an increased risk treatment-emergent mania or hypomania (TEM) has been observed.

Conclusions: The tDCS association with antidepressants showed favorable results to this technology in a sample with depression and varied clinical characteristics. Regarding safety of this technology, tDCS did not show adverse effects of greater severity, but was verified to have an increased risk of TEM.

PP82 Comparison Between Informal Caregiver Burden Of Patients With Alzheimer's Disease Versus Other Chronic Diseases

Murat Demirbas, Julie Hviid Hahn-Pedersen (CRJP@novonordisk.com) and Henrik Løvendahl Jørgensen

Introduction: Alzheimer's disease (AD) is a neurodegenerative disease with progressive neuropsychiatric symptoms. Patient care is often provided by informal caregivers similarly to various other chronic diseases. This targeted literature review assessed the difference in burden experienced by caregivers of people with AD in comparison to other chronic diseases.

Methods: Two separate search strings were developed to identify (i) caregiver burden in AD and (ii) caregiver burden in other chronic diseases using PubMed. Studies published in English (January 2012-October 2022) were included. Comparison of the caregiver burden was done using the weighted mean values (MV) of several questionnaires including the Zarit Burden Interview (ZBI), a 22-item self-report questionnaire for caregivers ranging from 0 to 88 points. ZBI is stratified into four categories of caregiving burden: Little or no burden (0 to 21), mild to moderate burden (22 to 40), moderate to severe burden (41 to 60) and severe burden (61 to 88).

Results: ZBI was the most frequently used questionnaire; 13 studies reported data on caregiver burden in AD and 39 studies reported data on 20 other chronic diseases. The caregiver burden ranged from 18 to 48 in AD, measured by ZBI. The MV of AD burden was 36 based on a total of 1,703 participants. The caregiver burden in other chronic diseases ranged from MV of 5 (chronic musculoskeletal pain) to 59 (bipolar disorder).

Measured by ZBI, AD burden on caregivers (MV: 36, range: 18-48) was greater than heart failure (MV: 27, range: 16-29) and type 2 diabetes (MV: 26, range: Not reported) but lesser than schizophrenia (MV: 56, range: 52-65) and bipolar disorder (MV: 59, range: Not reported).

Conclusions: AD has a significant burden on caregivers. When assessing the value of interventions targeting AD, the impact of AD on caregivers should be considered in addition to the impact of AD on patients. Further studies are required to assess the informal care burden in AD and other chronic diseases.

PP84 Evaluation Of The Evidence Level Of Scrambler Therapy For Musculoskeletal Pain Relief: A Systematic Literature Review

Hye Eun Eom, Seung Jin Han and Kyoung-Hoon Kim (rudgns112@hira.or.kr)

Introduction: Non-invasive Scrambler Therapy (ST) reduces pain by attaching electrodes to neural pathways of major nerves, transmitting information along with microcurrent to the nerves to induce a painless sensation. The ST has been widely used to reduce pain for patients with musculoskeletal pain. However, little is known about the musculoskeletal pain relief effect of the ST. Therefore, this study aims to evaluate the treatment effectiveness of the ST.

Methods: A systematic literature review was conducted based on the following search strategy and databases, and all studies published before August 2021 were included in Pubmed, Embase, and Cochrane library, Ovid Medline, Koreamed, kmbase, and Science On. The subjects were patients with intractable and musculoskeletal pain, excluding cancer pain, and intervention methods included non-invasive ST alone or in combination with physical therapy. In addition, the comparative method was not limited. The outcome variables were the degree of pain relief, total analgesic use, health-related quality of life, pressure pain threshold, pain intensity and functional interference scales, and pain sensitivity. Safety-related outcome variables were all side effects. Cochrane Risk of Bias 1.0 was used to assess the risk of bias in the literature.

Results: Two hundred forty-one articles were retrieved using a predetermined search strategy. Of these, 15 duplicate articles, 215 articles after reviewing the abstract and title, and nine articles after checking the full text were excluded. Two studies with randomized controlled trials (RCTs) were finally selected. When comparing ST and placebo groups for musculoskeletal pain, the pain reduction effect of ST lasted for three weeks. Moreover, patients with neuropathic pain treated with ST had a lower pain intensity for one to three months compared to the drug treatment group.

Conclusions: Based on this systematic review, the effectiveness of ST is yet sufficient owing to small sample size and possibility of selective report bias. More studies with well-designed RCTs are required to further assess the effectiveness of the ST.

PP86 Systematic Review Toolbox 2.0: Rebuilding Toolbox With A Novel Taxonomy To Classify And Share Evidence Synthesis Tools

Christopher Marshall (chris.marshall@york.ac.uk), Eugenie Evelynne Johnson, Hannah O'Keefe and Anthea Sutton

Introduction: Developed in 2014, the Systematic Review (SR) Toolbox has played a critical role in helping researchers to identify appropriate tools to support systematic reviews. Since the resource was launched, the systematic review and wider evidence synthesis process has evolved considerably. The way in which the SR Toolbox originally classified tools at launch had become dated. We updated and rebuilt the SR Toolbox in 2022 underpinned by a novel taxonomy to reflect the latest review and evidence synthesis landscape.

Methods: All guidance and software tools contained within the SR Toolbox were manually extracted in February 2022. Information contained from tool records were extracted by a single reviewer into an Excel spreadsheet, with a second reviewer checking a sample. The spreadsheet was translated to a Microsoft Access database underpinned with a new taxonomy to reflect the expansion of evidence synthesis methods and new review types (or 'families'). A brief analysis of the remapped tools was conducted to identify current gaps in software and guidance support for evidence synthesis. A new user interface was also developed.

Results: The updated version of the SR Toolbox was launched 13 May 2022. At that time, the resource included records on 235 software tools and 112 guidance tools. Regarding 'review families', most software tools (n = 223) and guidance documents (n = 78) were applicable to supporting systematic reviews. Fewer software (n = 66) and guidance (n = 22) tools were applicable to reviews of reviews, while qualitative reviews were less served by guidance documents (n = 19). In terms of 'review stages', most guidance documents were associated with quality assessment (n = 70), while most software was related to searching (n = 84) and synthesis (n = 82). To-date, there is a lack of software (n = 2) and guidance (n = 3) tools to support stakeholder engagement.

Conclusions: The SR Toolbox has received a significant update to ensure that tools are classified and shared based on the latest systematic review and evidence synthesis methods. As part of the update, analysis of the contents of the toolbox highlighted potential gaps in tool support for certain review types/stages.

PP87 Glecaprevir/pibrentasvir (Maviret®) Remains A Cost-effective Treatment For Chronic Hepatitis C Virus Infection After Changes To The Treated Population

Belinda Castles (Belinda.castles@abbvie.com), Emma Warren, Gillian Sharratt and Aitor Arteaga

Introduction: The first direct-acting antiviral (DAA) therapies for chronic Hepatitis C virus (HCV) infection were reimbursed via Australia's Pharmaceutical Benefits Scheme (PBS) in March 2016. This was based on the recommendation from the Pharmaceutical Benefits Advisory Committee (PBAC) that the regimens would be acceptably cost-effective at an incremental cost-effectiveness ratio (ICER) of AUD15,000/quality-adjusted life-year (QALY). Broad access to DAA therapies has been a key strategy in driving a national health goal to eliminate viral hepatitis as a major health threat by 2030. Since the initial PBS listings for DAA therapies and subsequent listings of newer DAA treatments such as Maviret, the demographics and disease characteristics of currently treated patients have markedly changed. The aim of our analysis was to reassess the cost-effectiveness of Maviret, accounting for the changes of the treated population characteristics and retreatment in first-line failures and reinfected individuals.

Methods: To assess the cost-effectiveness six years after initial listing of Maviret, an update was made to the Markov model used to achieve PBS reimbursement for Viekira-Pak® in May 2016. Amendments to the Viekira-Pak model include: changes to baseline age and fibrosis distribution of treated patients, and incorporation of retreatment of first-line failures (those not achieving a sustained virologic response (SVR)) and reinfected individuals. Treatment-related inputs including SVR response rates, adverse events, treatment-related disutility and discontinuations were sourced from pivotal glecaprevir/pibrentasvir clinical trials.

Results: Using the published price of Maviret, the ICER is above AUD15,000/QALY but well below the commonly used ICER threshold in other chronic diseases (AUD45,000/QALY). When the confidential effective price is used, the ICER is under the AUD15,000/QALY cost-effectiveness threshold set by the PBAC for DAA therapies.

Conclusions: Despite substantial changes to the population seeking treatment in Australia since reimbursement in 2016, Maviret remains a cost-effective treatment for chronic HCV infection.

PP88 An Exploratory Analysis Of The Potential Cost-Benefit Of Delaying Kidney Disease Progression In Australia

John Kim (john.kim@viforpharma.com), Francis Dehle, Alex Teal, Scott Brydon, Vanessa Stevens and Anthony Anselmo

Introduction: Chronic Kidney Disease (CKD) is a condition that leads to end-stage renal disease (ESRD), characterized by a gradual loss of kidney function. In 2021, the healthcare system expenditure of CKD in Australia was estimated to be over AUD2.3 billion (USD1.5 billion), largely attributed to Kidney Replacement Therapy (KRT, dialysis or kidney transplantation). This exploratory analysis aims to calculate the cost-benefit to the Australian healthcare system should KRT be delayed.

Methods: The prevalence of ESRD with and without KRT between 2016 and 2021 was estimated, and a simple linear regression model was created to estimate the prevalence of ESRD with KRT between 2022 and 2026. The projected cost of KRT management in 2022 was