METHODS:

In the clinical effectiveness evaluation section, particularly for the TPO receptor agonist, we searched PubMed, EMBASE, and the Cochrane Central Register of Controlled Trials to identify all randomized trials in chronic ITP. In the economic evaluation section, we performed a long-term cost-effectiveness analysis using a Markov model to evaluate the value of TPO receptor agonist to achieve durable platelet response for chronic ITP patients.

RESULTS:

Our findings revealed that the National Health Insurance (NHI) in Taiwan covers TPO receptor agonists romiplostim and eltrombopag, which have also been recommended by the Pharmaceutical Benefits Advisory Committee (PBAC) of Australia and the National Institute for Health and Care Excellence (NICE) in the United Kingdom. In addition, a systematic review and meta-analysis combining six trials were included to assess the current evidence on the role of TPO receptor agonist in chronic ITP. The primary outcome of randomized controlled trials (RCTs) showed an improving trend in significant bleeding events; however there was not any significant difference between the TPO receptor agonists group and the control group (placebo). The gain in life years and quality-adjusted life-years (QALYs) from introducing long-term use of TPO receptor agonists over current clinical practice were 1.52 years and 1.44 QALYs, respectively. Most of the sensitivity analysis results show that the ICER values were greater than 3GDP per capita in Taiwan.

CONCLUSIONS:

Compared to placebo, and despite a significantly increased platelet response, there was no evidence to demonstrate that TPO receptor agonists did improve significant bleeding events in chronic ITP. The effect on overall survival awaits further analysis. Although long-term studies are lacking, current data demonstrated that adverse effects of TPO receptor agonists were similar to that of placebo.

PP028 Hyperhidrosis Quality Of Life Measures: Review And Patient Perspective

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INTRODUCTION:

Primary hyperhidrosis has no discernible cause and is characterised by uncontrollable excessive and unpredictable sweating, which occurs at rest, regardless of temperature. The symptoms of hyperhidrosis can significantly affect quality of life, and can lead to social embarrassment, loneliness, anxiety and depression.

The aim of this literature review was to identify the tools used to measure quality of life in studies of hyperhidrosis. Patient advisors provided insight and their perspective.

METHODS:

Studies were identified through searches undertaken in January 2016. The search strategies combined topic terms for hyperhidrosis with a recognised search filter for "quality of life". All studies that reported measuring quality of life or described a quality of life measure/tool in the context of primary hyperhidrosis were included. The information on the tools and their use in hyperhidrosis was summarized in a narrative synthesis. Patient advisors contributed to the interpretation of the findings.

RESULTS:

The review included 184 studies and many studies used multiple tools. Twenty-two individual tools were identified. The review identified disease specific, dermatology specific, and general health/utility tools. The most commonly identified tools were the Dermatology Life Quality Index (DLQI), the Hyperhidrosis Disease Severity Scale (HDSS), and the Hyperhidrosis Quality of Life Questionnaire (HQLQ). The

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Hyperhidrosis Quality of Life index (HidroQoL©) is recently designed and validated, and therefore was used only in its validation study.

When asked about these four quality of life tools patient advisors agreed that the HidroQoL© tool covered disease-specific quality of life dimensions relevant to them most comprehensively and was easy to complete. The DLQI was considered to be too general and too focussed on the skin. The HDSS was considered to be too basic and not sufficiently discriminating.

CONCLUSIONS:

Future studies of the effectiveness of interventions for hyperhidrosis on health-related quality of life may benefit from including the HidroQoL© tool.

PP029 Hospitalizations And Costs In Bipolar Disorder Patients Initiating Long-acting Injectable Antipsychotics

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INTRODUCTION:

Existing studies have not investigated the effectiveness of one long-acting injectable antipsychotic (LAI) versus another in preventing hospitalizations among patients with bipolar disorder (BD). This study was conducted to compare all-cause inpatient healthcare utilization and associated costs among BD patients who initiated LAIs.

METHODS:

This retrospective cohort analysis used the Truven Health Analytics MarketScan® Commercial and Medicaid claims database. Bipolar patients $\geq$18 years with at least one claim for one of the following LAIs were identified between 1 January 2013 and 30 June 2014 (identification period): aripiprazole, haloperidol, paliperidone, and risperidone. The first day of initiating an LAI was considered the index date. Logistic regression and generalized linear regression models were conducted to estimate risk of inpatient hospitalization and associated costs during the 1-year follow up.

RESULTS:

A total of 1,540 BD patients initiated an LAI: 14.5 percent aripiprazole, 16.3 percent risperidone, 21.0 percent haloperidol, and 48.1 percent paliperidone. With the aripiprazole cohort as the reference group, the odds of having any inpatient hospitalizations were significantly higher in haloperidol [Odds Ratio, OR (95 percent Confidence Interval, CI): 1.49 (1.01 - 2.19)] and risperidone [1.78 (1.19 - 2.66)] cohorts. The paliperidone cohort also had a higher risk of having a hospitalization than aripiprazole, but the difference was not statistically significant ($p>.05$). Among LAI initiators having any inpatient hospitalizations, the adjusted mean all-cause inpatient costs were lowest in the aripiprazole cohort (USD26,002), followed by risperidone (USD27,937), haloperidol (USD30,411), and paliperidone (USD33,240). However, the cost difference was not statistically significant.

CONCLUSIONS:

Our study findings highlight the value of aripiprazole in reducing all-cause inpatient hospitalizations and associated costs among patients with BD during the 1-year follow-up. It is worthwhile to note that bipolar diagnoses were identified from healthcare claims coded for reimbursement purposes, thus misclassification was possible. Future studies are warranted to understand the impact of LAI use in a longer period of time.

PP030 Socioeconomics Of Cardiac Rehabilitation: A Meta-Analysis

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