

Abstract M12 Table 1 TRPV1 single nucleotide polymorphism, cough reflex sensitivity and cough frequency in chronic cough

TRPV1 SNP	n	C5 (µM/L)	reg ⁿ coeff. (95% CI)	p	CF24	reg ⁿ coeff. (95% CI)	P
rs161365	29	10.4 (5.0–19.1)	–0.38	0.277	499 (260–840)	–0.24	0.263
CC	18	6.9 (2.5–12.0)	(–1.07 to 0.31)		458 (111–636)	(–0.68 to 0.19)	
CT	7	3.9 (1.4–16.6)			251 (147–362)		
TT							
rs17706630	37	7.8 (4.9–15.6)	–0.34	0.487	436 (197–636)	0.02	0.943
GG	16	5.7 (1.3–15.6)	(–1.31 to 0.63)		362 (120–976)	(–0.59 to 0.63)	
GA	1	15.6 (n/a)			154 (n/a)		
AA							
rs2277675	26	9.41 (5.3–15.6)	0.10	0.795	499 (205–635)	–0.25	0.321
TT	25	5.9 (1.9–13.8)	(–0.68 to 0.89)		362 (154–1187)	(–0.74 to 0.25)	
TC	3	22.1 (3.9–49.6)			104 (42–285)		
CC							
rs222741	28	7.8 (3.9–15.6)	0.38	0.274	338 (111–636)	–0.14	0.534
AA	18	5.4 (2.5–23.0)	(–0.31 to 1.08)		425 (292–738)	(–0.31 to 0.59)	
AG	7	12.0 (7.8–16.6)			567 (212–611)		
GG							
rs150854	19	11.0 (5.5–16.6)	–0.29	0.525	458 (147–611)	0.32	0.237
TT	28	6.1 (3.4–17.1)	(–1.18 to 0.61)		399 (166–1081)	(–0.22 to 0.85)	
TG	4	9.8 (6.0–11.0)			448 (241–949)		
GG							
rs224498	26	9.8 (5.1–19.7)	–0.47	0.198	410 (209–636)	0.10	0.684
TT	22	7.8 (3.4–15.6)	(–1.19 to 0.25)		380 (120–634)	(–0.38 to 0.57)	
TG	6	6.7 (0.5–11.0)			695 (441–1985)		
GG							

SNP – single nucleotide polymorphism, C5 – minimum capsaicin concentration required to produce 5 coughs, CF24 – 24-hour cough frequency. Values of C5 and CF24 are median (IQR). Regression coefficients are per minor allele effects from linear regression analyses with associated *p* – values.

M13 THE USE OF ONLINE HEALTH FORUMS BY CHRONIC COUGH SUFFERERS

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Introduction Chronic cough represents a significant health problem, affecting 10–20% of the population, for which effective medical support is often unavailable.¹ In such circumstances, and having exhausted medical options, patients may turn to online health forums to exchange support and seek information.^{2,3} We aimed to determine how patients use health forums and in turn, how medical professionals might utilise them in clinical practice.

Methods Three prominent open health forums were searched for threads related to cough, and screened against inclusion criteria adapted from the BTS guidance on cough¹. Included threads were transcribed verbatim into QSR NVIVO, and subjected to qualitative thematic analysis. Findings were validated through the use of multiple reviewers.

Results 96 threads were reviewed, with contributions from 223 forum users. Three predominant themes emerged: the impact of chronic cough, treatment suggestions, and supportive posts. Regarding the impact of chronic cough, users highlighted the physical and psychological sequelae from prolonged cough, and the limitations imposed upon daily activities. Users suggested both prescribed treatments and alternative remedies, with many offering potential diagnoses to query with medical professionals. Supportive posts involved various strategies designed to show sympathy and empathy with others.

Conclusions Chronic cough patients use health forums to exchange information, advice and support. Health forums are a potential tool for clinicians wishing to access this population to provide medical care and promote patient education. We propose further research into these opportunities.

REFERENCES

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M14 A MULTI-SITE ONLINE CROSS-SECTIONAL SURVEY ASSESSING INFLUENZA VACCINATION UPTAKE AMONG LONDON MEDICAL STUDENTS AND MODIFIABLE FACTORS INFLUENCING THIS

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Introduction and objectives Around 1 in 5 healthcare workers (HCWs) may become infected during the influenza (flu) season and between 28–59% will have subclinical illness which they could pass on to those more vulnerable. As a result, annual vaccination against flu is recommended for all UK National Health Service staff. However, during the 2015/16 season only 55% of HCWs with direct clinical roles were vaccinated, with lower than