The residual AHI of patients on therapy was on average 2.32/hour (min: 0 and max: 12.5). Of these 44 were in CPAP mode, 179 in Auto-CPAP, 2 in NIV, another 2 in auto-bilevel) and 1 in Servoventilation. The Auto-CPAP Pressure in 95% of the nights (P95) averaged was 12.7 cm of H2O, with a minimum of 6 and a maximum of 15 cm of H2O. In June 2021, at 3 months 30 patients, at 6 months 56 patients , at 12 months 59 and at 24 months 83 patients were included, with the average daily use being, respectively: 4.30, 5.18, 5.40 and 5.47 hours. The mean residual AHI was respectively: 2.09, 1.81, 2.27 and 2.65/hour. We achieved a good adaptation to therapy in 209 patients (91%) and 19 dropped out of therapy.
Conclusions: In patients with a confirmed diagnosis of OSA treated by PAP, the use of telemonitoring should be considered to improve follow-up and therapeutic adjustment, promoting better compliance with the therapy. In this study, Airview® was considered a useful tool, capable of preventing early dropouts , allowed us to understand its influence on the control of residual events and promoting its particular usefulness during a pandemic, often avoiding the need for health professionals to travel to patients homes, without compromising their adherence.

***Keywords**: Telemonitoring. OSA. Airview®.*

PE 030. THE CHALLENGING DIAGNOSIS OF A PATIENT WITH A VERY SEVERE LUNG OBSTRUCTION

P. Barros, A. Barroso, H. Ramos, U. Brito

Hospital de Faro.

Case report: 36-year-old man, non-smoker, works as a green meat cutter. Episodes of coughing and wheezing in childhood, with asymptomatic period until 2009, when he reported having persistent productive cough, wheezing, exertional dyspnea and chest tightness, with worsening of complaints during the night and morning. After worsening of these symptoms, he was sent to a Pulmonology consultation. He had been medicated for the last 5 years with fluticasone 250 μg and salmeterol 50 μg, with moderate improvement of symptoms. The pulmonary auscultation had a globally diminished ventricular murmur, with crackles in the lower 1/3 bilaterally. He had peripheral oxygen saturation of 91%, and the arterial blood gas analysis revealed a global respiratory failure. Further diagnostic studies identified a very severe lung obstruction with hyperinflation, and a slight decrease in DLCO in the lung function tests. The chest CT scan revealed tubular bronchiectasis in both upper lobes and apical segments of the lower lobes, with thickened walls and mucoid impaction, in addition to centrilobular micronodules with a diffuse bilateral mosaic pattern and mediastinal adenopathies, the largest subcarinal measuring 14 mm. The analytical and autoimmune study only revealed a slight increase in eosinophils. In bacteriological examination of sputum, a multisensitive Pseudomonas Aeruginosa was isolated, and an eradication cycle was prescribed with ciprofloxacin for 21 days. After showing little symptomatic improvement in later evaluations, a sweat test was requested, with NaCl values indicating a probable cystic fibrosis (114 mEq/L NaCl). It was requested a genetic study, with the panel of mutations for the CTFR gene identifying heterozygous genes for c.1521_1523delCTT (formerly F508del) and c. 254G>A (formerly G85E), which confirmed the diagnosis of cystic fibrosis. The patient was later sent for a specialized cystic fibrosis consultation at the Hospital de Santa Maria.
Discussion: The typical form of cystic fibrosis is diagnosed early in life and diagnosis at a later age is often associated with mild lung disease. A high index of suspicion is needed to make the diagnosis, as older patients with cystic fibrosis can appear to be well and have symptoms similar to other diseases. With advances in gene detection, adult cystic fibrosis diagnoses are increasing. A timely diagnosis of cystic fibrosis is important, as it has prognostic and treatment implications, in addition to being able to lead to genetic counseling in families.

***Keywords**: Cystic fibrosis. Lung obstruction. Genetic study.*

PE 031. ACCESS TO PULMONARY REHABILITATION: PERSPECTIVES OF PATIENTS, LOVED ONES AND HEALTHCARE PROFESSIONALS

A. Marques, S. Souto-Miranda, C. Dias, E. Melo, C. Jácome

Lab3R-Respiratory Research and Rehabilitation Laboratory, School of Health Sciences, University of Aveiro.

Introduction: Improving access to pulmonary rehabilitation (PR) is an international priority, but due to several constraints, healthcare professionals are often faced with the challenge of having to prioritise patients. Evidence from quantitative research suggests that symptoms, functional and health status and not lung function should guide referrals to pulmonary rehabilitation (PR). Whether these criteria are corroborated by the opinions of different stakeholders remains unknown. This qualitative study explored criteria, barriers and facilitators to access PR from the perspectives of people with chronic respiratory disease (CRD), loved ones and healthcare professionals.
Methods: An exploratory, cross-sectional qualitative study was carried out. Focus groups were conducted separately with people with CRD, loved ones and healthcare professionals; transcribed verbatim and analysed thematically. All participants had previous experience with PR.
Results: Seven focus groups were conducted: four with people with CRD (24 with chronic obstructive pulmonary disease and 5 with interstitial lung disease, 75.9% male, 68.4 ± 7.5 years); one with loved ones (n = 5, 100% female, 66.6 ± 7.7 years) and two with healthcare professionals (n = 16, 25% male, 38 ± 9.2 years). Perspectives among stakeholders were mostly consensual and organised in three themes: all people with CRD should have access to PR and as early as possible "Universal access"; if prioritisation is needed then priority should be given to those motivated, with high symptom burden and impaired functional status "Priority to those struggling and motivated"; and education about PR and continuity and communication between care settings and professionals are lacking to improve access to PR "Communication, dissemination and organisation as main keys".
Conclusions: Our findings corroborate previous evidence and provide new and complementary in-depth understanding to design interventions to improve access to PR in line with the perspectives of different stakeholders.

***Keywords**: Access to pulmonary rehabilitation. Chronic respiratory disease. Informal caregivers. Qualitative methods.*

PE 032. MEASUREMENT TOOLS TO ASSESS EDUCATION AND PSYCHOSOCIAL SUPPORT OF PULMONARY REHABILITATION IN PEOPLE WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE – A SYSTEMATIC LITERATURE REVIEW

I.S. Mendes Agostinho, M.A. Mendes, A.S. Pires de Dias Marques

Lab3R - Respiratory Research and Rehabilitation Laboratory, School of Health Sciences, University of Aveiro (ESSUA).

Introduction and objectives: Education and psychosocial support is a core component of pulmonary rehabilitation (PR). Nevertheless, measurement tools used to assess the effects of this component of PR have been scarcely investigated. Thus, this systematic literature review aimed to identify which measurement tools have been used to assess education and psychosocial support of PR in people with chronic obstructive pulmonary disease (COPD.)
Methods: A systematic search was conducted on PubMed, Scopus and Web of Science in February 2021. Articles were screened and inclu-