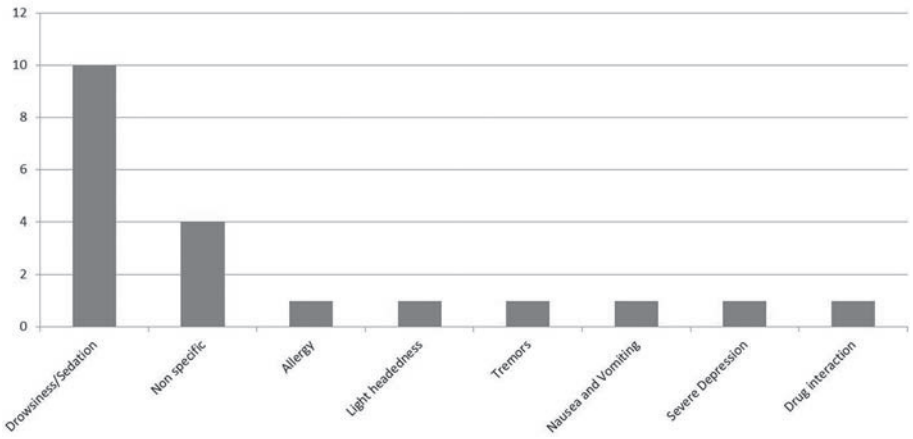

Abstract P106 Figure 1 Side effects/interactions reported by patients when taking gabapentin/pregablin for chronic refractory cough.

Conclusions Our data suggests that in clinical practice, alpha-two delta ligands are effective in a subgroup of chronic cough patients, but side effects may outweigh their potential benefits, affecting nearly half the population trialled.. Prospective work is needed to objectively quantify their anti-tussive effects and tolerability over longer treatment periods, allowing clinicians and patients to better understand the risk-benefit ratio associated with their use.

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P107 TIME TO RE-GROUP: A NOVEL APPROACH TO THE DELIVERY OF SPEECH AND LANGUAGE THERAPY FOR CHRONIC REFRACTORY COUGH

J Selby, E Bailey, F Gillies, JH Hull. *Royal Brompton Hospital, London, UK*

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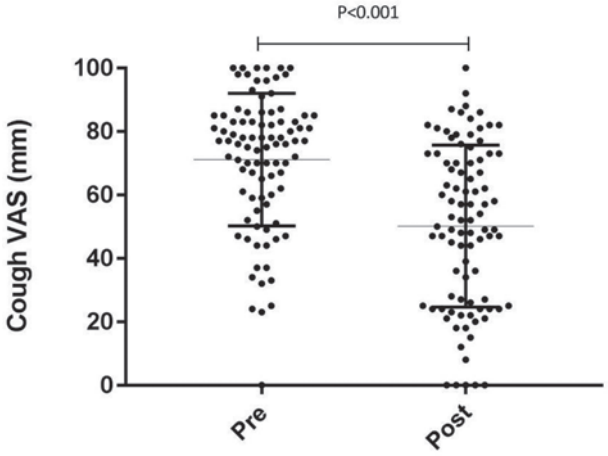
Introduction Specialist speech and language therapy (SLT) has an important role in the treatment of chronic refractory cough (CRC). Therapy is typically delivered to patients individually; however, this approach is resource-intensive and reduces service capacity. Moreover, the content of SLT for CRC is often similar across patients. The aim of this work was to describe the efficacy of a SLT-delivered cough therapy group (CTG).
Methodology Eligible patients attended the CTG (2016–2017) after an initial 1:1 assessment to determine suitability. Individuals with an infectious cause of cough were excluded. All patients had undergone prior assessment and treatment optimisation at the RBH chronic cough clinic. Cough severity was rated using a visual analogue scale (VAS) at first attendance and on discharge from the group. Patients attended a maximum of four sessions with 4–8 patients per session, after which they were referred for individual review if they felt no improvement had been made. CTG sessions consisted of strategies to reduce cough frequency (through improved upper airway lubrication, reduction of laryngeal muscle strain and use of cough control strategies), sharing experiences, observing other patient-therapist interactions and time to talk individually with the SLT.



Abstract P107 Figure 1 Mean VAS scores of cough severity pre- and post-CTG attendance.

Results Ninety-one patients (n=26 males, 28.6%) aged between 30 and 83 years (*M*=61.4, *SD* 11.1) attended CTG. The majority of attendees (n=46, 50.5%) reported cough duration of greater than 15 years. There was a reduction in mean VAS following group attendance ($p<0.05$) (figure 1) with the greatest reduction noted after 3 attendances ($p<0.05$). The most common patient-reported benefits of group attendance were sharing advice (80.2%) and meeting other people with a cough (76.9%).
Conclusion A group-delivered SLT treatment intervention was associated with reduction in cough severity in a cohort of patients with CRC. Service benefits included reduced waiting time and improved access to individual SLT sessions. Future work should focus on qualitative analysis of patient-reported benefits of group therapy and evaluation of efficacy in a prospective, randomised study.

P108 CHRONIC PRODUCTIVE COUGH (CPC) CLINIC – STANDARDISING CARE FOR CHILDREN WITH NON-CF BRONCHIECTASIS

V Vasi, J McVeigh, H Steen. *Royal Belfast Hospital for Sick Children, Belfast, UK*

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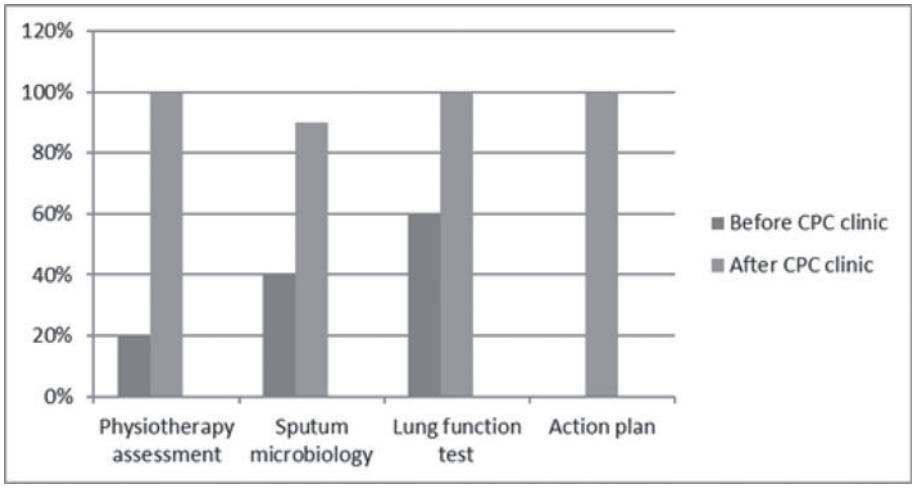

Abstract P108 Figure 1

Introduction and Objectives Non-CF bronchiectasis is a major cause of morbidity in the UK. 60%–80% of adults with newly diagnosed bronchiectasis have had CPC since childhood. Studies show this condition can be prevented by interventions in childhood designed to improve airway clearance and elimination of bacteria. Children with CPC/non-CF bronchiectasis are often assessed in general paediatric clinics with no physiotherapy input. A study highlighted that patients attending specialist bronchiectasis clinics are more likely to be managed according to BTS quality standards. We setup a multidisciplinary clinic with standardised care for children with chronic productive cough.

Methods We introduced a one-stop multidisciplinary (CPC) clinic, lead by a designated respiratory consultant, respiratory physiotherapist and physiologist. CPC clinic runs on a monthly basis but patients can be seen between appointments if required in the physiotherapy department. We performed targeted clinical assessment using formal clinical assessment proforma, improved airway clearance techniques by regular assessment with respiratory physiotherapist and lung function by physiologist, engaged with patient and parents by providing information leaflets and involving them in formulating an individualised action plan.

Results 22 patients are assessed in CPC clinic with 90% attendance. 15 patients have established bronchiectasis among which 6 children have a diagnosis of primary ciliary dyskinesia, 7 children have CPC. All patients attending the clinic were seen by respiratory physician, chest physiotherapist and physiologist. 91% had clinical proforma sheet completed, 100% had airway clearance assessment by physiotherapist with sputum microbiology sent in 90%. 100% of children≥5 years age had lung function performed and individualised action plan given.

Conclusions Since setting up the clinic, children with CPC are getting targeted care by a multidisciplinary team. The clinic is being extended to include children with immunodeficiency under joint care with a clinical immunologist. There will be a focussed annual review with involvement of a dietician, ENT, radiology and microbiology. Feedback from users is very positive and in the short term QoL for families has improved. However it will require long term follow-up to determine if the prognosis has also improved.

P109 UTILITY OF A MULTIDIMENSIONAL UPPER AIRWAY VISUAL ANALOGUE SCALE TO CHARACTERISE LARYNGEAL DYSFUNCTION

J Selby, F Gillies, E Bailey, JH Hull. *Royal Brompton Hospital, London, UK*

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Introduction Laryngeal hypersensitivity is now recognised as underpinning many features of laryngeal dysfunction, such as chronic refractory cough (CRC), inducible laryngeal obstruction (ILO) and globus sensation (Hull et al., 2016). Many respiratory patients present with overlapping upper airway symptoms, yet current subjective rating scales have focused narrowly on single clinical features and potentially failed to capture the importance of this overlap. The aim of this work was to assess overlapping laryngeal features in patients in an upper airway service, using a multidimensional upper airway visual analogue scale (VAS).

Methodology Patients with CRC, asthma, ILO and voice difficulties were referred from the RBH specialist cough and upper airway clinic to speech and language therapy (SLT). They rated cough severity, throat discomfort and voice change on the multidimensional upper airway VAS at their initial assessment. Mean VAS scores were calculated for each diagnostic group.

Results Data from 122 patients (91 females, 75%; 31 males, 25%) aged between 18 and 82 years (M=52.4, SD=15.8) were collected over a six month period. Sixty-nine patients were referred with CRC (56.5%), 16 (13.1%) with asthma, 32 (26.2%) with ILO and 5 (4.1%) with voice changes. There was an interaction between diagnosis and all three ratings combined (p =<0.05) and between all pairs of ratings for each diagnosis (p =<0.05), apart from cough severity and voice change in patients with ILO (figure 1).

Conclusion The multidimensional upper airway VAS captures the overlap between upper airway symptoms and highlights the importance of comprehensive assessment to ensure all features of laryngeal dysfunction are treated effectively. The multidimensional VAS will be further developed to include ratings of breathlessness and swallow function and used to evaluate response to treatment.