

reports produced by the German Institute for Quality and Efficiency in Health Care (IQWiG).

METHODS:

Eligible IQWiG reports were assessments of drug or non-drug interventions considering HTA reports as the literature source for primary studies and published up to October 2016. An HTA report included in the IQWiG report was considered in the analysis if it was a complete report published in English or German and indexed in the Health Technology Assessment Database (Wiley) or MEDLINE. Only the most current HTA report in an IQWiG report was considered; if more than one current HTA report was available, the one for inclusion in the analysis was randomly selected. The methodological quality of the HTA reports identified was evaluated with the AMSTAR ("Assessment of Multiple Systematic Reviews") tool (1), which comprises 11 items on methodological quality (meaning a maximum achievable score of 11).

RESULTS:

A total of fifty eligible IQWiG reports using forty-one eligible HTA reports as literature sources were identified. The mean AMSTAR score of these HTA reports was 5.3 (95 percent Confidence Interval, CI: 4.3, 6.2). None of the HTA reports achieved a score of 11, nineteen (46 percent) had a score between 6 and 10, and twenty-two had a score below 6.

CONCLUSIONS:

HTA reports included in IQWiG reports only have an average methodological quality.

REFERENCES:

1. Shea BJ, Grimshaw JM, Wells GA, et al. Development of AMSTAR: a measurement tool to assess the methodological quality of systematic reviews. *BMC Med Res Methodol.* 2007;7:10.

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PP017 Social Cost Benefit Analysis Of Cognitive Behavioral Therapy For Alcohol And Cannabis Addiction

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INTRODUCTION:

Due to their chronic nature and high prevalence, alcohol and cannabis addiction leads to a significant (disease) burden and high costs, both for those involved and for society. The latter includes effects on health care, quality of life, employment, criminality, education, social security, violence in the public and private domain, and traffic accidents. In the Netherlands, a considerable number of people with an alcohol or cannabis addiction currently do not receive addiction care. Cognitive Behavioral Therapy (CBT) is effective as a treatment for both alcohol and cannabis addiction and is widely used in specialized addiction care centers. This social cost-benefit analysis (SCBA) models costs and benefits of increasing the uptake of CBT for persons with an alcohol addiction and for adolescents with a cannabis addiction, taking into account a wide range of social costs and effects (1).

METHODS:

The method follows general Dutch guidance for performing SCBA. A literature search was conducted to evaluate efficacy of CBT for alcohol and cannabis dependence. In addition, the social costs of alcohol and cannabis addiction for society were mapped, and the costs of enhancing the uptake of CBT were explored. Costs and benefits of increased uptake of CBT for different social domains were modeled for a ten year period, and compared with current (unchanged) uptake during this period. Compliance problems (about 50 percent of clients do not finish CBT) and fall-back to addiction behavior (decrease of effects of CBT over time) were taken into account in model estimations.

RESULTS:

Per client treated with CBT, the estimated benefits to society are EUR10,000-14,000 and EUR9,700-13,000, for alcohol and cannabis addiction, respectively. These benefits result from reduced morbidity and mortality, improved quality of life, higher productivity, fewer traffic accidents, and fewer criminal activities.

CONCLUSIONS:

This SCBA shows that not only treated clients but also society will benefit from an increase in people treated with CBT in specialized addiction care centers.

REFERENCES:

1. Over EAB, van Gils PF, Suijkerbuijk WM, Lokkerbol J, de Wit GA. Maatschappelijke kosten-baten analyse van cognitieve gedragstherapie voor alcohol- en cannabisverslaving (with English Synopsis) RIVM, Bilthoven 2016 (<http://www.rivm.nl/bibliotheek/rapporten/2016-0193.pdf>).

PP018 Clinical Risk Prediction Scores For Venous Thromboembolism In Hospitalized Patients

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INTRODUCTION:

Risk prediction scores have been devised to identify patients at increased risk for Venous Thromboembolism (VTE) in different patient populations and settings. Guideline recommendations for VTE risk assessment vary greatly. We performed a systematic review to synthesize evidence on clinical risk prediction scores for VTE in hospitalized medical and surgical patients.

METHODS:

We systematically searched Medline, EMBASE, Cochrane, National Institute of Health and Care Excellence (NICE), National Guidelines Clearinghouse (NGC), and Guidelines International Network (GIN) databases up to March 2016. We included studies validating risk prediction scores for adult hospitalized patients. We excluded studies for any of the following reasons: non-English publication, conducted in non-OECD (Organisation for Economic Co-operation and Development) countries, validation cohorts focused solely on critical care patients, or scores developed for specific surgical or medical sub-specialty populations. We plotted receiver operating characteristic (ROC) curves of included studies and performed summary ROC meta-analyses for scores in which > 1 external validation studies were combinable. Risk of bias was assessed qualitatively. We assessed the strength of the evidence base using Grading of Recommendations Assessment, Development and Evaluation (GRADE).

RESULTS:

We screened 110 primary studies and included 18 of those for analysis. There were seven studies of the Caprini score, three studies of the Padua score, two studies of the IMPROVE score; and one study each of the Arcelus, Geneva, Khorana, RAP, and Kucher scores. Strength of evidence was downgraded for study risk of bias because most studies disproportionately included patients at high risk of VTE. Our summary estimates of the performance of the three combinable scores at clinically-relevant thresholds are: Caprini score at a threshold of three in surgical patients – 96 percent sensitivity, 44 percent specificity; IMPROVE at a threshold of one in medical patients – 96 percent sensitivity, 20 percent specificity; and Padua at a threshold of 4–87 percent sensitivity and 58 percent specificity.

CONCLUSIONS:

There is moderate strength evidence for use of the Caprini score to predict VTE in surgical patients and for the Padua and IMPROVE scores in medical patients. Lower thresholds may be warranted to achieve sufficient sensitivity to identify low risk populations who