

Background Advanced glycation endproducts (AGE) in patients with chronic obstructive pulmonary disease (COPD) has been considered in the pathology of the disease and as a biomarker of emphysema severity. In addition, AGE has been implicated in cardiovascular (CV) disease, a common comorbidity in COPD. Whether the soluble receptor for AGE (sRAGE) predicts CV status in COPD is unclear.

Objective The aim of this study was to assess the associations between sRAGE and measures of both lung and CV function in patients with COPD from the ERICA cohort.

Methods Patients with confirmed COPD performed spirometry, blood pressure, aortic pulse wave velocity (PWV), carotid intima media thickness (CIMT) at clinical stability. Blood for sRAGE was taken.

Results Of the 729 subjects in ERICA, 677 patients had a sRAGE result. 417 patients were male; mean (SD) age was 67.4 (7.8) years and 31% were current smokers. There was a weak association of sRAGE with age ($r=0.16$, $p<0.001$), FEV₁% predicted ($r=0.12$, $p<0.05$) and FEV₁/FVC ($r=0.15$, $p<0.001$). There was no difference in sRAGE in current or ex-smokers. In multiple linear regression, a lower sRAGE was associated with more severe lung function: FEV₁% predicted, (B 4.3 [95% CI 1.6, 6.8, $p=0.0012$]). No significant relationship was observed between sRAGE and cardiovascular variables: aortic PWV ($p=0.418$) and CIMT ($p=0.596$) in the multivariate models. sRAGE in those with concurrent presence of CV disease, diabetes or cerebrovascular disease or not was not different ($p=0.579$).

Conclusion Despite literature supporting the role of AGE in both lung and CV disease, there was no apparent association of sRAGE with CV status in patients with COPD in the ERICA cohort. There were associations with spirometry variables of FEV₁% predicted and FEV₁/FVC.

Respiratory medicine: common problems, new insights

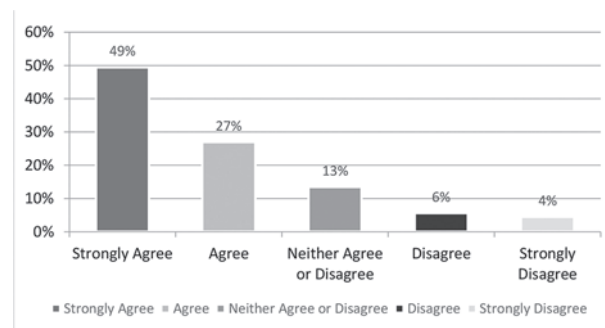
P58 A QUALITATIVE AND QUANTITATIVE ASSESSMENT OF PATIENTS' ATTITUDES TO PULMONARY TARGETED ANTIBIOTICS IN BRONCHIECTASIS

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Background Bronchiectasis is a chronic lung condition commonly affecting adults in middle to later years. Quality of life can be poor with a chronic, productive cough, dyspnoea and significant fatigue. Treatments aim to reduce symptoms, exacerbation frequency and severity, preserve lung function and improve health related quality of life. Regular, often twice daily nebulised antibiotics are commonly used in managing bronchiectasis. This patient population typically has severe bronchiectasis requiring multiple other medications. Little is known on patients' views and preferences for such therapies. We aimed to assess this and define patient preferences and experiences.

Methods We conducted three focus groups and three single interviews to define patients' experience of nebulised antibiotics. 19 patients and/or carers attended focus groups providing in-depth information of lived experience using inhaled



Abstract P58 Figure 1 I would prefer an inhaler to a nebuliser.

antibiotics. Thematic data analysis (TA) was used to derive a patient experience survey and a further 120 adult bronchiectasis patients completed surveys.

Results Thematic analysis of the focus group data identified that many patients found nebulised therapy an imposition on their daily routine and this impaired adherence. Reducing treatment burden/time administering therapy was important. Others reported that nebulisation time was a period of rest, often incorporated into daily routines. The survey data showed although 70% of those currently taking nebulised antibiotics found them easy/very easy to administer, 10% found these hard/very hard to administer. 20% found taking the nebuliser in front of others "uncomfortable". When nebulising, 47% excluded themselves in a separate room on a daily basis. 53% stopped nebulised therapy during vacations. If an inhaler that was as effective as nebulised therapy at preventing exacerbations was available 76% strongly agreed/agreed that they preferred an antibiotic delivered by an inhaler over a nebuliser if it was as effective at preventing exacerbations. 16% stated a preference for nebulised. Notably, only 10% wished to remain on nebulised therapy.

Conclusions Bronchiectasis patients do not fully adhere with current treatments based upon treatment burden, life experience and lay knowledge. Inhaled antibiotics via dry power devices are quicker and easier to use and preferred by patients providing they were at least as effective as current nebulised treatments.

P59 HOME BRONCHIECTASIS SERVICE: A SAFE AND CLINICALLY EFFECTIVE MODEL FOR MANAGING INFECTIVE EXACERBATIONS OF BRONCHIECTASIS IN THE COMMUNITY

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Introduction The British Thoracic Society states that services for people with bronchiectasis should include the provision of home intravenous antibiotic therapy for exacerbations in selected patients.¹ This fits with the National objective of managing patients in the community. This should result in financial gains and improved patient outcomes. Our 'Acute Hospital at Home' (AHAH) service, is managed by a multidisciplinary team including Medical Consultants, Microbiologists, Nurses and Physiotherapists. There is regular Consultant review of patients via virtual ward rounds, and patients can be visited at home if required. Our service has the added benefit of home physiotherapy to reinforce the active cycle of