prospective studies and standardization of the definition of VOCs. A better understanding of VOCs as a prognostic factor could enhance HRQoL, alleviate healthcare system burden, and inform more effective interventions for patients with SCD.

PD55 Living Recommendations Within A Type 2 Diabetes Mellitus Guideline

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Introduction: The Institute for Health Sciences of Aragon (IACS) has coordinated the development of a clinical practice guideline (CPG), funded by the Spanish Ministry of Health, for managing antidiabetic drugs in patients with type 2 diabetes mellitus. We conducted a living systematic review to provide a continuously updated evidence summary for formulating living recommendations on intensifying basal insulin therapy by comparing glucagon-like peptide-1 (GLP-1) receptor agonists with rapid-acting insulin.
Methods: In 2021, the IACS joined the Living Evidence to Inform Health Decisions (LE-IHD) project, which includes the use of technological tools to identify early emerging evidence on a defined topic. We conducted searches in the centralized Living Overview of Evidence (LOVE) and Epistemonikos databases. Specifically, the LOVE topic of interest from which the articles were selected was "glucagon-like peptide analogs and agonists for diabetes mellitus". We applied the GRADE approach to rate the certainty of evidence and to develop clinical practice recommendations.
Results: The initial baseline report included six randomized controlled trials (RCTs). We have continuously monitored the evidence and performed a monthly screening. Only one RCT was identified in the first update. The Guideline Development Group (GDG) decided to formulate a strong recommendation in favor of GLP-1 receptor agonists. The GDG considered the reduction in the risk of severe hypoglycemia events among patients treated with GLP-1 receptor agonists, compared with rapid insulin, particularly significant as well as the greater improvement in patient quality of life. Since the guideline was formulated, no new evidence has been identified that would change the recommendation.
Conclusions: Adoption of the living systematic approach underscores the commitment to providing continuously updated recommendations within CPGs. Utilizing the GRADE approach, the Guideline Development Group decided to formulate a strong recommendation in favor of GLP-1 receptor agonists over rapid insulin. No new evidence has emerged to alter this recommendation. The living systematic review will remain active, ensuring continuous monitoring until the final draft CPG is disseminated.

PD56 Long-Term Use Of Lisdexamfetamine For Attention-Deficit/Hyperactivity Disorder: What Does The Evidence Say?

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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is a neuropsychiatric disorder that can interfere with school and academic life, work, and even personal relationships. One of the alternative medications is lisdexamfetamine (LDX), a prodrug amphetamine preparation that lasts an average of 13 hours due to its gradual conversion. Since LDX is used continuously, it is necessary to evaluate its long-term efficacy and safety.
Methods: A rapid health technology assessment (HTA) was performed. Searches were conducted in the PubMed, Embase, Web of Science, and Cochrane Library databases using descriptors and their respective synonyms to identify studies on the long-term efficacy and safety of LDX in people with ADHD. Interventional and control group studies with a follow-up period of more than five weeks were included. Secondary studies were excluded. The reference lists of included studies were screened to identify potentially eligible publications that were not found in the database searches. Study selection was carried out in two stages, with screening of titles and abstracts and then assessment of full-text articles for eligibility.
Results: This rapid HTA included 32 studies. The population included patients aged five to 55 years, and the longest follow-up was 108 weeks. In general, the literature reported a decrease in symptoms in the first five to six weeks of treatment, stabilizing thereafter. After 108 weeks, the mean change in ADHD Rating Scale-IV hyperactivity/impulsivity was -25.8 (95% confidence interval [CI]: -27.0, -24.5; $p<0.001$) and -13.1 (95% CI: -13.8, -12.4; $p<0.001$) for the ADHD Rating Scale-IV inattention subscale. However, psychiatric disorder system organ class adverse events were frequent, including irritability, anxiety, and aggression, in addition to suicide attempts in severe cases.
Conclusions: It appears that long-term use of LDX has been associated with good clinical results in the treatment of ADHD, with treatment effectiveness remaining stable during the time observed (two-year follow-up). However, adverse events, especially psychiatric disorders, require attention as they can be confused with symptoms of the disease.

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