of community pharmacists showed a high level of interest in being involved in all aspects of pharmacy practice-research. Seventy percent identified 'research advances within pharmacy field' and more than sixty percent showed interest towards 'generating research ideas' (64%), 'interpreting the research findings' (62%), 'reviewing scientific literatures' and 'giving an oral presentation' (60%). The median summary score for interest was 38 (IQR 20-40) (range possible 11-50). More than half of the respondents showed positive attitude towards pharmacy practice-research with a median overall score of 30 (IQR 18-39), range possible 10-69. Sixty-seven percent of the respondents thought about being involved in research, felt research is important for their career (57.6%), confident to conduct the research (56.2%), and agreed that research is a part of pharmacy practice (48.5%). However, only forty-six percent agreed that they underwent research training. In multivariate analysis, a positive correlation was noticed that female gender had significantly more interest towards research than males [AOR: 1.50, 95% CI: 0.99-2.27; p<0.05]. **CONCLUSIONS:** Community pharmacists showed high interest towards several areas of research competencies and demonstrated positive attitude towards pharmacy practice-research. Our findings suggests that providing research training to community pharmacists may merit in undertaking research activities and build the research capacity in Ethiopia.

## NEUROLOGICAL DISORDERS – Clinical Outcomes Studies

### PND1
### OSTEOPATHIC MANIPULATIVE THERAPY IN PATIENTS WITH HEADACHE: SYSTEMATIC LITERATURE REVIEW

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**OBJECTIVES:** Headaches disorders are one of the most common neurological problems. Osteopathic manipulative therapy (OMTh) is considered by some practitioners to be useful for headache management, but there is limited scientific evidence regarding the effectiveness. This study aims to provide a systematic literature review to assess the effectiveness of OMTh in patients with headache. **METHODS:** Electronic searches were conducted in Cochrane, Embase, LILACS, Cochrane Library, OSTMED.DR and PEDro databases until December 2016. Searches were conducted using the following terms: "Manipulation, Osteopathic" and "Headache". No language limits were applied. Two independent reviewers extracted trial information and scored trials for methodological quality. A consensus method was used to resolve disagreements related to the assessment of studies methodological quality. **RESULTS:** The systematic literature review resulted in 51 bibliographic references from PUBMED, 7 from LILACS, 295 from EMBASE, 28 from Cochrane Library, 11 from PEDro and 219 from OSTMED.DR. After reading the titles and abstracts, 597 references that did not meet the eligibility criteria and were duplicated, were excluded. Fourteen papers were selected for more detailed analysis. Then, five studies were considered in this review. All studies were randomized clinical trials and were assessed as having low risk of bias according to the Cochrane Collaboration criteria, although there was heterogeneity in the outcome measures and control interventions. The number of OMTh performed in the studies was from 3 to 8 treatments, and the follow-up time ranged from 6 weeks to 6 months. All studies reported improvements with OMTh compared to the sham therapy or standard care only, showing reduction of migraine episodes, medication use, pain and functional disability. **CONCLUSIONS:** The present study provides evidence that OMTh may be beneficial in the treatment of patients with headache. However, caution is required in the interpretation of these findings due to the limited number of studies available and the small sample sizes.

### PND2
### EFFECTIVENESS OF LACOSAMIDE FOR THE TREATMENT OF NON-CONTROLLED FOCAL EPILEPSY

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**OBJECTIVES:** To identify evidence in the literature of seizure reduction, adverse events, and costs related to the use of lacosamide in patients with uncontrolled focal epilepsy seen by the perspective of the Brazilian healthcare system (Sistema Único de Saúde). **METHODS:** We searched articles published in the last 5 years, as well as the pivotal studies of lacosamide, in Pubmed, Embase, Bireme - BV Salud (includes Lilacs), Cochrane, websites of agencies that evaluate healthcare technology, protocols of clinical trials, and manually searched unpublished studies. Studies were selected based on the analysis of the title, abstract, full text, and evaluation of the quality of evidence. **RESULTS:** From the 554 identified studies, 17 were selected to be included in this report. Of these 17, six were systematic reviews with meta-analysis, two were systematic reviews, three were controlled-randomized studies, two were studies derived from the pivotal studies, and four were economical evaluations. The analyses of the results allow us to conclude that oral lacosamide, as an adjunctive therapy, in general leads to better seizure control than placebo in patients with focal seizures in randomized controlled clinical trials, with sustained long term efficacy (8 years). It was well tolerated, with the majority of adverse events reported being considered mild to moderate and dose dependent. Dizziness was the most frequent adverse event reported. The economical evaluation concludes that the economic impact of the incorporation of lacosamide could be absorbed by the Brazilian healthcare system considering its efficacy and tolerability in the treatment of epilepsy. **CONCLUSIONS:** Lacosamide is a good option as an adjunctive therapy for the treatment of patients with focal epilepsies considering the severity of uncontrolled seizures, the risk of drug interaction, and the need of other therapeutic options in the presence of comorbidities.

### PND3
### EVALUACIÓN DE EFECTIVIDAD Y SEGURIDAD DE LA TERAPIA FARMACOLÓGICA PARA EL TRATAMIENTO DE LA ENFERMEDAD DE PARKINSON INICIAL Y AVANZADA EN COLOMBIA

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**OBJECTIVES:** Evaluar la efectividad y seguridad de la terapia farmacológica para el tratamiento de la enfermedad de Parkinson inicial y avanzada en Colombia, para informar la toma de decisiones. **METHODS:** La evaluación se realizó usando el manual del Instituto de Evaluación Tecnológica en Salud. Se realizó una búsqueda sistemática entre septiembre y octubre de 2016 en MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, DARE, LILACS,Cochrane Central Register of Controlled Trials, WHO International Clinical Trials Registry Platform, búsqueda manual en bola de nieve y una consulta con expertos temáticos. Se tamizaron las referencias por dos revisores independientes, en español e inglés; se seleccionaron con el texto completo, verificando la calidad con las herramientas: AMSTAR, ISPOR y de la Colaboración Cochrane. **RESULTS:** Se obtuvieron referencias para evaluar la efectividad comparativa de: levodopa en combinación con carbidopa o benserazida, pramipexol, rotigotina, ropirinol, bromocriptina, rasagilina, selegilina, amantadina, levodopa carbidopa mas entacapona. No se obtuvo referencias para evaluar el biperideno, ni la levodopa combinada con carbidopa en comparación con la levodopa combinada con benserazida. **CONCLUSIONS:** La levodopa mostró mayor eficacia clínica comparada contra placebo y las otras tecnologías disponibles en el tratamiento de la enfermedad de Parkinson inicial o avanzada pero se acompaña de efectos adversos en la motricidad. La bromocriptina, amantadina y el ICOMT entacapone, fueron inferiores en eficacia comparada contra levodopa y mostraron efectos adversos mas frecuentes que levodopa y no relacionados con la motricidad. No hay referencias para la indicación del biperideno. El pramipexol, la rotigotina, el ropirinol , la rasagilina y la selegilina fueron inferiores en eficacia clínica contra levodopa, pero tienen menos complicaciones motoras. En general los estudios no incluyen como desenlace "el tiempo al evento" para la progresión de una condición progresiva, usan en cambio desenlaces de tipo intermedio, y con poca frecuencia se incluye la calidad de vida de los pacientes.

## NEUROLOGICAL DISORDERS – Cost Studies

### PND4
### ANÁLISE DE CUSTO EFETIVIDADE DA TOXINA ONABOTULÍNICA A NO TRATAMENTO PREVENTIVO DA MIGRÂNEA CRÔNICA

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**OBJECTIVES:** Avaliar a custo-efetividade da toxina onabotulínica A (TB) versus "não tratar" (NT) na profilaxia da migrânea crônica em pacientes com falha a pelo menos dois medicamentos na perspectiva do Sistema de Saúde Suplementar. **METHODS:** Modelo analítico de decisão simulou desfechos e custos em 24 semanas. Os desfechos clínicos foram obtidos de Dodick, DW (2010), sendo eles: dias cefaleia (DC); dias cefaleia moderada/severa (DCMS); episódios cefaleia (EC); dias migrânea (DM) e episódios migrânea (EM). Para o braço NT, utilizou-se os valores basais do placebo. Como nenhuma intervenção foi utilizada, não foi aplicada redução na ocorrência dos desfechos. Para o braço TB, utilizou-se os valores basais aplicando as reduções relacionadas ao uso do tratamento. Os custos incluídos foram: consulta médica, visita de emergência (VE), hospitalização e aplicação da TB. A utilização de recurso foi extraída de Rothrock, J (2013). Para o braço NT, assumiu-se os dados dos pacientes antes do tratamento com TB. Avaliou-se 1 aplicação de TB (155U) a cada 12 semanas totalizando 2 aplicações em 24 semanas. Custos foram extraídos da CBHPM e lista CMED (Preço Fábrica 18%ICMS). Considerou-se taxa de descontinuação de 3,8% para TB na semana 24. Análises de sensibilidade probabilística (ASP) e univariada (ASU) foram realizadas para o desfecho DM. **RESULTS:** O uso de TB proporcionou redução de 52,42DC; 47,97DCMS; 37,60EC; 50,49DM; 35,68EM e R$1.193 com consulta, VE e hospitalização. Houve incremento de R$8.646 com aplicação da TB; resultando numa Razão de Custo-Efetividade Incremental (RCEI) de R$142,16/DC; R$155,35/DCMS; R$198,22/EC; R$147,61/DM e R$208,85/EM. ASP mostrou que todos resultados tiveram pequeno incremento de custo e 93,7% reduziram DM com uso da TB. ASU mostrou alteração da RCEI de R$ 99,65 a R$ 284,60. **CONCLUSIONS:** Uso de TB proporciona redução dos desfechos clínicos, variando de 44% a 49%, além de redução de 54% a 60% nos custos com visitas médicas e hospitalização.

### PND5
### ANÁLISIS DE COSTO-EFECTIVIDAD DE LA MONOTERAPIA CON RASAGILINA COMPARADA CON PRAMIPEXOL PARA EL MANEJO DE LOS SÍNTOMAS MOTORES EN PACIENTES CON ENFERMEDAD DE PARKINSON INICIAL EN COLOMBIA

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**OBJECTIVES:** Determinar, desde la perspectiva del sistema de salud colombiano, la relación de costo efectividad del uso de la monoterapia con rasagilina comparado con pramipexol, para retrasar el deterioro funcional en pacientes con enfermedad de Parkinson (EP) en estadio inicial. **METHODS:** Se desarrolló un modelo de Markov que incluyó costos, efectividad y calidad de vida para un horizonte de base de 5 años. Las probabilidades de transición se extrajeron de estudios identificados en la literatura y mediante consenso de expertos. La valoración de los recursos se realizó mediante consultas en manuales tarifarios y al sistema nacional de información de medicamentos. Se realizaron análisis de sensibilidad probabilísticos y determinísticos. **RESULTS:** En el caso base, la rasagilina se constituye en una estrategia dominada por el pramipexol, el costo incremental fue de $22.734.420 ($7.729,7 USD), mientras que la efectividad incremental se vio disminuida en 0,15 AVAC, de tal modo que, considerando una disposición a pagar de tres veces el PIB per cápita del 2015 ($49.841.852) ($16.946,23 USD), la probabilidad de que la monoterapia con rasagilina sea costo efectiva es de 12,5%. Los resultados del análisis de escenario donde se