testing on quality of life (QOL) is not well documented. The objective of this study was to evaluate the impact of both diagnostic procedures, to fill the knowledge gap and inform healthcare professionals and decision makers.

Methods. This was a cross-sectional study conducted between August 2017 and January 2019 at a university hospital. One hundred and twenty-four and forty-two women were referred for colposcopy and HPV testing, respectively. QOL was assessed using the World Health Organization Quality of Life-BREF (WHOQOL-BREF) and the 5-level EuroQol questionnaire (EQ-5D-5L). Socio-demographic details were collected. The WHOQOL-BREF and EQ-5D-5L scores were compared between colposcopy and HPV testing using independent t-test or Mann-Whitney test, depending on data distribution.

Results. The EQ-5D-5L score and four domains (mobility, self-care, usual activity, anxiety/depression) of EQ-5D-5L responses of the colposcopy and HPV testing groups were not significantly different ($p > 0.05$). However, the pain/discomfort domain of EQ-5D-5L in the colposcopy group was significantly higher than the HPV testing group ($p = 0.032$). The overall QOL and four domains (physical, psychological, social relationships, and environmental) of WHOQOL-BREF were not significantly different ($p > 0.05$).

Conclusions. The QOL scores between the colposcopy and HPV testing groups were similar. HPV testing is more expensive and is not included in all health benefit packages, thus most ASC-US patients are referred to colposcopy according to reimbursement. Some women in the colposcopy group judged their social and working impact worse from the pain. Nevertheless, HPV testing would be alternative option in terms of less pain. The findings from this study may assist in promoting QOL in this group of women.

PP309 Accuracy Of Automated Wrist Blood Pressure Monitors: Systematic Review

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Introduction. The use of automated blood pressure monitors is recommended by current guidelines; however, the accuracy of the device must be validated according to standardized protocols. Wrist blood pressure monitors have been undergoing technical improvements; nonetheless, their reliability is not unanimously recognized. No systematic review to date has analyzed the accuracy of wrist blood pressure monitors according to standardized protocols. This study aims to summarize the evidence on the accuracy of wrist blood pressure monitors in adults.

Methods. Three databases (PubMed, Scopus and SciELO) were searched on 9 September 2019. The PICO (Patient, Intervention, Comparison and Outcome) strategy was used to outline the research question: Do automated wrist blood pressure monitors have accuracy equivalent to mercury sphygmomanometers in adults? Validation studies of wrist blood pressure monitors were included. Two reviewers independently screened abstracts and full texts. Summary data was extracted for each device, including mean difference of systolic blood pressure (SBP) and diastolic blood pressure (DBP) between the monitor and the mercury sphygmomanometer.

Results. The review identified twenty-nine validation studies. Most of them were developed in China (44.82%), followed by Italy (20.68%). The most commonly used validation protocol was from the British Society of Hypertension. The mean difference between the devices and the mercury sphygmomanometers was 0.47 (±5.75) mmHg for SBP and 0.17 (±4.75) mmHg for DBP. The percentage of wrist blood pressure monitors that passed validation protocols was 93.1.

Conclusions. Most automated wrist blood pressure monitors showed accuracy equivalent to the reference standard for blood pressure measurement, with mean differences less than 0.5 mmHg for SBP and 0.2 for DBP. This evidence supports the recommendation to adopt this technology for the measurement of blood pressure in adults. However, wrist blood pressure monitors have patient positioning specificities, which, if not followed, may lead to measurement errors. Therefore, the adoption of these monitors should consider not only their accuracy, but also aspects of patient use and preferences.

PP313 Patient Preference For Blood Pressure Measurement: Sphygmomanometers Or Automatic Monitors?

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Introduction. The development of more accurate algorithms has encouraged the replacement of sphygmomanometers with automatic blood pressure (BP) monitors in adults. From the perspective of health professionals, these technologies are advantageous for their practicality and are less susceptible to observer errors, and many devices validated by standardized protocols are available for both clinical and home use. However, adherence to these technologies also depends on patient acceptance. No studies to date have examined patient preference for BP measurement in the Brazilian population, although Brazil has undertaken initiatives to replace auscultatory measurement with oscillometric measurement. This study aims to analyze patient preferences between sphygmomanometers and automatic monitors for BP measurement.

Methods. An analytic study was conducted with 93 subjects in a Brazilian outpatient care facility. A random sampling method was used to select participants. After obtaining informed consent, all subjects had their BP measured using a sphygmomanometer and then an automatic monitor for clinical use, both in a quiet room after 10 minutes rest. A structured interview on discomfort and preferences was then conducted. An unpaired t-test and a chi-square test were used.

Results. The mean age was 39.11 (±14.22) years. Minor discomfort was identified when an automatic monitor was used (2.34 versus 2.52). Confidence was higher with the sphygmomanometers (73.11%), and 60.21 percent preferred this technology. There was no association between gender and preferences (p =