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

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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

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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

were no cough (4%), minimal (7%), mild (12%), moderate (34%), severe (35%) and very severe (8%). Participants reported median (IQR) cough severity VAS 60 (32–80) mm, LCQ 11.2 (8.6–14.4) and PGI-S 3 (moderate) (3–4). PGI-S was associated with cough severity VAS and LCQ ($\rho=0.81$, $p<0.001$; $\rho=-0.76$, $p<0.001$ respectively). Cough severity VAS (median, IQR) was significantly different between PGI-S categories; no cough: 0 (0–5) mm, minimal: 11 (7–24) mm, mild: 30 (19–39) mm, moderate: 50 (39–61) mm, severe: 76 (69–82) mm and very severe: 91 (83–100) mm ($p<0.001$) (figure 1a). LCQ (median, IQR) was also significantly different between PGI-S categories; no cough: 20.3 (19.5–20.7), minimal: 17.0 (16.3–18.1), mild: 15.4 (14.0–17.3), moderate: 11.9 (10.1–13.9), severe: 8.7 (7.3–10.4) and very severe: 6.8 (5.3–8.9) ($p<0.001$) (figure 1b).

Conclusion The PGI-S scale is a simple tool that characterises cough severity in a format familiar to clinicians, and allows comparisons with other conditions. The PGI-S has a strong relation with validated cough measures such as VAS and LCQ. Future studies should investigate the reproducibility and clinically important threshold for change of the PGI-S.

P58 THE PREVALENCE OF CHRONIC COUGH AMONGST FEMALES WITH STRESS URINARY INCONTINENCE

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10.1136/thorax-2021-BTSAbstracts.168

Background Stress Urinary Incontinence (SUI) is one of the major physical consequences suffered by individuals with chronic cough (CC). We investigated the prevalence of CC among women who reported having SUI.

Methods Participants completed an online structured quantitative questionnaire in April 2021, to identify adult women with SUI. Demographic characteristics, causes/triggers of urinary incontinence, current or previous CC, cough frequency and duration, COVID-19 infection and its impact on CC were included.

Results A total of 835 adult women reported having SUI, of whom, 153 (18.3%) concomitantly had urgency incontinence, 59 (7.1%) had overflow incontinence, and 28 (3.4%) had functional incontinence. The mean age was 52.3 years (Range: 21–86), the majority (604 (72.3%)) reported cough as a cause of their urinary incontinence, of whom 67.0% reported suffering incontinence because of cough at least once a week. One hundred and twenty-three (14.7%) women reported experiencing CC within the last year, and 84 (10.1%) reported still having CC currently. Fifty-seven (6.8%) women stated their CC had been diagnosed by a physician, and 150 (18.0%) women reported having suspected or confirmed COVID-19 (with or without CC). Of the 123 women who had CC in the last year, ninety-three (75.6%) had CC onset before COVID-19.

Conclusion A majority of women with SUI reported cough as one of the leading triggers of their urinary incontinence. Almost 15% of the sample reported experiencing CC, but less than half of those had a formal diagnosis from a physician. Most cases of CC were not related to COVID-19. Future studies would be useful to further explore the burden of CC on SUI patients.

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

P59 BASELINE CHARACTERISTICS AND MEDICAL HISTORY OF PATIENTS WITH REFRACTORY OR UNEXPLAINED CHRONIC COUGH PARTICIPATING IN TWO GLOBAL PHASE 3 CLINICAL TRIALS

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10.1136/thorax-2021-BTSAbstracts.169

Introduction Previous studies characterizing patients with chronic cough (CC) have typically included patients with CC without a specific focus on patients with guidelines-diagnosed refractory CC (RCC) or unexplained CC (UCC). This analysis assessed the medical history, cough severity, and cough-related quality of life (QOL) at baseline in participants with RCC and UCC enrolled in two global phase 3 trials.

Methods Pooled data from participants enrolled in two phase 3, randomized, placebo-controlled clinical trials of the P2X3-receptor antagonist gefapixant (COUGH-1, NCT03449134; COUGH-2, NCT03449147) were used in this analysis. Participants were adults with cough lasting ≥ 1 year, a diagnosis of RCC or UCC according to guidelines from the American College of Chest Physicians, and a baseline cough severity score ≥ 40 mm on a 100-mm visual analog scale. Comorbidities and prior medications were identified from participant medical records. Baseline cough metrics included the Cough Severity Diary (CSD) and Leicester Cough Questionnaire (LCQ). The CSD measures cough severity across 3 domains (frequency, intensity, and disruption), with items measured on an 11-point scale (higher scores indicate greater severity). The LCQ assesses health-related QOL, including physical, psychological, and social domains, with a total score ranging from 3 to 21 (lower scores indicate a more impaired QOL).

Results Of 2044 participants randomized and treated in COUGH-1 or COUGH-2, 41%, 41%, and 29% had prior

Abstract P59 Table 1 Pooled Baseline CSD and LCQ Scores in COUGH-1 and COUGH-2

	Mean (SD)	Median (range)
CSD (N=2038)		
Total	6.0 (1.6)	6.1 (0.7–10.0)
Frequency	6.4 (1.5)	6.5 (0.8–10.0)
Intensity	6.2 (1.8)	6.4 (0.1–10.0)
Disruption	5.3 (2.1)	5.4 (0.0–10.0)
LCQ (N=1949)		
Total	10.4 (3.0)	10.3 (3.0–20.5)
Physical	3.9 (1.0)	3.9 (1.0–6.8)
Psychological	3.2 (1.2)	3.1 (1.0–7.0)
Social	3.2 (1.2)	3.3 (1.0–7.0)

CSD, Cough Severity Diary; LCQ, Leicester Cough Questionnaire.