

- (ii) Surgeons: Some ongoing initiatives, like ODEP, aiming at providing a benchmark rating for implant survivorship, are gaining interest by professionals promoting an evidence-based clinical practice.
- (iii) Industry: the large amount of data recorded so far may allow obtaining robust information of prosthesis behavior.
- (iv) Patients: there is an increasing number of registers that incorporate PROMs. Moreover, a growing interest to promote patient engagement in arthroplasty decision making has been observed.

**CONCLUSIONS:**

Long-standing arthroplasty registries have untapped potential. Beyond the assessment of implant survival, they have been consolidated as a useful tool for decision-makers, professionals, and patients. Next steps will be to promote joint analysis of national/regional registries to explore uncommon practices or new medical devices, and also to adapt to future regulations on implant traceability.

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## VP13 Relation Between Magnetic Resonance Imaging Use And Hip Or Knee Replacements In The Organisation For Economic Co-operation And Development

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**INTRODUCTION:**

A high degree of geographic variation in the use of medical interventions is usually considered as a sign for inappropriate use. However, the plain geographic variation has the disadvantage that the variation might also be appropriate due to differences in the regions. Hence, we conducted a more comprehensive analysis on Magnetic Resonance Imaging (MRI) use and the

relationship to hip or knee replacements. We evaluated whether there is evidence that guideline recommendations regarding hip replacements and total knee replacements are being followed. Additionally, we tried to assess whether the use of MRI is related to subsequent interventions.

**METHODS:**

We extracted recommendations of the American College of Radiology (ACR) on the use of MRI relevant to hip replacements and total knee replacements. Subsequently, we created three hypotheses on MRI for hip or total knee replacements on what to expect from the data when these recommendations are being followed.

For each hypothesis we calculated a multiple linear regression to analyze Organisation for Economic Co-operation and Development (OECD) data. This was necessary to control for other important variables that might have had an influence on the number of interventions despite the MRI use (for example, healthcare spending, or Computed Tomography (CT) use).

**RESULTS:**

The initial results on (primary) hip replacement and secondary hip replacement were heavily influenced by outliers. After the exclusion of the outliers (Turkey and Belgium), (primary) hip replacements were related to MRI use but not secondary hip replacements. The results on MRI and (primary) hip replacement suggest that the relationship between MRI and hip replacement in Turkey is lower than in the other OECD nations.

Regarding knee replacements, we detected a relationship between the MRI use and total knee replacement. An increase of 10 MRI examinations per 1,000 population would, according to our model, result in 9.8 additional total knee replacements per 100,000 population.

**CONCLUSIONS:**

The relationship of MRI and (primary) hip replacement hints to inappropriate use of MRI in Turkey since the data shows a substantial deviation in the relationship

compared to the other OECD nations. Apart from this, we found no evidence for inappropriate use of MRI in connection with hip replacements.

However, our results suggest that MRI is inappropriately used in relation to total knee replacements. This might contribute to potentially unnecessary total knee replacements.

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## VP14 Screening Recommendations For Socioeconomic Disadvantages In Pregnancy

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### INTRODUCTION:

In 2015, 18.3 percent of the Austrian population were at risk of poverty and social exclusion - about 211,000 (20 percent) women aged 20–39 years were affected. International studies report that poverty may lead to an increased risk of complications and pathologies during pregnancy. Further, children who grow up in poverty often have poorer long-term health outcomes.

### METHODS:

In order to identify recent guidelines (2011-2016) a comprehensive handsearch was conducted in the guideline databases *National Guideline Clearinghouse* (NGC) and *Guidelines International Network* (GIN). Moreover, a handsearch for systematic reviews and primary studies was conducted in PubMed.

### RESULTS:

Two guidelines, the British *National Institute for Health and Clinical Excellence* (NICE) Guideline “Pregnancy and Complex Social Factors”, as well as the *Australian Health Ministers’ Advisory Council* (AHMAC) Guideline “Antenatal Care”, address socioeconomic disadvantages of women during antenatal care. The recommendation of the AHMAC is that pregnancy care should be offered

to all pregnant women. In addition, an individual approach will help to pay particular attention to socioeconomic factors and to incorporate them in routine examinations. NICE recommends in its guideline, affected women should be supported in order to ensure adequate prenatal care. NICE also defines criteria which are used to identify pregnant women who are in greater need of support. The only identified study developed and tested a tool for the identification of patients affected by poverty. The authors of this Canadian pilot study concluded that the defined questions helped to identify socioeconomically disadvantaged persons during anamnesis without stigmatizing.

### CONCLUSIONS:

Due to the proven link between poverty and health risks, special attention must be paid to socioeconomically disadvantaged pregnant women. Research on non-stigmatizing instruments, which can identify vulnerable women, is of great importance. In addition to social policy measures, it is necessary to ensure that low-threshold services are available for socioeconomic disadvantaged women and their children.

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## VP15 A Comparison Of Reporting In United Kingdom Health Technology Assessment And Other Systematic Reviews

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### INTRODUCTION:

A recent study claimed that increasing numbers of reviews are being published and many are poorly conducted and reported (1). The aim of the present study was to assess how well reporting standards in systematic reviews published in 2014 in the United Kingdom Health Technology Assessment (UK HTA)