1. Treatment concerns
Patients and carers expressed anticipated concerns surrounding use of HFOT equipment at home, yet confidence grew with time and support. Financial implications were also raised.

2. Support
Patients and carers felt that specialist support reduced anxiety and was key to managing at home.

3. Treatment impact
Treatment was described as improving symptom management beyond expectations and facilitating staying at home.

Conclusions
These findings highlight key experiences of patient and carers for whom a domiciliary HFOT service is provided. This pilot data provides insight into pre-treatment concerns and anxieties, the importance of support and education in managing HFOT at home and the positive impacts of domiciliary HFOT. Further qualitative research is needed to develop an in-depth understanding of the lived experiences of home HFOT users. This would inform developments in treatment delivery and patient support, in addition to much needed improvements in quality of life and choice of place of care for those with progressive, severe respiratory failure.

P44  SUPPORTING PATIENT PREFERENCE FOR LOCATION OF ELECTIVE WITHDRAWAL FROM NON-INVASIVE VENTILATION IN MOTOR NEURONE DISEASE
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10.1136/thorax-2023-BTSabstracts.196

Introduction
The domiciliary non-invasive ventilation (NIV) service supports patients with a diagnosis of motor neurone disease (MND). The community NIV practitioner team consists of two physiotherapists who outreach to patients with MND as per NICE guidance. The aim of this study was to investigate the location of elective withdrawal of NIV and alignment with patient preference in a rural MND cohort.

Methods
We retrospectively studied clinical notes made within the MND service from April 2016 to March 2023, looking at patient preference and the subsequent location of elective withdrawal from NIV. The duration of NIV use and patient dependence on NIV as defined by the association for palliative medicine were also recorded.

Results
170 patients with MND were referred into the NIV service during this period; 52.3% male, mean age 68 (SD 10). Of these, 51 (30%) were initiated onto NIV, with 14% subsequently requesting elective withdrawal from NIV. In the elective withdrawal cohort, the mean duration of NIV use was 23.4 months (range 5 – 61 months) and 100% of the patients at the time of withdrawal, were dependent on NIV (>14/24hrs). All MND patients preferred a community setting, within their home, a hospice or a community hospital, for elective withdrawal of their NIV. This was achieved in 86% of cases (see figure 1 for withdrawal location/place of death), with 14% of elective withdrawals occurring in the acute hospital.

Conclusion
In this rural cohort, the majority of MND patients had elective withdrawal of NIV in their preferred location in the community. There should be an emphasis on the avoidance of elective withdrawal in the acute hospital setting to meet patient preference in MND.

REFERENCES

‘The heat is on’ – Can we get greener in asthma?

P45  ASTHMA OUTCOMES, INHALED CORTICOSTEROID ADHERENCE AND SOCIOECONOMIC DEPRIVATION IN ENGLISH CLINICAL COMMISSIONING GROUP REGIONS
H Hussain, T McKee, G Gomem. University of Nottingham, Nottingham, UK; Nottingham University Hospitals NHS Trust, Nottingham, UK
10.1136/thorax-2023-BTSabstracts.197

Abstract P44 Figure 1