major comorbidity=204 (37), median%predicted FEV₁=80 (58–96). The most frequently identified occupations were: office administrator=48 (10), nurse=43 (9), care assistant (personal or institutional) =34 (7), teacher=21 (4), teaching assistant=18 (4). Using OASJEM 186/504 (37) patients may be exposed to ≥ 1 respiratory sensitizer or airway irritant, and 140/504 (28) to both categories. Physical demand of work was categorised as follows: sedentary=186/504 (37), light=220 (44), medium=88 (17), heavy=10 (2). Patients employed in medium or heavy physical work had median% FEV₁/FVC=66 (52–79), median%predicted FEV₁=75 (50–96), and median ACQ7score=2.9 (2.0–3.7).

Conclusion Clinicians should enquire about, and exclude, work-related inhalational exposures that may cause or exacerbate symptoms in patients with severe asthma. Clinicians should also be aware of unrecognized work disability, since many patients are employed in physically demanding roles, despite the presence of airflow obstruction and poor asthma control.

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Cough: is it a problem and what can we do about it?

P56 CHRONIC COUGH IN GERMANY: PREVALENCE AND PATIENT CHARACTERISTICS

¹JC Virchow, ²E Fonseca, ³H Salmen, ⁴VW Li, ⁴A Martin, ²JE Brady, ²J Schellhout. ¹University of Rostock Medical Clinic, Rostock, Germany; ²Merck and Co., Inc., Kenilworth, USA; ³MSD Sharp and Dohme GmbH, Haar, Germany; ⁴Kantar Health Co., Inc., New York, USA

10.1136/thorax-2021-BTSAbstracts.166

Introduction Prevalence and characteristics of chronic cough (CC) in Germany are poorly understood.

Aims and objectives The study aims to estimate prevalence and characterize a cohort of patients with chronic cough in Germany.

Methods German adults (n=15020) completed the National Health and Wellness Survey. CC was defined as daily cough ≥ 8 weeks. Respondents with CC were compared to those without CC on the following measures: Demographics, Health-Related Quality of Life (HRQoL) [Short Form 12 (SF-12): SF-6D utility index score, Mental Component Summary (MCS) score, Physical Component Summary (PCS) score], productivity loss [Work Productivity and Activity Impairment questionnaire]; anxiety [General Anxiety Disorder Scale-7], and depression [Patient Health Questionnaire-9]. All data shown p<0.01 unless stated.

Results Of participants, 5.1% (weighted) and 4.9% (unweighted) reported CC during the previous 12 months. Compared to non-CC respondents, CC patients were older (52 vs. 50 years) with similar proportion of females (54% vs. 51%, p=.22). CC patients were more likely to have a smoking history (71% vs. 54%) and less likely to exercise (55% vs. 61%). CC patients were more frequently employed (45% vs. 56%), although employed CC patients reported greater impaired productivity (47% vs. 25%). HRQoL was lower for CC patients in the SF-6D utility score (0.62 vs. 0.72), MCS

(42.5 vs. 47.9), and PCS (42.8 vs. 49.2). CC patients were more likely to be obese (30% vs. 21%), and experience symptoms of severe depression (7.2% vs. 2.5%) and anxiety (9.7% vs. 3.1%).

Conclusions In the past year, 4.9% percent of German adults report suffering from CC. Relative to non-CC respondents, CC was associated with poorer general health (e.g., higher BMIs, increased smoking, less exercise), poorer mental health, lower HRQoL, and reduced productivity.

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

P57 PATIENT GLOBAL IMPRESSION OF SEVERITY SCALE CHARACTERISES SYMPTOM SEVERITY IN CHRONIC COUGH

¹K Rhatigan, ¹K Tsami, ¹H Kesavan, ²RD Turner, ³CJ Jolley, ⁴JH Hull, ^{1,3}SS Birring, ^{1,3}PSP Cho. ¹Department of Respiratory Medicine, King's College Hospital, London, UK; ²Department of Respiratory Medicine, Charing Cross Hospital, London, UK; ³Centre of Human and Physiological Sciences, King's College Hospital, London, UK; ⁴Airway Disease Section, Royal Brompton Hospital, London, UK

10.1136/thorax-2021-BTSAbstracts.167

Introduction The Patient Global Impression of Severity (PGI-S) scale is a simple validated, single-item, self-reported categorical scale. The PGI-S is used to assess the severity of different clinical conditions, including as an outcome measure in clinical trials and in economic modelling. The aim of this study was to investigate the relationship of an adapted PGI-S scale to commonly-used specific measures in chronic cough, assessing both severity and health-related quality of life (QoL).

Methods Prospective study of consecutive patients with chronic cough being investigated at a specialist cough clinic. Participants completed cough severity visual analogue scale (VAS) (0–100 mm; higher scores indicate higher severity), Leicester Cough Questionnaire (LCQ) QoL (3–21; higher scores indicate better health status) and PGI-S (0–5: 0=no cough, 1=minimal, 2=mild, 3=moderate, 4=severe, and 5=very severe) at a clinic visit.

Results 304 participants completed the assessments; median (IQR) age 59 (47–67) years, 218 (72%) female, duration of cough 51 (24–123) months and mean (SD) FEV₁94.0 (19.7)% predicted. The distribution of reported PGI-S severity ratings

Abstract P57 Figure 1 Cough severity analogue scale (a) and cough-specific health status LCQ (b) ranges for Patient Global Impression of Severity categories