Conclusions. The results show that the virtual diagnosis network based on a telemedicine platform can enhance significantly the community hospital diagnostic services, maximizing professional time and productivity, increasing access and equity, and reducing costs. However, before carrying out its countrywide implementation, a contextualization with the regional epidemiological profile must be performed.

VP29 Designing A Mobile Clinical Decision Support System For Dementia

Noemí Robles (nrobles@uoc.edu), Carme Carrion i Ribas and Marta Aymerich

Introduction. E-health offers the opportunity of supporting the management of several diseases, but most of these tools are far from being based on scientific evidence and demonstrating their effectiveness and efficacy. The PSICODEM Project aims to develop a mobile personalized clinical decision support system (CDSS) based on evidence for contributing to e-health interventions addressed to the management of dementia that require not only a pharmacological approach but also psychosocial interventions for improving patients' quality of life and reducing emotional, cognitive and behavioral symptoms. The present communication focuses on the identification of the evidence on which the CDSS algorithm will be developed.

Methods. Three systematic reviews were carried out in order to identify the existing scientific evidence published in relation to the effectiveness of behavioral, emotional and cognitive therapies addressing dementia (January 2009 to December 2017). The main databases were consulted (PubMed, Cochrane Library, PsychoInfo) and only randomized control trials (RCT) were considered. Articles were reviewed by two independent reviewers. The quality of the selected publications was assessed according to the SIGN criteria.

Results. Forty-seven RCTs were selected for cognitive therapies, thirty-two for emotional ones and fifteen for behavioral interventions. Those therapies with more support of evidence were skills training for cognitive therapies and reminiscence interventions for emotional interventions; however, in behavioral interventions a variety of therapeutically approaches were found. Wide differences were found between studies in terms of types and levels of dementia, forms of intervention (number, length and frequency of sessions) and outcome measures.

Conclusions. In-depth analysis of evidence will allow the identification of those interventions more appropriate for each patient according to their symptoms and level of dementia. According to this evidence, the mobile CDSS algorithm will be developed. Additionally, these findings point out the gaps in psychosocial intervention research.

VP30 Evaluation Of CINAHL In Six Systematic Reviews On Maternal Care

Inga Overesch (inga.overesch@iqwig.de), Dorothea Sow, Elke Hausner and Nina Peterwerth

Introduction. Information retrieval for systematic reviews (SRs) should include sensitive searches in several bibliographic databases. In addition to standard databases (i.e., MEDLINE, Embase and CENTRAL), researchers might consider subject-specific ones. In the fields of nursing and midwifery, a SR would typically include CINAHL as a subject-specific database. The aim of this study was to analyze the number and relevance of references retrieved from CINAHL in six SRs on maternal care.

Methods. We conducted a retrospective analysis of six SRs (e.g., benefit of intrapartum ultrasound or one-to-one care during labor). The study type was limited to randomized controlled trials (RCTs) in all but three SRs. In all cases, MEDLINE, Embase, CENTRAL and CINAHL were searched for primary studies. Further information sources (e.g., study registries and reference lists of SRs) were also considered. The proportion of the additional number of hits and studies included from CINAHL as well as the corresponding number of participants were calculated.

Results. Overall, the reviewers screened 12,013 references from bibliographic databases and identified forty relevant studies. CINAHL contained 2,643 (22 percent) of the references. In five out of six SRs, no additional studies were identified in CINAHL. In the remaining SR on birthing positions, the reviewers included thirteen RCTs of which one was a feasibility study with 68 participants indexed only in CINAHL. This corresponds to 0.9 percent of the women participating in all thirteen RCTs (n = 7,861). However, this study was cited in a journal article on a subsequent RCT that was identified and included via MEDLINE and ClinicalTrials.gov.

Conclusions. It is not necessary to search CINAHL in SRs on maternal care if standard databases and further information sources are considered. An additional study from CINAHL was included in one out of six SRs, a small feasibility study that could have been identified without CINAHL via a subsequent RCT.

VP31 Searching Non-English Literature For HTA Reports May Be Unnecessary

Lisa Schell (lisa.schell@iqwig.de), Elke Hausner, Lina Rodenhäuser, Oliver Assall, Anke Schulz, Wiebke Sieben, Kerstin van der Leck and Stefan Sauerland

Introduction. Currently, the Institute for Quality and Efficiency in Health Care (IQWiG) does not restrict literature searches by language. Given limited resources, it is unclear whether the effort put into screening and translating studies published in non-English and non-German (nEnG) languages yields much new information when compared to including only English and German literature. Therefore, we aimed to analyze the impact of nEnG literature on the conclusion of IQWiG's health technology assessments (HTAs).

Methods. We checked for seventy-two IQWiG HTAs (all non-drug intervention HTAs published until August 2018 and three additional HTAs on drugs) whether they included nEnG studies. For all HTAs including at least one nEnG study, we analyzed whether the statistical significance would have changed for any endpoint without the respective nEnG study(ies). If no

https://doi.org/10.1017/S0266462319003052 Published online by Cambridge University Press

endpoint was impacted by a nEnG study, we classified the study as non-relevant to the HTA's conclusion and specified a reason for this.

Results. Of seventy-two HTAs, twenty-nine (40 percent) included a total of eighty-three nEnG publications). Three HTAs were impacted by the inclusion of altogether seven Chinese publications. For one HTA on systemic therapy, five endpoints' conclusions were changed; for the other two HTAs, the statistical significance would have changed for one endpoint each. The remaining seventy-six publications (included in sixty-nine HTAs) were judged as non-relevant to the HTA's conclusion, the most prominent reason being "meta-analysis would have had the same result without respective study" (44 percent of nEnG publications).

Conclusions. Only three of seventy-two HTAs (4 percent) were impacted by nEnG publications, the changes being minimal for two of these. When faced with limited time or personnel resources, searching only for English and German publications may be sufficient, especially when generalizability issues are a possible concern.

VP32 Incorporation Of The Only Drug For Primary Biliary Cholangitis Brazil

Thales Silva (thales.silva@saude.gov.br)

Introduction. Primary biliary cholangitis (CBP) is a rare autoimmune cholestatic liver disease, inflammation and progressive destruction of small and medium-sized interlobular ducts, progressing to fibrosis, cirrhosis, and death. Currently, the Brazilian public health system (SUS) offers treatment of the symptoms of cirrhosis, and has no medication with indication for CBP.

Methods. Scientific technical opinion with systematic review (SR) of available evidence in the databases MEDLINE (Pubmed), LILACS and Cochrane Library (accessed July 2017) on ursodeoxycholic acid (AUDC). Methodological quality was evaluated with AMSTAR and Newcastle Ottawa tools. Meta-analyses were performed in Review Manager® 5.2 in the random effects model. Analysis of the budget impact calculation deterministic model, from the perspective of five years for the SUS.

Results. Ten SRs and three cohorts were included. There was no statistically significant difference between AUDC and placebo in outcome. Overall survival was significantly ($P < 0.001$) higher in the AUDC group compared to that predicted by the Mayo model or placebo. Treatment with UCD showed an increase in the long-term transplant-free survival time from the fifth year of treatment, with statistically significant results for years five, eight and ten ($p < 0.01$). There were no statistically significant differences for safety outcomes. Based on the assumptions adopted, the incremental budgetary impact with the incorporation of the AUDC into SUS would be BRL 11.77 million (EUR 2.68 million) in the first year and BRL 98.52 million (EUR 22.45 million) in the accumulated five years, considering a market share of 10 percent per year.

Conclusions. Despite the uncertainties in the evidence of effectiveness of the AUDC and the probably underestimated budgetary impact, AUDC was incorporated into the SUS because it is the only alternative with indication for CBP and in use for more than two decades, allowing everyone access to the medicine

VP33 Pharmacoeconomic Submission Requirements: Africa Compared With England

Sophia Marsh (S196022390@mandela.ac.za) and Ilse Truter

Introduction. The South African Pharmacoeconomic Submissions Guideline (SAPG) is currently voluntary for medicines in the private health sector but may become mandatory and more widely used under the proposed National Health Insurance system. To make recommendations on evidence generation and areas where the SAPG could be strengthened, the study compared the SAPG requirements with other African pharmacoeconomic guidelines and the National Institute for Health and Care Excellence Methods Guide (NICE MG).

Methods. The World Health Organisation, International Network of Agencies for Health Technology Assessment (INAHTA), HTA International, and the International Society for Pharmacoeconomics and Outcomes Research websites were consulted, and email requests sent to named individuals from retrieved source material. The European Network for HTA Core Model® (version 3.0) (the Model®) provided the evaluation and comparison framework, using three criteria: completely, partly or not completely requiring the same or similar information as the Model®.

Results. Of the forty-five countries identified, only Egypt had a publicly available pharmacoeconomic guideline (Egyptian Pharmacoeconomic Guideline (EPG)). The guidelines varied considerably in their intended audience, size and content. All three guidelines' primary focus was the cost and economic evaluation, and health problem and current use domains. Safety, organisational, ethical and legal aspects were poorly covered by the SAPG and EPG guidelines (less than thirty percent of issues in each domain completely / partly covered). The SAPG completely or partly required the same or similar information in the Model® for thirty-nine percent of total issues, the EPG thirty-three percent and the NICE MG sixty-six percent

Conclusions. The SAPG was not as comprehensive as the NICE MG and poorly covered some key aspects of HTAs, suggesting that the SAPG could be developed to be more informative for decision-makers. Evidence generation should focus on describing the health problem the technology is targeting and on evidence that can be synthesized into cost-effectiveness analyses.

VP34 Impact Of Adverse Events On Reimbursement Recommendations

Riza Veronica Inumerable (rinumerable@teamdrg.com), Michelle Farinella, Judith Rubinstein and Kriti Sharma

https://doi.org/10.1017/S0266462319003052 Published online by Cambridge University Press