

## RESULTS:

Fifty studies were included in the review; thirty-two randomized controlled trials (RCTs), seventeen non-RCTs and one case series. There was substantial variation between the studies in terms of country of origin (indicating climate and population differences), interventions and methods of outcome assessment. Most studies were small, at high risk of bias and poorly reported. There was moderate quality evidence of a large statistically significant effect of botulinum toxin injections on axillary hyperhidrosis symptoms in the short to medium term (up to 16 weeks), compared with placebo. There was weak but consistent evidence for iontophoresis for palmar hyperhidrosis. Evidence for other interventions was low or very low quality. Combining the evidence and patient advisor input, we established that further research on the clinical and cost-effectiveness of botulinum toxin injections (with anesthesia) versus iontophoresis for palmar hyperhidrosis would be useful.

## CONCLUSIONS:

The evidence for the effectiveness and safety of treatments for primary hyperhidrosis is limited overall and few firm conclusions can be drawn. However, there is moderate quality evidence to support the use of botulinum toxin injections for axillary hyperhidrosis. A trial comparing botulinum toxin injections with iontophoresis for palmar hyperhidrosis is warranted.

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# VP18 Early Awareness And Alert System In Sweden: History And Current Status

## AUTHORS:

Irene Eriksson ([irene.eriksson@ki.se](mailto:irene.eriksson@ki.se)), Björn Wettermark, Marie Persson, Morgan Edström, Brian Godman, Anna Lindhé, Rickard Malmström, Helena Ramström, Mia von Euler, Anna Bergkvist-Christensen

## INTRODUCTION:

Over the past decades, early awareness and alert (EAA) activities and systems have gained importance and become a key early Health Technology Assessment (HTA) tool. While a pioneer in HTA, Sweden had no national level EAA activities until recently. We describe the evolution and current status of the Swedish EAA System.

## METHODS:

This was a historical analysis based on the knowledge and experience of the authors supplemented by a targeted review of published and grey literature, as well as documents produced by or relating to the Swedish EAA System. Key milestones and a description of the current state of the Swedish EAA System are presented.

## RESULTS:

Initiatives to establish a system for the identification and assessment of emerging health technologies in Sweden date back to the 1980s. Since the 1990s, the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) supported the development of EuroScan and was one of its founding members. In the mid-2000s, an independent regional initiative, driven by the Stockholm Drug and Therapeutics Committee, resulted in the establishment of a regional horizon scanning unit. By 2009, this work had expanded to a collaboration between the four biggest regions in Sweden. The following year it was further expanded to the national level. Today, the Swedish EAA System carries out identification, filtration and prioritization of new drugs, early assessment of the prioritized drugs, and dissemination of the information. Its outputs are used to select new drugs for inclusion in the Swedish national process for managed introduction and follow-up.

## CONCLUSIONS:

The Swedish EAA System started as a regional initiative and rapidly grew to become a national level activity. An important feature of the system today is its complete integration into the national process for managed introduction and follow-up of new drugs. The system will continue to evolve as a response both to the

changing landscape of health innovations and to new policy initiatives at the regional, national and international levels.

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## VP21 Telemedicine As A Tool For Public Health Planning

### AUTHORS:

Pedro Galvan ([ibiomedica@iics.una.py](mailto:ibiomedica@iics.una.py)), Miguel Velazquez, Ronald Rivas, Gualberto Benitez, Antonio Barrios, Enrique Hilario

### INTRODUCTION:

The telediagnostic systems can achieve relevant epidemiological information from local community needs to global countrywide opportunities. In this context the telemedicine applications should be directed to gain the prevalence of pathologies towards developing better equity in the provision of services (1), and greater concern for the effectiveness and usefulness of health technologies in remote locations without access to specialists (2). This study, has evaluated the results of a telemedicine system in remote public regional and district hospitals in Paraguay (3), in order to show the epidemiological trends in communities of a low income country.

### METHODS:

This prospective study used the results of telemedicine for diagnosis in remote regional and district hospitals to evaluate a as tool to determine the prevalence of pathologies countrywide over three years (2014-16). For these purposes, type and frequency of pathology diagnosed was determined. Sampling was non-probabilistic of convenience.

### RESULTS:

A total of 182,406 telediagnoses were performed in 54 hospitals. The electrocardiography (ECG) diagnosis performed in the 52 hospitals were normal (62.1 percent), unspecified arrhythmias (12.5 percent), sinus bradycardia (10.4 percent), left ventricular hypertrophy

(4.1 percent), sinus tachycardia (4.4 percent), right bundle branch block (3.5 percent), ischemia (1.4 percent), atrial fibrillation (1.0 percent) and left bundle branch block (0.6 percent). Teletomography was performed in twelve hospitals, where 54.4 percent corresponded to skull as a consequence of accidents (motorcycles) and cerebrovascular diseases, 13.8 percent chest, 6.2 percent dorsal spine, 5.4 percent abdominal and the rest the other anatomical regions. Regarding electroencephalography (EEG), antecedents of seizure (54.3 percent), evolutionary control (14.0 percent), headache (11.5 percent), cognitive impairment (2.0 percent), attention deficit in children (learning) (2.0 percent), brain death (1.0 percent), abnormal movements (0.8 percent), and sleep disturbances (0.3 percent) were diagnosed. The nineteen ultrasound studies corresponded to prenatal controls.

### CONCLUSIONS:

Despite the results of the telediagnosis implemented in the public health system to determine the prevalence of pathologies countrywide, a widespread use-assessment should be analyzed before deciding a large diffusion as a tool for public health planning.

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