

METHODS:

We conducted a systematic review of published primary studies and critically appraised the methodological quality of selected studies (1).

RESULTS:

Fifteen studies were included; six focused on screening test performance, and seven on treatment effectiveness, and two on the effectiveness of a newborn screening program. The methodological issues identified included: (i) Overall poor methodological quality ratings of included studies using the QUADAS-2 (Quality Assessment of Diagnostic Accuracy Studies-2). This tool was originally developed for assessing diagnostic accuracy studies where subjects usually receive both index test and reference standard so a 2×2 table can be constructed; however it is almost impossible to apply this cross-sectional approach to studies of a screening test for a rare disease like severe combined immunodeficiency. (ii) Case control design using healthy controls could inflate estimates of test accuracy compared to studies using a cohort of consecutive patients, possibly due to spectrum effects and limited-challenge bias. This type of study is useful in the early phase of test development, but estimates of test accuracy based on this type of study should be interpreted with caution. (iii) Some screening programs reported no false negatives, indicating a sensitivity of 100 percent. However, lack of a systematic search for “missed cases” created uncertainty in arriving at a true value for the sensitivity. (iv) Variations in inclusion of pre-term infants, races/ethnicities, and screening protocols made it difficult to compare screening test performance across different studies.

CONCLUSIONS:

Although severe combined immunodeficiency screening was the first addition to the US Recommended Uniform Screening Panel following an evidence-based review process, caution needs to be exercised when interpreting research findings due to important methodological issues.

REFERENCES:

1. Institute of Health Economics. *Newborn blood spot screening for galactosemia, tyrosinemia type I, homocystinuria, sickle cell anemia, sickle cell/beta-thalassemia, sickle cell/hemoglobin C disease, and severe combined immunodeficiency*. Edmonton (AB): Institute of Health Economics; 2016.

PP130 Nudging In Public Health: Accountability For Practical Wisdom

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INTRODUCTION:

Nudging is the application of behavioural sciences aimed at influencing behaviour in a non-prescriptive way. It is a tool of public health decision makers to produce health gain. Just like decisions in the field of Health Technology Assessment (HTA), nudging decisions are inevitably value laden. The current European Network for HTA (EUnetHTA) approach to evaluate ethical aspects encompasses mainly utilitarian and principlistic approaches. The aim of this project is to incorporate the virtue ethics approach in public health decision-making processes based on the example of nudging.

METHODS:

The narrative analysis of nudging is based on a systematic literature search conducted from 28 October to 13 November 2015 in the following databases: Medline via Ovid, Embase, and TRIP Database. A total of sixty-two articles were listed as relevant as a result of searches and, in addition, twenty-five more articles were found through hand searching.

RESULTS:

Regardless of the potential issues related to nudging (manipulation or coercion), nudging is considered cost-effective and inevitable because of the malleability

of human psychology for example, alcoholic drinks served in smaller glasses nudge people to drink less alcohol.

No policy intervention, nudging or HTA, is value neutral and hence it requires an ethical evaluation. It takes traits of character, virtues, to discern which principle to apply in what circumstances and *phronesis*, practical wisdom, is the key virtue of a decision maker. Phronesis is not a moral judgement deduced from principles, but it is context specific, bottom-up, action orientated, and framed through dialogues. It focuses on the agent, the decision maker, who, via the use public scrutiny, should be held accountable for phronetic decisions made.

CONCLUSIONS:

Nudging is a cost-effective tool that can improve the populations health in a non-prescriptive way. Transparent reporting open to public scrutiny is necessary for the sake of evaluating whether the decisions made were phronetic for it takes traits of character, virtues, to decide between competing moral principles.

PP135 Stakeholder Involvement In A Health Technology Assessment Of Hyperhidrosis

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INTRODUCTION:

Hyperhidrosis is characterized by uncontrollable excessive sweating, which occurs at rest, regardless of temperature. Symptoms can significantly affect quality of life. There is substantial variation in the secondary care treatment of hyperhidrosis and uncertainty regarding optimal patient management. The objective of the Health Technology Assessment (HTA) was to review the evidence and establish the expected value of

undertaking additional research into effective interventions for the management of primary hyperhidrosis in secondary care. Capturing the perspectives of patients and clinicians treating hyperhidrosis was an important part of the research.

METHODS:

The assessment included a systematic review and economic model, including value of information analysis. Patients, dermatologists, a vascular surgeon and a specialist nurse (who set up the UK Hyperhidrosis Support Group) provided advice at various stages, including at an end-of-project workshop, to help interpret results and prioritize research recommendations.

RESULTS:

Patient and clinician advisors were unsurprised by the finding that there is evidence of a large effect of botulinum toxin injections on axillary hyperhidrosis symptoms in the short to medium term; there was consensus amongst patients and clinicians that botulinum toxin injections were very effective. The advisors agreed that a trial of botulinum toxin injections (plus anesthetic) versus iontophoresis for palmar hyperhidrosis would be useful. Patients and clinicians were happy with the sequence of treatments identified as being cost effective for axillary hyperhidrosis: iontophoresis, botulinum toxin injections, anticholinergic medication, curettage, endoscopic thoracic sympathectomy. All patients agreed that the Hyperhidrosis Quality of Life index (HidroQoL[®]) tool was superior to other commonly used tools for assessing quality of life in hyperhidrosis.

CONCLUSIONS:

Patients and clinicians considered the key findings of the systematic review and economic analyses to be appropriate. Advisors advocated a trial of botulinum toxin injections (plus anaesthetic) versus iontophoresis for palmar hyperhidrosis. Patients preferred the HydroQoL[®] tool over other commonly used quality of life tools in hyperhidrosis research.
