Abstract S125 Figure 1

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DESCRIPTION OF PALLIATIVE CARE SUPPORT FOR COPD PATIENTS WITHIN PRIMARY CARE IN THE UK

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Introduction and Objective Over 5% of UK deaths are secondary to COPD, only 1% less than from lung cancer. Yet, there remains a lack of palliative care support (PCS) for COPD patients, despite evidence that it improves their quality of life, improving both physical and physiological symptoms. NICE guidelines recommend its provision to all patients with end-stage COPD. Previous studies have found poor access for COPD patients in secondary care, this study aimed to assess PCS within primary care.

Methods Population-based open cohort study, January 2004 to June 2015, using electronic healthcare records (Clinical Practice Research Datalink). Associations with PCS were measured using logistic regression.

Results 92,365 COPD patients were included (median follow-up=4.2 years). Only 7.5% received PCS; of whom 47% had lung cancer. Only 21% of all deceased COPD patients received PCS, and within 6 months from their death only 48% of those patients had received PCS, by 3 months before their death up to 69% had received PCS (figure 1). Around a third of these patients had co-existing lung cancer (figure 1). The adjusted odds of receiving PCS was 14.6 times higher for COPD patients with lung cancer than without (95% CI 13.2–16.1), and 6.3 times higher for deceased COPD patients with lung cancer than without (95% CI 5.6–7.1), adjusted for gender, age, BMI, MI, heart failure, stroke, smoking, GOLD stage, MRC Dyspnoea grade, exacerbations, anxiety and depression. The proportion of patients that received PCS yearly increased gradually from 2004 to 2014, but remained low, only 2.1% of patients in the cohort in 2014 received PCS in 2014.

Conclusions There was limited PCS for COPD patients; this appeared to be strongly driven by a co-existing diagnosis of lung cancer, not by their advanced COPD disease. PCS was often provided only towards the end of patient's lives; this may have been related to the difficulty in prognosticating the end-of-life for individuals with COPD. Encouragingly PCS

Abstract S126 Figure 1 Graph of the 21% of deceased COPD patients that received PCS: showing how soon before their death they were provided with PCS.

increased yearly and could indicate recognition of its value and thus the requisite to discuss PCS with patients, however, this clearly remains an important unmet need.

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ARE GIRLS ALWAYS THINNER THAN BOYS? USING UK CYSTIC FIBROSIS (CF) REGISTRY DATA (2008–2013) TO EXAMINE WEIGHT CHANGES BETWEEN THE SEXES FROM CHILDHOOD AND BEYOND

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Introduction Worse BMI in CF is associated with worse survival. The UK-CF Registry was used to examine weight differences between sexes, and determine the age this occurs, and how this relates to feeding supplementation (FS) and outcomes, such as change in FEV₁, intravenous antibiotic use (IVABx) and mortality.

Methods Cross-sectional analysis (2013) of weight variables (expressed as BMI for subjects ≥16 years, BMI percentiles (BMIP) individuals <16 years and BMI Z-scores for 6–23 year-old subjects), FS and IVABx were compared between sexes using paired t-tests and chi-squared analyses. Age groups were