

**Abstract P234 Table 1** Non pulmonary complications following lung transplantation

GIT:	Cardiovascular:	Malignant Disease:
Gastro-oesophageal Reflux disease (GORD) (16)	Hypertensive disease (27)	Post-transplant Lymphoproliferative disease (2)
Nissen fundoplication (12)	Myocardial infarction (1)	Squamous and basal cell carcinoma- Skin (3)
Bowel obstruction (4)	Pericarditis (1)	Cervical- Squamous cell carcinoma (1)
Oesophageal candidiasis (3)	Atrial fibrillation (1)	Gastric adenocarcinoma (1)
Oesophageal fistula (1)		Vulvar intraepithelial neoplasia (1)
Gastrointestinal bleed (1)		
Duodenitis (1)		
Renal:	Musculoskeletal complication:	Endocrine:
Chronic kidney disease (CKD) (14) (requiring renal transplantation-3, haemodialysis - 1)	Osteoporosis (10)	Steroid related Diabetes (2)
Acute Kidney injury (3)	Osteopenia (10)	Adrenal insufficiency (1)
	Gouty arthropathy (2)	Secondary hyperparathyroidism (1)
	Vertebral compression fracture (1)	

**P235** TEMOCILLIN FOR BURKHOLDERIA INFECTION IN CYSTIC FIBROSIS – ADDING TO TREATMENT OPTIONS?

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**Introduction** Burkholderia spp infection in cystic fibrosis (CF) confers a worse prognosis, with increased morbidity and mortality. Treatment can be problematic because strains are often resistant to many of the commonly available intravenous antibiotics, leading to a search for new therapies. We have studied the use of Temocillin, a derivative of Ticarcillin with promising in-vitro activity against Burkholderia spp,<sup>1</sup> in the treatment of acute exacerbations in CF patients infected with Burkholderia spp.

**Methods** We have used Temocillin in IV form, often in combination, in acute respiratory exacerbations in CF patients attending our large adult unit who are chronically infected with Burkholderia spp. We present our two year data, looking at the subspecies treated, length of treatment, improvement in clinical parameters, and co-antibiotic use.

**Results** Nineteen courses of IV Temocillin were administered to 7 CF patients (mean age 29 years, [range 23–42 years], 2 males, 1 infected with B Cenocepacia, 6 with B Multivorans.) All patients completed their treatment without complication.

Median length of Temocillin treatment was 9.7 days (range 3–16 days), and most patients finished their therapy as outpatients (mean inpatient stay 5.2 days). All patients had clinical improvement, with all gaining weight (mean 3 kg [range 6.5 to 0.9]) and most increased spirometry (mean change in FEV1% predicted 6 [17 to -3]).

As regards the efficacy of co-antibiotic use, the 11 courses accompanied by Ceftazidime had a mean 3% improvement in FEV1, 8% with Meropenem (6 courses) and 9% with Colomycin (2 courses).

**Discussion** This clinical study has shown that Temocillin is well tolerated by CF patients and is associated with clinical

improvement in those infected with Burkholderia spp when given in combination with other antibiotics. Temocillin adds to the limited antibiotic armamentarium available to treat these difficult infections in CF patients and we recommend its use to other clinicians.

**REFERENCE**

- 1 Bonacorsi S, Fitoussi F, Lhopital S, Bingen E. Comparative *in vitro* activities of meropenem, imipenem, temocillin, piperacillin, and ceftazidime in combination with tobramycin, rifampin or ciprofloxacin against Burkholderia cepacia isolates from patients with cystic fibrosis. *Antimicrob Agents Chemother.* 1999;**43**: 213–217

**Clinical studies in cough****P236** PSYCHOLOGICAL PROFILE OF INDIVIDUALS PRESENTING WITH CHRONIC COUGH

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**Introduction and objectives** Between 20–40% of patients seen in respiratory clinics with chronic cough have an ‘idiopathic cough’ with persistent symptoms that are refractory to treatment and have no obvious underlying pathology. Adverse consequences of chronic cough are well documented in the literature, but relatively little is known about this patient population. We aimed to investigate the association of psychological factors, identified as important in the medically unexplained, persistent symptom literature, with chronic cough.

**Methods** Eighty-nine participants (63 female, mean age = 59) took part. Sixty-seven patients attending a specialist cough clinic (idiopathic; n = 25, explained cough; n = 42) and 22 normal controls were asked to complete questionnaires; all participants completed the Hospital Anxiety and Depression Scale, Big Five Inventory (Personality), Chalder Fatigue Scale and Patient Health Questionnaire-15. Cough patients also completed the Illness Perception Questionnaire-Revised. Appropriate statistical analyses were conducted comparing the participant groups.

**Results** Idiopathic coughers displayed significantly higher levels of neuroticism (p < 0.05), anxiety (p < 0.05), depression (p < 0.001), fatigue (p < 0.001) and somatic physical symptoms (p < 0.005) than controls. In comparison to explained coughers, significantly higher depression (p < 0.005) and fatigue (p = 0.01) scores were reported by idiopathic coughers, who also had significantly more negative illness perceptions (p < 0.005). Specifically, they had strong beliefs regarding negative consequences, lower illness coherence and higher emotional representations. Explained coughers only differed significantly to the control group in the increased levels of fatigue reported (p < 0.05).

**Conclusions** Many psychological factors are associated with chronic cough and seem to differentiate between the two patient groups. The prevalence of neuroticism, negative affect, negative illness beliefs and increased physical symptom reporting suggest a patient profile of idiopathic cough similar to that of other medically unexplained symptoms. This, as well as the novel and significant finding of the prevalence of fatigue, should be considered in consultations and developing novel interventions.