

clinicians in order to enable delivery of person-centred care. Future work will test the tool's validity and feasibility of use in everyday clinical practice.

Breathlessness

P225 TRIGGERS OF VOCAL CORD DYSFUNCTION AND ASTHMA

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Background Vocal cord dysfunction (VCD) is often initially misdiagnosed as, or may coexist with, asthma. Identifying the differences between the types of triggers for each condition may help differentiate between these two conditions, and could give mechanistic insights.

Aim The aim of this study is to identify and compare patient-reported triggers in VCD and asthma.

Methods This was a two-part study. *Part A* – A retrospective case note review of the triggers of VCD from endoscopically-confirmed VCD patients was conducted. This information was used to generate a Breathlessness Triggers Survey with triggers recorded under the categories: scents, environmental factors, temperature, emotions, mechanical factors and daily activities. *Part B* – A prospective study which involved patients with VCD and/or asthma completing the Breathlessness Triggers Survey, rating the likelihood of each item triggering their symptoms using a five-point Linkert scale (strongly disagree to strongly agree). Chi-square test was performed to compare responses by cohort.

Results *Part A* – Data from 202 patients with VCD (73.3% female, mean age 53.1yrs) were included in the retrospective study. The findings were used to create a 23-item Breathlessness

Triggers Survey for Part B of the study. *Part B* – 38 patients with VCD-only (63.2% females, mean age 56.8 yrs), 39 patients with asthma-only (56.4% female, mean age 53.3 yrs) and 12 patients with both VCD and asthma (83.3% female, mean age, 56.8yrs) were recruited. The mean number of patient-reported triggers in the VCD and asthma cohort was 11 and 13 respectively. Mechanical factors such as talking ($p \leq 0.001$), shouting ($p = 0.004$) and swallowing ($p \leq 0.001$) were more common in the VCD cohort, whilst environmental factors such as pollen/flowers ($p = 0.002$) and damp air ($p = 0.039$) were more common in asthma. There were no differences between groups in frequency of reporting scents as triggers (except for vinegar, more common in VCD), temperature, emotions or daily activities.

Conclusion There were notable differences and overlaps between patient-reported triggers of VCD and asthma, which could give clues to diagnosis during clinical assessment. Future work should focus on the mechanisms underlying these findings.

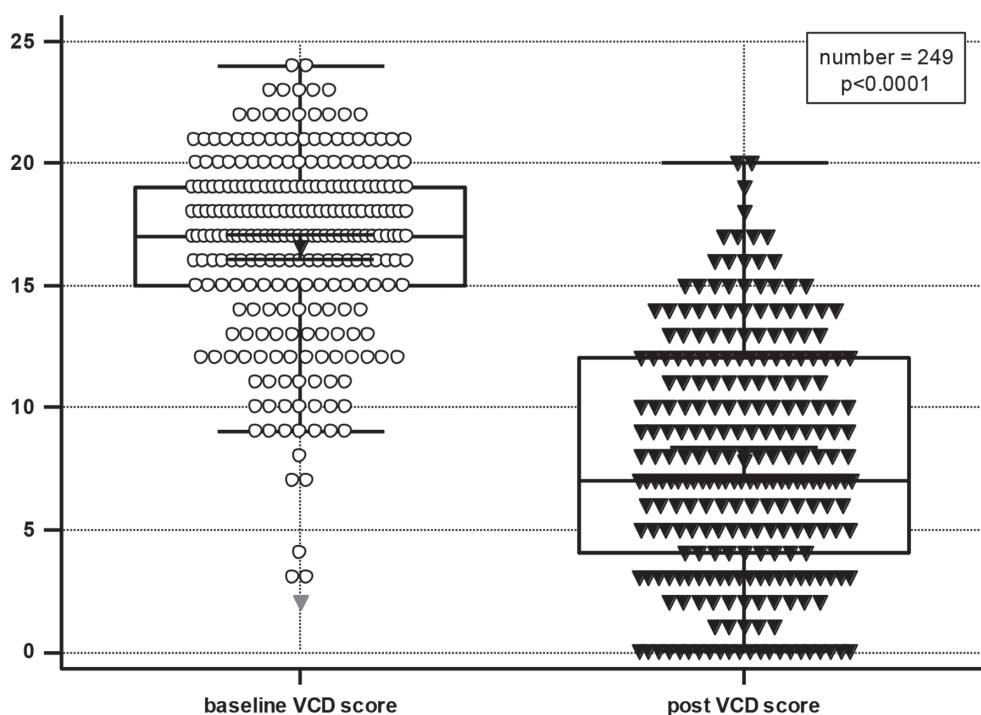
P226 VOCAL CORD DYSFUNCTION; CLINICAL OUTCOMES OF SPEECH & LANGUAGE THERAPY INTERVENTION

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Introduction Vocal cord dysfunction (VCD) is a little-known condition that frequently masquerades as and coexists with asthma resulting in misdiagnosis and mismanagement.¹ Speech & Language Therapy (SLT) is the mainstay of management though treatment efficacy is yet to be proven. We report on VCD patients clinical outcomes prior to and post therapy.

Method All patients referred to a tertiary VCD centre with nasendoscopy-confirmed VCD diagnosis and completed SLT input were considered for this study. Clinical outcomes were recorded on the local VCD registry. Symptoms scores were



Abstract P226 Figure 1 VCD questionnaire scores pre and post SLT intervention