

emergency departments, hospitalizations and adherence to pharmacological treatment were secondary outcomes.

Results. Four RCTs (n = 415) met the inclusion criteria, two involving children and adults, and two only adults. Methodological quality was low to moderate. Common functionalities were asthma action plans, registration of the usual treatment, symptom diaries and educational alerts. Results were heterogeneous with respect to all outcomes evaluated. Study drop-outs and lack of follow-up were frequent.

Conclusions. The clinical utility of mobile apps for asthma was evaluated in a few randomized studies; more data are necessary to establish the value of these technologies for asthma control.

PP350 Study On The Awareness, Willingness To Pay And Satisfaction With Non-Invasive Prenatal Testing Among Pregnant Women

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Introduction. Birth defects seriously affect children's survival and quality of life and bring great suffering and financial burden to children and their families. Down's syndrome is one of the most common birth defects. Compared with traditional serological screening methods, non-invasive prenatal testing (NIPT) has higher sensitivity and specificity in the screening of Down's syndrome. In April 2017, the People's Government of Fuyang City, Anhui Province launched a NIPT free screening program. From the perspective of the beneficiary, this research investigated the awareness, willingness to pay and satisfaction of pregnant women in Fuyang City, Anhui Province, to better improve the use of NIPT.

Methods. A questionnaire survey was conducted on 1,221 pregnant women who experienced this program in Fuyang City, Anhui Province. Multivariate ordered logistic regression models were established to analyze the factors affecting the satisfaction of NIPT.

Results. A total of 1,217 valid questionnaires were collected. Research indicated 82.5 percent knew about NIPT and 81.9 percent were willing to pay personally when its price was CNY 800 (USD 113.88) per test among pregnant women. The satisfaction of pregnant women with NIPT showed that the waiting time for test results was relatively low (4.5 out of 5 points) compared with other aspects of satisfaction. The higher the education level of the pregnant women, the lower their satisfaction with NIPT.

Conclusions. It is necessary to pay attention to the characteristics of education and to improve the awareness and satisfaction of NIPT among pregnant women. Meanwhile, if it is affordable enough for NIPT services to be provided by the government, this mode should be promoted. In conjunction with the willingness to pay of pregnant women, NIPT payment methods should be developed appropriately.

PP352 Systematic Review Of Clinical Effects Of Different Thermal Insulation Measures In Patients Undergoing Major Surgery

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Introduction. Hypothermia (core temperature <36°C) during major surgeries could result in a number of adverse events such as surgical site infection, bleeding, and prolonged hospital stay. The incidence of intraoperative hypothermia was 44.3 percent in China in 2015, with only 10.7 percent of patients receiving effective hypothermia prevention measures during major surgeries. By systematically examining the adverse risks for patients using different warming measures (active and passive), our study discussed the potential of bringing the most effective one (s) into clinical guidelines.

Methods. Articles, ongoing trials and grey literatures were retrieved from PubMed, The Cochrane Library and Clinical Trials till February 2019. Bair Hugger™ (BH) was determined to be the reference group and all randomized controlled trials including BH were included. In the control group, we kept all possible warming measures. Adverse effect indicators were decided using scoping reviews and then applied in literature screening. Type (open/endoscopic) and length of surgery were included in sub-group analysis.

Results. A total of forty-two studies were included, with twenty-seven of them passive insulation measures and fifteen active measures. Compared with passive measures, BH had significant advantages, such as in surgical site infection (risk ratio [RR] = 0.13, 95% confidence interval [CI]: 0.05, 0.80), chills (RR = 0.37, 95% CI: 0.25, 0.54) and hospitalization stay (mean difference [MD] = -1.27d, 95% CI: -2.05, -0.48). Compared with active insulation measures, BH had no significant advantages. Patients with open or longer surgeries (≥2 hours) experienced higher risks.

Conclusions. Generally, an active warming system is more effective in lowering risks (e.g., hypothermia, surgical site infection, chills, length of stay) than passive ones, especially for patients going through non-endoscopic or longer surgeries. Among the active warming systems, BH does the same job as other active insulation measures. Given that the practice of peri-operative hypothermia prevention using active warming systems is not popular in China, the use of BH and other active insulation measures during major surgeries are recommended to improve the safety and potentially reduce the cost of treating those clinical adverse events.

PP355 Evolution Of Health Technology Assessment For Rare Diseases In Asia

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Introduction. We reviewed the health technology assessment (HTA) guidelines for therapies targeting orphan conditions in four countries/regions in Asia.