

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)

monograph series compared with the reporting in Cochrane and other “non-Cochrane” systematic reviews from the same year, as reported by Page et al. (1).

## **METHODS:**

All relevant UK HTA programme systematic reviews published in 2014 were identified. After piloting of the form, two reviewers each extracted relevant data on conduct and reporting from these reviews. These data were compared with data for Cochrane and “non-Cochrane” systematic reviews from 2014, as published by Page et al. (1). All data were tabulated and summarized.

## **RESULTS:**

There were 30 UK HTA programme systematic reviews and 300 other systematic reviews, including Cochrane reviews (n = 45). Fewer UK HTA reviews covered therapeutic and pharmaceutical topics (53 percent and 20 percent respectively) than Cochrane (100 percent and 51 percent). The percentage of HTA reviews with required elements of conduct and reporting was frequently very similar to Cochrane and much higher than all other systematic reviews: for example, availability of protocols (90 percent, 98 percent and 16 percent respectively); the specification of study design criteria (100 percent, 100 percent, 79 percent); the reporting of outcomes (100 percent, 100 percent, 78 percent), quality assessment (100 percent, 100 percent, 70 percent) and other processes; the searching of trial registries for unpublished data (70 percent, 62 percent, 19 percent); reporting of reasons for excluding studies (91 percent, 91 percent and 70 percent) and reporting of authors’ conflicts of interest (100 percent, 100 percent, 87 percent). However, HTA reviews compare less favourably with Cochrane and other reviews in the assessment of publication bias and reporting overall numbers of patients in the review.

## **CONCLUSIONS:**

UK HTA systematic reviews are often produced within a specific policy-making context and cover a greater variety of topics than Cochrane reviews. This has implications for timelines, tools and resources. However, they still tend to present standards of conduct and

reporting equivalent to “gold standard” Cochrane reviews and are superior to systematic reviews more generally.

## **REFERENCES:**

1. Page MJ, Shamseer L, Altman DG, et al. Epidemiology and Reporting Characteristics of Systematic Reviews of Biomedical Research: A Cross-Sectional Study, *PLOS Medicine*.2016; 13(5): e1002028.

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# **VP16 Interventional Management Of Hyperhidrosis: A Systematic Review**

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## **INTRODUCTION:**

Hyperhidrosis is characterized by uncontrollable excessive sweating, which occurs at rest, regardless of temperature, and can significantly affect quality of life. There is substantial variation in the availability of treatments in secondary care and uncertainty regarding optimal patient management. A systematic review was undertaken to assess the clinical effectiveness of treatments prescribed by dermatologists (iontophoresis, anticholinergic medications, botulinum toxin injections) and minor surgical treatments (curettage and newer energy based technologies) for primary hyperhidrosis and identify areas for further research.

## **METHODS:**

Fifteen databases and trial registers were searched to July 2016. Pairwise meta-analyses were conducted for comparisons between botulinum toxin injections and placebo for axillary hyperhidrosis. For other treatments data were synthesised narratively due to limited and heterogeneous data.