Abstract P147 Figure 1 Mean FVC% (Block lines) and TLCO% (Dotted lines) over 24-months in patients treated with pirfenidone (Circle) and nintedanib (Triangle). * Significant difference between nintedanib and pirfenidone

similar between pirfenidone and nintedanib (Figure 1) ($p=0.495$), while TLCO% was greater in pirfenidone treated patients (figure 1), albeit non-significant ($p=0.054$). No all-cause mortality difference was observed for nintedanib versus pirfenidone (HR = 0.80 [95% CI = 0.46–1.40]; $p=0.434$).

Conclusions Data from our centre revealed a greater FVC% decline during the 2nd year of treatment compared to the 1st year of treatment. There appears to be no difference in pulmonary function parameters and all-cause mortality between pirfenidone and nintedanib. This supports the current clinical rationale that if there are no contraindications to either drug, patients should be offered the choice of antifibrotic at the outset.

P148 THE COMORBIDOME OF SARCOIDOSIS

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Introduction and Objectives The concepts of comorbidity and polypharmacy are emerging as important factors in the evaluation, risk stratification, and treatment of patients. As in other diseases, typical of middle-aged and elderly individuals, patients with Sarcoidosis are often affected by one or more comorbidities. The BTS registry currently records TB, current malignancy, Diabetes, Hypertension and Ischaemic Heart Disease as comorbidities in sarcoidosis. We aimed to explore a large cohort to assess prescription trends, identify comorbidity and possible treatment phenotypes.

Methods We identified 151 patients with a tissue confirmed diagnosis of sarcoidosis attending a dedicated clinic and reviewed their electronic care record for filled prescriptions within 3 months. Medications prescribed were used to identify polypharmacy as well as a surrogate marker for co-morbidity (due to coding inefficiencies). Medications were grouped according to indication including treatment need, cardiovascular, metabolic, gastroenterological, musculoskeletal, and psychological disease. We calculated the prevalence of co-morbidities and modelled associations.

Results The 151 patients identified in the cohort included 84 males and 67 females, with an average age of 56. 1065 medications were prescribed, with an average of 7.05 tablets per patient. 44% of patients are on sarcoidosis treatment with

67% of these managed on single therapy, 28% on double therapy and 4% on triple therapy. 4% of patients are prescribed Imraldi. Interestingly, the average number of tablets prescribed increases in the treatment group to 8.8, despite age and gender not being significantly altered. When the medications were grouped the most common prescription groups included gastrointestinal protection, analgesia and bone protection. In keeping with recognised co-morbidities 50% of patients are on primary or secondary cardiac preventative therapy. Comparing patients on treatment with the general cohort there is an increase in the number of patients prescribed analgesia (56% compared with 44%) and antidepressants and antipsychotics (34% compared with 29%).

Conclusion The pattern and impact of comorbidities give significant insights to treatment phenotypes of sarcoid patients attending clinic and inform treatment choices. This granular approach lends itself to Precision Medicine allowing the customization of healthcare being tailored to a subgroup of patients, instead of a one drug fits all approach.

P149 INCIDENCE AND PREVALENCE OF LEFT-SIDED HEART FAILURE IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS: A POPULATION-BASED STUDY

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Background In absence of large epidemiological studies, it is unknown how common left-sided heart failure (HF) is in patients with idiopathic pulmonary fibrosis (IPF), and whether incidence and prevalence has changed over time.

Methods Patients aged >40 years with IPF were included from the Clinical Practice Research Datalink Aurum database of nationally-representative, de-identified primary-care electronic healthcare records covering 18% of the UK population. HF prevalence and incidence were calculated yearly over 10 years (1 January 2010–31 December 2019), stratified by age and sex.

Results 25,341 IPF patients were included. Median age was 76.4 years (IQR 68.7–82.5). Between 2010–2019, prevalence of HF decreased from 33.4% (95% CI 32.2–34.6) in 2010 to 20.9% (20.0–21.7) in 2019. At all time-points, prevalence was higher in men than women, and with increasing age (in 2019: 8.2% (6.2–10.7) in those aged 40–59; 16.2% (15.1–17.3) in those aged 60–79; and 28.8% (27.3–30.2) in those aged >80). HF incidence rate per 100 person-years (95% CI) remained stable between 2010–2017 but decreased from 4.3 (3.9–4.8) in 2017 to 3.4 (3.0–3.9) in 2019. This trend was noted in both sexes and different age groups.

Conclusion While prevalence of HF in IPF is consistent with previously published estimates and similar to COPD cohorts, incidence rate is 3.9 times higher in IPF than COPD patients at comparable timepoints.¹ While decreasing HF incidence is seen in both IPF patients and the general population, decreasing prevalence in the former contrasts stable prevalence in the latter.² Decreasing HF incidence in IPF patients could reflect improved management of cardiovascular risk factors, while decreasing prevalence may be secondary to high mortality. Further studies should help explore factors driving the trends observed and aetiology of HF in IPF.