

adverse events related to the app, as defined in the included studies. Studies that do not include suicidal behavior, intention, or ideation were excluded. Where available data allowed, a meta-analysis was conducted for each outcome variable.

Results: One systematic review and 13 randomized controlled trials (n=2,952) were analyzed. No significant differences were found in deaths by suicide or suicide attempts. At post-intervention, small but significant reductions were observed in suicidal ideation, hopelessness, depression, and worry, with anxiety reduction slightly above statistical significance. At follow-up (8 to 52 weeks), these variables also obtained significant results, except depression and suicidal ideation. Regarding safety, there was no significant difference in safety phone calls for participants with suicidal ideation.

Conclusions: The evidence on suicide prevention app effectiveness is of low quality, precluding conclusive findings. Attempt reduction is suggested at 21 percent, but the confidence interval includes a potential 60 percent increase. Evidence on suicide-related psychological variables (suicide ideation, depression, hopelessness, and anxiety) is of higher quality (low–moderate), but effects are small and clinically uncertain. Safety findings are uncertain, impacting risk/benefit balance.

PP83 Building Resilient Capacity For The Diagnosis Of Cardiac Pathologies Through Telemedicine: Pilot Study

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Introduction: The evolution of technology in medicine and information and communication technology (ICT) has been an important step to introduce innovative/resilient specialized health services. The emergence of telemedicine offers opportunities to enhance specialized diagnosis services. This study has evaluated the feasibility of using tele-Holter and tele-ABPM (ambulatory blood pressure monitoring) to build a resilient diagnosis network for cardiac pathologies in Paraguayan remote public hospitals.

Methods: This observational descriptive multicenter feasibility study is based on a telemedicine-driven approach for specialized cardiac diagnostic services using Holter and ABPM devices in remote and underserved public hospitals in Paraguay. A telemedicine platform was used to send records of Holter and ABPM devices from the remote hospitals to the cardiologist to screen cardiac pathologies.

Results: During the pilot study, 52 cardiac diagnostic tests were carried out using the tele-Holter and tele-ABPM approach in 10 regional hospitals countrywide. Cardiac diagnosis was performed in 24 patients using Holter and 28 patients using ABPM. The most

frequent findings using tele-Holter were normal (91.6%), not sustained ventricular tachycardia (4.2%), and atrial fibrillation (4.2%). Regarding tele-ABPM, the diagnoses performed were arterial hypertension (50.0%), uncontrolled arterial hypertension (40.0%), and normal (10.0%). Overall, an average of 90.0 percent of diagnosed patients suffered high blood pressure and 8.4 percent suffered heart disorder.

Conclusions: According to our results, the use of a telemedicine-driven approach to build a resilient diagnosis network for cardiac pathologies in remote underserved public hospitals in Paraguay is feasible. A widespread use-assessment should be analyzed before this tool is adopted.

PP84 Developing The Network For The Future Of Healthcare Through Telemedicine-Driven Diagnostic Innovation

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Introduction: The healthcare digital landscape has evolved and is crucial in shaping strategies for fortifying the health system, specifically in building a network for the future of health services. There is also considerable interest in digital health to facilitate innovation and access to health services in underserved hospitals. This study has evaluated the results of a telemedicine-driven diagnostic network in remote Paraguayan hospitals.

Methods: This is a descriptive study, where the results using a digital telemedicine-driven diagnosis innovation in remote public hospitals were evaluated as a tool to improve equity and accessibility of specialized diagnostic services countrywide. For these purposes, the type and frequency of diagnosis performed through a digital telemedicine platform was determined.

Results: During the study, a futuristic telemedicine-driven diagnostic innovation was implemented in 67 hospitals countrywide. The digital telediagnosis network facilitated tele-electrocardiography (ECG), teletomography, tele-electroencephalography (EEG), tele-Holter and tele-ABPM (ambulatory blood pressure monitoring). The implemented digital telemedicine network has performed 828,073 tests in total between 2013 and 2023. The most performed diagnoses were ECG (543,815 tests) followed by teletomography (266,750 tests), EEG (17,418 tests), Holter (43 tests), and ABPM (28 tests).

Conclusions: According to our results, the telemedicine-driven diagnostic innovation network facilitates faster and more equitable access to tertiary-level diagnostic services for patients in remote underserved public hospitals in Paraguay. A widespread use-assessment is necessary before this platform is implemented.