Objectives: The association of shared decision making (SDM) and/or decision aids (DA) with health outcomes has not been well assessed among pain patients. Therefore, this study aimed to estimate the association of SDM/DA with health outcomes among pain patients. ***Methods:*** Systematic search was conducted using Medline, Embase, CINAHL, Psych INFO, Cochrane library and trial registries (World Health Organization, ClinicalTrials.gov), from inception to June 18, 2020. Inclusion criteria were studies comparing SDM/DA with usual care among pain patients. Outcome measures were decisional conflict scale (DCS), knowledge, and satisfaction with decision (SWD), decision making, and treatment/care. Two investigators independently screened the articles identified for inclusion. Disagreements were resolved with a third reviewer through consensus. Standardized differences in means were used to measure outcomes in the meta-analysis. Heterogeneity was evaluated by Cochran's Q test and I^2 statistic. ***Results:*** Of 7806 sources identified in the search, data from 14 studies were pooled for meta-analyses. SDM/DA were associated with a reduction in DCS (standardized difference in means=-0.213; 95% confidence intervals (CI)=-0.345, -0.080; p=0.002; I^2=64.571); DCS among patients with chest pain (standardized difference in means=-0.355; 95% CI=-0.589, -0.121; p=0.003; I^2=72.664); and increased knowledge (standardized difference in means=0.274; 95% CI=0.121, 0.428; p<0.001 I^2=75.843). There was no statistically significant association with: satisfaction with decision making (standardized difference in means=0.131; 95% CI=-0.019, 0.281; p=0.087; I^2=49.045); SWD (standardized difference in means=0.161; 95% CI=-0.043, 0.366; p=0.123; I^2=14.536); or satisfaction with treatment/care (standardized difference in means=-0.058; 95% CI=-0.340, 0.225; p=0.689; I^2=70.756). ***Conclusions:*** The results of this study suggest that SDM/DAs are associated with statistically significant reduction in decisional conflict and increase in knowledge. Future work should focus on better understanding clinically meaningful change, benefits of SDM among pain patients, and implementation of SDM in the clinical setting.

POSB235
EFFECTIVENESS AND COST-EFFECTIVENESS OF A COLLABORATIVE DEPRESCRIBING INTERVENTION OF PROTON-PUMP INHIBITORS ON COMMUNITY-DWELLING ELDERLY (C-SENIOR TRIAL): A STUDY PROTOCOL

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Objectives: Medication safety for elderly people is an ongoing challenge. Older people are often exposed to unnecessary or inappropriate medications – medicines with a high risk of harm. There is evidence that inappropriate medications are overprescribed, accounting for a significant proportion of avoidable adverse drug events, emergency department visits and hospitalizations. This study aims to present the protocol of a study to investigate the effectiveness and cost-effectiveness of a community pharmacist-general practitioner collaborative deprescribing intervention of potential inappropriate class of medicines, focusing proton-pump inhibitors, among the community dwelling elderly. ***Methods:*** The study is a 6-month multicentre, pragmatic, non-randomized controlled trial and will test the effect of a collaborative deprescribing intervention to reduce the use of inappropriate proton-pump inhibitors among 222 community-dwelling older adults compared to usual care. Patients will be recruited from community pharmacies in Portugal mainland. Participants in the experimental group will receive a multifaceted intervention (educational brochure delivery, consultation with the general practitioner, follow-up contact after medicines' assessment) delivered in co-ordination by the pharmacist and the general practitioner. The primary outcome is the successful deprescription – discontinuation or decreased dose of the targeted medication at 6-month follow-up. Patient reported outcomes and intervention experiences, regarding the intervention, will also be assessed. For both groups (intervention and control), data will be collected from structured patient questionnaires, and dispensing pharmacies software. Additionally, for intervention characterization, the health professional's intervention registry will be collected. An economic evaluation from the National Health Service perspective will be undertaken. A ISRCTN registry will be perform. ***Results:*** No results are available to date. ***Conclusions:*** This trial will add evidence about the effectiveness and cost-effectiveness of a patient-centered approach to withdraw a commonly inappropriate class of medicines among older patients. Furthermore, it will provide evidence to help implementing future nationwide approaches for collaborative services in primary care.

POSB236
X-LINKED RETINITIS PIGMENTOSA NEGATIVELY AFFECTS PATIENTS' WORK STATUS, INDEPENDENCE, AND QUALITY OF LIFE: RESULTS FROM THE CROSS-SECTIONAL EXPLORE XLRP 1 PHYSICIAN SURVEY

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Objectives: To understand the impact of X-linked retinitis pigmentosa (XLRP) on patients' working status, independence/autonomy, and quality of life (QoL). ***Methods:*** The EXPLORE XLRP 1 survey interviewed retina specialists (n=20) and geneticists (n=5) in France, Germany, Italy, Spain, and the United Kingdom (UK) to provide insights on a real-world sample of patients with XLRP (n=80). ***Results:*** Patients with XLRP were mostly male (91%), aged 18–40 years (57%), and lived with their families (79%). Retina specialist visits involved travel to a different city for 65% of patients. Patient independence decreased over time, from 37% being 'completely autonomous' at diagnosis (2% were 'completely dependent' on family/friends), to 23% at their most recent consultation (10% were 'completely dependent'). At their last visit, 45% of patients were active in the workforce, of whom 43% worked full-time, 24% worked part-time, and 13% participated in disability work. Workforce participation was related to independence/autonomy: 67% of 'completely autonomous' patients were active, compared with 13% of 'completely dependent' patients. Validated QoL instruments were administered to 23% of patients (QoL was often evaluated informally). Social/emotional/psychological support was provided to 94% of the patients in the UK but to <20% of the patients in France, Spain, Germany, and Italy. Clinical experts agreed that the patients most in need of new XLRP treatment options are younger patients in early stages of the disease: delay of disease progression in these patients would have the greatest effect on preserving visual acuity and QoL. ***Conclusions:*** Patients with XLRP in this survey require assistance and travel to visit retina specialists. Fewer than 50% of patients are active in the workforce, and work status is impacted by disease progression and reduced patient autonomy. Unmet needs in XLRP management include more standardized QoL assessment, improved and earlier access to patient support programs, and better treatment options.

POSB237
MEASURES TO EVALUATE QUALITY OF CARE IN HEAD AND NECK CANCER: INTERIM RESULTS OF A DELPHI STUDY

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Objectives: This study aimed to develop measures to evaluate the quality of care in head and neck cancer, for which no specific measures are currently used in Spain or in international quality-of-care evaluation programs. ***Methods:*** A systematic literature review was conducted to identify measures for evaluating quality of care in head and neck cancer. A scientific committee, comprising 9 medical oncologists specialized in head and neck cancer, reviewed the literature findings and defined criteria. Fifty measures were evaluated with a 2-step Delphi method to gather feedback from 52 experts in head and neck cancer in Spain, specialized in medical oncology, radiotherapy oncology, maxillofacial surgery, pathology or otorhinolaryngology. In the Delphi, experts scored the appropriateness of the measures using a 9-point Likert scale (1, extremely inappropriate; 9, extremely appropriate). Consensus was defined as at least two-thirds of Delphi respondents selecting a score sub-category (1–3, 4–6, or 7–9) that encompassed the median score of the group. ***Results:*** Twenty documents were selected from the literature review. Consensus was reached on the appropriateness of all 50 measures—covering diagnosis (13), treatment (28), follow-up (5), and outcome (4)—for evaluating the quality of care in head and neck cancer. The measures with lowest scores concerned re-hospitalization shortly after surgery or hospitalization time after surgery; those with highest scores regarded correct follow-up, use of imaging for follow-up, and complete resection of the tumor. ***Conclusions:*** The goal of this study is to develop measures to evaluate and improve the quality of care in head and neck cancer. These interim results show unanimous consensus on the proposed measures on diagnosis, treatment, follow-up and outcome. Next, the scientific committee will prioritize and select the final set of measures and will develop index cards with definitions and instructions on how to use them in clinical practice.