and motivation. Participants were enthusiastic about accessing several intervention techniques via an app, but warned that smartphones and technology can exacerbate mental fatigue and eye dryness. The invisible nature of symptoms, and highly variable nature of management techniques (e.g. applying eye drops), presented further self-management challenges relating to their inter- actions with other people.

**Conclusion:** Promising components to include in an SS app were identified but should be tested in an optimisation trial. The in-app delivery of component actions with other people.

**References:**


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**SAT0616-HPR**

**IMPLICATED FACTORS IN THERAPEUTIC ADHERENCE OF PATIENTS WITH RHEUMATOID ARTHRITIS: THE PATIENT’S PERSPECTIVE**

**M. Ahijón1, P. Carreira2, C. De La Cruz3, R. Veiga1, C. Gutierrez2. 1Hospital Universitario Central de la Defensa Gómez Ulla, Rheumatology, Madrid, Spain; 2Hospital Universitario 12 de Octubre, Rheumatology, Madrid, Spain**

**Background:** Therapeutic adherence has become a topic of growing interest for medical research. Studies have reported non-adherence rates of 20-50% in rheumatoid arthritis (RA) patients. Poor adherence has a negative impact on disease outcomes and implies an economic burden for the health system. Identifying the potential risk factors for non-adherence is essential to develop intervention strategies to solve this problem.

**Objectives:** To establish the contribution of illness and medication beliefs to therapeutic adherence in RA. To explore the association of treatment adherence with other patient and disease factors.

**Methods:** RA patients ≥ 18 years old from a military hospital diagnosed with RA based on ACR/EULAR 2010 criteria were included in a cross-sectional study. Compliance Questionnaire Rheumatology (CQOR) was used to assess treatment adherence. Unsat satisfactory compliance was defined as taking correct dosing < 80%. Illness and medication beliefs were evaluated using the “Brief Illness Perception Questionnaire” (IPQ-B) and the “Beliefs about medicine questionnaire” (BMQ). Demographic data and clinical characteristics were collected by stand- ardized clinical interview and revision of medical records.

**Results:** 144 patients were included the study. 106 (73.6%) women, with a mean age of 62 years (SD 12) and median disease duration of 5 years (interquartile range 25-75: 2-11), 113 (78.4%) patients showed good treatment adherence. No differences were observed regarding demographics and clinical character- istics. Strong beliefs about drugs potential damage was associated with poor compliance (13±5 vs. 11±3, p= 0.013), meanwhile increased belief in medica- tion necessity was associated with good compliance (21±3 vs. 20±3, p= 0.015). From the illness perception measures, adherent patients had increased feeling of treatment control (8.8±1.5 vs 7.7±1.1, p= 0.008) and greater emotional response (6.2±3.1 vs 4.8±3.4, p= 0.042). In a multivariate analysis was found that for each unit of increase in the score of BMQ’s damage domain, adherence was reduced by 20% (CI 95%: 0.7-0.9, p= 0.001); for each unit of increase in the treatment control item of the IPQ-B, adherence increased 1.42 times (CI 95%: 1.1-1.8, p= 0.006); and for each unit of increase in the emotional response item of the IPQ-B, adherence increased 1.2 times (CI 95%: 1.08-1.46, p= 0.002).

**Conclusion:** Illness and medication beliefs could influence compliance to treat- ment in patients with RA.

**References:**


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**SAT0617-HPR**

**QUALITATIVE STUDY EXPLORING THE BARRIERS AND FACILITATORS TO HOME-BASED EXERCISE PROGRAMS ADHERENCE WITH KNEE OSTEOARTHRITIS: THE PERSPECTIVES OF PHYSIOTHERAPISTS AND PATIENTS**

H. Aköçü1, N. Serenli Aydin2, Z. Sari3, M. Birtanel1, E. Tonga1. 1Trakya University, Physical Medicine and Rehabilitation, Edirne, Turkey; 2Marmara University, Physical Therapy and Rehabilitation, Istanbul, Turkey

**Background:** Home exercise programs are widely used in the treatment of knee osteoarthritis (OA). However, adherence to these exercises decreases in the long term due to different factors. In recent years, new approaches are being developed to increase exercise adherence (EA) for patients with OA. Although it is known that EA is low in Turkish patients, there is no study that examines the...