The facilitators were experienced in running focus groups and had clinical awareness of RP to support discussion when needed. The semi-structured session explored: symptoms; effect on everyday life (emotional, physical, impact on others); diagnosis (time span, professionals involved, ongoing monitoring); healthcare professional support. The session concluded with a priority exercise where participants received four ‘resource’ coins to distribute as they wished to topics (as defined collectively by the group).

**Results**

Twenty-two participated; 13 RP sufferers and 9 carers. The group fully engaged and there were no conflicts, despite differing opinions. Despite some valued on-line peer support groups general consensus was provision is limited for those living with RP; the majority had never met another RP sufferer/carer until the session.

Group defined themed issues for RP sufferers included: lack of understanding; loss of identity; breathlessness; pain; fatigue; impact on relationships; memory impendence. Carer themed issues were similar: pain; lack of appropriate support; restrictions on planning ahead; impact on social life. The allocation of resource across the groups differed in priority (Table 1).

**Conclusion**

Common issues effect both RP suffers and their carers but there are variations in the hierarchy of burden. We acknowledge this is a preliminary engagement exercise. However, the key issues identified should form the foundation for further research focus groups to guide appropriate patient-centred care for RP.

**REFERENCES**

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**Introduction**

Unexplained chronic cough may persist despite systematic evaluation and medical treatment of relevant comorbidities. Currently there are no effective, acceptable anti-tussive agents for the treatment of such patients and significant physical, social and psychological morbidity is described. The role of non-pharmacological treatment approaches and specifically speech and language therapy have been reported to be effective.

In our specialist tertiary airways service, all patients with unexplained chronic cough greater than 8 weeks in duration, remaining unexplained after investigation and supervised therapeutic trials, are referred for respiratory speech and language therapy (rSLT).

**Aims**

To determine the effect of rSLT on the Leicester Cough Questionnaire (LCQ) and establish specifically whether the impact occurs across each of the described domains: physical, psychological and social.

**Methods**

We included retrospective data from all patients with unexplained chronic cough who completed rSLT between January and June 2016, and who had LCQ data available before and after treatment.

**Results**

Sixteen full data sets [69% female; median (range) age 58 (35–73) years] were available for analysis; rSLT median = 4, (range = 3–6) sessions. There was overall improvement in LCQ from median (range) 13.0 (7.0–18.0) pre to 17.4 (8.0–21.0) post rSLT [minimal important difference (MID) 1.3; Wilcoxon’s signed rank p < 0.001]. Each domain improved post rSLT: physical from 4.7 (3.0–7.0) pre to 6.0 (2.0–7.0) post (MID 0.2; p = 0.004); psychological: from 4.0 (1.0–6.0) to 6.1 (3.0–7.0) (MID 0.8; p = 0.001); and social from 4.0 (2.0–7.0) to 5.7 (3.0–7.0) post (MID 0.2, p = 0.001). Individual answers to 10 of the 19 LCQ questions showed statistically significant improvements.

**Conclusion**

These preliminary data indicate that rSLT improves cough related symptoms similarly across all domains. Further investigation is needed to inform which aspects of patients’ cough-related symptoms do/do not improve with therapy to guide treatment refinement. Specifically, closer investigation of response to individual LCQ questions may lead to improvements in therapeutic strategies.