PP127 Asthma Patient Value Framework: Lessons From Patient Focus Groups

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Introduction. We sought to examine patients' perceptions of disease burden and treatment impact, and what patients value over the course of the asthma experience.

Methods. Patient focus groups were conducted in three countries, the USA (n = 8 patients), the United Kingdom (n = 7 patients), and Germany (n = 7 patients), to examine aspects of disease burden and patient experience (physical, emotional, clinical, economic, and social). Cause and effect were also explored. Global Initiative for Asthma guidelines were used to screen patients by severity, based on age, sex, time since diagnosis, number of attacks, oral corticosteroid use, and number of therapies needed to control symptoms. Patients classified and ranked aspects of disease burden, including whether it was continuous or episodic in nature, and discussed the interventions used to manage their asthma.

Results. The overall burden of illness was driven by the combined effect of the disease and treatment burdens. All patients highlighted the negative impact of oral corticosteroids. Patients believed that they were the key actors in their asthma management (not healthcare professionals), and reported the physical and emotional burdens as being the most dominant. Understanding of the terms "attack" or "exacerbation" differed significantly between patients, and did not necessarily match the clinical definitions. Patients considered asthma to be an individualized condition that drives lifestyle changes; disease management drives burden and vice versa. Patients perceived that burden was continuous over time, with specific phases of variable duration—before, during, and after an attack—whereas other stakeholders had a more episodic focus. Patients expected more holistic and personalized approaches for managing their asthma.

Conclusions. The research indicated a misalignment between what patients value and what clinicians, payers, and regulators consider in their assessments and decisions. Greater alignment among the different stakeholders, and more inclusion of patients' values in decision making, will improve outcomes.

PP128 Quantifying The Relative Importance Of Chronic Obstructive Pulmonary Disease Symptoms To Patients

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Introduction. Previous qualitative research analyzing social media and online community discussions highlighted the symptomatic burden of cough and mucus (sputum), alongside shortness of breath, in patients with chronic obstructive pulmonary disease (COPD). The objective of this study was to determine the relative importance of these symptoms and their consequences (for example, disturbed sleep) to COPD patients, compared with conventional COPD endpoints (lung function and exacerbations).

Methods. A total of 1,050 patients (at least 40 years of age) with moderate to severe COPD or chronic bronchitis, and regular symptoms of cough and excess mucus production, are to be recruited through patient advocacy groups (PAGs) from five countries (Australia, France, Japan, the United Kingdom, and the United States; 150 to 400 patients per country). A discrete choice experiment was designed with input from clinical experts and the PAGs, plus scientific advice from the National Institute for Health and Care Excellence (NICE) in the United Kingdom. Patients' preferences for the conditional relative importance of symptoms and impact of COPD will be quantified based on trade-offs they are willing to make among hypothetical COPD disease state profiles, described by differing attributes and levels. Hierarchical Bayesian analysis with effect-coding parameterization will be undertaken on the choice data to estimate (using Gibbs sampling) the relative value each respondent places on an attribute level.

Results. The feedback from NICE informed the selection of screening criteria and the statistical analysis plan, as well as the inclusion of a health status measure, the EQ-5D-3L. Qualitative patient interviews and pilot testing of the attributes and levels grid have been completed, informing finalization of the online survey design.

Conclusions. Patient preference studies evaluating the relative importance of symptom burden through assessment of disease state preference values are an important new form of patient-based evidence for informing value-based decision making in HTA. The present study should facilitate a more patient-centered approach to developing new treatments for and improving the care of patients with COPD.

PP130 Oral Supplements For Protein-Energy Wasting In Chronic Kidney Disease

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Introduction. Malnutrition, specifically protein-energy wasting (PEW), is common in patients with chronic kidney disease (CKD), and its prevalence increases as CKD progresses. Oral nutritional supplementation (ONS) with complete formulas specific to this pathology, is a strategy aimed at meeting energy and protein requirements that are not possible with dietary recommendations and advice alone. This study systematically reviewed the available scientific literature on the safety and effectiveness of nutritional therapy with complete formulas specially designed for adults with CKD who have PEW that is not reversible through ordinary food consumption.

Methods. We systematically searched for articles published up to May 2018 in several electronic databases. We included

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comparative studies that evaluated the safety and effectiveness of complete nutritional formulas for malnourished adults with CKD. Relevant outcomes included rates of death, hospitalization, and adverse effects, and changes in nutritional status, anthropometrics, and health-related quality of life (HRQoL).

Results. Three systematic reviews and 22 primary studies were identified. The primary studies comprised nine randomized controlled trials, nine non-randomized comparative studies, and four before-after studies (the latter were only included in the safety review). The majority of studies were conducted in patients on hemodialysis. The studies exhibited methodological heterogeneity in terms of the methods used to measure nutritional status and the interventions and comparators evaluated. There was also inconsistency among the results. Adherence to ONS, especially in the long term, can be affected by taste fatigue produced by repeatedly taking the same formula. Some studies recommend supplementation during hemodialysis sessions.

Conclusions. The studies with less risk of bias indicated a trend toward improvements in rates of death and hospitalization, HRQoL and, to a lesser extent, some anthropometric variables and serum markers, such as albumin, when ONS was given to patients with CKD. High quality comparative studies are needed to make conclusive statements about the effectiveness of this intervention.

PP131 Omalizumab And Ciclosporin For Chronic Spontaneous Urticaria

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Introduction. Omalizumab and ciclosporin are recommended in international clinical guidelines for treating antihistamine-resistant chronic spontaneous urticaria (CSU). This meta-analysis aimed to evaluate their comparative efficacy and safety to inform local treatment practices in Singapore.

Methods. The PubMed and EMBASE databases were searched for randomized controlled trials (RCTs) published up to October 2018 involving omalizumab or ciclosporin as an add-on therapy to H1-antihistamines for CSU. Key outcomes were changes in weekly Urticaria Activity Score (UAS7), adverse events, and health-related quality of life. Pairwise meta-analysis was conducted for each outcome. Owing to differences in trial designs and patient characteristics across the studies, a random effects model was employed. In the absence of head-to-head trials, the Bucher method of adjusted indirect comparison was used to estimate the comparative effectiveness between omalizumab and ciclosporin, with placebo as the common comparator.

Results. Eight omalizumab and two ciclosporin placebo-controlled RCTs comprising 1,740 patients were selected. The magnitude of treatment effect for omalizumab was dose-dependent across all efficacy outcomes: 300 mg was superior to 150 mg. Omalizumab 300 mg, although statistically significantly better than placebo for all efficacy outcomes at week 12, did not achieve clinical significance for all measures. The mean change in UAS7 was statistically better for ciclosporin than for placebo (one RCT) at week 4. The indirect comparison between omalizumab and ciclosporin showed no statistically significant differences for mean change in UAS7. Omalizumab had a more favorable short-term safety profile than ciclosporin, but long-term safety data were lacking.

Conclusions. Both omalizumab and ciclosporin were effective in treating CSU, compared with placebo. However, results of the indirect comparison should be interpreted with caution. On the basis of limited available evidence, and taking into account the similar place in therapy of omalizumab and ciclosporin, the results may be considered acceptable to confirm the clinical comparability of the drugs an add-on to H1-antihistamines for CSU.

PP132 Telemedicine Enhances Community Hospital Response Capacity

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Introduction. Telediagnostic apps based on information and communication technology tools can be used to enhance community hospital response capacity. Evidence on how this innovative technology can improve health services is limited, but will likely expand in the new decade. The ability of different telediagnostic methods to enhance the response capacity of community hospitals in rural areas of Paraguay was investigated.

Methods. This descriptive study was carried out by the Telemedicine Unit of the Ministry of Public Health and Social Welfare, in collaboration with the Department of Biomedical Engineering and Imaging of the Health Science Research Institute and the University of the Basque Country, to evaluate the utility of telediagnostic apps for different disciplines in public health. The results from implementing telediagnosis apps in 60 public community hospitals across the country were analyzed and evaluated.

Results. A total of 410,840 diagnoses were performed remotely between January 2014 and August 2018 across 60 rural community hospitals. The diagnoses involved computed tomography (147,627 or 36%), electrocardiography (256,422 or 62%), electroencephalography (6,772 or 2%), and ultrasound (19 or 0.01%). There were no significant differences between the remote and face-to-face diagnoses; remote diagnoses were correct in 93 percent of cases. Utilizing telediagnostic apps reduced costs, which is an important benefit for the 60 communities.

Conclusions. The results showed that telemedicine can significantly enhance the community hospital response capacity of diagnostic services and health programs, making optimal use of professional time and productivity, increasing access and equity, and reducing costs. However, before carrying out the systematic implementation of this technology, contextualization with the regional epidemiological profile must be performed.

PP133 Ensuring Secure Health Data Exchange Across Europe. The SHIELD Project

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