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

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.