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

TRPV1 SNP	n	C5 (μ M/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

A Sinha, AM Wilson, T Porter. *University of East Anglia, Norwich, UK*

10.1136/thoraxjnl-2016-209333.455

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.

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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

GA Pankin, NE Jackson, IS Patel, AS Patel. *King's College London, London, UK*

10.1136/thoraxjnl-2016-209333.456

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

Abstract M14 Table 1

Variables	Number of students*
Vaccinated	132 (44%)
Not vaccinated	170 (56%)
Clinical years	
MBBS3	123 (41%)
MBBS4	88 (29%)
MBBS5	91 (30%)
Positive vaccine uptake across clinical years	
MBBS3	51 (41%)
MBBS4	32 (36%)
MBBS5	49 (54%)
Teaching hospital	
King's College Hospital	121 (40%)
Guy's and St Thomas' Hospitals	116 (38%)
University Hospital Lewisham	54 (18%)
Not Applicable	11 (4%)
Positive vaccine uptake across teaching hospitals	
King's College Hospital	44 (36%)
Guy's and St Thomas' Hospitals	60 (52%)
University Hospital Lewisham	22 (41%)
Not Applicable	6 (55%)
Hours of patient contact per week	
1 to 5	21 (7%)
6 to 10	71 (23%)
11 to 15	79 (26%)
16 to 20	59 (20%)
Over 20	72 (24%)
Positive vaccine uptake across hours of patient contact	
1 to 5	7 (33%)
6 to 10	25 (35%)
11 to 15	35 (44%)
16 to 20	24 (41%)
Over 20	41 (57%)
Was the vaccine offered to those who were not vaccinated?	
Yes	62 (36%)
No	108 (64%)
Did students receive information about the vaccine?	
Yes	151 (50%)
No	151 (50%)
Who provided the information?	
University	7 (5%)
Hospital Trust	111 (73%)
General Practitioner	13 (9%)
Other	20 (13%)
Provided with information and vaccinated	102 (68%)
Not provided with information and vaccinated	30 (20%)
Did students think they should get vaccinated?	
Yes	247 (82%)
No	55 (18%)
Of those who thought they should get vaccinated	
Were actually vaccinated	121 (51%)
Were not vaccinated and not offered the vaccine	79 (73%)
Were not vaccinated and not provided with information	84 (70%)
Did students know how to access the vaccine?	
Yes	217 (72%)
No	85 (28%)

*The survey was disseminated to 1037 students. 302 students completed the survey.

average rates seen in London. Like any HCW, medical students should be actively encouraged to get vaccinated. Our aim was to assess levels of flu vaccine uptake among London medical students and investigate the negative influences affecting uptake that could be addressed at an institutional level.

Methods A cross-sectional online survey, developed by a focus group of respiratory consultants and medical students, was disseminated to London medical students at King's College Hospital, Guy's and St Thomas' Hospitals and University Hospital Lewisham. Data was collected and analysed using SurveyMonkey Inc.

Results 302 medical students completed the survey (Table 1). There was a good representation of students across different sites and clinical years. Overall, 44% students reported receiving the flu vaccine. Uptake varied between teaching sites and clinical years. 82% of students felt they should get vaccinated with 51% of those doing so.

64% of those who were not vaccinated said they were not offered it, of whom 73% felt vaccination was appropriate. 50% of all students said they were not provided with any information about the vaccine. 68% of those who were provided with information were vaccinated whereas 20% of those who were not provided with information were vaccinated.

Conclusions Vaccination rates among London medical students are lower than for most HCWs. There appears to be a discrepancy between willingness to get vaccinated and actual uptake rates. This may be due to a lack of information and encouragement rather than a lack of access, as 72% of all students were aware of how to access the vaccine. Teaching hospitals and the University should address this by introducing flu vaccination awareness into the curriculum and consider adding it to mandated occupation health assessments.

M15

EVALUATION OF A NOVEL INTERVENTION FOR PATIENTS WITH BRONCHIECTASIS: THE BRONCHIECTASIS INFORMATION AND EDUCATION FEASIBILITY (BRIEF) STUDY

¹KLM Hester, ¹J Newton, ¹T Rapley, ²A De Soyza. ¹Newcastle University, Newcastle upon Tyne, UK; ²Adult Bronchiectasis Service, Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK

10.1136/thoraxjnl-2016-209333.457

Introduction There is currently limited information about bronchiectasis available to patients. We co-developed a novel patient and carer information resource, based on needs identified in previous work.¹ The resource was evaluated in the BRIEF study with the following objectives:-

1. To establish the feasibility of carrying out a multi-centre randomised controlled trial (RCT) to determine effect on understanding, self-management and health outcomes.

2. To evaluate and refine the intervention.

Methods This was a feasibility study with a single-centre RCT design, comparing use of the resource to usual care in bronchiectasis.²

Adults with bronchiectasis were recruited from respiratory clinics in the North of England. Those randomised to the intervention received the information resource (website www.bronchiectasis.me and booklet). Outcome measures (resource satisfaction, bronchiectasis knowledge, quality of life, unscheduled healthcare visits, exacerbation frequency, and lung function)