Abstract P7 Table 1 Patient Characteristics and Prevalence of Frailty

	All (n=29) n (%)	Min	Max
Mean Age (years)	80	66	92
Males	22 (76)		
Ethnicity			
Caucasian	22 (76)		
Asian	3 (10)		
Afro-Caribbean	2 (7)		
Other	2 (7)		
Body Mass Index (kg/m2) mean.	25	17	36
FVC% predicted mean.	90	49	146
TLCO% predicted mean.	46	11	89
Oxygen saturations (%), At rest on room air, mean.	96	92	98
On Oxygen	3		
Antifibrotics			
Not on Antifibrotics	12 (41)		
Nintedanib	13 (45)		
Pirfenidone	4 (14)		
Clinical Frailty Scale (CFS) mean.	5	3	6
CFS score			
4 or under 0	11		
5 (mild frailty)	8		
6 (moderate frailty)	10		
7 + (severe frailty)	0		
GAP score			
1-3 stage I	10 (35)		
4-5 stage II	12 (41)		
6-8 stage III	5 (17)		
Missing data	2 (7)		

Key: Clinical Frailty Scale (CFS) Minimum 1, not frail; Maximum 9, most frail, terminally ill. GAP score using (GAP score): gender, age and physiology, comprising FVC% and DLCO% It identifies three stages of severity: a 1-year mortality risk of 6%, 16% and 39% respectively (Ley et al., (2012))

within our department, and incorporation of frailty assessments into routine clinical care. We will refer our moderately frail patients to existing local services with the aim of reducing hospitalisations and death.

REFERENCES

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Clinical developments in non-invasive ventilation and sleep

P8 A RETROSPECTIVE COHORT STUDY OF IDIOPATHIC DIAPHRAGMATIC PALS: A DIAGNOSTIC TRIAD, NATURAL HISTORY AND PROGNOSIS

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Background Isolated diaphragmatic palsy (DP) in the absence of progressive neuromuscular disease is uncommon. It poses diagnostic challenges and limited data are available regarding prognosis. We present retrospective cohort data referred for

Abstract P8 Figure 1 Scatterplot of MEP/MIP against fall in seated supine VC at presentation in subjects with diaphragm paralysis ($p < 0.05$, $r^2 = 0.76$)

non-invasive ventilation (NIV) from two large teaching hospitals in the United Kingdom.

Method Sixty patients who were assessed either as inpatients or outpatients were included in this study. Patients with progressive neuromuscular disease were excluded. Clinical presentation, tests of respiratory muscle function (sitting/supine vital capacity [VC], Maximal Expiratory Pressure [MEP], Maximal Inspiratory Pressure [MIP] and Sniff Nasal Inspiratory Pressure [SNIP]) and outcomes were recorded.

Results For patients with DP, mean $\pm$ standard deviation (SD) seated and supine VC, pre-non-invasive ventilation (NIV) were reduced at 1.7 ± 1.2 L and 1.1 ± 0.9 L, respectively, with a mean $\pm$ SD postural fall in VC of $42 \pm 0.16\%$. The mean MEP/MIP and MEP/SNIP ratios for diaphragmatic palsy (DP) were 3 and 3.5, respectively.

After a year of treatment with NIV, mean $\pm$ SD upright and supine VC had increased to 2.1 ± 0.9 and 1.8 ± 1 L, respectively, and the mean $\pm$ SD fall in VC sitting to supine reduced to $29 \pm 0.17\%$. MEP/MIP and MEP/SNIP ratios reduced to 2.6 and 2.9, respectively, from the pre-NIV values. The values of postural fall in VC correlated ($p < 0.05$) with MEP/MIP and MEP/SNIP ratio ($r^2 = 0.86$ and $r^2 = 0.7$ respectively).

Conclusion Tests of respiratory muscle strength are valuable in the diagnostic workup of patients with unexplained dyspnoea. A triad of a) orthopnoea, with b) normal lung imaging and c) MEP/MIP and/or MEP/SNIP ratio ≥ 3 points towards isolated DP. This needs to be confirmed by prospective studies.

P9 DEVELOPING AN INTRASALIVARY BOTOX SERVICE FOR PATIENTS RECEIVING LONG-TERM VENTILATION (LTV) AT HOME: A SINGLE CENTRE EXPERIENCE

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Introduction Sialorrhoea is a debilitating symptom in neurological disease and there is a growing literature for the use of intrasalivary Botulinum Toxin (botox) injections in its management. The SIAXI trial showed a significant improvement in salivation with intrasalivary botox in patients who had Parkinson's Disease.¹ However, provision of intrasalivary botox remains inconsistent and sialorrhoea is often poorly controlled in Motor Neuron Disease. Sialorrhoea in association with bulbar dysfunction can cause intolerance of LTV and respiratory infection, so its implementation is critical within a home