

Abstract P97 Table 1

Study ID	FEV1 (% predicted)	On PPI	RESQ-7 Heartburn Score ¹ (0–5)	Impedance results			pH results	
				Number of episodes (impedance)	Proximal	Supine	Acid exposure	Longest reflux episode
Normal values				<75	<30	<14	<4.2%	<9.2mins
001	60	No	2.2	<u>323.1</u>	<u>96.8</u>	<u>56.6</u>	<u>21</u>	<u>77.9</u>
003	50	Yes	1.2	<u>118.8</u>	22.1	<u>27.7</u>	3.6	7.4
005	63	Yes	0.8	51	19.7	4.6	<u>10.7</u>	<u>16.8</u>
006	43	Yes	0.2	67.6	11.3	3.1	1.2	7.4
007	53	Yes	3.2	<u>153.9</u>	<u>66.3</u>	<u>15</u>	<u>14.2</u>	<u>66.5</u>
009	26	Yes	4	<u>154.9</u>	<u>50.5</u>	<u>25.8</u>	<u>7</u>	<u>45.8</u>
010	26	No	0	<u>89.3</u>	16.3	<u>15.3</u>	<u>4.5</u>	<u>16.8</u>
011	72	Yes	0.96	<u>83.6</u>	15.9	6.4	<u>10.7</u>	<u>34.5</u>
012	39	Yes	0	<u>192.7</u>	<u>71.5</u>	NA	NA	NA
014	82	Yes	0	<u>82.3</u>	3.3	9.9	2.9	<u>16.9</u>

1 – This is the score for severity of heartburn, which is a single domain of the RESQ-7.

P98 AN 18 (± 6) MONTH FOLLOW UP STUDY OF COGNITIVE FUNCTION IN ADULTS WITH CYSTIC FIBROSIS RELATED DIABETES (CFRD)

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Introduction and objectives Cognitive impairments have been observed in people with type 1 and 2 diabetes. People with cystic fibrosis (CF) who have developed CF related diabetes (CFRD) also show some degree of impairment relative to healthy controls. The aim of this study was to examine cognitive function in people with CFRD after an 18 (± 6) month period to assess any change in performance.

Method Adult (>16 years old), pancreatic insufficient patients with insulin treated CFRD registered to a large UK CF unit who had adequate verbal and written English were eligible. Cognitive performance was assessed using parallel versions of tests from the Cambridge Neuropsychological Test Automated Battery (CANTAB). Subjective ratings of sleep, stress, mood, cognitive performance and minor daily cognitive errors were also collected. At baseline, 67 people were tested; 49 non transplanted and 18 post transplantation patients. Twelve patients were lost to follow-up. To date, 43 people have been retested after an 18 (± 6) month period; 35 non transplanted and 8 post transplantation patients.

Results At follow up, blood glucose levels were significantly lower during testing (reflecting better glycaemic control in some patients) and people reported significantly fewer occurrences of minor daily cognitive errors within the past 6 months. There was no change in performance between baseline and follow up on tests of motor function, visual memory and new learning, immediate pattern recognition, working memory and mental flexibility. On tests of immediate and delayed verbal memory, delayed pattern recognition and processing speed, performance had significantly improved at follow up.

Conclusion Cognitive function is impaired in people with CFRD but remains stable over an 18 (±6) month period. Deficits in cognitive performance may impact upon quality of life and ability to adhere to treatment.

P99 CYSTIC FIBROSIS MEDICATIONS AT TRANSFER FROM PAEDIATRIC TO ADULT CARE – WHAT ARE PATIENTS ACTUALLY TAKING?

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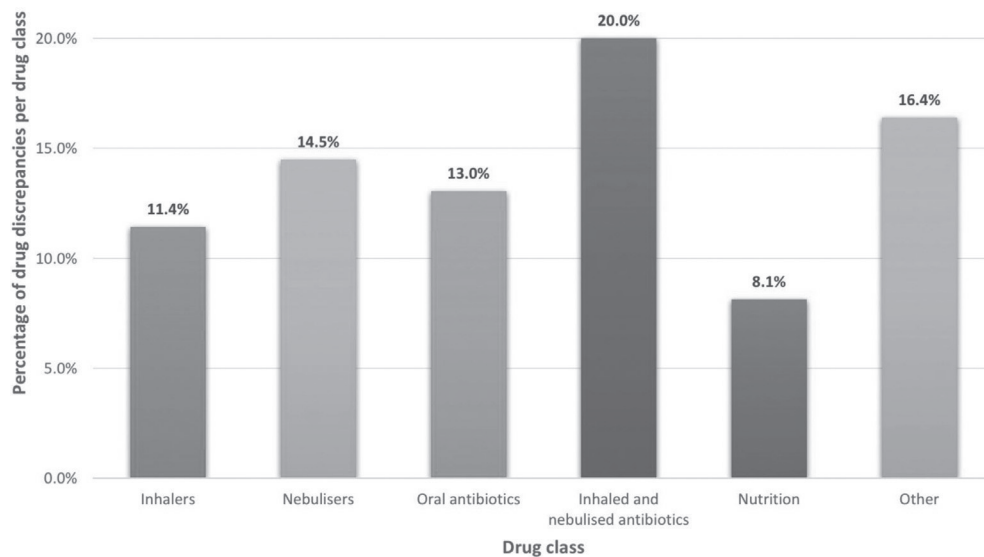
Introduction and objectives Cystic fibrosis (CF) is a multi-system disease requiring complex, high-burden treatment regimens. Discrepancies can arise between hospital and GP drug lists, in turn impacting patient's access to required long-term medications. One large adult CF centre has been conducting medicines reconciliation at the point of transition from paediatric care, with the goal of identifying and eliminating such discrepancies.

The objective of this study was to evaluate the accuracy of hospital medication lists versus the GP repeat prescription lists, at the point of transition from paediatric to adult care.

Methods Drug lists were assessed for discrepancies, in drug or dose, as well as non-collection of items. These issues were subgrouped to evaluate whether frequency varied by drug class.

Results Drug list from 99 patients from a 4.5-year period (2011–2016) were included, featuring a total of 1201 items, with a mean of 12, range 1–22, items per patient. There was a drug discrepancy in 11.7% of total items, with greatest frequency occurring in inhaled and nebulised antibiotics (20.0%), as seen in Figure 1. There was a dose discrepancy in 3.9% of total items, with greatest frequency occurring in oral antibiotics (8.7%). It was also found that 9.2% of items had not been collected from GP for ≥6 months, with greatest frequency occurring in nebulised medicines 13.8%.

Conclusions Discrepancies are common across CF medication lists. These may have a detrimental impact on clinical care, as patients are unable to access the required medicines from their GP, and hospitals may prematurely escalate care. Furthermore, a number of items prescribed by GPs are not regularly collected, indicating poor adherence. Medicines reconciliation at transition of care has a significant impact in identifying these issues, and CF centres should consider whether to also routinely include this process during CF annual reviews.



Abstract P99 Figure 1 Drug discrepancy breakdown by class

P100 PRE-TRANSPLANT C-REACTIVE PROTEIN (CRP) AS A MARKER OF POST-TRANSPLANT OUTCOMES IN PATIENTS WITH CYSTIC FIBROSIS (CF)

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Introduction Although novel therapies for CF have been introduced, the condition still has a high rate of complications and early death. Transplantation remains the only hope for extended survival and quality of life. Our study aimed to determine whether pre-transplantation CRP could predict outcomes post-transplantation.

Methods In a retrospective analysis of all lung transplantations performed at our centre between 2001 and 2016, only patients who had complete data were analysed. CRP levels within 72 hours pre-transplantation were compared with length of intubation, ITU and hospital stay, Primary Graft Dysfunction (PGD), pulmonary infection within 3 months post-transplantation and rates of acute cellular rejection.

Results Among 100 patients who underwent lung or heart/lung transplantation, 72 patients had a complete dataset. Average age at transplantation was 28.1 in both groups.

48 patients had CRP < 40 mg/L (24 males, 24 females, median CRP 14), and 24 patients had CRP > 40 mg/L (14 males, 10 females, median CRP 60). Average age of donor was 41.6 in the low CRP group, and 41.8 in the high CRP group.

Average duration of intubation was 66.7 hours in the low CRP group, versus 48.0 hours in the high CRP group, while average length of ITU stay was 6.9 days in the low CRP group, versus 9.3 days in the high CRP group (p 0.76). Average duration of hospital stay was 26.3 days in the low CRP group, and 25.7 days in the high CRP group. Mean number of infections in the low CRP group was 2.4, and 3.3 in the high CRP group (p 0.52). Mean number of episodes of rejection was 0.4 in the low CRP group, and 0.6 in the high CRP group (p 0.36).

Kaplan-Meier plots showed no evidence of impact on survival to 5 years.

Conclusion CRP within 72 hours pre-transplantation in patients with CF was not a predictor of short- or long-term outcomes in our study. It is important to note that the sample size for this

study was quite small, possibly contributing to this finding. Extension of this study to include patients from multiple transplant centres would be beneficial.

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Postoperative data	Average	Average	p.value
	< 40 (n = 48)	≥40 (n = 24)	
PGD	4	0	0.29
Intubation time (hours)	66.7	48.0	0.52
Blood loss in first 24 hours (mls)	1255.0	1550.8	0.19
Length of ITU stay (days)	6.9	9.3	0.76
Length of hospital stay (days)	26.3	25.7	0.50
Renal failure	2	1	1.00
Airway complications	4	1	0.77
Rejection episodes	0.4	0.6	0.36
Infection episodes	2.4	3.3	0.52
1 year survival			0.18

Improving Lung Cancer Care and Outcomes

P101 STRUCTURED HOLISTIC NURSING ASSESSMENT (HNA) IN BUCKINGHAMSHIRE HEALTHCARE TRUST (BHT) FOR LUNG CANCER & MESOTHELIOMA PATIENTS: PROCESS AND FINDINGS

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Aim Lung cancer and mesothelioma patients have complex needs. Without a structured process of screening and assessment these can go undetected. Structured screening and assessment needs considered planning. Our experience of screening and assessment of the holistic needs for lung cancer and mesothelioma patients in BHT is described.

Method All BHT lung cancer and mesothelioma patients are invited to be screened post diagnosis using the Distress Thermometer and Needs checklist (Brennan *et al* 2012).¹ Participation