nadir of 2.0 L (52% fall) and bronchodilator therapy was administered (Figure). Histamine responsiveness 24 h post challenge increased with a PC 20 of 3.3 mg/ml. The active challenge was not repeated.

Conclusion We demonstrated an isolated sustained late asthmatic reaction to the ER system confirming OA. The likely sensitiser was cyclohexylamine (an aliphatic amine hardener) which had a high "Chemical Asthma Hazard Assessment Score" of 0.9283. To ensure patient safety, it is important to be aware of this pattern of response (which is typical of low molecular weight agents). It also explains why the patient did not closely link his symptoms with work. The exact immunological mechanisms are not currently known.

M5 THE CORRELATION BETWEEN SATISFACTION WITH INFORMATION ABOUT MEDICINES AND CLINICAL OUTCOMES IN AN ETHNICALLY DIVERSE DIFFICULT ASTHMA COHORT

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Introduction It is thought that a common cause of poor asthma control is lack of information about medication and their use. This study aims to investigate the influence of satisfaction with information about medicines and its associated clinical outcomes in patients in a difficult asthma cohort.

Methodology Ethics approval was granted. All patients attending a difficult asthma clinic in a large tertiary centre were invited to participate. The Satisfaction with Information about Medicines Scale (SIMS) questionnaire was used.[1] This validated 17 item questionnaire, explores various aspects of medication information with preventer inhalers and the associated patient satisfaction with this. Demographic and adherence information from the GP were also collected. SPSS version 22.0 was used to analyse the data.

Results The table shows that patients from non-Caucasian backgrounds had statistically significantly lower reported satisfaction with information about medicines. There was also a statistically significant correlation between low satisfaction with information and increased salbutamol use and rates of asthma exacerbations.

Discussion This study shows the importance of ethnicity to the level of satisfaction with information about medicines. Language barriers, lack of understanding or health beliefs could be contributing factors. Our study found no statistical significance found between GP prescription refill rates (adherence) and associated exacerbations and salbutamol use. However, it is worth noting that our study did not investigate whether patients who picked up their preventer inhalers were indeed using them as intended by their clinician, nor did it assess inhaler technique.

Conclusion We have shown that using a validated questionnaire can help identify patients who are at risk of having a lower satisfaction with their medicines and in turn a greater likelihood of having poorer clinical outcomes. Eliciting satisfaction with information about medication can help tailor interventions to support clinical outcomes in patients from ethnic minorities.

REFERENCE

1 Horne R, Hankins M, *et al*. The Satisfaction with Information about Medicines Scale (SIMS): a new measurement tool for audit and research. *Qual Health Care* 2001;**10**(3):135–140.

Abstract M5 Table 1

	Satisfaction with information about medicines Scale (SIMS) – likelihood to be satisfied with preventer inhaler medication
Gender	No significant difference between genders found
Female (n = 49)	
Male (n = 26)	
Age	No significant difference between ages found
18–30 (n = 2)	
31–50 (n = 35)	
51–70 (n = 31)	
70+ (n = 7)	
Ethnicity	Satisfied ($P < 0.01$)
– White Caucasian (n = 46)	Not satisfied ($P < 0.01$)
– Ethnic Backgrounds (n = 29)	
Asian (n = 21)	
Black Afro-Caribbean (n = 6)	
European (n = 2)	
≥80% Adherence to inhaled corticosteroids (ICS) as per GP refill information	No significant correlation between satisfaction and adherence found
Salbutamol use/day	Increased salbutamol use when not satisfied ($P < 0.05$)
Exacerbations per year	Increased rate of exacerbations when not satisfied ($P < 0.05$)

M6 IMPROVING FOLLOW-UP IN PATIENTS ATTENDING AND DISCHARGED FROM ACCIDENT AND EMERGENCY WITH ASTHMA EXACERBATIONS

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Introduction The Respiratory and Accident and Emergency (A&E) departments in Forth Valley audited asthma care in the emergency department over the past years. Shortcomings in a number of areas have been identified and quality improvement measures undertaken.

One area was the failure to organise follow-up for patients following attendance at A&E, (24% in 2009, 47% in 2012). As a result a new system was introduced.

Methods Forth Valley Health Board serves a population of 310,000 and has one acute hospital with 860 beds. The Respiratory Service comprises of 6 Consultants and 5.5 Respiratory Nurses. There are specialist asthma clinics run by the physicians/nurses. Patients with an asthma exacerbation discharged from the A&E department are identified by interrogating the A&E patient management system daily and clinical and contact details obtained. The Respiratory nurses contact any patient to obtain further information (standardised questionnaire) and make a management plan with the patient. Their case is then discussed with the on-call Respiratory physician and further recommendations instituted.

Results 88 cases (27 (30%) male, 61 (70%) female) were identified as having attended with an exacerbation of their asthma and discharged from A&E during 2015. Median age 36 (range 17–78), 46 (58%) presented at weekends or outwith working hours (0800–1800), 70 (80%) were discharged home with oral steroids.

Of the 88 patients one had no telephone/one lived outside the UK. 26 (30%) patients did not reply and the GP practice was