studies and CV mortality in three studies. Three publications included data on comorbidities: Diabetes was associated with elevated hsCRP in two of three analyses; hypertension in one out of two. No consistent associations between elevated hsCRP levels and hyperlipidaemia (one study), stroke or angina pectoris (one study) were found. No study reported economic, resource use or quality-of-life burden.

CONCLUSIONS:

Due to limited evidence on prevalence of elevated hsCRP and associated burden of illness in patients with a history of MI, further research is warranted. Variations in findings, cut-off points and methods between studies make generalisations difficult.

PP115 Patient And Public Involvement In Health Technology Assessment: Update Of A Systematic Review

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INTRODUCTION:

There is a general consensus on the need to involve patients and the public in Health Technology Assessment (HTA) but questions remain about the best strategies for involving them into HTA structures and activities. The aim of this study was to update a systematic review (published in 2011) on patient and public engagement in HTA.

METHODS:

We searched papers published between January 2009 (end of the initial search) and November 2016 in eight databases and HTA journals using specific search strategies. We identified other publications through citation tracking, Internet search engines, HTA agencies websites, and discussion with experts in the field. Studies in English or French were included if they met the following criteria: (i) qualitative, quantitative or mixed-methods study; (ii) describing patients or public involvement; and (iii) in the HTA field. We extracted information using a pre-established grid including: characteristics of studies, type of activities for involving patients or public, effects on decisions, and factors facilitating or limiting involvement.

RESULTS:

We identified a total of 4,762 new publications from the main search strategy. Among them, twenty-eight articles (reporting on twenty-three studies) met the inclusion criteria, whereas seventeen articles were included in the previous systematic review. Research designs are qualitative (18/23), quantitative (3/23) or mixed (2/23). Two main strategies for involving patients and public are generally described. The first is when public representatives participate directly in decision-making processes (participation) and the second is when patient or public input is sought to inform decisions (consultation or indirect participation).

CONCLUSIONS:

The number of studies on patient and public involvement in HTA has increased in recent years. Findings from this update are mainly consistent with those of the previous systematic review. However, studies are still needed to assess the effectiveness of different strategies for involving patients and the public in HTA.

PP116 Data Linkage Across Ambulance Services And Emergency Departments

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INTRODUCTION:

Most callers to emergency ambulance services are transported to hospital emergency departments (EDs), but ambulance services receive no information on

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patient outcomes. Pre-Hospital and Emergency Department (PHED) Data is a two-year mixed-methods observational study of the process and potential benefits of linking ambulance and ED data to allow analysis of patient outcomes. We report on our first aim, to examine the potential opportunities and challenges of this data linkage initiative.

METHODS:

We approached six hospital trusts in an English metropolitan area. We used a structured learning log to collect data on the process, time input and reflections. We analyzed these data with descriptive statistics, and qualitatively for themes.

RESULTS:

All six trusts agreed to participate. We used an algorithm based on date, time and patient demographics to link data. We achieved a dataset of 775,018 records covering 2012 – 2016, and a linkage rate of 81 percent.

Initial set up tasks within the ambulance service took 30 hours 20 minutes. We then identified five stages of tasks with each hospital trust: negotiating senior approval; exploring data availability; information governance agreement; data transfer; and linking. Mean time spent by the research team on these processes was 30 hours 30 minutes per trust (range: 17 hours 20 minutes to 43 hours 10 minutes), plus additional time from staff of hospital trusts. The most intensive phases were: negotiating senior approval (mean: 8 hours 5 minutes), and data linking (mean: 12 hours 40 minutes). The stage which took the longest was information governance (mean: 19 weeks).

Key themes included the positive attitudes of trusts to participating, the range of decision makers involved, and the need for sustained input from the research team.

CONCLUSIONS:

We found the process of data linkage was feasible, but requires dedicated time from research and trust staff, over a prolonged period, to achieve set up. Linked data are now being analyzed.

PP117 Isosorbide And Nifedipine In Chagas Patients: A Systematic Review

AUTHORS:

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INTRODUCTION:

Chagas disease, caused by the parasite *Trypanosoma cruzi,* affects more than seven million people worldwide and it is considered by the World Health Organization (WHO) a neglected tropical disease (1). About one third of Chagas patients develop gastrointestinal disorders, such as dysphagia and achalasia. Management of the disease focuses on symptom improvement and drugs that relax the lower esophageal sphincter pressure (LESP), such as isosorbide and nifedipine. However, the use of these therapies is doubtful because of their side effects and palliative approach (2). The objective of this systematic review is to assess the effectiveness of isosorbide and nifedipine on gastrointestinal manifestation of Chagas disease.

METHODS:

We searched MEDLINE, EMBASE and LILACS databases to retrieve potentially relevant articles from inception to December 2016. Inclusion criteria: clinical trials, cohorts or cross-sectional design; adults (>18 years old); assessment of effects of isosorbide or nifedipine on gastrointestinal symptoms in Chagas patients. Two reviewers independently screened titles and abstracts, selected eligible studies and extracted data from each study. PROSPERO registration number: CRD42017055143.

RESULTS:

Eight studies were included (two case series, two clinical trials and four crossovers). Three studies evaluated the effect of isosorbide in LESP and three in esophageal emptying. All of them found that isosorbide rapidly reduces LESP and increases esophageal emptying rates, improving dysphagia. However, several patients

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