offers a welcome alternative method of accessing PR services for those unable to access traditional PR. However, further research should be completed into identifying characteristics of those who will be most likely to succeed at VPR.

P86 PHYSIOTHERAPIST-LED ONLINE EXERCISE SESSION FOR PEOPLE WITH CYSTIC FIBROSIS (CF) DURING THE COVID-19 PANDEMIC: A SERVICE EVALUATION

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Background Public Health England guidance advised people with CF to shield during the COVID-19 pandemic. We were concerned about patients struggling with isolation, lack of team contact and the inability to exercise. As such, we set up interactive exercise sessions for patients attending our unit, with the aim of supporting our patients to remain active while complying with the guidance and creating a holistic support network.
Methods Over the 4 months of shielding, we developed eleven interactive online sessions per week, with different levels of intensity, and delivered these simultaneously to inpatients and outpatients. All patients at the Leeds Adult CF Unit, regardless of session attendance, were invited to answer an evaluation questionnaire for the service. Feedback from the multidisciplinary team (MDT) was also collated.
Results Overall 75 patients attended the sessions at least once, and 36% of them provided feedback. 70% of patients found it harder to motivate themselves without the sessions and 83% reported exercising more frequently as a result. Over 75% of patients thought the sessions were enjoyable and would continue after shielding. Among those who did not attend the sessions, 22% of patients responded to our survey and the majority reported that they already achieved the minimum activity levels.

Feedback from the MDT was very positive as the sessions allowed staff to identify patients needing greater input to optimise care and enable individualised reviews. Staff morale and well-being was also positively affected by the sessions.
Conclusion The interactive online exercise sessions gave our patients the opportunity to engage in a physiotherapy-led exercise programme during shielding. Both active and inactive patients participated as a result of offering different intensity training options. Through the medium of live online classes, we were able to give people in shielding social contact, peer-support from others in the same situation and enhancement of physical health. Direct contact with the familiar physiotherapy team allowed advice to be given as required. This service will be monitored and reviewed in a further 3 and 6 months post cessation of shielding.

P87 FACTORS INFLUENCING PATIENT ATTENDANCE OF A PULMONARY REHABILITATION PROGRAM IN RESOURCE-SCARCE SETTINGS

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The overwhelming evidence for the benefits of pulmonary rehabilitation (PR) in patients with chronic respiratory diseases has become indisputable. However, it is still underutilised in low-middle income countries such as Pakistan. We aim to identify factors that affect patient attendance of, and adherence to, PR in order to improve our efforts to increase uptake.

We conducted a retrospective analysis on referrals to an 18-session PR program at a free-of-cost, charity-based hospital in Karachi, Pakistan. Patients were categorised into attendance (0 or > 0 sessions) and adherence (≤ 12 or > 12 sessions) groups. Data collected included sociodemographic factors (age, gender, smoking and employment status, distance from healthcare facility, free transport service usage) and health-related factors (exposure to indoor biomass burning and forced expiratory volume (FEV1)). Multiple logistic regression was performed to determine associations with attendance and adherence groups.

Of 86 referred patients, 38.4% did not attend, 24.4% were not adherent, while 37.2% were adherent. Univariate analysis showed patients exposed to indoor biomass (non-attendance: 21%, non-adherence: 33%, adherence: 47%), those with lower mean FEV1 levels (0.89L, 0.75L, 0.71L), and those who were females (39%, 48%, 63%) were associated with attendance and adherence groups. The average travelling distance from the healthcare facility for non-attendance and non-adherence groups were 11.3 and 10.5 kilometres respectively, while the adherence group travelled 6.9 kilometres. Univariate logistic regression showed that the odds of attendance was 2.07 times greater when using the transport service. The odds of attending sessions was 5% less for every increasing year of age (OR: 0.95, 95%CI: 0.92, 0.99).

The study showed that younger-aged adults and free transport services played a major role in increasing attendance and adherence to PR. Yet, many eligible patients did not complete the program. Further implementation steps may focus on increased transportation facilities to maximise attendance.

P88 ENHANCING THE PERFORMANCE OF ELITE ATHLETES, ARE WE MISSING SOMETHING IN THE AIR?

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Introduction Fitness testing forms an important role in evaluating an individual's athletic performance and potential. Its assessment is a complex, multifaceted process comprising of cardiovascular endurance, strength, and flexibility testing as well as body composition evaluation. The respiratory element of this is commonly overlooked and undervalued despite dyspnoea, upper airway distress, recurrent infections and coryzal symptoms being a notable cause of underperformance in athletes. Previous studies have postulated that airway hyperresponsiveness or repeated injury and repair process of the respiratory epithelium, can lead to structural and functional changes, and are then responsible for the underlying airway dysfunction in athletes. It therefore seems feasible that understanding this could