multiple medications (18%), concomitant medication (14%), and combination therapy (9%). Polytherapy was used the most in studies in the outpatient setting, and involving epilepsy or antiepileptic medications, while polypharmacy was used across a spectrum of settings, diseases, and medications. Of 13 studies that defined polypharmacy, 11 defined it as use of ≥ 2, one as ≥ 3, and one as ≥ 5 concurrent medications. Two studies reported additional cut-points at ≥ 5 and ≥ 10 medications. Only 5 studies reported overlapping periods of concurrent medications, at ≥ 1, ≥ 15, ≥ 30, ≥ 60, ≥ 90 days, and ≥ 6 months, with 2 studies reporting more than one cut-point.

Conclusions: Our pilot scoping review reveals a variety of terms and definitions for polypharmacy in children. Two or more concurrent medications is the most frequent definition. Standardization of polypharmacy terms and definitions will assist future research.

326. Systematic Reviews in Ophthalmology: Methodological Considerations

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Background: A systematic review (SR) is a useful tool in the treatment decision process, in supporting regulatory decisions, as a summary of information, and it is also a starting point for the development of clinical orientations.

Objectives: This SR aims to characterize the methods of the existing SRs in Ophthalmology.

Methods: A search was carried out in Medline and EMBASE databases. Only studies published in Ophthalmology journals in the last ten years were considered. Data extracted from each SR included: interventions, objectives, and methodology. Descriptive analysis was performed.

Results: Ninety-four SRs were identified. "Ophthalmologicals" were the most frequently evaluated interventions (n = 72; 77%), including "ocular vascular disorders agents." Forty-five (48%) SRs assessed both drug's efficacy and safety. Fifty-five (59%) SRs did not follow any guideline to conduct an SR. The Cochrane Library was the bibliographic database most searched (n = 74). Thirty-eight (40%) SRs used both Free and Thesarus terms in search strategies. Seventy-one (76%) SRs did not apply any date restriction. The most applied search filter was "Language" (n = 37; 39%). Seventy-five (80%) SRs included randomized controlled trials. The "Cochrane Risk of Bias Tool" was the most used scale to assess methodological quality (n = 26; 28%). A quantitative analysis was performed in 64 (68%) SRs.

Conclusions: SRs published in Ophthalmology differed methodologically, such as on search strategy, databases searched, studies included, methodological quality assessment, and analysis. Such issue deserves further investigation since methodological insufficiencies of SRs may lead to biased conclusions and, consequently, impact clinical and/or regulatory decisions.

327. Knowledge About Patient Safety Policy by Health Professionals of a Public Hospital

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Background: Patient Safety is recognized as a global public health problem. Thus, Brazil launched in 2013 the National Patient Safety Program (NPSP).

Objectives: To evaluate the knowledge and attitudes of health professionals of a public teaching hospital in Bahia State, Brazil.

Methods: Cross-sectional study carried out between December 2015 and March 2016. Participants comprised all health professionals (doctors, nurses, and nurses' aides or licensed practical nurses) who provide care to patients and had worked at the hospital for two months or longer at the time of the study. The Survey on Patient Safety Culture (HSOPSC) tool and a pre-tested questionnaire about the knowledge of the NPSP were used for data collection. Variables comprised

socio-demographic data of health professionals and questions about the knowledge on NPSP. Descriptive analysis was performed by estimating absolute and relative frequencies of selected variables. The study was approved by the Research Ethics Committee of the Federal University of Minas Gerais.

Results: Of the total of 327 respondents, 74.1% were female, with an average age of 38.7 years old (SD = 11.8). Roughly 44.0% were nurses' aides or licensed practical nurses, 28.4% were nurses and 17.1% were doctors. Most health professionals worked at the Emergency Unit (25.0%) and the majority (51.4%) reported having post-graduate education level. Approximately 78% (225/287) of the professionals reported not be aware of the NPSP, 94.5% did not know the six protocols of the NPSP and 90.1% answered had not received any training about NPSP in the hospital. Most professionals (95.8%) responded they would like to know the NPSP.

Conclusions: The development and publication of public health policy does not imply that it will be established in health care institutions. Since it is a public hospital that promotes education and training of new health professionals, the NPSP should be prioritized by managers and coordinators accompanied by a broad participation of all social actors.

328. Abstract Selection Process for the 2017 International Society for Pharmacoepidemiology Mid-Year Meeting

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Background: The annual Mid-Year Meeting (MY) of the International Society for Pharmacoepidemiology (ISPE) brings together researchers in the field to share ideas, network, and have a space for educational activities. Students and recent graduates are invited to submit abstracts for oral and poster presentations, and they have the opportunity to receive scholarship support to attend the meeting. To date, there has been no public presentation on the review and selection process for these MY abstracts. The ISPE Student Council believes it is important to have transparency within the Society by explaining the overall process to the general membership and providing statistics on acceptance and rejection.

Objectives: To provide an overview of the selection of abstracts for the 2017 ISPE Mid-Year Meeting and present results of the review process.

Methods: Abstracts were solicited from ISPE student and recent graduate members through email communication and social media outreach from October 4 to November 17, 2016. Each abstract was assigned to a minimum of four blinded ISPE member reviewers and graded 0 (reject) to 5 (excellent). Ties in the breaking points of oral and poster presentations were resolved through blinded scoring by three additional reviewers and the members of the 2017 MY planning committee. Mean and distribution (range) were calculated from final scores. All abstract data were entered directly into the Oxford Abstract management software.

Results: A total of 90 abstracts were received during the submission period. There were 81 abstracts assigned to reviewers after removal of nonvalid entries. Most of the abstracts were from the categories of Classic Pharmacoepidemiology (n = 18), Drug Utilization/Health Services Research (n = 18), Database (n = 12), and Comparative Effectiveness Research (n = 11). The overall mean score was 3.40 (range 1.75–4.75) with cut-points for oral and poster presentations of 4.0 and 3.6, respectively. The top scoring abstracts selected had a mean of 4.3 (range 4.0–4.75) for the 12 oral presentations and 3.75 (range 3.6–4.0) for the 24 posters. Accepted presentations represented 13 different countries with the majority from the United States (n = 15) and the United Kingdom (n = 6).

Conclusions: The call for abstracts for the 2017 MY meeting resulted in good quality scores for selected presentations. While the process of abstract review was streamlined from previous years thanks to the use of a management software, efficiencies should continue to be revised.

329. Knowledge and Practice on Safe Drug Use of Middle School Students in Beijing: a Cross-sectional Study

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