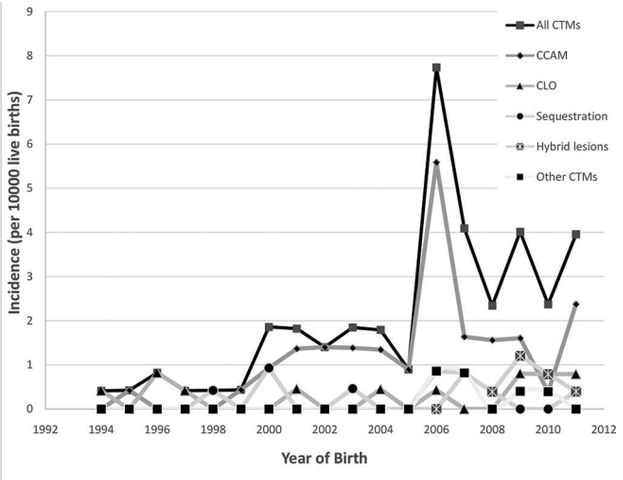
Introduction Congenital thoracic malformations (CTMs) are an uncommon heterogenous group of disorders including congenital cystic adenomatous malformation (CCAM), pulmonary sequestration (PS), congenital lobar overinflation (CLO), hybrid lesions and bronchogenic cysts. They are increasingly diagnosed antenatally with foetal ultrasonography and remain asymptomatic. In light of diagnostic advances, robust population based epidemiology is lacking. This study aimed to characterise the incidence of CTMs in a defined geographic area from 1994 to 2011.
Methods Children with CTM in Northern Ireland are referred to a single tertiary centre. Patients with CTM born between 1994 and 2011 were identified from the paediatric respiratory and surgical clinics and from imaging reports on the regional radiology database. Medical records and imaging reports were reviewed retrospectively. Children diagnosed with CTM who were born outside of Northern Ireland were excluded.

All births in Northern Ireland are registered with the Registrar General Office. Annual live birth rates were obtained from the Northern Ireland Statistics and Research Agency. Incidence was calculated per 10000 live births.
Results In total there were 92 cases of CTM between 1994 and 2011, 53 cases (57%) had CCAM. An upward trend in the incidence of CTMs is demonstrated (Figure 1). The average incidence of CTMs from 1994 to 1999, 2000 to 2005 and 2006 to 2011 was 0.49 (range 0.41 to 0.82), 1.6 (range 0.89 to 1.85) 4.08 (range 2.34 to 7.73) respectively. A similar increase in the incidence of CCAM was demonstrated 0.14 (range 0to 0.42), 1.22 (range 0.93 to 1.40) and 2.19 (range 0.39 to 5.59) for the periods 1994 to 1999, 2000 to 2005 and 2006 to 2011 respectively.
Conclusion This study provides incidence statistics for CTMs in a defined geographic location and demonstrates an



Abstract P23 Figure 1. Annual incidence of Congenital Thoracic Malformations between 1994 and 2011.