P32 QUANTIFYING LEVELS OF PHYSICAL ACTIVITY IN PATIENTS WITH COPD: A US CROSS-SECTIONAL SURVEY

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Introduction and Objectives Physical inactivity can increase the burden of COPD and is a predictor of mortality and hospitalisations. There has been a paucity of data examining the relationship between physical activity and COPD treatment regimen. This study aimed to describe self-reported physical activity levels according to standard of care medication class (es) in COPD.

Methods Multicentre, cross-sectional, observational survey (Study: D5970R00003) conducted in the US. Patients (≥40 years) with a physician-confirmed diagnosis of COPD completed a questionnaire that included the Functional Performance Inventory-Short Form (FPI-SF) to assess physical activity (32 items/6 domains, rated from 1=*much* difficulty to 3=*no* difficulty). Investigators provided information on treatment history.

Results 1775 patients participated (71.9% Caucasian, 55.1% male, 87.1% current/ex-smokers, mean age 65.2 years, mean BMI 27.5 kg/m^2). 14.8% of patients were classed as GOLD 2017 group A, 46.6% in group B, 2.6% in group C and 36.0% in group D. Activity impairment based on FPI-SF scores was seen in patients across all treatment classes (Table), with the greatest impairment observed in patients receiving triple therapy and in the FPI-SF domains requiring most physical activity ('maintaining the household' and 'physical exercise').

Conclusions Patients with COPD who required triple therapy tended to report the lowest levels of physical activity. Longitudinal studies are needed to evaluate the effect of bronchodilator treatment on the relationship between lung function, COPD symptom burden and physical activity.

P33 WHAT MATTERS TO PEOPLE WITH COPD? OUTPUTS FROM WORKING TOGETHER FOR CHANGE

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Introduction and Objectives There is little qualitative research into what matters to people with COPD, in terms of managing their condition and supporting their wellbeing. We used a co-production methodology not previously applied in COPD, Working Together for Change (WTfC), to undertake a service evaluation. We aimed to identify what is important to people with COPD and what services would address these issues. Evaluation of the process has been described.[1] Here we report the themes that emerged from WTfC that reflect what mattered to participants.

Methods WTfC began with 45 structured one-to-one discussions between an evaluator and participants identified from a GP list. We asked three questions: "What is working well in terms of your COPD care?", "What is not working well in terms of your COPD care?" and "What is important to you?" Responses were analysed using quality improvement methods in two co-production workshops involving COPD patients and carers (including some of the one-to-one participants), local health care professionals and voluntary sector organisations. Responses were themed by all participants working together with an expert facilitator. The group agreed a label for each theme and participants voted on the most important themes under the heading "What's not working."

Results The themes in each category are presented in Table 1. The six most important themes for "What's not working" were: "I don't think the right hand knows what the left hand is doing", "I can't get appointments when I want them", "I'm not treated as a person", "I can't do what I want to do", "I'm anxious and depressed" and "I can't eat well".

Abstract 32 Table 1 Physical activity by COPD treatment class

Current COPD treatment[a]		Functional Performance Inventory-Short Form domain, mean score[b] (SD)						
	Patients n (%)	Total (32 items)	Body care (5 items)	Maintaining household (8 items)	Physical exercise (5 items)	Recreation (5 items)	Spiritual activities (4 items)	Social interaction (5 items)
All	1743[c] (100.0)	2.1 (0.68)	2.5 (0.67)	1.8 (0.83)	1.7 (0.81)	2.4 (0.77)	2.1 (1.16)	2.1 (0.88)
Short-acting bronchodilator	140 (8.0)	2.3 (0.65)	2.7 (0.51)	2.2 (0.78)	1.9 (0.80)	2.6 (0.73)	2.1 (1.16)	2.2 (0.89)
Mono long-acting bronchodilator	195 (11.2)	2.2 (0.68)	2.6 (0.70)	2.0 (0.80)	1.8 (0.79)	2.5 (0.78)	2.1 (1.17)	2.1 (0.89)
Dual long-acting bronchodilator	153 (8.8)	2.2 (0.65)	2.6 (0.69)	1.9 (0.80)	1.8 (0.78)	2.6 (0.67)	2.0 (1.22)	2.2 (0.83)
ICS/long-acting bronchodilator	648 (37.2)	2.2 (0.66)	2.6 (0.63)	1.9 (0.81)	1.7 (0.82)	2.5 (0.80)	2.2 (1.13)	2.2 (0.86)
Triple therapy	535 (30.7)	1.9 (0.67)	2.4 (0.72)	1.5 (0.81)	1.4 (0.74)	2.3 (0.75)	2.0 (1.18)	1.9 (0.86)
Other[d]	72 (4.1)	2.2 (0.67)	2.6 (0.59)	2.0 (0.92)	1.8 (0.92)	2.6 (0.65)	2.1 (1.15)	2.2 (0.90)

[a]Mono long-acting bronchodilator includes treatment with a LAMA or LABA. ICS/long-acting bronchodilator includes treatment with ICS and a LAMA or LABA. Dual long-acting bronchodilator includes treatment with a LAMA and a LABA. Triple therapy is treatment with ICS, a LAMA and a LABA.
[b]Patients rated how difficult each activity was for them to perform on a three-point scale: 1=much difficulty, 2=some difficulty, 3=no difficulty. If patients did not perform an activity (either for health reasons or by choice), the item is not included in the mean for that domain.
[c]Number of patients with completed Functional Performance Inventory-Short Forms
[d]Other treatments included, but were not limited to: ICS, short-acting bronchodilators in combination with other treatments, and phosphodiesterase-4 inhibitors or oral corticosteroids alone or in combination with other treatments.
COPD, chronic obstructive pulmonary disease; ICS, inhaled corticosteroids; LABA, long-acting β2-agonist; LAMA, long-acting muscarinic antagonist; SD, standard deviation.