methodologically poor, subject to confounding, and didn't address adverse outcomes. The reviews identified eight relevant primary studies, three of which compared disinfectant-detergents with detergent and found no difference in rates of HAI. Five studies compared QAC with CBD. All five demonstrated that CBD was superior to QAC and reduced Clostridium difficile infection rates in outbreak contexts. Furthermore, QAC may induce sporulation and microbial resistance.

CONCLUSIONS:

Low-level evidence suggested that: there is no advantage in using disinfectant-detergents for routine cleaning of noncritical surfaces; CBD is superior to QAC-based disinfection in reducing clostridial infections; and QAC agents may induce sporulation or microbial resistance.

PP67 Validity Of A Questionnaire Assessing Patient Medication Experiences

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INTRODUCTION:

The Patient Experiences and Satisfaction with Medications (PESaM) questionnaire was recently developed. It consists of two disease-specific modules for evaluating drug treatment of idiopathic pulmonary fibrosis (IPF) and atypical hemolytic uremic syndrome (aHUS): (i) a generic module applicable to any medication, and (ii) a patient expectations module. This study assessed the validity and reliability of the generic module in a large sample of patients in the Netherlands.

METHODS:

In 2017, the PESaM-questionnaire was sent out to IPF patients on pirfenidone or nintedanib, aHUS patients receiving eculizumab, and patients using advagraf after kidney transplantation. The generic module consists of 16 items related to the domains effectiveness, side-effects and ease of use, and assesses patient experiences regarding the impact of the medication on daily life and health, and satisfaction. Mean scores for each domain were calculated using a scoring algorithm. Content validity, construct validity, and reliability were assessed using recommended methods.

RESULTS:

Patients (n=188) completed the generic module of whom 48 percent used pirfenidone, 36 percent nintedanib, 11 percent advagraf, and 5 percent eculizumab. Content validity was established. Expected associations between patient experiences, satisfaction, and quality of life (QoL) were generally confirmed, demonstrating construct validity. For example, a moderate to strong positive association was found between patient experiences and satisfaction with side-effects (correlation coefficient 0.625, $p < 0.05$), and low (positive) associations were found between patient experiences and QoL. Importantly, the PESaM-questionnaire was able to discriminate between patients using different medications. Intraclass correlation coefficients, for test-retest reliability, ranged between good and excellent for most domains.

CONCLUSIONS:

The PESaM questionnaire is a promising tool to provide scientific evidence regarding the patient's perspective in health technology assessments and reimbursement decision-making regarding (expensive) medications, but can also support shared decision-making and appropriate use of medication at the individual patient level. Further research will assess the questionnaire's responsiveness and generalizability of results to other patient populations.

PP68 Urinary And Fecal Collection Devices: A Cornerstone For Autonomy

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INTRODUCTION:

To stay at home, have social interaction, or work, people experiencing urinary retention or uncontrolled urine or feces leakages need specific medical devices (MDs). In France, the MDs used to be covered by the health

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insurance system if included on a specific list of products and services qualifying for reimbursement. These MDs for urinary and fecal drainage and collection are included under a generic description corresponding to a class of products with the same indications. This coverage modality offered low resistance to unnecessary or wasteful spending. Furthermore, a periodic update of the list is required whereas it has not been done for more than 10 years.

METHODS:

In 2016, Haute Autorité de santé (HAS) assessed the actual clinical benefit of these MDs using a standard health technology assessment method (systematic literature review, opinions of health professionals and patients' representatives). Manufacturers were asked to provide technical specifications on their MDs.

RESULTS:

The lack of professional guidelines and well-conducted comparative clinical trials has to be pointed out; among 516 identified publications screened, only seven recommendations, one technological review and one randomized controlled study were selected. Despite this, HAS defined specifications for each generic description, based on users' experience (patients and caregivers). These included specific indications, minimum technical specifications and, when applicable, conditions of prescribing and use. This assessment took into account individual preferences, the role of the natural carers and the conditions, and opportunities for patients to improve and update their self-care and rehabilitation skills.

CONCLUSIONS:

The HAS assessment of MDs for urinary and fecal drainage and collection provides a cornerstone for the enhancement of the access to the necessary devices for homecare. The expected benefits are an improvement of the quality of life and a reduction of health expenditure due to misuse, complications or hospitalizations.

PP69 Prostatic Artery Embolisation For Benign Prostatic Hyperplasia

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INTRODUCTION:

Prostatic artery embolization (PAE) was introduced in the 1970s to control major bleeding after prostate surgery. The procedure was noticed to improve the lower urinary tract symptoms of benign prostatic hyperplasia (BPH) and in 2010, PAE was first investigated as an alternative treatment for BPH. A rapid health technology assessment (HTA) was carried out to inform our hospital's decision on introducing this procedure.

METHODS:

The rapid HTA investigated the safety and clinical effectiveness of PAE for patients with BPH. The PICO elements were: Population- Patients with symptomatic BPH; Intervention- PAE; Comparator- Conventional management; Outcomes- Adverse effects, clinical outcomes. The NHS Centre for Reviews & Dissemination databases, Cochrane Database of Systematic Reviews, and PubMed (MEDLINE) were searched for systematic reviews and HTA reports.

RESULTS:

Eight systematic reviews from the most recent two years were found. The primary evidence base consists of two randomized controlled studies of PAE versus transurethral resection of the prostate (TURP), one matched pair analysis of PAE versus open prostatectomy in patients with large prostates, and several non-comparative studies. The comparative studies showed patients had better International Prostate Symptom score, quality of life and reduced prostate volume with TURP and open prostatectomy from 1 to 24 months. With respect to adverse events, embolized patients had more adverse events than controls, particularly acute urinary retention and post-embolization syndrome. However, controls had more abnormal ejaculation; and adverse effects from surgery naturally only occurred in controls.

CONCLUSIONS:

PAE appears to be a promising technology lacking long term outcomes. It has potential for patients who are not fit or not keen on surgery, or who may have large prostates, but who are still vascularly suitable for embolization. It would be suitable to carry out under clinical research conditions to clarify the incremental benefits of the technology and which patient groups are best served by the procedure.

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