largely affiliated with institutions in China (50%), the UK (20%) and Italy (20%). One hundred and forty-five publications were by authors affiliated with institutions in a single country; 91 percent of publications from APAC and 44 percent from Europe, indicating different patterns of collaboration within these regions. In terms of reporting methodologies, 39 percent of included publications did not specify whether a frequentist or Bayesian framework was used (43% in APAC, 34% in Europe). Among those that reported, the Bayesian framework was more commonly used.
**Conclusions:** Whilst there is a growing trend in NMA publication counts generally, the rate of increase in APAC was higher than Europe, particularly in the years following adoption of health technology assessment (HTA) procedures in APAC. The volume of publications not reporting the framework used was substantial, despite requirements for this in reporting guidelines e.g., PRISMA. Where reported, the Bayesian framework may have been favored due to its advocacy by some health technology assessment bodies.

## PP80 The Value of Intraoperative Neural Monitoring During Thyroid Surgery In China: A Literature Review

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**Introduction:** Recurrent laryngeal nerve (RLN) injury has been a frequent source of malpractice litigation following thyroid surgery. Intraoperative neural monitoring (IONM) has been widely applied to avoid RLN injury in thyroid surgery in developed countries, but China cannot achieve the same application rate currently. To improve the recognition and application of IONM in China, this literature review aims to synthesize the evidence on the value of IONM in China.
**Methods:** A comprehensive literature review was conducted by searching through PubMed, CNKI and Wan Fang to identify studies about the IONM technology for protecting RLN during thyroid surgery in Chinese clinical data.
**Results:** Nineteen Chinese clinical trials of IONM during thyroid surgery published from 2012 to 2022 were included for review. Almost all studies recruited adults who need thyroid surgery and only one study enrolled geriatric patients. There were three (3/19) prospective studies and two were randomized controlled trials that both showed that IONM helped surgeons to detect the RLN with less time and reduce the injury of RLN in reoperative thyroid surgery. Major studies (16/19) conducted retrospective analysis and six of them (6/16) only had an IONM group that showed that IONM technology can avoid damage to the RLN. The remaining ten studies (10/16) compared patients with and without IONM during the surgery. Compared with the non-IONM group, nine studies (9/10) stated IONM technology has an advantage in the reduction of RLN injury rate and seven studies (7/10) claimed IONM was helpful in reducing the time of surgery. One study believed IONM was beneficial to reducing bleeding during the surgery and another study reported a lower incidence of hypoparathyroidism with the IONM group.
**Conclusions:** The value of IONM for protecting RLN during thyroid surgery and improving operation efficiency has been thoroughly proven by the above Chinese clinical trials. Further economic evaluations and patient-reported outcomes research of IONM with Chinese hospital data will help better assess the value of IONM.

## PP81 Efficacy Of Transcranial Direct Current Stimulation For Depressive Episode Disorders

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**Introduction:** Depression is a general term that describes different depressive disorders which are highly prevalent and disabling, characterized by decreases in quality of life. Transcranial Direct Current Stimulation (tDCS) is a non-invasive brain modulation technique used, among other purposes, for the treatment of chronic pain and headache. In order to clarify the effect of this stimulation on depressive disorders, the objective of this review was to evaluate efficacy and safety of treatment with tDCS for depressive disorders.
**Methods:** A systematic research study was carried out on 30 June 2022 in MEDLINE (by Pubmed), Embase, Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), PsycInfo e Global Mental Health databases. Were included systematic reviews (SR) with meta-analysis that selected patients with depression, in use of tDCS, using as comparator sham stimulation (placebo) or any other treatment (pharmacologic or no) or any comparison between pre-and post-intervention.
**Results:** Eight SR with meta-analysis of randomized clinical trials (RCTs) on the efficacy and safety of tDCS in the treatment of depressive disorders were retrieved. Subjects were assessed for clinical response, remission, change in scores on depression scales, occurrence of procedure-related adverse events, and treatment dropout. Three systematic reviews showed results that point to the effectiveness of tDCS for the clinical response outcome and one considering the remission outcome. As for the outcome measured by the change in depression scale scores, all included reviews showed favorable results for tDCS. It is noteworthy that the studies included in the reviews have methodological limitations. With regard to safety,

https://doi.org/10.1017/S0266462323002118 Published online by Cambridge University Press