

M18 **EXPLORING THE EXPERIENCES OF YOUNG PEOPLE
TRANSITIONING FROM PAEDIATRIC TO ADULT ASTHMA
SERVICES: A QUALITATIVE STUDY**

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Introduction Adolescence presents many challenges for young people (YP) with chronic medical conditions, including the transition from paediatric to adult healthcare services. Improving provision for this age group is a National Health Service priority. Qualitative research is important to understand the priorities of YP and their families; data are available for YP with a variety of chronic childhood conditions, but lacking for asthmatics. This study explored the experiences of YP transitioning from paediatric to adult asthma services, identifying aspects of the process which could be improved.

Methods An interpretive, phenomenological approach was employed to identify emerging themes from individual semi-structured interviews, conducted between May-June 2017. Patients aged 16–19 years were eligible if they had transitioned from paediatric services in the previous 2 years. Parents and specialist asthma nurses were also included, facilitating triangulation of data. Interviews were transcribed verbatim and a coding-tree developed, using an inductive approach, with organisation of key issues into theme and sub-themes, illustrated by representative quotes.

Results Interviews were conducted with 5 YP (mean age 17.4 years), 4 parents and 2 asthma nurses. Four key themes emerged, with consistency between YP and their parents; developing new relationships, emergency admissions, increasing responsibility and long-term management (see Table 1). YP described positive, personal relationships with the adult team, accessibility of hospital staff, and greater involvement in discussions and decision making. Families also appreciated the direct communication style, and new treatment options available in the adult-setting. Emergency care, particularly the unfamiliar A and E environment, was the major source of anxiety for all participants.

Conclusion Despite expressing negative initial feelings, YP and their families talked positively about their new asthma team and the transition process. Increased opportunities to meet the adult team, while still in the paediatric setting would be appreciated and help establish a trusting relationship. Families appreciated the continuity of care provided by the asthma nurses from both teams. Information regarding the transition process, as well as the adult healthcare setting, may also help alleviate concerns. Additionally, a red-flag system in A and E could highlight priority patients, and instil confidence that the provision of acute care would be appropriate and timely.

Abstract M18 Table 1 Themes expressed by patients and parents, relating to asthma transition

Cross-cutting theme: TRUST	Key themes and sub-themes
	Developing new relationships
	Knowing what to expect*
	Meeting the new team; Meet and Greet, joint clinic*
	Longstanding relationship with paediatric team
	Adult team; direct communication, accessibility, personal relationship
	Emergency admissions
	Hospital appearance
	In-between age
	Shared environment with older patients; A&E, ward
Loss of priority treatment*	
Increasing responsibility	
Parents stepping back	
Developing independence	
Information and choice	
Level of maturity	
Long-term management	
Different treatment options	
Monitoring	
Asthma control	
Clinic visits	
Relationship with primary care	
*Potential areas for improvement	

M19 **DIFFERENCES IN PATIENT AND PHYSICIAN VIEWPOINTS
OF THE MANAGEMENT OF IDIOPATHIC PULMONARY
FIBROSIS (IPF)**

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Introduction A majority of patients with IPF do not receive antifibrotic therapy with pirfenidone or nintedanib. We investigated viewpoints about IPF care and treatment amongst patients, and amongst physicians with a 'watch and wait' approach (WWP) or a proactive approach (PP).