than 200 symptoms, which can substantially affect the lives of individuals. The evidence base for Long COVID is evolving rapidly and, therefore, an up-to-date understanding of the prevalence and risk factors of Long COVID is necessary to inform service delivery and allocation of healthcare resources.

Methods: A systematic literature review was conducted. Long COVID epidemiological literature published after October 2021 was identified in the MEDLINE, Embase, and Cochrane Library databases. Data extraction and quality appraisal were completed by one reviewer and checked for accuracy and omissions by a second reviewer. The following subgroups of interest were identified: general population; children and older adults; individuals who are medically vulnerable; and individuals with a history of severe COVID-19. Narrative synthesis of the prevalence and symptoms of Long COVID and of risk factors associated with the development of Long COVID was conducted.

Results: Over 3,000 documents were identified, of which 51 primary research studies met the inclusion criteria and were deemed of fair or good quality. Long COVID prevalence estimates ranged from 1.8 to 53.1 percent in the general population; 0.1 to 65.7 percent in children; 5.6 to 80.8 percent in older adults; 12.4 to 29.7 percent in medically vulnerable individuals; and 9.8 to 94.6 percent in individuals with a history of severe COVID-19. A wide range of symptoms were identified, with fatigue and neurological and respiratory symptoms being commonly reported. Female sex and increased age were identified as risk factors for developing Long COVID.

Conclusions: Long COVID is a complex condition involving a wide range of symptoms, which may result in significant reductions in quality of life and functioning in some individuals, a substantial burden on healthcare systems, and broader economic impacts. In planning healthcare delivery for this population, a focus on multidisciplinary holistic care will be necessary.

PD60 The Importance Of Systematic Reviews Addressing Questions Of Prevalence In Health Technology Assessment

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Introduction: The use of systematic reviews (SRs) of interventions is commonplace in health technology assessment (HTA). However, SRs synthesizing other data types, such as prevalence, are rarely used. These SRs may complement the HTA process by gathering complementary evidence essential for developing trustworthy recommendations. We aimed to discuss the importance and application of SRs of prevalence in the context of HTA.

Methods: A methodological working group, the Prevalence Estimates Reviews – Systematic Review Methodology Group (PERSyst), was created to provide guidance on how to improve the development of SRs and meta-analyses of prevalence. As part of the

group's work, a guide for HTA developers regarding the value of SRs of prevalence was developed.

Results: There are many benefits to including SRs of prevalence in the process of HTA. These include providing data for estimating burden of disease; helping to set priorities regarding technology assessment; informing the absolute impact on health outcomes from association measures (e.g., relative risk) reported in clinical studies; and providing data for estimating resource requirements for and feasibility of implementing health technologies under consideration. Within the GRADE framework, prevalence estimates are necessary to assess the quality of diagnostic test accuracy evidence and to support decision-making using the Evidence to Decision framework.

Conclusions: Although not commonly used, SRs of prevalence are an important tool in the process of HTA. There is a need for standardization of methodologies and guidance on how to use these reviews in the HTA process.

PD61 Thromboprophylaxis After Major Orthopedic Surgeries: Health Technology Assessment To Promote Access To Oral Anticoagulants

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Introduction: While implementing an evidence-based guideline for venous thromboembolism (VTE) prophylaxis in a Brazilian tertiary hospital, we identified an unmet need for patients undergoing major orthopedic surgery. The Brazilian Unified Health System (SUS) does not provide access to direct oral anticoagulants (DOACs) or enoxaparin. Therefore, an assessment of the efficacy, safety, and budgetary impact of these medications from a hospital perspective is warranted.

Methods: Our Health Technology Assessment Center performed an overview of systematic reviews (SR) to compare the efficacy and safety of DOACs with enoxaparin. The Cochrane Library, Embase, and MEDLINE databases were searched in May 2023. The relative risks of symptomatic VTE, clinically relevant bleeding, and mortality were collected. The AMSTAR-2 tool was used to assess the methodological quality of included SRs. Treatment costs and estimates of the number of patients undergoing knee or hip arthroplasty were derived from historical institutional data.

Results: Of the 32 SRs included in the analysis, seven performed a network meta-analysis. All SRs had at least one flaw in a critical methodological domain, mainly in not providing the list of excluded studies. Regarding mortality rates, most SRs did not detect any differences between the treatments. The risk of experiencing VTE