

studied, the mean percent total body weight loss was 10 percent (95 percent Confidence Interval, CI 7.3–12.7) and the mean waist circumference was reduced by 8.4cm (95 percent CI 5.7-11.8) at 4 months. Improvements were also seen in metabolic parameters (HbA1c, Low density lipoprotein, triglycerides and blood pressure). All aspects of quality of life measured by the Impact of Weight on Quality of Life (IWQoL) questionnaire demonstrated significant improvements. About safety, there were no serious adverse events or serious adverse device effects, however 64 percent of patients had vomiting, 54 percent experienced nausea, 25 percent had abdominal pain and 2 patients were excluded because of symptoms.

CONCLUSIONS:

The ELIPSETM gastric balloon for weight loss seems to be an effective therapy with an acceptable safety profile. However it would be necessary to continue further studies to confirm these results, including comparative studies with current treatments.

PP013 Pain Management And Substance Abuse In Sickle Cell Disease Patients

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INTRODUCTION:

Drug abuse is a social and public health problem because of its negative consequences of emotional and physical development in individuals. There are few studies evaluating substance abuse by individuals with sickle cell disease (SCD). These patients have severe and recurrent pain crises (1), frequently needing opioids to control it (2). The compromised quality of life can predispose this population to the occurrence of non-psychotic disorders such as depression, making them vulnerable to substance abuse (3).

METHODS:

We evaluated the consumption of alcohol and drugs in a cohort followed at the Sickle Cell Disease Reference Center (CRAF), at Hospital de Clínicas de Porto Alegre, estimating the percentage of patients in treatment of SCD who abuse alcohol and drugs, mainly opioids. A cross-sectional study was of a convenience sample of 139 patients with SCD treated at CRAF. The pattern of substance use was evaluated using the Brazilian version of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). The exposure to opioids was measured by their use and prescription in the 24 months before the interview. The Self-Reporting Questionnaire (SRQ-20) was used to estimate the occurrence of non-psychotic disorders in this population. Descriptive analyses were performed using absolute and relative frequencies. The association between the variables was verified using the chi-square test or Fisher's exact test.

RESULTS:

The prevalence of abusive use was 1.5 percent for alcohol and 3.0 percent for tobacco, with no abusive use of any other substance including opioids was identified. Of note was the pattern for substance use that was not influenced by exposure to substances or the presence of non-psychotic disorders.

CONCLUSIONS:

Our data shows that use of opioid analgesics for the management of SCD painful crises is safe and does not induce substance abuse. Regular follow-up of these patients is recommended. The results of this study might be useful in other countries.

REFERENCES:

1. Platt OS, Thorington BD, Brambilla DJ, et al. Pain in sickle cell disease. Rates and risk factors. *N Engl J Med.* 1991;325(1):11-6. PubMed PMID: 1710777. Epub 1991/07/04. eng.
2. Smith WR, Dahman BA, Levenson JL, et al. Daily home opioid use in adults with sickle cell disease: The PiSCES project. *J Opioid Manag.* 2015;11(3):243-53.

3. Marlowe KF, Chicella MF. Treatment of sickle cell pain. *Pharmacotherapy*. 2002;22(4):484-91.

PP014 Will A Proposed Policy In Japan, Health Gold License, Work?

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INTRODUCTION:

Mr. Shinjiro Koizumi and some younger members of Japan's National Diet suggested a new policy, "Health Gold License" which would introduce financial incentives to encourage population health management, with people receiving medical checkups receiving a reduction in coinsurance from the current 30 percent to 20 percent. In this research, to evaluate the policy, we adjusted confounding factors of those insured who receive medical checkups (Medical-Checkup Group) and those who do not (Non-Medical-Checkup Group) using claims data, and estimated the effect of medical checkups on medical costs.

METHODS:

We analyzed Japanese employee-based claims data provided by the Japan Medical Data Center Co. Ltd. for the 3 million insured from January 2005 to December 2015. Two regression models were developed. Under model A, explanatory variables were year, age, dummy variables for various hierarchical condition categories and for medical checkups. Under model B, explanatory variables were estimated medical costs per patient per month (PMPM) in 2012 and a dummy variable for medical checkups. We also simulated the financial impact if Japan introduced Health Gold License for all insured.

RESULTS:

The coefficients of medical checkups in model A and in model B were -JPY4,816 PMPM and -JPY8,735 PMPM, respectively. The gap of medical costs between the Medical-Checkup Group and Non-Medical-Checkup Group was JPY4,588 PMPM, without any adjustment. If all of those insured received medical checkups, the breakeven coinsurance would be 27.2 percent.

CONCLUSIONS:

The Medical-Checkup Group is less expensive than Non-Medical-Checkup Group by at least 30%, therefore, the break-even coinsurance for them would be 0 percent. However, because most of those insured have already gone to medical check-ups every year, if the coinsurance were reduced from 30 percent to 20 percent for all insured, the finance would be largely negative. The break-even as 27.2 percent, we believe, would not incentivize the Non-Medical-Checkup Group to receive medical checkups. Therefore, the coinsurance reduction proposed under Health Gold License is not fully justified financially.

PP015 Methodological Quality Of Health Technology Assessment Reports

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INTRODUCTION:

Health Technology Assessment (HTA) reports may have a major impact on the health care provided in a country. Hence, one would assume that these reports have a high methodological quality and thus represent a potentially important source of information, for instance, for identifying primary studies for inclusion in the evidence syntheses (for example, systematic reviews, Cochrane reviews, HTA reports). The aim of the present analysis is to evaluate the methodological quality of HTA reports used as a literature source for HTA