INTRODUCTION:

Recently, a number of mobile apps to record symptoms and medication by patients themselves have been developed. These apps are expected to improve the patients' symptoms through self-management, and to enable a smooth decision making through effective communication between doctors and patients. "Itami Renrakucho" (Pain Diary, Welby Inc.) is one of these apps that records body pain, medication, physical conditions, and activity in life. We examined the relationship between pain and medication/activity based on its data.

METHODS:

Data between 25 December 2015 and 9 December 2016 were used. Medication and degree of pain (0-10, low < high) were recorded at morning, daytime, evening, and bedtime. Of ninteen activities, up to three were recorded about whether they could or could not do them. We compared the degree of pain among different frequency/timing of medication, or activities that they could or could not do.

RESULTS:

Data included 708 individuals. Among 561 individuals who answered about pain, the mean (Standard Deviation, SD) degree was 5.0 (2.3). The mean degree in individuals taking 0, 1, 2, 3, and 4 times medication a day were 4.6, 5.0, 5.4, 5.5, and 6.2, respectively. Regarding medication timing and degree of pain in two consecutive time points (t_0, t_1), regression towards the mean occurred for individuals without medication in both time points. The degree changed more for individuals taking medicine only at t_0, but not for those taking at both time points. Weaker pain was reported when they could do hanging laundry and rising early than when they could not, but they could do shopping, strolling and light exercise even having stronger pain.

CONCLUSIONS:

We showed a tendency of relationship between pain and medication/activity based on the data from the app. More data and connecting to claims will help us to show characteristics of patients and diseases, select a treatment, and evaluate a medicine.

PP084 Diabetic Macular Edema: A Comparison Between Treatment Options

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INTRODUCTION:

Health Technology Assessment (HTA) aims at providing decision makers with relevant data, matching different perspectives, with an evidence-based approach. The most common framework used is the European Network for Health Technology Assessment (EUnetHTA) Core Model (1): HTA may be further supported by a Multi-Criteria Decision Analysis (MCDA) (2,3), leading to a final quantitative synthesis, facilitating the appraisal phase.

This project presents a multi-dimensional comparison of the technologies available for the treatment of diabetic macular edema (Ranibizumab, Aflibercept, Dexamethasone implant and off-label Bevacizumab), comparing three Italian Regions: Lombardy, Liguria and Veneto.

METHODS:

The nine EUnetHTA dimensions were first prioritized by seventeen multidisciplinary evaluators. Thereafter a further nine professionals attributed a 3-level rating score (from "1" not performant, to "3" most performant) to each dimension and sub-dimension, after carefully assessing the three HTA reports. In conclusion, the investigation of statistically significant differences between the attributed scores of the evaluators was conducted, using a multi-variate analysis.

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RESULTS:

No statistically significant differences were reported in the prioritization of each dimension, except for the equity (more important in Liguria and in Lombardy) and the economic financial dimensions (more relevant in Veneto and in Lombardy).

Notwithstanding the evaluators' different professional titles, job roles, center size, and various Regional contexts, they attributed similar scores to the HTA dimensions during the appraisal phase (even though conducted in different years, in 2015 and 2016). This finding demonstrates the robustness of both the evaluations and the final MCDA results: i) no statistically inter-regional significant differences emerged regarding Ranibizumab and Aflibercept (p-value $>.05$); ii) no statistically significant inter-regional differences emerged regarding Dexamethasone, except for the assessments in the clinical dimensions (p-value $= .026$), since in Lombardy Region the evaluation was carried out earlier in the technology's life-cycle.

CONCLUSIONS:

Dexamethasone was consistently attributed a higher total score, considering the final normalised weight derived from the MCDA approach (p-value $=.001$).

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PP085 A Scoping Review Of Emergency Assessment And Referral Of Suspected Transient Ischemic Attack

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INTRODUCTION:

Patients who experience Transient Ischaemic Attack (TIA) should be assessed and treated in a specialist clinic to reduce risk of further TIA or stroke. But referrals are often delayed. We aimed to identify published studies describing pathways for emergency assessment and referral of patients with suspected TIA at first medical contact: primary care; ambulance services; and emergency department.

METHODS:

We conducted a scoping literature review. We searched four databases (PubMed, CINAHL, Web of Science, Scopus). We screened studies for eligibility. We extracted and analysed data to describe setting, assessment and referral processes reported in primary research on referral of suspected TIA patients directly to specialist outpatient services.

RESULTS:

We identified eight studies in nine papers from five countries: 1/9 randomized trial; 6/9 before-and-after designs; 2/9 descriptive account. Five pathways were used by family doctors and three by Emergency Department (ED) physicians. None were used by paramedics. Clinicians identified TIA patients using a checklist incorporating the ABCD2 tool to describe risk of further stroke, online decision support tool or clinical judgement. They referred to a specialist clinic, either directly or via a telephone helpline. Anti-platelet medication was often given, usually aspirin unless

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