IMPORTANCE OF PATIENT VOICE IN GUIDING THE MANAGEMENT OF COPD

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Introduction and objectives Patient-healthcare professional (HCP) communication is central to optimising chronic obstructive pulmonary disease (COPD) management, yet influencing factors are poorly understood. The objective of this study is to gain patient insights around treatment awareness and preferences, sources of education on COPD management, and factors influencing shared decision-making in COPD management.

Methods Qualitative insight data from Europe, US, Brazil, China and Japan were collected in 2021 from 1) 2966 interactions between HCPs and a pharmaceutical company (including feedback on unmet medical needs, treatment pathways and disease burden); 2) 988 social media posts from patients/caregivers across both specialist and non-specialist platforms; and 3) an independent market research survey (33 patients, 11 caregivers). Informed consent was obtained. Data were anonymised, collated, and categorised using key words to identify common themes.

Results Lack of disease awareness/restrictions in accessing services may delay diagnosis. Once diagnosed, most individuals reported seeing their HCP every 6 months and feeling empowered to ask questions. They also report using non-specialist and specialist social media sites (400+) to access information on treatment options. HCP-reported information highlight patients seek additional sources of accurate information including from patient testimonials. Key findings and insights are listed in table 1.

Abstract M9 Table 1 Factors influencing patient-HCP communication and shared decision making

<table>
<thead>
<tr>
<th>Diagnosis and treatment challenges</th>
<th>Patient understanding and awareness</th>
<th>Patient treatment preference considerations</th>
<th>Treatment considerations in decision-making</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in seeking medical advice (~3 months to 1-year post-symptom onset)</td>
<td>Lack of disease awareness and risks (e.g. mortality risk)</td>
<td>Dosage: two vs one treatment dose (due to psychological element and habit)</td>
<td>Costs and ease of access to treatments</td>
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<tr>
<td>Seek advice when symptoms impact daily life (sleep, finances, employment, etc)</td>
<td>Lack of understanding why a combined treatment may be better than separate treatments</td>
<td>Bitter after-taste of treatment</td>
<td>Ease of use and convenience to aid treatment adherence</td>
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<tr>
<td>Restricted access to HCPs (COVID-19)</td>
<td>Patients compare treatment experience and seek support/advice on treatment options via social media/patient advocacy groups</td>
<td>Concerns of treatment side effects (e.g. device training)</td>
<td>Patient preferences</td>
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<tr>
<td>Perceived under-estimation of symptom impact by HCPs</td>
<td>Lack of confidence in HCP diagnostic/treatment decisions</td>
<td>Treatment efficacy/onset of action</td>
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</tbody>
</table>

Conclusions Improved patient/HCP education and communication can lead to greater patient empowerment and shared decision-making.

Please refer to page A293 for declarations of interest related to this abstract.

CHALLENGES OF PATIENT ENGAGEMENT TO A COPD VIRTUAL WARD, FOLLOWING AN ADMISSION FOR AN ACUTE EXACERBATION OF COPD

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10.1136/thorax-2023-BTSabstracts.399

Background Following the COVID pandemic, virtual wards (VW) are increasingly being offered. An integrated COPD nursing team (inpatient and community) devised a patient pathway aiming to improve discharge care post-acute exacerbation of COPD (AECOPD), with an agreed selection criteria. The COPD VW monitored patients two weeks post discharge, following NHS England guidance (2022). However, there was a cohort who declined the VW, or who were deemed clinically unsuitable.

Aim To understand the reasons why some patients admitted with an AECOPD were not suitable for/declined discharge to a VW.

Methods Referral records to the COPD VW, following an admission AECOPD between Jan 2023-April 2023, were reviewed. Reasons for declining/assessment of clinical unsuitability were collected. All inpatient COPD nurses had previous experience of running a COVID VW.

Results The inpatient COPD nursing team identified 438 patients who met the criteria for the integrated COPD VW. 100 patients were suitable, and were admitted with consent. 338 patients (77.2%) were not admitted to the VW. Of these, 42 (12.4%) patients readmitted; 36 (10.6%) died. There was a mean frailty score of 5, with a mean of 3 comorbidities.

Of those not admitted, 192 (56.8%) patients declined; 74 (21.9%) were deemed as clinically unsuitable. 72 patients (21.3%) were not reviewed as an inpatient.

The reasons for declining the COPD VW were cited as;

1. Patient does not want to (89, 26.3%)
2. No experience with technology (103, 30.5%)

Restricted access to HCPs (COVID-19) Patients compare treatment experience and seek support/advice on treatment options via social media/patient advocacy groups

COVID-19, coronavirus disease 2019; HCP, healthcare professional
A SCOPING REVIEW EXPLORING ADOPTION OF DIGITAL STRESS MANAGEMENT RESOURCES FOR LONG-TERM HEALTH CONDITIONS – JUST USEFUL FOR RESPIRATORY CONDITIONS?

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Background Digital technologies offer the potential for patients with long-term health conditions to access interventions that can support condition self-management and enhance overall quality of life. Anxiety and depression are common in long term health conditions (COPD, asthma, Long-COVID, stroke, Parkinsons etc), and little is known about the adoption of digital technologies for anxiety management in these populations. This review consolidates the published literature exploring existing studies about the adoption of digital stress management resources.

Methods A five-step scoping review framework, utilising 7 bibliographic databases including CINHAL, MEDLINE and PsychInfo was undertaking. All relevant English language publications reporting on the adoption of digital anxiety resources among patients with the specified long-term health problems, published between 2012–2023 were eligible for inclusion.

Results Six articles were included, four of the studies were primary research studies using experimental and/or mixed methods designs; 2 were systematic reviews. The target study population in the studies were individuals diagnosed with COPD (n=3), mixed cohorts of long-term physical conditions such as asthma and long-term respiratory illness (n=2) and stroke (n=1). The digital technologies were primarily used to monitor anxiety levels and deliver cognitive behavioral therapy-based interventions. The delivery of which were guided by health professionals and mediated through telephone, videoconference, IoT, web-based platforms, emails and mobile texts. Two studies evaluated the acceptability of digital interventions; four studies assessed their usability.

Conclusions The literature found highlighted the use of apps for anxiety in predominately respiratory populations who experience high levels of anxiety and depression. Whilst usability of the digital anxiety management resources among the target population was high, acceptability and perceived effectiveness of the digital interventions in reducing anxiety was not.

Healthcare professionals and researchers must consider the acceptability of these interventions as a core construct when developing or delivering digital interventions in clinical practices. In the absence of user acceptability, perceived effectiveness will remain low. Co-production of digital resources is imperative if they are to be fully embraced as a useful adjunct to anxiety self-management in long-term conditions.

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