group 15-45 were included for study. According to WHO, anemia in non-pregnant women aged 15-45 years present classified as mild (Hb < 11 g/dL), moderate (Hb 8-10.9 g/dL), and severe (less than 8 g/dL) on the basis of hemoglobin concentration. RESULTS: A total of six studies satisfy the inclusion criteria were included for study purpose. It includes a total of 4684 anemic women ranging from 26 to 3835 from different rural and urban areas. The overall prevalence was 5.9% (95% CI, 5.6-6.2). Among the studies, four were classified as high risk of bias. The maximum number of patients followed by moderate 19.3% (95% CI, 18.1-20.6), and severe 2.2% (95% CI, 1.8-2.7). CONCLUSIONS: Anemia is highly prevalent in Indian women. Nearly equal prevalence was reported from both rural and urban women population. Mild form of anemia was found to be more prevalent.

PSY20

ASSESSMENT OF IRON DEFICIENCY AND ANEMIA IN PREGNANT WOMEN IN FRANCE: AN OBSERVATIONAL STUDY

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OBJECTIVES: Anemia and iron deficiency are common during pregnancy and expose mothers to several risks such lower resistance to infections or reduced tolerance to significant blood loss and to surgical operations during labor. Regarding the foetus, presumed risks include unfavorable obstetric outcomes, notably, premature birth, low birthweight and fetal death. The present study aims at exploring the prevalence of iron deficiency and anemia among pregnant women in France and at evaluating the management of these conditions. METHODS: A prospective cross-sectional study was conducted between March and June 2014. Randomly selected investigators (gynecologists, obstetricians, midwives registered in the CEGEDIM® database) were asked to include consecutive pregnant women, referred for a consultation. At study inclusion, two section questionnaires were completed by the patient (self-assessment) and the investigator. Data collected consisted in age, gestation week, laboratory values (e.g. Hb, ferritin), and the prescription of medication and analysis of adverse events. RESULTS: 1506 patients were enrolled by 95 centres and data were analyzed for 1478 women. Investigators estimated that almost 60% of women were at moderate or significant risk of iron deficiency. Ferritin levels was <15 µg/L in 15.8% of pregnant women (18.7%, 17.1% and 15.2% at the 1st, 2nd and 3rd trimesters, respectively) and the overall prevalence of anemia was 15.8%. However, the proportions of these conditions increased with longer pregnancy duration. Medication for iron deficiency was prescribed to 57.3% of patients. 98.5% of anemic women and 97.8% and 73.6% of women at significant or moderate risk of iron deficiency were prescribed medications (most iron-based). Among women receiving treatment, 45.3% had clinical signs of anemia and 39.3% received system of treatment (R2 = 0.03). CONCLUSIONS: In French clinical practice, the iron deficiency anemia and anemia prevalence during pregnancy align with medical expectations. These conditions are managed according to national/international recommendations.

PSY21

PREVALENCE OF TRANSTHYRETIN FAMILIAL AMYLOID POLYNEUROPATHY IN PORTUGAL

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TRANSTHYRETIN FAMILIAL AMYLOID POLYNEUROPATHY (TTR-FAP) is a rare, progressive, neurodegenerative, and life-threatening neurodegenerative disease. As a rare disease, Portugal has one of the largest TTR-FAP families in the world but recent Portuguese epidemiological data is lacking. The purpose of this study was to estimate the TTR-FAP prevalence in Portugal. To explore the relationships between characteristics of patients with multiple myeloma (MM) and clinical and economic outcomes to identify which patients benefit the greatest from novel therapeutic options. METHODS: Literature was systematically reviewed for relevant articles published between 2004 and 2014. A database of patient characteristics, outcomes and subgroup analyses was collected and analyzed to establish correlations between patient characteristics and outcomes. The coefficient of determination (R2) was calculated to examine the strength of these relationships to help to formulate hypotheses for further research. RESULTS: Objective response rate (ORR) and overall survival (OS) were uniformly reported as outcomes, while economic outcomes data were limited. Although patient characteristics varied across studies, several trends were observed. There was a weak correlation between increasing age and higher OS (R2 = 0.0185) and ORR (R2 = 0.0305). OS decreased (R2 = 0.2428) as the proportion of patients with International Staging System (ISS) stage III MM increased; however, only five studies reported OS by ISS subgroup. ORR decreased (R2 = 0.2943) as the proportions of patients with no prior stem cell transplantation (SCT) increased. A small decrease in OS (R2 = 0.0271) was observed. Eligibility did not demonstrate consistent outcome trends. A trend towards increased OS was seen with previous treatment with bortezomib (R2 = 0.3057) or thalidomide (R2 = 0.2612). In contrast, previous treatment with these agents was associated with a worse ORR (R2 = 0.1926 and R2 = 0.2617, respectively). CONCLUSIONS: SCT status and prior therapies appear to affect outcomes, and a trend was seen between ISS stage III MM and poor prognosis. This exploratory approach has generated hypotheses for further research into these factors which may facilitate better targeting of treatment.

PSY24

A SYSTEMATIC LITERATURE REVIEW OF RISK PREDICTION MODELS FOR TYPE 2 DIABETES MELLITUS, COMPLICATIONS AND DIABETES OUTCOMES AFTER BARIATRIC SURGERY

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OBJECTIVES: The objective of the study was to provide a comprehensive overview of existing risk prediction models of mortality, complications, and remission of diabetes after bariatric surgery. METHODS: A systematic literature review was performed in Medline, InMedicine-InProcess, EMBASE, and the Cochrane Central Register of Controlled Trials (CENTRAL) databases in April 2015. All English language full-text published derivation and validation studies for risk prediction models focusing on safety and diabetes outcomes of bariatric surgery were included. Two reviewers independently performed screening of the studies. Data extraction included population, outcomes, variables, intervention, model discrimination, and calibration. RESULTS: Of the 2331 studies retrieved from the search, only 25 studies met the inclusion criteria. Of these, 20 presented development of risk prediction models/scores, and five reported validation of existing models. Six models were each developed to predict mortality (in-hospital, at 30 days, 90 days, and one year) and morbidity (in-hospital, and at one year), with a second model predicting type 2 diabetes (post-operative, and at one year); and two models developed to predict both mortality and complications (at 30 days). Internal validation of risk stratification summaries and tenfold validation was reported for six models, while five models had external validation using independent patient cohorts: ABCD score (remission of type 2 diabetes at one year), DiaRem Score (remission of type 2 diabetes at one year), Gupta’s model (remission of type 2 diabetes at one year), DiabRisk’s model (remission of type 2 diabetes at 90 days), and the Camacho’s model (complication at 90 days). ORR and discrimination statistics were not reported for all models. CONCLUSIONS: There are a variety of risk prediction models for safety and diabetes outcomes of bariatric surgery available. However, only few models have undergone external validation.