

INTRODUCTION:

A gap exists between the evidence for reducing risk of knee osteoarthritis (KOA) progression and its application in patients' daily lives. We aimed to bridge this gap by identifying patient and family physician (FP) self-management priorities to conceptualize and develop a mobile-health application (m-health app). Our co-design approach combined priorities and concerns solicited from patients and FPs with evidence on risk of progression to design and develop a KOA self-management tool.

METHODS:

Parallel qualitative research of patient and FP perspectives was conducted to inform the co-design process. Researchers from the Enhancing Alberta Primary Care Research Networks (EnACT) evaluated the mental models of FPs using cognitive task analysis through structured interviews with four FPs. Using grounded theory methods, patient researchers from the Patient and Community Engagement Research (PaCER) program interviewed five patients to explore their perspectives about needs and interactions within primary care. In three co-design sessions relevant stakeholders (four patients, five FPs, and thirteen researchers) participated to: (i) identify user needs with regard to KOA self-management; and (ii) conceptualize and determine design priorities and functionalities of an m-health app using a modified nominal group process.

RESULTS:

Priority measures for symptoms, activities, and quality of life from the user perspective were determined in the first two sessions. The third co-design session with our industry partner resulted in finalization of priorities through interactive patient and FP feedback. The top three features were: (i) a symptoms graph and summary; (ii) information and strategies; and (iii) setting goals. These features were used to inform the development of a minimum viable product.

CONCLUSIONS:

The novel use of co-design created directive dialog around the needs of patients, highlighting the contrasting views that exist between patients and FPs and emphasizing how exploring these differences might lead to strong design options for patient-oriented m-health apps. Characterizing these disjunctions has important implications for operationalizing patient-centered health care.

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PP116 Health Utilities And Neglected Conditions: A Chagas Disease Study

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INTRODUCTION:

Chagas disease (ChD), also known as American trypanosomiasis, is a neglected tropical disease caused by the protozoan parasite *Trypanosoma cruzi*. About 6 to 7 million people worldwide are estimated to be infected, most in Latin America. Health-related quality of life (HRQoL) and utility measures are still poorly employed for assessment of ChD lifetime impairments. Brazilian HRQoL published data showed that the cardiac subgroup of patients have worse scores than other ChD chronic groups. For the time being, utility scores are not available yet for the ChD population. The present study aims to assess quality of life (QoL), as utility scores, of patients with chronic Chagas Disease.

METHODS:

This is a cross-sectional study. Data were collected from 183 outpatients with chronic ChD in a reference center in Brazil. Information pertaining to sociodemographics, clinical status, and quality of life were collected using self-administered questionnaires. Utilities were obtained by the European Quality of Life – 5 Dimensions (EQ-5D) questionnaire. Comparisons were made between clinical subtypes and population normative values. Continuous variables were compared using t-test or ANOVA, and categorical variables were compared using Chi-square test. Associations between QoL and patient characteristics stratified by demographics, clinical status were identified by linear regression models.

RESULTS:

Most subjects were female (61 percent). The average age of men was 53.3 years and women 56.6. When analyzing the EQ-5D utility scores, it was observed that the results were lower for cardiac patients (0.610–95% CI 0.582–0.638) in comparison to indeterminate form patients (0.659–0.632–0.687). When comparing patients with the general population of the same age and sex, patients with ChD showed lower utility scores than normative values (0.624–95% CI 0.596–0.652).

CONCLUSIONS:

Chronic ChD causes a negative impact on quality of life, physical functioning, as well as psychosocial function, with the impairment becoming worse in cardiac patients.

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PP118 Cardiac Safety Of Trastuzumab For Metastatic Breast Cancer

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INTRODUCTION:

Metastatic breast cancer (MBC) is considered incurable. Trastuzumab (T), a monoclonal antibody that blocks HER-2 is used in combination with other chemotherapies or as monotherapy to treat various stages of breast cancer, including MBC. The aim of this study was to evaluate the safety of T as first line treatment or after progression in women with MBC.

METHODS:

We conducted a systematic review of randomized controlled trials. We searched the databases: MEDLINE (Pubmed), LILACS, Cochrane Library and EMBASE (accessed November 2016) and performed manual search. The methodological quality assessment was performed using the Cochrane Collaboration risk of bias tool. We adopted the random effects model for meta-analysis. The results were presented as relative risk (RR) with 95% confidence intervals.

RESULTS:

The search retrieved 2,238 publications. After eligibility criteria assessment we included five studies on T in the first line treatment (T n = 493; no-T n = 492) and two studies on T after progression (T n = 226; no-T n = 226). In general, studies presented moderate quality. Five were funded by the pharmaceutical industry. Regarding first line treatment, the group of patients that used T had three times higher risk of developing cardiac adverse event compared to the group that did not use T (RR = 3.3; 95% CI: 1.52 – 7.29; I2 = 0%, p = 0.39). The continuity of T after progression revealed no difference

between the groups regarding the risk of developing cardiac adverse event (RR = 5.31; 95% CI: 0.62 – 45.49; I2 = 0%, p = 0.62).

CONCLUSIONS:

The evidence regarding the higher risk of cardiac adverse event with T as first line treatment for MBC is robust and this should be taken into account when balancing risks and benefits of treatment. The evidence for continuation of T after MCB progression is weak and more studies are needed to confirm the findings.

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PP119 How Much Evidence Is Enough For Action – ‘Adaptive Approach’ Helps?

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INTRODUCTION:

Aiming for hepatitis C elimination by 2030, Taiwan has set up a mid-term goal of “over 50 percent of patients treated by 2025.” Among various aspects of evidence that are needed, the target number to be treated is difficult to estimate with certainty due to great geographical heterogeneity of hepatitis C prevalence, and the absence of a nation-wide large scale prevalence survey.

METHODS:

A broad estimate of the number of patients to be treated with high uncertainty was calculated, and reimbursement criteria were set for year 2017 given limited data and treatment budget. In the meanwhile, various sources and approaches to estimate the target number to be treated, and to identify the high prevalence areas, were collected and synthesized for future planning through a systematic review of published data and consulting experts for unpublished data. An expert panel was consulted for the level of confidence and completeness of the evidence. A plan for using real-world data to reduce the uncertainty after initial actions of national program was also in place.

RESULTS:

Eight thousand patients who fulfilled the reimbursement criteria were treated in 2017 as planned.