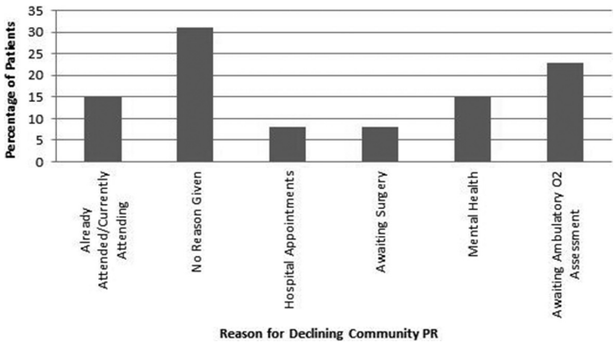

Abstract P136 Figure 1 Reasons why patients who attended the inpatient exercise class declined subsequent referral to community PR

Discussion Whilst not achieving statistical significance the referral rate to PR was higher amongst patients exposed to an inpatient exercise class, suggesting an effect on the initial uptake to PR may be improved with this intervention. Completion rates of PR were similar but sample size was insufficient to reliably detect this and it is acknowledged this was a small preliminary study. As an improvement in referral rate to PR was observed the feasibility of providing a routine exercise class warrants further investigation in a larger cohort. Further investigation is also required into why many patients decline PR referral and find it difficult to express reasons why.

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P137 'I REALLY LIVE FOR COMING HERE'. THE EFFECT OF A LONG-TERM SINGING GROUP ON CONTROL OF BREATHLESSNESS, SOCIAL EMPOWERMENT AND PSYCHOLOGICAL WELLBEING OF PATIENTS WITH RESPIRATORY DISEASE: A QUALITATIVE STUDY

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Introduction Community singing programs may improve quality of life for breathless people with long-term respiratory disease but there has been limited formal exploration of its social and psychological importance. This qualitative study aimed to investigate the impact of a long-term weekly singing group on empowerment, breathlessness, psychological wellbeing and social engagement of respiratory patients at an inner city London hospital.

Methods Patients attending a weekly, 1-hour singing group led by a music therapist and open to all patients with respiratory disease were recruited. Demographic, disease severity and self reported health care resource utilisation data were collected from those who consented to participate. Semi-structured interviews (Figure 1), were used to collect qualitative data which were analysed using grounded theory methodology.

Interview Schedule:

1. **How would you describe your experience of joining the singing group?**
2. **What is the best thing about it?**
3. **Is there anything which challenges you?**
4. **How has the group affected you in terms of your physical and mental health?**
5. **Is there anything which you can do now which you found difficult before you started singing?**
6. **How has the group affected your social life?**
7. **What effect, if any, has the group made on your breathlessness?**
8. **Would you recommend the group to other respiratory patients?**

Abstract P137 Figure 1

Results 16 patients (4M:12F, mean (range) age 72.6 (50–92) years) were interviewed. Diagnoses included COPD (11/16), asthma (2/16), bronchiectasis (2/16) and fibrosis (1/16) with mean (±SD, range) FEV1 1.31(± 0.54, 0.69–2.58,) litres, FEV1 54% predicted (± 22.01 range 26% - 96%). All were non-smokers (ex-smokers 12/16); 12/16 (75%) had previously attended pulmonary rehabilitation. 10/16 lived alone and 8/16 had a history of mental health comorbidity requiring treatment. Duration of singing group attendance (mean±SD) was 15.3 ± 6.5 months. Four themes were identified from the qualitative analysis of the semi-structured interviews: 1. 'Control of Symptoms', 2. 'Community and Friendship', 3. 'Psychological Benefits', 4. 'Mastery of Illness'. The singing group improved breathlessness symptoms, enabled access to further sources of support and formed new friendships. Self reported primary care (GP) visits were (non-significantly) fewer in the year following commencement of singing. There was no difference in hospital admissions in the year after starting singing compared to the year before.

Conclusion The singing group had a profound impact on this group of patients with moderate chronic respiratory disease, a high prevalence of anxiety and depression and social isolation. The dominant effects were improving mood, providing a sense of mastery (control) over breathing to better cope with breathlessness, and tackling social isolation. These findings should help to inform commissioners of the value of singing groups as an effective, low-cost, non-pharmacological long-term therapy for patients with chronic respiratory disease.

P138 EARLY VS DELAYED REHABILITATION: A RANDOMISED CONTROLLED TRIAL

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Introduction Providing outpatient Pulmonary Rehabilitation (PR) following hospitalisation for an acute exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) has been found to improve exercise capacity, quality of life and a reduction in unplanned hospital admissions and mortality (Puhan, 2011). These positive effects, although studied in the short term, have led to national and international guidelines supporting the provision of post exacerbation PR (PEPR). However, uptake is poor with less than 10% of hospital discharges for AECOPD completing PEPR (Jones, 2014).