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

¹P Cho, ¹A Rantell, ¹L Cardozo, ²J Schellhout, ²H Langerman, ²H Ding, ²L Hennessy, ³C Atkinson, ³L Bateman, ³M Silvey, ¹SS Birring. ¹King's College Hospital, London, UK; ²Merck and Co., Inc., Kenilworth, USA; ³Adelphi Real World, Cheshire, UK

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

¹L McGarvey, ²SS Birring, ³P Dicpinigaitis, ⁴A Morice, ⁵I Pavord, ⁶JA Smith, ⁷B Iskold, ⁷Q Li, ⁷A Martin Nguyen, ⁷J Schellhout, ⁷A Tzontcheva, ⁷C La Rosa, ⁷D Muccino. ¹Wellcome-Wolfson Institute for Experimental Medicine, Queen's University Belfast, Belfast, Ireland; ²Centre for Human and Applied Physiological Sciences, School of Basic and Medical Biosciences, Faculty of Life Sciences and Medicine, King's College London, London, UK; ³Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, USA; ⁴Hull York Medical School, Cottingham, UK; ⁵Oxford NIHR Respiratory BRC, Nuffield Department of Medicine, University of Oxford, Oxford, UK; ⁶Division of Infection, Immunity and Respiratory Medicine, University of Manchester and Manchester University NHS Trust, Manchester, UK; ⁷Merck and Co., Inc., Kenilworth, USA

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.