missing data, a mixed effects model was used using residual maximum-likelihood. Clinic visit and disease severity were included as factors. Utility values were assumed to be missing at random.

**Results** The estimated utility of COPD patients according to levels of disease severity was as follows: Mild = 0.820 (95% CI: 0.800–0.840); Moderate = 0.801 (95% CI: 0.794–0.809); Severe = 0.774 (95% CI: 0.767–0.782); and Very Severe = 0.748 (95% CI: 0.730–0.756). The correlation between increasing disease severity and decreasing patients’ utility demonstrated the internal validity of the data.

**Conclusion** This analysis provides estimates of utility by COPD disease severity based on one of the largest sample sizes used to date, which is essential for cost-utility analyses that help inform healthcare decisions.

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**Cystic Fibrosis: diagnosis to therapy**

**P86**

**THE SCREENING AND DIAGNOSIS OF CYSTIC FIBROSIS-RELATED DIABETES IN THE UNITED KINGDOM**

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1KL Wickens-Mitchell, FJ Gilchrist, W Lenney, Keele University, Keele, UK; 2University Hospital of North Staffordshire, Stoke on Trent, UK

**Introduction** Cystic fibrosis related diabetes (CFRD) affects 17% of CF patients in the UK and is increasing in prevalence. It has a major detrimental impact on pulmonary function, nutritional status and survival; these effects are frequently seen prior to diagnosis. The UK CF Trust guidelines regarding CFRD screening, diagnosis and management differ from those used in Europe and the USA. We conducted a study to establish current UK clinical practise.

**Methods** A questionnaire was emailed to consultants at each of the 48 UK CF specialist centres. Data were gathered on the screening and diagnosis of CFRD as well as the personnel involved.

**Results** Completed questionnaires were returned by 39/48 centres (81%). Only 3/21 (14%) paediatric centres begin screening at 12 years (as per the UK CF Trust guidelines), with the majority; 11/21 (52%) starting to screen children at 10 years (as per the European and USA guidelines). Five centres start screening at a child’s first annual review. The most common test used to screen patients for CFRD is the oral glucose tolerance test (OGTT) which is used in 35/39 (89%) centres. However, this tool is only used in isolation by 3/33 (9%) centres. More commonly, results of the OGTT are combined with random blood glucose tests and/or HbA₁c measurement. The test most frequently used to diagnose CFRD is home blood glucose monitoring which is undertaken in 32/39 centres (82%). Again this is rarely used in isolation, more commonly combined with HbA₁c and/or with the results of a continuous glucose monitoring system (CGMS). CGMS is undertaken for diagnosis in 25/39 centres (59%). The decision to initiate insulin therapy was most often shared between a CF consultant and diabetologist. However, in 14/44 (36%) centres a diabetic nurse specialist had sole responsibility.

**Conclusions** In UK clinical practise the screening and diagnosis of CFRD is not uniform. Various methods are used and there is poor adherence to UK CF Trust guidelines. However, these guidelines from 2004 are somewhat out-dated and need to be updated to reflect the current best available evidence. This is likely to decrease the variation in practise.

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**P87**

**THE IMPACT OF RESPIRATORY VIRUSES AND PULMONARY EXACERBATIONS ON FEV1 DECLINE IN ADULTS WITH CYSTIC FIBROSIS**

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1WG Flight, KJ Mutton, AK Webb, RJ Bright-Thomas, AM Jones. 1Manchester Adult Cystic Fibrosis Centre, Manchester, United Kingdom; 2Dept of Virology, Manchester Royal Infirmary, Manchester, United Kingdom

**Introduction** Viral respiratory infection (VRI) is associated with an increased rate of decline in lung function in children with cystic fibrosis (CF) but the long-term clinical impact of VRI in adults is poorly described. We performed a prospective observational study to determine the effect of VRI on lung function in adults with CF.

**Methods** 100 adults with CF were followed for 12 months. Patients were seen every two months routinely and also at onset of new respiratory symptoms. Sputum, nose- and throat-swabs were be filled in before attending clinic. This would allow areas of concern to the patient to be specifically addressed in the consultation. In addition the questionnaire could be used to provide feedback to individual clinicians on their effectiveness in outpatient care.

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**Abstract P85 Table 1**

<table>
<thead>
<tr>
<th>Question</th>
<th>Explained in clinic (%)</th>
<th>Explained before (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to access flu vaccination</td>
<td>65</td>
<td>22</td>
<td>87</td>
</tr>
<tr>
<td>How to access pneumonia vaccination</td>
<td>46</td>
<td>21</td>
<td>67</td>
</tr>
<tr>
<td>How to use your inhalers</td>
<td>59</td>
<td>33</td>
<td>92</td>
</tr>
<tr>
<td>How medicines would benefit you</td>
<td>56</td>
<td>27</td>
<td>83</td>
</tr>
<tr>
<td>How to access to smoking cessation</td>
<td>69</td>
<td>17</td>
<td>86</td>
</tr>
<tr>
<td>How COPD may affect you</td>
<td>43</td>
<td>35</td>
<td>78</td>
</tr>
<tr>
<td>What to do if symptoms get worse</td>
<td>20</td>
<td>46</td>
<td>66</td>
</tr>
</tbody>
</table>

**Poster sessions**

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