Results A total of 100 patients were enrolled, 94 patients were included in the safety analysis and full analysis sets; 76 (80.9%) patients completed the study and 91.8% planned to continue BDP/FF/G.

In the six months prior to enrolment, 69 patients (73.4%) were treated with ICS/LABA/LAMA (fixed or open inhaled triple therapy combinations); 12 (12.8%) and 13 (13.8%) patients were treated with ICS/LABA or LAMA/LABA, respectively.

After six months treatment with BDP/FF/G CAT total score improved from 23.7 to 21.0 (figure 1); a significant mean change from baseline of -3.6 (P=0.0001); 66.7% of patients were CAT responders (score improvement ≥2 between V1-V3). All CAT items improved significantly from V1-V2; mean change in CAT total score at V2 was -4.7, P<0.0001. An improvement in adherence was observed; mean change in TAI domain score V1-V2 of 0.7 (P=0.0126), and a positive trend between V1-V3 of 0.6 (P=0.1159). Conclusion TriOptimize-UK has demonstrated a positive impact of Trimbow® in patients with poorly-controlled COPD, with significant improvements in HRQoL and the potential to enhance treatment adherence, important for long-term disease control and outcomes.

Please refer to page A292 for declarations of interest related to this abstract.

Introduction and Aims Reports suggest over 50% of people with COPD are non-adherent to their inhaled maintenance therapy. This can result in poorer clinical outcomes. Multiple device types can also negatively affect clinical outcomes by causing confusion around inhaler use. Sustainability is a hot topic in respiratory medicine. Strategies to improve symptom control and reduce healthcare contacts improves sustainability, as does reducing the carbon footprint of inhalers. Two aspects of sustainable COPD treatment are examined here: the effect of multiple device types on adherence, and whether simpler inhaler regimens, along with adherence, affect awareness and attitudes regarding more sustainable COPD treatment.

Methods Inpatients with COPD at a London hospital were identified between October and December ’22, and consented to participate in a modified version of the 2020 Asthma UK survey on attitudes to sustainability of inhalers. Their Medicines Possession Ratio (MPR, an estimate of adherence) was calculated using primary care prescription records.

Results 147 patients completed the survey and had an MPR available. 104/147 (71%) patients had good adherence. 61/147 were prescribed different device types for maintenance and reliever medications. 48/61 (79%) patients with differing device types had good adherence, compared to 56/86 (65%) patients with consistent devices.

44/147 patients were aware of the environmental impact of inhalers; 33 (75%) had consistent inhaler device regimens, 31 (70%) had good adherence. Of those unaware, 53/103 (51%) had a consistent device regimen; 73 (71%) had good adherence.

91/147 patients were willing to switch to greener inhalers. Similar proportions of those willing (69%) and unwilling/unsure (73%) to switch inhalers had good adherence. A greater proportion of those unwilling/unsure, 38/56 (68%), had consistent inhaler device regimens, compared to 53/91 (58%) of the willing cohort.

Conclusion This cohort demonstrated better adherence to inhaled COPD therapies than often reported, but it didn’t influence willingness to switch to greener inhaler devices. These results present challenges for delivering sustainable care. Those with consistent inhaler device regimens are less adherent and less likely to switch to greener inhalers compared to those with different device types. This may undermine attempts to improve clinical outcomes and the sustainability of inhalers.
willing to utilise digital options if this could speed up access to treatment.

REFERENCE
1. https://commonslibrary.parliament.uk/constituency-data-how-healthy-is-your-area/

‘The show must go on’ – What more do we know about cough?

COUGH HYPERSENSITIVITY FEATURES IN INTERSTITIAL LUNG DISEASE

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Introduction Chronic cough (CC, lasting >8 weeks) affects most patients with interstitial lung disease (ILD), is often refractory to treatment, impacts quality of life, and can predict disease progression. Cough hypersensitivity syndrome is defined as cough triggered by low levels of thermal, mechanical, or chemical exposure. Cough hypersensitivity syndrome, akin to neuropathic pain syndrome, has features of allotussia, hypertussia, and laryngeal paraesthesia. Mechanisms of cough in ILD including cough hypersensitivity (CH) features are understudied. We investigated triggers and sensations consistent with CH in ILD.

Methods An anonymised online questionnaire was completed by patients with ILD and persistent cough, in association with Action for Pulmonary Fibrosis. Multiple choice and free text questions included cough triggers, sensations, and impacts. Allotussia was inferred by triggers such as talking, hypertussia by aerosols, and laryngeal paraesthesia by throat sensations (figure 1).

Results The questionnaire was completed by patients with idiopathic pulmonary fibrosis (IPF, n=147) and non-IPF ILD (n=48); 90/195 (46%) female, 123/195 (63%) aged >65 years. Non-IPF included unspecified-ILD (n=16), connective tissue disease-ILD (n=13), chronic hypersensitivity pneumonitis (n=12), nonspecific interstitial pneumonia (n=5), sarcoidosis (n=1), and drug-induced ILD (n=1). Patients with IPF were older and less likely female compared to non-IPF; age >65 years, 109/146 (75%) vs. 14/48 (29%), female sex 52/147 (35%) vs. 37/48 (77%), respectively (all p<0.001). CH features were common in IPF and non-IPF; allotussia, 137/147 (93%) and 48/48 (100%); hypertussia, 79/147 (54%) and 31/48 (65%); laryngeal paraesthesia 94/147 (64%) and 34/48 (71%), respectively (figure 1). The majority of IPF and non-IPF had ≥2 features of CH; 111/147 (76%) and 42/48 (88%) respectively (p=0.08). In all ILD, patients with 2–3 CH features were more likely to have lives impacted by cough on most or every day, compared to 0–1 CH features; 137/153 (90%) vs. 28/42 (67%) (p<0.001).

Discussion Patients with IPF and non-IPF ILD demonstrate multiple cough triggers and sensations consistent with a high prevalence of cough hypersensitivity, which impact patients’ lives. The prevalence and profile of CH features was similar between IPF and non-IPF. Further study is needed to understand cough mechanisms in ILD, and trial novel antitussives for this impactful condition.

Abstract P212 Figure 1 Comparison of cough triggers and sensations in idiopathic pulmonary fibrosis (IPF) and non-IPF interstitial lung disease. 

Allotussia, cough triggered by non-tussigenic stimuli; hypertussia, excessive cough to tussigenic stimuli; laryngeal paraesthesia, abnormal sensation in the throat.