

Introduction & Objectives Few self-management interventions for COPD have conducted qualitative interviews on completion of such a programme and none have followed participant's longer term. This study conducted interviews with participants allocated to the SPACE FOR COPD self-management programme as part of an RCT. We aimed to gain insight into how the programme was utilised over a 6 month period. Earlier analysis of interviews carried out at 6 weeks highlighted the value of the education material¹.

Method Semi-structured interviews were carried out with participants (n = 24) receiving SPACE for COPD six months after receiving the intervention. Interviews were transcribed verbatim and a constant comparison approach was taken to analysis supported by NVivo software (Version 10) by 2 researchers with experience in qualitative methods.

Results Following preliminary analysis, four main themes describe the challenges and conducive behaviours that influenced participant's self-management behaviours during 6 months of using SPACE FOR COPD - *continuing to utilise the manual, establishing an exercise routine, social support & multiple burdens*. Many participants describe continuing to use the SPACE FOR COPD manual (e.g. for breathing control techniques and to refresh memory) and establishing an exercise routine early on with the intervention. Social support was utilised for informational (advice), instrumental (help with tasks) and emotional reasons and largely consisted of family members. Challenges to continued regular exercise at home included barriers of time and weather and wider ranging burdens (e.g. other family member's ill-health, life events, such as moving house).

Conclusion Participants reported continued use of the manual and acknowledged that establishing a regular exercise routine was instrumental to encouraging continued exercise and this behaviour may have increased feelings of personal control over their disease. However, the challenges identified could disrupt these patterns of self management and further healthcare professional support may be required to help participants cope with these. Participants viewed the telephone support they had had favourably.

REFERENCES

1. L Apps, S Harrison, J Williams, M Steiner, M Morgan & S Singh. (2012). A self-management programme of activity, coping & education (SPACE) for COPD: Patients perspective. ERS Annual Conference 2012

P45 INVESTIGATING THE FEASIBILITY OF AN ON-LINE HEALTH RESOURCE INTEGRATED WITH NURSE COACH SUPPORT FOR THOSE WITH ADVANCED COPD

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Background Self-management may improve health status in chronic disease. It is not routinely embedded into COPD care. Pulmonary rehabilitation provides behaviour change opportunities but is not available to all.

Aims To test the feasibility of a combined intervention (online health resource 'The Prevention Plan' (TPP) with nurse coach support) with a key aim to identify impact on activation for self-management. Secondary outcomes of interest were health-related quality of life, emotional functioning, information needs and exercise capacity.

Method 17 patients were recruited (FEV1 < 75% predicted (range 15–74, mean 38.01, SD 17.92). Hardware and internet access were provided. Patients had unlimited access to TPP, home visits, telephone contacts and email with the nurse coach. The nurse coach supported behaviour change through patient-led goal setting and techniques to enhance self-efficacy. Outcomes were followed up at 9–29 weeks (mean = 15) after joining the programme. Measures were patient activation (PAM), health-related quality of life (CRQ), anxiety and depression (HADS), information needs (LINQ) and GAIT test.

Semi-structured interviews were conducted. Qualitative analysis is underway and results will be reported separately.

Results Mean age was 61.4 years (range 46 to 79), 9 female, 8 male. 14 patients completed follow-up assessments. 1 patient withdrew due to illness and two were unable to complete follow-up.

Statistically significant improvement was found for activation (p = 0.0035, t = 3.56, df = 13), CRQ-fatigue (p = 0.0427, t = 2.25, df = 13), anxiety (p = 0.0444, t = 2.22, df = 13), information needs (p = 0.0001, t = 6.09, df = 13).

Conclusion The intervention supported patients to become more activated for self-management. Patients showed increased confidence to manage their condition and strengthening of belief that taking an active role in managing their COPD was important. Secondary benefits related to fatigue, anxiety and feeling more informed about COPD. Qualitative analysis will illuminate these findings and explore intervention factors that led to greatest benefit.

P46 SUPPORTED SELF-MANAGEMENT FOR PATIENTS WITH MODERATE TO SEVERE COPD AT OR SHORTLY AFTER DISCHARGE FROM HOSPITAL: A SYSTEMATIC REVIEW OF THE EVIDENCE

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Introduction and objectives Guidelines recommend that COPD patients admitted to hospital with an exacerbation should be assessed and considered for supported self-management interventions although it is not known how effective or cost-effective such an intervention would be when instigated during admission or shortly after discharge. We conducted a systematic review and evidence synthesis to answer this question.

Methods Key databases eg MEDLINE, EMBASE, CENTRAL, were searched up to May 2012 for studies of any design where patients admitted with an acute exacerbation of COPD were included in a supported self-management intervention (or important components) within 6 weeks of discharge. Citation lists were checked and authors of relevant conference abstracts since 2010 were contacted. There were no language restrictions. Data were extracted and risk of bias assessed independently by 2 reviewers.

Results Of over 16000 initial search hits, 14 papers have been provisionally included which report 8 randomised controlled trials (RCTs), 1 controlled clinical trial and 4 pre-post studies/arms. Study quality was variable and interventions heterogeneous. Of the RCTs, 4 described multi-component self-management packages, 1 was a cluster RCT providing support to both nursing home staff and patients, 1 was a home-based exercise trial and 2