Results 8389 patients were included, 58% were female, median age 68 years. Men and women appear to have a similar level of disease severity with no significant differences in the Respiratory Symptoms, Role Functioning and Health Perception domains of the QoL-B. There was however a significant difference in all other aspects of the QoL scores. Male patients had higher scores for Physical functioning, with β coefficient 4.9 (95% CI 3.3–6.5, $p < 0.0001$) (indicating an average of 4.9 points higher for men when adjusted for confounding variables). Men also had higher scores for Emotional Functioning (β coefficient 3.6 (95%CI 2.2–5.1), $p < 0.0001$), Social Functioning (β coefficient 2.4 (95% CI 0.7–4.1), $p = 0.007$) and Vitality (β coefficient 2.5 (95%CI 1.2–3.9), $p < 0.0001$). Across all domains, the elements with a large effect were Breathlessness, Comorbidities (with Depression and Anxiety commonly having a large impact), *Pseudomonas aeruginosa* infection and frequent exacerbations. Female patients nevertheless had greater disease impact even after adjusting for these variables.

Conclusions From this large dataset we show that despite similar levels of disease severity, women living with bronchiectasis are significantly more affected in physical, emotional and social functioning aspects of their lives than their male counterparts. This has implications for tailoring care and suggests a need for more holistic care for patients with bronchiectasis.

S43 IN-HOSPITAL MORTALITY AND LENGTH OF STAY FOLLOWING CARDIOVASCULAR EVENTS AND INTERVENTIONS IN PEOPLE WITH BRONCHIECTASIS: A POPULATION BASED STUDY

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Background The incidence and prevalence of bronchiectasis is increasing. Epidemiological studies have reported that people with bronchiectasis are at increased risk of cardiovascular comorbidities. However, there are limited data on outcomes after acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous angioplasty (PCI) amongst people with bronchiectasis. The aims of our study were to determine in-hospital mortality and mean length of

hospital stay (LOHS) following AMI, CABG and PCI in people with and without bronchiectasis.

Methods We used data from the Nationwide Inpatient Sample, an anonymised stratified yearly sample of discharge records from community hospitals in the USA developed for the Healthcare Cost and Utilisation Project. People with a record of bronchiectasis from 2000 to 2011 were identified using the International Classification of Diseases (ICD-9-CM) codes. ICD-9-CM and procedure codes were also used to identify people with AMI, CABG and PCI. Multivariable logistic regression was used to estimate odds ratios for in-hospital mortality following AMI, CABG and PCI in people with and without bronchiectasis, adjusting for age and sex. We also compared mean LOHS following AMI, CABG and PCI between individuals with bronchiectasis and the general population.

Results We identified 1 01 597 people with a record of bronchiectasis. The mean age of the cohort was 57.2 years (Standard Deviation 20.8) and 60.8% were female. 2195 (2.2%) individuals with bronchiectasis had an AMI, 366 (0.4%) had undergone a CABG and 827 (0.8%) underwent a PCI. In-hospital mortality amongst people with bronchiectasis following AMI, CABG and PCI was 12.5%, 3.6% and 2.9% respectively. After adjusting for age and sex, we found no difference in in-hospital mortality following AMI, CABG or PCI in people with bronchiectasis compared to the general population (Table 1). Individuals with bronchiectasis had a longer mean LOHS following AMI, CABG and PCI (Table 1).

Conclusions Our findings suggest no difference in risk of death following AMI, CABG and PCI in people with bronchiectasis, which should be taken into account when counselling patients. However, individuals with bronchiectasis had a longer mean LOHS, which may impact healthcare resources and patient care pathways.

S44 RCT EVALUATION OF THE BRONCHIECTASIS EMPOWERMENT TOOL SELF-MANAGEMENT INTERVENTION USING SELF-REPORTED QUESTIONNAIRES AND FOCUS GROUPS

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Abstract S43 Table 1 In-hospital mortality and mean length of hospital stay following AMI, CABG and PCI

	Number of people with bronchiectasis (n=101,597) (%)	No of people without bronchiectasis (n=77,666,681) (%)	In-hospital mortality in people with bronchiectasis (%)	In-hospital mortality in people without bronchiectasis (%)	Adjusted Odds Ratio (95% CI ^[ii])*	Mean LOHS ^[iii] (days) in people with bronchiectasis (SD ^[iii])	Mean LOHS (days) in people without bronchiectasis (SD)
AMI	2195 (2.16)	2,423,961 (3.12)	12.5%	10.1%	0.97 (0.86–1.10)	7.7 (8.3)	6.3 (7.9)
CABG	366 (0.36)	7 32 373 (0.94)	3.6%	3.1%	0.90 (0.51–1.57)	11.4 (8.7)	9.8 (8.5)
PCI	827 (0.81)	1,791,318 (2.31)	2.9%	1.4%	1.40 (0.93–2.10)	6.0 (8.1)	3.2 (4.2)

*Odds ratio adjusted for age and sex

ⁱConfidence Interval

ⁱⁱLength of Hospital Stay

ⁱⁱⁱStandard Deviation