

Abstract P176 Table 1 Characteristics and outcomes of non-ITU patients admitted with swab-positive COVID-19 pneumonia, at 3 months post-discharge

As of 08/08/2020	N	Male	Female	Mean Age
Total patients identified	200	125 (63%)	75	64
Patients invited for CXR	175	113	62	62
Invited patients who had CXR 3 months post-discharge to-date	113 (65%)	75	38	62
CXR normal therefore discharged	98 (87%)	64	34	61*
CXR abnormal ± patient symptomatic so interval CXR/CT needed	15 (13%)	10	5	76*
Patient with follow-up CT	2**			

*p<0.05

** One patient with persistent ground-glass changes but no fibrosis, one back to normal

available for presentation at the BTS Meeting if this abstract is accepted. We are also conducting follow up of patients surviving intensive care admissions with results submitted separately.

REFERENCES

- Spagnolo P, *et al.* Pulmonary fibrosis secondary to COVID-19: a call to arms? *Lancet Respir Med* 2020
- British Thoracic Society Guidance on Respiratory Follow Up of Patients with a Clinico-Radiological Diagnosis of COVID-19 Pneumonia. *V1.2 ed*, 2020.

P177 EXPERIENCES FROM POST COVID-19 CLINIC IN A TERTIARY CENTRE

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10.1136/thorax-2020-BTSabstracts.322

Introduction COVID-19 is a new disease. As the first wave hit the UK, clinicians had to learn how to manage the condition acutely. We progressed from a priori approach to assimilation of acquired experience and evidence. After the acute phase, the longer term sequelae were entirely unknown. We developed a service to follow up survivors. The service had to accommodate a large volume of patients and operational infection prevention restriction. Whilst primarily respiratory, the disease is multi-system. Patient assessment had to be comprehensive at the outset; 'Post-COVID syndrome' was an unknown entity.

Methods At 3 months post admission, patients were screened initially via telephone questionnaire. Those with ongoing issues were seen in a one stop multi-disciplinary clinic comprising: Respiratory, ID and Intensivist physicians, Physiotherapists, Psychologists with full lung function testing, a broad battery of blood tests, thoracic radiology and questionnaires on fatigue, mental health and activity.

Results Results from 101 patients seen in a 7 week period from June to August 2020 are presented here.

Of those seen in the clinic, 58 (57%) were male and 43 (43%) were female. The mean age was 60 and the mean BMI was 32. 32% of patients demonstrated moderately-severe to severe anxiety. 18% of patients were suffering moderately-severe to severe depression.

37% of follow up CXRs were still abnormal at 3 months. 48% of available CT scan demonstrated parenchymal or pulmonary vascular abnormality.

The vast majority of patients demonstrated significant fatigue and breathlessness. Almost all were sleeping poorly.

23% patients demonstrated evidence of PTSD using the Impact of events score. Based on the MDT assessments 45% patients were referred for additional follow up.

Conclusion We have demonstrated that a significant proportion of patients continue to have physical and psychological sequelae at 3 months post COVID-19 infection. In particular, almost half of patients with a follow up CT scan demonstrated radiological abnormality.

All patients benefited from a comprehensive psychosocial and clinical review with individualised, specialist advice on management. The MDT follow up approach has not only guided management of these patients but also allowed us to understand the multi-system complexity of the post-COVID condition.

P178 COVID-19 POST-DISCHARGE MORTALITY RATE IN A LONDON DISTRICT GENERAL HOSPITAL

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10.1136/thorax-2020-BTSabstracts.323

Introduction Due to the novelty of COVID-19, uncertainty about the factors contributing to mortality, unavailability of definitive treatment options, limited access to medical, social support and rehabilitation in the community during the covid-19 peak; compounded with anxiety and reluctance to seek medical help in timely manner, it was anticipated that vulnerable patients would be affected the worst. We report post-discharge mortality and the associated risk factors.

Method This is a retrospective study of all the patients admitted at a busy district general hospital during the peak period of the COVID-19 pandemic i.e. 1st March to 20 June 2020. We included all patients aged 18 and above in data analysis.

Results A total of 628 patients were admitted during the study period with 481 having positive swab PCR. Of these, 389 (62%) patients had two or more comorbidities, 311 (49.5%) hypertensive and 166 (26.4%) diabetic.

In-hospital mortality: 226/628 (35.9%) patient died in hospital, of which 194 (85.8%) had a positive Coronavirus nasopharyngeal swab. This was statistically significant with p-value of 0.001.

Post-discharge mortality of patients: 54/402 (13.4%) of those patients discharged home following hospitalisation died within 28 days of discharge. 42/54 (77.7%) were swab positive. Swab positive patients 42/54 (77.8%) had a higher risk of death. Two thirds of swab positive patient were older than 75 years and 81% had two or more pre-existing comorbidities.

There was no difference in length of stay between the survivors and non-survivors.

Conclusion As expected, age, male gender, COVID-19 PCR-positivity, multiple comorbidities, high BMI and raised CRP were associated with higher in-hospital and post-discharge mortality. It is unsurprising that antibiotic treatment without bacterial infection was associated with higher but statistically insignificant mortality rate, while therapeutic anticoagulation and steroids were associated with better outcomes. There is an urgent need for further analysis of root cause to mitigate