Abstract P43 Figure 1

develop mutual care objectives between HCP and patient, to establish a therapeutic relationship.

P44 THE IMPACT OF LACK OF PROFICIENCY IN ENGLISH ON ASTHMA CONTROL

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Introduction Health inequalities play a role in poor clinical outcomes for people living with asthma. The UK Severe Asthma Registry has noted this in the differences in disease between Caucasian and Non-Caucasian groups when it comes to accessing severe asthma services and biologics prescribing. Whilst it is acknowledged that there is a difference in disease in terms of possible endo types between these groups, it is also acknowledged that there are cultural and language barriers. The aim of this study is to investigate if there is a correlation between poor asthma control and lack of proficiency in English.

Method Indicators of poor asthma control are the use of oral corticosteroids (OCS) and the over use of short-acting bronchodilators (SABA). The AstraZeneca Respiratory Outcomes Heatmaps tool was used to identify areas with both poor Asthma management (defined as >6 SABA and >3 OCS prescriptions in 2019/20), and compared this with the corresponding ONS Datashine census data for proficiency in English in our local area. A lack of proficiency was defined as those who did not speak English as a first language, and don't speak English well. Statistical analysis was undertaken using non-parametric Spearman's Rho correlation, SPSS version 26.

Results We identified 13,562 patients on the asthma register from 27 local GP surgeries. We found no correlation between excess OCS prescribing and lack of English proficiency - Rho = 0.202, p = 0.312, but there was a significant correlation between lack of English proficiency and >6 SABA inhalers per year - Rho = 0.551, p = 0.003 (significance at 0.05).

Discussion Inequalities are complex and amongst professionals there is a lack of understanding due to a lack of data. We have identified a correlation between a marker of poor asthma

control, and a lack of proficiency in English. The findings from this study will be used to target interventions in the areas identified as hot spots on the heatmaps. Development of multilingual, multimedia resources for those with poor literacy, and those who do not have good English language skills will be invaluable, as so little currently exists.

Please refer to page A191 for declarations of interest related to this abstract.

P45 ASSOCIATIONS BETWEEN EMPLOYMENT AND SOCIO-DEMOGRAPHIC AND HEALTH-RELATED FACTORS, IN PATIENTS WITH SEVERE ASTHMA

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Introduction Poorly-controlled asthma is associated with work absenteeism and loss of productivity. Less than 5% of asthma is stratified as 'severe asthma', which requires high-intensity multi-disciplinary care and is often associated with poor symptom control. Data regarding impact of severe asthma on workability is sparse; cross-sectional studies outside the UK have shown associations with disease severity, and poor physical and mental health status.^{1,2} We aimed to identify socio-demographic and health-related associations with employment in these patients.

Methods We interrogated the Birmingham Regional Severe Asthma Service (BRSAS) Dendrite clinical registry (n=1453 patient records, 2004–21), and extracted baseline data on patients aged 16–64 years, and not in full-time education; variables comprised employment status, socio-demographics (age, gender, ethnicity, index of multiple deprivation (IMD), smoking status), general health (BMI, hospital anxiety and depression (HAD) scale, co-morbidities, atopy), and disease-related factors (pre-bronchodilator FEV₁, asthma control, quality of life, maintenance corticosteroids, eosinophil count, hospital admissions and rescue treatments). We used hypothesis testing and logistic regression to examine the relationship between these independent variables and employment.