Theme - The Recovery Journey				
Sub-themes:				
Expectations	Individual and Varied Journeys	Mental and Physical Improvement	Journey Continues	Self-values and identity
The Recovery Journey describes the varied journeys through the recovery process, from expectation of rehabilitation through to the on-going journey following rehabilitation. Patients described significant changes in their symptoms, well-being, self-values and identity throughout their recovery. <i>"the difference is just amazing and able to do what you want to do and feel happy and not worried of what is going to happen. The differences is just mind-blowing"</i> <i>"you know what, I'm privileged to be a survivor"</i>				
Theme -The Rehabilitation Boat				
Sub-themes				
Programme Delivery	Safe and Supportive	Validation and Assurance	Shared Reflection	The Education Forum
The Rehabilitation Boat describes the overall feeling of togetherness, support and empathy from peers and staff. Patients felt safe in the rehabilitation environment but would like the programme to be longer. <i>"In the group...we were able to discuss between us other symptoms as well and it was nice to be able to reflect because... sometimes I feel like I'm going mad and it's just nice to know that other people are actually experiencing similar things to you"</i> <i>"So I came here with this whole load of frustration and then it was just, you know what, it was just that camaraderie in that group of people just being open."</i>				

Abstract P143 Figure 1 The over-arching themes, sub-themes and illustrative quotes

Findings 13 patients were interviewed (n=9 in two focus groups, n=4 1:1 interviews) (54% male, 62% white British). Themes, sub-themes and illustrative quotes are provided in figure 1. The two over-arching themes were: The Recovery Journey and The Rehabilitation Boat. Patients experienced varied journeys through recovery, but described a feeling of togetherness and support in the rehabilitation environment.

Overall, the severity of acute and post-COVID-19 symptoms were unexpected. For some, symptoms were misunderstood or misbelieved. Expectations for rehabilitation were varied. The opportunity to reflect on shared experiences was valuable and facilitated by offering education sessions as an open forum which was perceived as an important part of the programme. There was a sense of being a survivor and gratitude for support in recovery. Patients described a shift in values to prioritising a healthy lifestyle.

Conclusions Attending rehabilitation for COVID-19 was considered acceptable and important part of recovery and a positive experience. The opportunity to share the experience with others in the same boat was highly valued in the context of an unexpected and potentially lonely COVID-19 recovery.

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RED CELL DISTRIBUTION WIDTH (RDW) AND NEUTROPHIL LYMPHOCYTE RATIO (NLR) AS PROGNOSTIC MARKERS IN IDIOPATHIC PULMONARY FIBROSIS (IPF)

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Introduction and Objectives Idiopathic Pulmonary Fibrosis (IPF) has a median survival of ~ 2–3 years, but there is significant variability and hence difficulty in advising patients at a personal level. The full blood count (FBC) is readily accessible and gives a Red Cell Distribution Width (RDW), which

describes the percentage variation in red cell size. The neutrophil and lymphocyte count can be used to calculate a ratio (NLR). Limited published work has evaluated the prognostic significance of these markers in IPF. Our aim was to assess longitudinal changes in RDW and NLR as potential prognosticators in IPF.

Methods Patients with IPF were identified from the Royal Devon and Exeter Hospital (2005–2019). Data collected: baseline characteristics, survival, PFTs and FBC <6 months from diagnosis and 6–18 months during follow-up. Patients with insufficient data were excluded. Blood parameters were stratified into quartiles for subsequent Kaplan-Meier survival analyses, Mann-Whitney U-test and Spearman's rank correlation.

Results 131 patients were included in analysis. Median change/month for NLR (deltaNLR) and RDW (deltaRDW) were 0.17 and 0.02 respectively, indicating minimal longitudinal variation. Anti-fibrotic treatment did not modify deltaRDW or deltaNLR. However, stratifying by median deltaRDW significantly impacted on survival (median 33 months with deltaRDW>0.02 vs 59 months; $P = 0.04$). Median survival stratified on baseline RDW was 35 months (highest quartile) vs 47 months (1st-3rd quartiles) although this did not reach significance ($P = 0.1439$). Median survival based on follow-up RDW was 25 months (highest quartile) vs 59 months (1st-3rd quartiles; $P=0.0021$) and this was negatively correlated with FVC ($P=0.0056$). Both baseline and follow-up NLR had significantly shorter median survival in the highest quartile (28 months; $p<0.05$) compared with 47 months (baseline 1st-3rd quartile) or 59 months (follow-up 1st-3rd quartile). FVC was negatively correlated to baseline NLR ($P=0.0282$).

Conclusions RDW and NLR demonstrated significant relationships with survival and correlations with FVC. Increasing RDW resulted in poorer outcomes. Although limited by the small retrospective cohort, this data indicates that readily available FBC may have utility in prognostication and progression monitoring in IPF, independent of antifibrotic treatment. RDW may be confounded by co-morbidities; further work to assess this is warranted.

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MARGINAL SHORT TERM LUNG FUNCTION CHANGES PREDICT MORTALITY IN PATIENTS WITH FIBROTIC HYPERSENSITIVITY PNEUMONITIS

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Background and Objective A proportion of patients with fibrotic hypersensitivity pneumonitis (fHP) follow a progressive disease course despite immunosuppressive treatment. Little is known about predictors of mortality in fHP. We aimed to investigate the impact of marginal, short-term lung function changes in fHP on mortality.

Methods Baseline demographics were recorded for 145 consecutive patients with a Multi-Disciplinary Team diagnosis of fHP, as well as baseline and one year follow-up lung function, baseline echocardiographic findings, bronchoalveolar lavage (BAL) cellularity, and all-cause mortality. Marginal changes in FVC $\geq 5\%$ and DLCO $\geq 10\%$ at one year were calculated. Cox proportional hazards analysis was performed to test for associations with mortality.

Results Baseline lung function severity (FVC, DLCO, and composite physiological index (CPI)), age, and PASP ≥ 40 mm Hg on echocardiogram were associated with early mortality, while BAL lymphocytosis was associated with improved survival. A marginal decline at one year in FVC $\geq 5\%$ (HR: 3.10, 95% CI: 2.00–4.81, $p<0.001$) and DLCO $\geq 10\%$ (HR: 2.80 (95% CI: 1.78–4.42), $p<0.001$) were associated with markedly

Kaplan-Meier survival analysis grouped by decline at one year in (A) FVC $\geq 5\%$ and (B) DLCO $\geq 10\%$.

Abstract P145 Figure 1 Survival according to decline in lung function at one year