cell surface activation similar to other agents. Comparing challenges in chronic cough patients shows that whilst inter-patient variability is low, intra-patient variability is high. Therefore, in contrast to healthy subjects, cough challenges are unlikely to be a useful measure of determining individual improvement in chronic cough patients.

Beyond FEV1 in COPD

**EPIDEMIOLOGY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN THE UK: FINDINGS FROM THE BRITISH LUNG FOUNDATION’S ‘RESPIRATORY HEALTH OF THE NATION’ PROJECT**

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**Background** We performed an analysis of UK respiratory disease epidemiology covering 2004–2012. Findings pertaining to COPD are presented here.

**Methods** Prevalence and incidence rates were estimated from The Health Intelligence Network database representing ~5 per cent of the population. Mortality figures came from official government statistics. WHO data were used for international mortality comparisons and numbers of hospital admissions/inpatient bed-days.

**Results** An estimated 1.2 million people (2% of the population) have diagnosed COPD – considerably more than the 835,000 estimated by the Department of Health in 2011 – making COPD the second most common lung disease in the UK, after asthma. Prevalence has increased by 27% in the last decade. Incidence fell considerably more than the 835,000 new diagnoses in 2012. Men are more likely to be diagnosed with COPD and to die from it than women. COPD is rare under 40 and becomes commoner with age, affecting 9% of those aged >70. COPD prevalence, incidence and mortality rates are highest in Scotland and the north of England. Prevalence and incidence are over twice as great in the most deprived population quintile than in the least. Nearly 30,000 people die from COPD each year, making it the second greatest cause of death from lung disease and the UK’s fifth biggest killer. Mortality increased from 2004–2012. The UK COPD mortality rate ranks third in Europe. Incidence fell noticeably clinically important difference. 1

**Conclusion** This study will inform a future large scale randomised control trial (RCT). The LIVELY PAI intervention appears to be feasible and safe within this preliminary study, and enhanced physical activity in people with COPD. While the results require confirmation in a fully powered RCT, the mean increase in step count is in line with a recently published minimally clinically important difference. 2

**REFERENCE**