

293 Physiotherapy in CF patients with late diagnosis – in adolescence or adulthood

B. Almajan-Guta^{1,2}, V. Almajan-Guta³, C. Avram⁴, Z. Popa², I. Popa⁵, L. Pop⁵.
¹University Politehnica, Sport and Physical Education, Timisoara, Romania; ²National CF Center, Timisoara, Romania; ³Special Care Center, Timisoara, Romania; ⁴West University, Timisoara, Romania; ⁵University of Medicine and Pharmacy V Babes, Timisoara, Romania

Introduction: The vast majority of cases are diagnosed in young children, but there are persons who have mild disease form that doesn't show up until they are adolescents or young adults.

Material and Method: Our study included a number of 22 patients between 12–25 years: (average 18, 4 years) followed in National Cystic Fibrosis Centre Romania during 18 month. Physiotherapy started late, either because of the delayed diagnosis, or because of the fact that the physiotherapy wasn't applied correctly and on time. The airway clearance techniques for our patients were: ACTB, Flutter, AD, PEP. Followed parameters were: clinical general status, cough and sputum, lung CT, nutritional condition, bacteriological examination, functional respiratory tests.

Results: in 31% of patients the quality of life has improved; bronchiectasis haven't evolved; 50% of them registered significant weight gain; no sterilization of patients; there are significant statistical difference ($p < 0.05$), before and after treatment in all ventilator index: FEV1 $Z = 4.11$, $p = 0.01$, FVC, $Z = 3.62$, $p = 0.03$, FEF_{25%–75%}: $Z = 4.01$, $p = 0.02$.

Conclusions: It was hard to go from no treatments to a program of daily physiotherapy. Even so, the physiotherapy treatment proved to be efficient for the newly diagnosed adult and should optimize airway clearance and encourage physical exercise.

295 Mapping physiotherapist use of acupuncture treatment of adults with cystic fibrosis

V. Carrolan¹, P. Agostini¹, E. Nash¹, J. Whitehouse¹, D. Honeybourne¹. ¹West Midlands Regional Adult CF Centre, Heart of England NHS Foundation Trust, Birmingham, United Kingdom

Background: Acupuncture is recommended as treatment for low back pain (NICE, 2009). Given the range of symptoms experienced by CF adults, acupuncture could be a useful addition to treatments that physiotherapists currently provide. The aim of this study was to explore the use of acupuncture in the treatment of UK CF adults.

Methods: A questionnaire was sent to all UK specialist adult CF centres ($n = 23$) exploring the availability of physiotherapy techniques including acupuncture, reasons for referral and perceived effectiveness of this treatment. Respondents were asked to identify barriers and drivers for the use of acupuncture in the treatment of CF adults.

Results: There was an 87% response rate ($n = 20$), with 4 centres identified as providing acupuncture. The main limiting factor for the provision of acupuncture was availability of professionals with appropriate skills. There was no difference in the provision of acupuncture in larger (2) or smaller (2) centres, or centres providing a wide variety of physiotherapy treatments (2) compared to those with a more limited service (2). Where given, acupuncture was most commonly aimed at treating back pain ($n = 4$) but also breathlessness (2), headaches (2), joint pain (2), anxiety (2), sinus pain (1) and pleuritic chest pain (1). Respondents using acupuncture for back pain felt treatment was beneficial.

Conclusion: Acupuncture is not widely available in UK adult CF centres mainly due to lack of trained professionals available to provide a service. The increased provision of acupuncture to CF adults may be valuable as patients report it beneficial for a variety of symptoms.

294 Androgenic anabolic steroid (AAS) use in CF: a two-year follow-up

A.R. Morris¹, M. Ledson¹, M. Walshaw¹. ¹Liverpool Heart and Chest Hospital NHS Foundation Trust, Liverpool, United Kingdom

Young males use androgenic anabolic steroids (AAS) in the belief they will improve their physique, and in the case of CF, make them appear more “normal” and “masculine”. Two years ago we reported on 4 CF males who indicated AAS increased body mass, improved pulmonary function, and raised self-confidence. We have reviewed these patients' ongoing attitude to AAS, what effect they had had on body weight and pulmonary function, and whether other young CF males in our centre had been influenced.

One patient had not used AAS again, no longer believing they would be of benefit and may possibly be dangerous. The remaining patients had all persisted with AAS use: one had less success than before and now holds negative beliefs of their effect on health and has deteriorated markedly. Another continued to use them and believed in their benefits despite declining health and subsequently died from respiratory failure. The final patient continues to use them occasionally, displaying steady weight gain with no obvious ill effects. Six other young adult male patients attending our centre who had not previously used AAS have indicated they will seriously consider them in the future, despite advice to the contrary, due to the influence of one of these AAS users.

Androgenic anabolic steroids are an attractive proposition for some male patients, although the only noted physical effect is transient weight gain. There is the potential for emotional and psychological upset in patients who turn to AAS as a remedy for their body image issues, which will simply return when AAS is stopped. We are working to limit the use of these potentially damaging drugs in our young male adult CF population.