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| **Patients with chronic respiratory disease perceptions and use of mHealth** |
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| **Introduction/Aim:** Chronic respiratory diseases (CRD) are common in Australia. Using self-reported data from the National Health Survey 2020-21, almost one third of Australians reported they had a CRD. To alleviate the burden on the healthcare system, mobile health (mHealth) technology has been suggested as a potential solution. mHealth is the use of mobile devices (phones, tablets, etc.) to improve health outcomes. mHealth gained popularity during the COVID-19 pandemic due to lockdown restrictions.  Aims: To describe the demographics of patients with CRD accessing care through a local respiratory department and their use of mobile phones/tablets and to identify potential barriers and facilitators that might influence the uptake of mHealth.  **Methods:** Cross sectional/observational study using a non-validated questionnaire used in a previous study, modified to suit an Australian population (with permission).  **Results:** Data was available on 191 patients (53% female, 60% Australian born). Within the respondents, 15% were under 35yrs, 22% between 35-55yrs and 62% over the age of 55yrs. Mobile phone ownership was high (88%) but only 43% reported they could send, reply and click on links within text messages. Social media use was high (73%), with Facebook being the most common (43%). Although 48% of respondents reported using a health ‘app’, 60% reported they would be interested in using one. Telehealth use was low, with only 30% of respondents citing use. Barriers to using phones for mHealth included reducing face-to-face interaction (32%) and cost (17%). Barriers for computer use included data leaks (38%), reducing face-to-face interaction (25%) and difficulty in use (17%).  **Conclusion:** Despite the increased use ofmHealth during the pandemic, not all patients have access to it. There also remains significant barriers to its uptake. Before mHealth is embraced universally, we must ensure mHealth is acceptable and available to all patient populations to prevent inequities.  **Grant Support:** Nil |