OP38 Perinatal And Infant Mental Health Care: International Guideline Recommendations And Situation In Austria

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Introduction: Mental illnesses during pregnancy and after birth (perinatal period) affect one in five mothers and one in ten fathers. They can have adverse implications for child health and development and come with substantial economic costs. Many countries have developed integrated care models. We aim to summarize the international care model recommendations and contrast them with the current situation in Austria.

Methods: We conducted a scoping review of guidelines and recommendations for perinatal and infant mental health care (PIMHC) models and synthesized them into a best-practice model. The model overview targets prevention, early identification, and care of perinatal mental illness (PMI), as well as professional groups involved. We identified available Austrian PIMHC services via online search and expert consultation, clustered them according to our international model structure, and visualized availability on a geographical map. Additionally, we analyzed the use of five core mental health benefits from health insurance data. We narratively contrasted international recommendations with the Austrian availability and use of services.

Results: International recommendations suggest integrating primary prevention, systematic screening, and stepped care. After identifying a PMI, a care pathway needs to be defined, including diagnostic and coordinated needs-based care. For severe PMI, specialized services should be available and provided by trained psychiatrists and specialists, such as perinatal mental health midwives. In Austria, various services for different severity levels of PMI are available. However, large geographical variations and gaps exist regarding specialist services, such as mother–baby units. Specially trained health professionals are lacking. Still, almost one in five mothers claimed one of the defined mental health benefits during the perinatal period.

Conclusions: PIMHC in Austria currently does not follow best-practice recommendations. The main gaps are in providing guideline-based specialized care by trained professionals. Insurance-funded mental health service use during the perinatal period corresponds with international prevalence figures, although only a part of available services is included in the analysis. To ensure women receive high-quality care, PIMHC needs to be more prioritized.

OP39 Efficiency Frontier For Relapsing-Remitting Multiple Sclerosis In Brazil: An Approach To System Sustainability

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Introduction: Several drugs are licensed for the treatment of relapsing-remitting multiple sclerosis (RRMS) in Brazil. The technological horizon of the disease introduces some additional therapies not yet approved in the country. The objective of this study was to establish an efficiency frontier for medicines used for RRMS, to guide the entry of new therapies into the market.

Methods: Primary data on the annualized relapse rate (ARR) and sustained disability progression for six months (CDP6), from 15 different therapies approved in Brazil, were obtained from the literature. Two network meta-analyses (NMA) were conducted comparing multiple treatments based on ARR and CDP6. A Markov model with transition states based on the Expanded Disability Status Scale (EDSS), with an annual cycle and a lifetime time horizon, was built to carry out the cost–utility assessment with an efficiency frontier.

Results: NMA results for ARR and CDP6 were used as inputs for the economic model. In the cost–utility analysis, all strategies were dominated by the lowest-cost medication (teriflunomide) and the most effective one (alemtuzumab). In the deterministic sensitivity analysis, alemtuzumab was the dominant drug in 78 percent of simulations. In probabilistic analysis, most medications had an incremental cost-effectiveness ratio (ICER) below the Brazilian cost-effectiveness threshold in over 90 percent of simulations (approximately USD8,000/quality-adjusted life years [QALY]). An efficiency frontier was established between teriflunomide and alemtuzumab, with an ICER of USD11,141/QALY.

Conclusions: RRMS presents a scenario where several therapies compete for the Brazilian market, but only two of these drugs remained within the established efficiency frontier: alemtuzumab and teriflunomide. For the sustainability of public and private health systems, the efficiency frontier could serve as a cost-effectiveness benchmark, requiring new therapies considering entering the market to adapt to the set parameters.