PP228 Strategy For Including Information On The Research Priorities Of Patients And Experts In Health Technology Assessment Reports

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Introduction. The process of health technology assessment (HTA) is an opportunity to identify gaps in the existing knowledge on the technology assessed. In January 2020, the Evaluation Unit of the Canary Islands Health Service, belonging to the Spanish Network of Agencies for Assessing National Health System Technologies and Performance, started a structured strategy to include in its HTA reports information on research priorities for the assessed technologies from the perspective of patients, clinicians, and researchers. The aim of this poster is to explain the methodology behind this strategy.

Methods. The following three-step process was proposed:

(i) Identify the knowledge gaps regarding the technology from systematic reviews on effectiveness, safety, and cost effectiveness, in addition to ethical, patient, social, legal, and organizational aspects analyzed for the HTA report;
(ii) Search for specific studies on research needs regarding the technology on the websites of specialized initiatives such as the Core Outcome Measures in Effectiveness Trials (COMET) and the James Lind Alliance; and
(iiii) If no needs are identified in the previous two steps, consult a group of clinicians or researchers and patients related to the technology being assessed with two online survey rounds using the Delphi method. The first round identifies the research needs and the second round prioritizes the identified needs.

Results. Since the methodology to identify future research needs during a HTA process was designed, it has been used in three HTA reports during 2020 with satisfactory results. Only one of the three reports required a Delphi study.

Conclusions. The proposed strategy provides a comprehensive list of knowledge gaps on health technologies that need to be addressed in the near future from the point of view of patients, clinicians, and researchers.

PP230 Safety, Effectiveness, And Cost Effectiveness Of Interventions For Preventing Delirium In Hospitalized Patients

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Introduction. Delirium is a prevalent syndrome in the hospital setting and the elderly are the most affected. The objective was to assess the safety, clinical effectiveness, and cost effectiveness of interventions for preventing delirium among people aged 65 years or older at hospital admission.

Methods. A systematic review of available scientific literature (randomized controlled trials) on the safety, effectiveness, and cost effectiveness of the interventions was conducted. The overall effect size for each type of intervention was estimated through a meta-analysis. A cost-effectiveness study in the context of the Spanish National Healthcare System was performed.

Results. Forty-nine studies were included for the effectiveness and safety assessment (25 on pharmacological interventions, 12 on perioperative interventions, 2 on non-pharmacological interventions, and 10 on multicomponent interventions). The following interventions reduced delirium incidence relative to usual care or placebo: hypnotics and sedatives (13 studies; risk ratio [RR] 0.54: 95% confidence interval [CI] 0.36–0.80); perioperative interventions aimed at limiting opioid use (two studies; RR 0.50, 95% CI: 0.29–0.86); controlling the intensity of general anesthesia (three studies; RR 0.77, 95% CI: 0.59–0.99); and multicomponent interventions (10 studies; RR 0.62, 95% CI: 0.54–0.72). In addition, multicomponent interventions reduced the duration (mean difference −1.18, 95% CI: −1.95 - −0.40) and severity of delirium (standardized mean difference −0.98, 95% CI: −1.46 - −0.49), while dexmedetomidine reduced the duration of delirium (mean difference −0.70, 95% CI: −1.03 - −0.37).

The economic analysis of a multicomponent preventive intervention estimated an average cost of EUR7,282 per patient, which was EUR140 per patient more expensive than usual care. The incremental cost-effectiveness ratio was EUR21,391 per quality-adjusted life-year, which is below the acceptability threshold used in Spain. The literature review yielded two economic evaluations that estimated the cost effectiveness of a multicomponent intervention in the United Kingdom and found that the multicomponent intervention was a dominant strategy.

Conclusions. This meta-analysis suggests that multicomponent interventions and dexmedetomidine are effective in reducing the incidence of delirium in hospitalized patients and that multicomponent interventions could be a cost-effective strategy in Spain.

PP231 Safety, Effectiveness And Economic Analysis Of Exercise Intervention For Prevention Of Cognitive And Functional Deterioration In Hospitalized Patients

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Introduction. Cognitive and functional deterioration is common in hospital setting and occurs in 40 percent of admitted older patients. One of its main causes is physical inactivity. The objective of our health technology assessment was to assess the safety and clinical effectiveness of a structured multicomponent

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