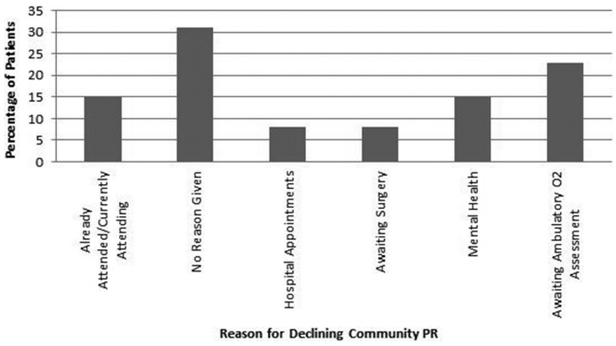

Abstract P136 Figure 1 Reasons why patients who attended the inpatient exercise class declined subsequent referral to community PR

Discussion Whilst not achieving statistical significance the referral rate to PR was higher amongst patients exposed to an inpatient exercise class, suggesting an effect on the initial uptake to PR may be improved with this intervention. Completion rates of PR were similar but sample size was insufficient to reliably detect this and it is acknowledged this was a small preliminary study. As an improvement in referral rate to PR was observed the feasibility of providing a routine exercise class warrants further investigation in a larger cohort. Further investigation is also required into why many patients decline PR referral and find it difficult to express reasons why.

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P137 'I REALLY LIVE FOR COMING HERE'. THE EFFECT OF A LONG-TERM SINGING GROUP ON CONTROL OF BREATHLESSNESS, SOCIAL EMPOWERMENT AND PSYCHOLOGICAL WELLBEING OF PATIENTS WITH RESPIRATORY DISEASE: A QUALITATIVE STUDY

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Introduction Community singing programs may improve quality of life for breathless people with long-term respiratory disease but there has been limited formal exploration of its social and psychological importance. This qualitative study aimed to investigate the impact of a long-term weekly singing group on empowerment, breathlessness, psychological wellbeing and social engagement of respiratory patients at an inner city London hospital.

Methods Patients attending a weekly, 1-hour singing group led by a music therapist and open to all patients with respiratory disease were recruited. Demographic, disease severity and self reported health care resource utilisation data were collected from those who consented to participate. Semi-structured interviews (Figure 1), were used to collect qualitative data which were analysed using grounded theory methodology.

Interview Schedule:

1. **How would you describe your experience of joining the singing group?**
2. **What is the best thing about it?**
3. **Is there anything which challenges you?**
4. **How has the group affected you in terms of your physical and mental health?**
5. **Is there anything which you can do now which you found difficult before you started singing?**
6. **How has the group affected your social life?**
7. **What effect, if any, has the group made on your breathlessness?**
8. **Would you recommend the group to other respiratory patients?**

Abstract P137 Figure 1

Results 16 patients (4M:12F, mean (range) age 72.6 (50–92) years) were interviewed. Diagnoses included COPD (11/16), asthma (2/16), bronchiectasis (2/16) and fibrosis (1/16) with mean (±SD, range) FEV1 1.31(± 0.54, 0.69–2.58,) litres, FEV1 54% predicted (± 22.01 range 26% - 96%). All were non-smokers (ex-smokers 12/16); 12/16 (75%) had previously attended pulmonary rehabilitation. 10/16 lived alone and 8/16 had a history of mental health comorbidity requiring treatment. Duration of singing group attendance (mean±SD) was 15.3 ± 6.5 months. Four themes were identified from the qualitative analysis of the semi-structured interviews: 1. 'Control of Symptoms', 2. 'Community and Friendship', 3. 'Psychological Benefits', 4. 'Mastery of Illness'. The singing group improved breathlessness symptoms, enabled access to further sources of support and formed new friendships. Self reported primary care (GP) visits were (non-significantly) fewer in the year following commencement of singing. There was no difference in hospital admissions in the year after starting singing compared to the year before.

Conclusion The singing group had a profound impact on this group of patients with moderate chronic respiratory disease, a high prevalence of anxiety and depression and social isolation. The dominant effects were improving mood, providing a sense of mastery (control) over breathing to better cope with breathlessness, and tackling social isolation. These findings should help to inform commissioners of the value of singing groups as an effective, low-cost, non-pharmacological long-term therapy for patients with chronic respiratory disease.

P138 EARLY VS DELAYED REHABILITATION: A RANDOMISED CONTROLLED TRIAL

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Introduction Providing outpatient Pulmonary Rehabilitation (PR) following hospitalisation for an acute exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) has been found to improve exercise capacity, quality of life and a reduction in unplanned hospital admissions and mortality (Puhan, 2011). These positive effects, although studied in the short term, have led to national and international guidelines supporting the provision of post exacerbation PR (PEPR). However, uptake is poor with less than 10% of hospital discharges for AECOPD completing PEPR (Jones, 2014).

The aim of this study was to establish whether delaying the offer of rehabilitation would be effective and acceptable to patients who have recently been hospitalised for an AE of their COPD.

Methods A randomised controlled trial was conducted. Patients were randomised to PEPR or delayed PEPR (D-PEPR) following hospitalisation for an AECOPD. Both programmes were the same, consisting of twice weekly, six-week hospital based programme (exercise and education). PEPR commenced within four weeks of hospital discharge and D-PEPR commenced 7 weeks after this. The primary outcome was the Incremental Shuttle Walking test (ISWT), secondary measures were the Endurance Shuttle Walk Test (ESWT).

Results Thirty six patients consented and were assessed (14 male, mean (SD) age 66.03 (7.64) years, FEV_1 1.18 (0.48) litres, ISWT 225 (160.77) metres, ESWT 222 (151.09) seconds. We observed important improvements in the PEPR group. However, only 6 patients out of 12 assessed in the D-PEPR group remained during the control time prior to the programme commencing of which 3 patients went on to complete all of D-PEPR (Table 1).

Abstract P138 Table 1 Mean changes with 95% CI for patients who completed pulmonary rehabilitation

	Early PR (n = 14)	D-PEPR at 7 weeks (n = 6)	Post D-PEPR (n = 3)
ISWT (Metres)	28.67 (51.49 to 5.85)*	13.33 (52.97 to 26.31) p = 0.427	40.00 (139.37 to 59.37)
ESWT (Seconds)	250.10 (407.98 to 92.16)*	23.20 (259.87 to 213.47)	283.33 (1302.90 to 736.23)

*P < 0.05.

Conclusion PEPR is effective and no natural recovery was observed. Although small numbers, acceptability and completion for D-PEPR was even worse than PEPR. D-PEPR does not seem a feasible alternative to PEPR.

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P139 INVESTIGATING THE PROFILE OF PHYSICAL ACTIVITY IN COPD PATIENTS 7 DAYS POST DISCHARGE FROM A RESPIRATORY-RELATED ADMISSION. DOES BRIEF ADVICE HAVE AN EFFECT?

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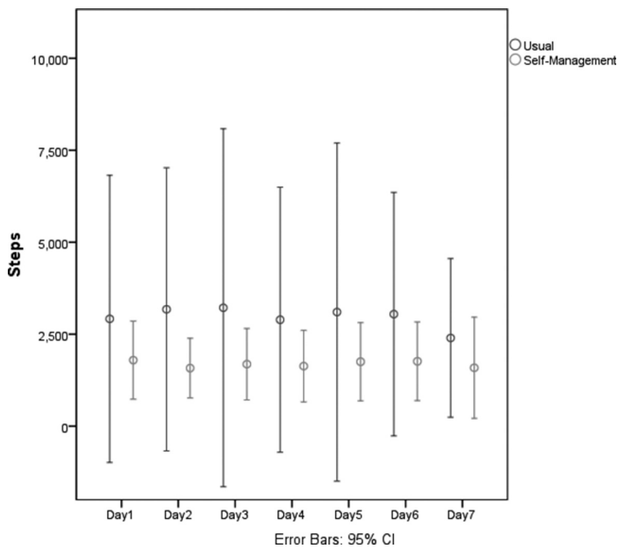
Introduction and objectives There is a relationship between Physical Activity (PA) and both readmissions and mortality.[1] PA in COPD in the immediate period following hospital admission and discharge has not received much attention. This study aimed to investigate the profile of PA in the 7 days following discharge from a respiratory-related admission. Additionally, we explored whether brief PA advice (given as part of a self-management (SM) manual) would improve the rate of recovery, compared to usual care.

Methods The study was a Randomised Controlled Trial. Those randomised to UC were discharged with standard treatment and follow-upon addition, those allocated to the SM group received brief advice PA advice in the form of a SM manual (SPACE FOR COPD). All patients wore the 'Sensewear' armband (SWA) monitor for 7 days post-discharge for 12 waking hours/day. Outcomes collected were: Total Energy Expenditure (TEE), Steps, Physical Activity Level (PAL) and time spent in light, moderate and vigorous activity.

Results Activity data was collected on 25 patients with COPD, UC = 10, SM = 15. Mean (SD) Age-67.7(7.2) years, FEV-1.01(0.43) L, MRC grade-3.8(1. X), 14 Females, 11 Males. Figure 1 shows the serial measures of steps over 7 days. There were no significant differences in physical activity at baseline between the groups. There was little fluctuation in steps over 7 days and the change was not significant from Day 1–Day 7, within in each group. Furthermore, there was no significant difference between the groups. This was the same for all of the other activity monitor data.



Abstract P139 Figure 1

Conclusion We found there was no improvement in steps in the 7 days post-discharge, despite PA advice given in the SM group. It may be that the advice was too brief or that 7 days was not long enough to witness an effect. Further research is required to investigate the effects of an exacerbation and SM interventions on PA; capturing PA data prior to, during and after an admission would be of value.

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P140 EFFECTS OF INDACATEROL/GLYCOPYRRONIUM ON LUNG FUNCTION AND PHYSICAL ACTIVITY IN PATIENTS WITH MODERATE TO SEVERE COPD

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