Conclusion: Due to the absence of new studies, no significant changes have been made to the conclusions in this review. Long term analysis of data further supports previous findings that LVRS leads to higher QoL, without affecting long-term mortality. It is unlikely that new studies with a similar power of the NETT study will be performed, specifically considering the recent advantages and interest in bronchoscopic lung volume reduction.

Grant Support: Nil;
COI: None

TP 124

DEFINITION OF A COPD SELF-MANAGEMENT INTERVENTION: INTERNATIONAL EXPERT GROUP CONSENSUS

EFFING T[1,2], VERCOULEN J[3], BOURBEAU J[4], TRAPPENBURG J[5], LENFERINK A[6], CAFARELLA P[1,2], COULTAS D[7], MEEK P[8], BISCHOFF E[3], BUCKNALL C[9], DEWAN N[10], EARLY F[11], FAN V, FRITH P, JANSSEN D, MITCHELL K, MORGAN M, NICI L, PATEL I, RICE K
[1]*Repatriation General Hospital,* [2]*Flinders University,* [3]*Radboud university medical center,* [4]*Research Institute of the McGill University Health Centre,* [5]*University Medical Center Utrecht,* [6]*Medisch Spectrum Twente,* [7]*Oregon Health Science University,* [8]*University of Colorado college of Nursing Aurora Colorado,* [9]*Stobhill General Hospital,* [10]*Omaha Veterans Affairs Health Care Center*

Introduction/Aim: There is a strong need for consensus on the nature of a COPD self-management intervention. We aimed to obtain consensus regarding the conceptual definition of a COPD self-management intervention within an international panel of experts in the field of COPD self-management using a Delphi method.

Methods: Experts who were involved in COPD self-management due to research and/or clinical work were invited to participate. In each consensus round, they were asked to provide feedback and to score to what extent they agreed with the proposed definition (totally disagree (1)–totally agree (5)). The definition was subsequently modified using this information. Thematic analysis was used for free text responses and descriptive statistics were used for the agreement scores.

Results: Overall, 28 experts participated. The consensus round response rate varied randomly over the five consensus rounds (range 48.1% and 85.2%), and agreement scores with the definition increased from 3.81 (round 1) to 4.83 (round 5) with an increasing percentage of experts allocating the highest score of 5 (round 1: 14.3%; round 5: 82.6%). Between round 4 and 5, an extra voting round was initiated to decide between the use of the term 'supported self-management intervention' ($n = 11$) or 'self-management intervention' ($n = 12$). Five experts did not vote. As pre-defined, it was decided to adopt the majority vote.

Conclusion: In this study we reached consensus regarding a conceptual definition of a COPD self-management intervention, clarifying the requisites for such an intervention. Operationalisation of this conceptual definition in the near future will be an essential next step.

TP 125

ACTIGRAPHY: AN OBJECTIVE MEASURE OF ACTIVITY LEVELS IN MALIGNANT PLEURAL EFFUSION PATIENTS

JEFFERY E[1], LEE Y[2,3,4], MCVEIGH J[5], NEWTON R[1,6], STRAKER L[5], MCINTYRE C[1]
[1]*Exercise Medicine Research Institute, Edith Cowan University,* [2]*Respiratory Dept, Sir Charles Gairdner Hospital, Perth WA,* [3]*Institute of Respiratory Health, Perth WA,* [4]*School of Medicine and Pharmacology, University of Western Australia,* [5]*School of Physiotherapy and Exercise Science, Curtin University,* [6]*UQ Centre for Clinical Research, University of Queensland*

Introduction/Aim: The management goal of malignant pleural effusion (MPE) is to relieve symptoms and optimize physical activity levels. No validated quantitative measurement of physical activity exists for patients with MPE. This study aimed to (i) investigate the feasibility of accelerometer use (ii) describe physical activity levels in MPE patients; and (iii) compare the latter with self-reported performance status.

Methods: Patients with MPE wore an Actigraph GT3X+ activity monitor on their hip for 24 h/day over a 7-day period. Those who had at least one 10-h day of waking wear time were included in the analyses. Sedentary activity was classified as <100 counts/min (cpm), light activity as 100–1952 cpm and moderate vigorous physical activity (MVPA) as >1952 cpm. Step count was corrected for overestimation of 36%. Performance status was assessed according to the Eastern Cooperative Oncology Group (ECOG) ratings.

Results: Thirty-eight patients (27 men; mean age 68.8 ± 8.3) were included. ECOG was 0–1 in 27 (71.1%) patients; ≥ 2 in 6 (15.8%) and unknown in 5 (13.2%). Accelerometer wear was well tolerated and compliance was high: Thirty-seven patients had >10 h wear-time for ≥ 1 day (minimal entry criteria) and 81% of patients for ≥ 6 days. MPE patients had very low activity levels. The cohort was sedentary for 69.8% of their awake time (10¾ h/day) and spent only 1.2% of time (11 min/day) in MVPA. Most (31/37) patients did not achieve any MVPA in bouts ≥ 10 min. Patients with ECOG 2–3 had significantly more sedentary time than those with ECOG 0–1 (723 ± 139 vs 617 ± 102 min/day, $P = 0.01$) and completed significantly fewer steps (4439 ± 591 vs 8441 ± 2828, $P < 0.01$).

Conclusion: We showed, for the first time, accelerometry can be used successfully in patients with MPE. MPE patients had very low physical activity levels. Sedentary time and step count reflected self-reported performance status. Accelerometry may present a well-tolerated objective measurement to assess activity and physical performance levels of MPE patients.

Declaration of Interest Statement: Nil

TP 126

CODEINE AND DERIVATIVES VERSUS PLACEBO FOR CHRONIC COUGH IN CHILDREN: A COCHRANE SYSTEMATIC REVIEW

GARDINER S[1], CHANG A[1,2], MARCHANT J[3], PETSKY H[1]
[1]*Queensland Children's Medical Research Institute, Queensland University of Technology,* [2]*Child Health Division, Menzies School of Health Research, Charles Darwin University, Darwin,* [3]Queensland Children's Medical Research Institute, The University of Queensland

Introduction/Aim: Codeine (and derivatives) based antitussive agents are used in children for the treatment of cough. While it may be efficacious, it may also cause significant adverse effects. The objective of this systematic review is to evaluate the safety and efficacy of codeine (and derivatives) for the treatment of chronic cough in children.

Methods: We systematically searched the Cochrane Airways Group Register of Trials, Cochrane Central Register of Controlled Trials (CENTRAL), MEDINE, EMBASE, online trials registries, and bibliographic references of publications. Abstracts and full-text articles were independently reviewed for eligibility by two authors against a standardized protocol. Studies were considered eligible for analysis when: the participant population included children aged <16 years; has a chronic cough (≥ 4 weeks); and the study design evaluated codeine or codeine based derivatives against placebo through a randomized controlled trial.

Results: The search yielded a total of 544 abstracts. Our preliminary data showed that none of the studies fulfilled the inclusion criteria. However, we are currently awaiting the translation of one paper in a foreign language, with results pending.

Conclusion: As there is likely to be no eligible studies, there is no evidence to support or oppose the use of codeine (and derivatives) in children with chronic cough. Given the reported serious adverse effects associated with the use of codeine (and derivatives), current chronic cough guidelines recommend not using codeine in young children. .

Grant Support: SJG—Lung Foundation Australia/ Australian Cochrane Airways Group Network—Cochrane Scholarship; AC–NHMRC-1042601; HP—Asthma Australia Fellowship