

**Abstract P100 Table 1** Incidence rate ratios (IRR) of first stroke in risk periods after acute exacerbations of chronic obstructive pulmonary disease (AECOPD) relative to stable periods

Risk period	N outcome events (stroke) during risk period (91 days following AECOPD)	IRR (95% CI)
Total risk period (91 days)	1046	1.47 (1.36–1.59)
1–3 days	70	1.75 (1.38–2.23)
4–7 days	99	1.93 (1.57–2.37)
8–14 days	146	1.68 (1.41–1.99)
15–28 days	239	1.62 (1.41–1.86)
29–91 days	492	1.29 (1.16–1.42)

Table of Incidence rate ratios of first stroke in risk periods (the 91 day-period following each AECOPD) relative to stable periods (up to and including 15 days before, and 91 days after, each AECOPD), adjusted for age, current smoking status and season. AECOPD: acute exacerbation of Chronic Obstructive Pulmonary Disease; IRR: Incidence rate ratio; 95% CI: 95% Confidence Interval.

P101

**REASONS FOR ACCIDENT AND EMERGENCY DEPARTMENT ATTENDANCE BY PEOPLE WITH HEART FAILURE OR CHRONIC OBSTRUCTIVE PULMONARY DISEASE: RECIPIENTS' AND PROVIDERS' PERSPECTIVES. AN EXPLORATORY STUDY**

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**Objective** This study examined why patients with Chronic Obstructive Pulmonary Disease (COPD) or Heart Failure (HF) use Accident and Emergency (A and E) services and whether their perceived reasons are similar to or different from those of their family members or carers, or the hospital medical team.

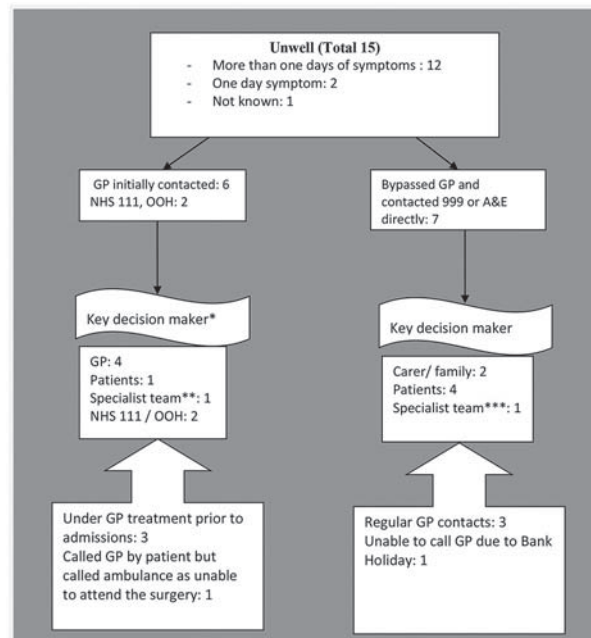
**Design** A mixed method approach was undertaken; (i) semi-structured interviews with patients and their family members (or carer) and (ii) a self-developed survey with hospital health professionals.

**Participants** A purposive sample of 15 patients (9 COPD, 6 HF), six family members and carers (2 COPD, 4 HF) and 12 health professionals (5 doctors, 8 nurses) participated in the study.

**Setting** The research was in one large teaching hospital in South London, UK, covering a diverse ethnic population.

**Results** The patients' main reason for A and E admission was severe exacerbation of their symptoms and all three parties (patients, family members or carers, health professionals) agreed with this decision. Three key factors were highlighted in relation to A and E attendance: (i) patients' health seeking behaviour, (ii) perceptions about GP and A and E services by patients and (iii) patients' attitudes towards managing their own conditions.

**Conclusions** Improving patients' perceptions of GP services in the management of exacerbations of HF and COPD will be important to increase patients' trust in GP services so that patients will access primary care in a timely manner to prevent exacerbations of symptoms that require A and E admission. This may be achieved by developing a close collaboration between the patients, family members (carers) and health professionals over time.



\*: Key decision maker to call 999 or send patient to A&E  
 \*\*: COPD specific team  
 \*\*\*: other than HF or COPD specific team- Community mental health team

**Abstract P101 Figure 1** Patients' pathways to A and E.

**Triggers and treatment of cough**

P102

**THE SENSATIONS PROVOKING COUGH: QUANTITATIVE STUDY**

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**Introduction** The Sensation Provoking Cough (TOPIC) questionnaire, which is in the process of development, quantifies cough experiences, triggers and sensations. It currently consists of 49 descriptors, derived from face to face interview and focus groups.

**Aim** To evaluate if demographics, total St George's Respiratory Questionnaire (SGRQ) and Cough Severity Diary (CSD) correlate with total TOPIC score (TTS).

**Methods** Adult patients with chronic cough and various respiratory diseases were recruited and compared to patients with idiopathic/refractory chronic cough. A TOPIC draft questionnaire (49 items, each with a 0–5 Likert-type response, total score range 0–245), SGRQ and CSD were completed and repeated 5–7 days later, with a Global Rating of Change (GRC).

**Results** A total of 52 patients (49.2% females, mean age 53.2 +/-15.6) were recruited (n=17 idiopathic chronic cough, n=13 severe asthma, n=13 interstitial lung disease, n=9 cystic fibrosis). Total TOPIC score (TTS) mean 95.8 (+/-46.2). Patients with idiopathic cough had significantly higher TTS compared with cough in chronic lung disease (mean TTC=121.7 vs 83.3, p=0.004). Gender, age (r=-0.03) and FEV1% predicted (r=0.18) were not statistically significant