

perceptions of the benefit:risk profile of existing and potential COPD therapies.

Methods Our local respiratory patient advisory group meets every 3 months to provide input into research. A focus group completed a conjoint analysis exercise¹. Four current (aclidinium, azithromycin, carbocisteine) or potential (drug X) COPD medicines were presented iteratively in pairs (Figure 1), comparing the magnitude of likely benefits (reduced exacerbations, improved overall health) and harms (risk of infection, antibiotic resistance, kidney failure, diabetes). For each pairing, participants indicated which medicine they would choose. Participants also ranked potential benefits (reduced exacerbations, increased survival, increased walking distance) and risks (death, kidney failure, diabetes) of medicines in order of importance and discussed how these should be prioritised.

Results 9 male and 9 female COPD patients (age range 66–86 years, median 77 years, GOLD 1–4) and 2 carers took part. When confronted with two treatment options, participants consistently chose the treatment with a better safety profile, even if this meant less clinical benefit. Being able to walk further was the most important benefit (70% participants), over preventing exacerbations (5%) or increasing life expectancy (5%). Kidney failure was selected as the most concerning potential risk (50% participants) over chance of death (10%). A strong theme emerged that quality of life was more important than life expectancy.

Conclusions Potential users of new treatments can weigh potential benefits and risks and judge their relative importance. This has potential to improve design of clinical trials, patient participation and development of medicines with real relevance to users.

REFERENCE

¹ Bridges JF, et al. Conjoint analysis applications in health—a checklist: a report of the ISPOR Good Research Practices for Conjoint Analysis Task Force. *Value in Health* 2011;**14**(4):403–13.

P223 THE PATIENT’S ROLE IN THE CHOICE OF NEW INHALER DEVICES AND DOSING REGIMENS FOR ASTHMA AND COPD: A PREFERENCE STUDY

T Robinson. Harrogate and District NHS Foundation Trust, Harrogate, UK

10.1136/thoraxjnl-2016-209333.366

Introduction Management guidelines for asthma and COPD guide which inhaled therapies should be prescribed, but not what type of device. There appears to be little evidence in the literature to support if patient involvement influences how concordant patients are with inhaled therapies.

Aims and objectives The aim was for patients to rate inhaler devices and dosing regimens so that discreet choices could be made when adding new drugs and devices to the local joint primary and secondary care prescribing formulary.

Methods 40 patients with asthma (n = 20) or COPD were purposively selected to participate in the study. 30 patients were seen on a one to one basis and ten patients with COPD seen in a patient education group. They were each given devices not normally prescribed in the locality (asthma = 5, COPD = 6). They were given 2 sets of instructions on how to load and use each device, a patient information leaflet (PIL) produced by the manufacturer, and one designed by the local nursing team. Each patient was asked to complete a 5-point questionnaire. Questions included:

- Which device did they prefer the most
- Which device did they least prefer
- Would they like once daily or twice daily maintenance medication
- Would they like all their drugs in one type of device or different devices
- Did they prefer the manufacturers PIL or the locally devised one

FACTORS	PERSON A	PERSON B
Time to next exacerbation	9 months 	7 months
Improvement in overall health	Mild	Moderate
Infection, other than exacerbation	1 in 500 (0.2%) 	No chance
Chance of antibiotic resistance	Increased	No chance
Kidney failure	No chance 	No chance
New onset of diabetes	No chance 	No chance



Abstract P222 Figure 1 Example of conjoint analysis option comparing person A (taking a prophylactic antibiotic) to person B (taking an inhaled bronchodilator)

Results Preloaded devices were much preferred by both patient groups, although only 2 of the 6 devices needed loading. Once daily dosing regimens were preferred over twice daily dosing (N = 28). Patients comprehensively preferred the local instructions for use compared to the PIL (N = 38). Patients preferred to have the same device for all their inhaled therapies (N = 32).

Conclusions Most new drug delivery systems prescribed to patients are selected by clinicians. This small-scale study highlighted the importance of patient involvement when clinicians prescribe devices and dosing regimens. Manufacturers need to look at simplifying PILs, which may increase patients' ability to use their device correctly.

P224 TOWARDS PERSON-CENTRED CARE: DEVELOPMENT OF A PATIENT SUPPORT NEEDS TOOL FOR PATIENTS WITH ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN PRIMARY CARE

¹AC Gardener, ²G Ewing, ¹M Farquhar. ¹Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK; ²Centre for Family Research, University of Cambridge, Cambridge, UK

10.1136/thoraxjnl-2016-209333.367

Introduction Patients with advanced COPD have difficulty articulating their support needs to clinicians, undermining person-centred care and support. A new approach, the Support Needs Approach for Patients (SNAP), informed by, and modelled on, the evidence-based Carer Support Needs Assessment Tool (CSNAT), may enable patients to identify and express their

support needs and start person-centred conversations with clinicians. SNAP is underpinned by an evidence-based tool (a brief set of questions) to help patients consider and express their support needs. This study aimed to develop the SNAP tool, suitable for use in clinical practice.

Methods Two-stage qualitative study. Stage 1: domains of support need in advanced COPD were identified through a rapid review of the literature, analysis of data from the Living with Breathlessness Study (n = 20 purposively sampled patients with advanced COPD) and patient focus groups. Stage 2: the draft SNAP tool was developed based on the identified domains of support need, then reviewed and refined in stakeholder workshops with patients, carers and clinicians (from primary, secondary and community care, including specialist respiratory care) to ensure acceptability and suitability for clinical practice.

Results A comprehensive range of evidence-based domains of support need were identified in Stage 1 which were then formulated into questions for inclusion on the draft SNAP tool in Stage 2. The draft tool asks patients to consider whether they need more support in relation to 16 broad areas (domains) of support need such as practical help in the home, knowing what to expect in the future, understanding their condition, getting out and about, and support for their carer. Patients, carers and clinical stakeholders from community respiratory care endorsed the content and wording of the draft SNAP tool and the proposed Support Needs Approach for Patients which it underpins (forthcoming workshops with primary and secondary care clinicians will identify their views which will also be reported).

Discussion The SNAP tool has the potential to help patients with advanced COPD identify and express their support needs to

Extract from draft SNAP tool showing some example items (Farquhar, Gardener & Ewing: July 2016)

How are you?

We would like to know what support you need. Please tick the box that best represents your needs now, for each statement below.

Do you need more support with...	No	A little more	Quite a bit more
.. understanding your illness			
.. getting out and about			
.. having a healthier lifestyle (e.g. keeping active or eating well)			
...			
-----	-----	-----	-----

Abstract P224 Figure 1