Results Preloaded devices were much preferred by both patient groups, although only 2 of the 6 devices needed loading. Once daily dosing regimens were preferred over twice daily dosing (N = 28). Patients comprehensively preferred the local instructions for use compared to the PIL (N = 38). Patients preferred to have the same device for all their inhaled therapies (N = 32).

Conclusions Most new drug delivery systems prescribed to patients are selected by clinicians. This small-scale study highlighted the importance of patient involvement when clinicians prescribe devices and dosing regimens. Manufacturers need to look at simplifying PILs, which may increase patients' ability to use their device correctly.

P224 TOWARDS PERSON-CENTRED CARE: DEVELOPMENT OF A PATIENT SUPPORT NEEDS TOOL FOR PATIENTS WITH ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) IN PRIMARY CARE

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Introduction Patients with advanced COPD have difficulty articulating their support needs to clinicians, undermining person-centred care and support. A new approach, the Support Needs Approach for Patients (SNAP), informed by, and modelled on, the evidence-based Carer Support Needs Assessment Tool (CSNAT), may enable patients to identify and express their

support needs and start person-centred conversations with clinicians. SNAP is underpinned by an evidence-based tool (a brief set of questions) to help patients consider and express their support needs. This study aimed to develop the SNAP tool, suitable for use in clinical practice.

Methods Two-stage qualitative study. Stage 1: domains of support need in advanced COPD were identified through a rapid review of the literature, analysis of data from the Living with Breathlessness Study (n = 20 purposively sampled patients with advanced COPD) and patient focus groups. Stage 2: the draft SNAP tool was developed based on the identified domains of support need, then reviewed and refined in stakeholder workshops with patients, carers and clinicians (from primary, secondary and community care, including specialist respiratory care) to ensure acceptability and suitability for clinical practice.

Results A comprehensive range of evidence-based domains of support need were identified in Stage 1 which were then formulated into questions for inclusion on the draft SNAP tool in Stage 2. The draft tool asks patients to consider whether they need more support in relation to 16 broad areas (domains) of support need such as practical help in the home, knowing what to expect in the future, understanding their condition, getting out and about, and support for their carer. Patients, carers and clinical stakeholders from community respiratory care endorsed the content and wording of the draft SNAP tool and the proposed Support Needs Approach for Patients which it underpins (forthcoming workshops with primary and secondary care clinicians will identify their views which will also be reported).

Discussion The SNAP tool has the potential to help patients with advanced COPD identify and express their support needs to

Extract from draft SNAP tool showing some example items
(Farquhar, Gardener & Ewing: July 2016)

How are you?

We would like to know what support you need. Please tick the box that best represents your needs now, for each statement below.

Do you need more support with...	No	A little more	Quite a bit more
.. understanding your illness			
.. getting out and about			
.. having a healthier lifestyle (e.g. keeping active or eating well)			
...			

Abstract P224 Figure 1

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