declared, Kelly Gavigan: None declared, Shilpa Venkatachalam: None declared, Laura Stradford: None declared, Jessica Boles: None declared, Justin Owensby: None declared, Cassie Clinton: None declared, Ilya Lipkovich Shareholder of: Eli Lilly and Company, Employee of: Eli Lilly and Company, Amy Calvin Shareholder of: Eli Lilly and Company, Employee of: Eli Lilly and Company, Virginia S. Haynes Shareholder of: Eli Lilly and Company, Employee of: Eli Lilly and Company
DOI: 10.1136/annrheumdis-2020-eular.2355

THU0565

RESEARCHERS' PERSPECTIVES ON ADHERENCE INTERVENTION RESEARCH AND OUTCOMES IN RHEUMATOLOGY: AN INTERNATIONAL QUALITATIVE STUDY

S. Salmasi¹, A. Kelly², S. J. Bartlett³, M. De Wit⁴, L. March⁵, A. Tong⁵, P. Tugwell⁶, K. Tymms², S. Verstappen⁷, M. De Vera¹ on behalf of OMERACT-Adherence Working Group. ¹University of British Columbia, Vancouver, Canada; ²The Australian National University, Canberra, Australia; ³McGill University, Montréal, Canada; ⁴OMERACT Patient Research Partner, Amsterdam, Netherlands; ⁵The University of Sydney, Camperdown, Australia; ⁶University of Ottawa, Ottawa, Canada; ⁷The University of Manchester, Manchester, United Kingdom

Background: Medication non-adherence is a significant problem among patients with rheumatic diseases. Research on adherence interventions in rheumatology is limited and disappointing, with studies using heterogeneous outcomes. Understanding these limitations is needed to inform the design of better interventions and research studies.

Objectives: To describe researchers' perspectives and experiences on adherence intervention research and outcomes in rheumatology.

Methods: Semi-structured interviews using video conference were conducted with researchers who had been an investigator on an adherence study of any design in the past 10 years. Interviews were recorded and transcribed verbatim. Participants were asked about their experiences with conducting adherence research and perspectives on introduction of a core domain set of outcomes for adherence intervention trials in rheumatology. Data collection and thematic analysis were conducted iteratively, until saturation.

Results: We interviewed 13 researchers from seven countries (Australia, Belgium, Canada, Netherlands, Thailand, UK, and USA). A majority worked in academia (75%), specialized in epidemiology and/or health services research (62%) and had led between 2-5 adherence studies in the past five years (62%).

Three themes were identified: **1)** challenges in designing, conducting and evaluating adherence studies; **2)** current outcomes in adherence intervention studies and their relevance; and **3)** implementing a core domain set of outcomes for adherence intervention studies.

Major challenges in conducting adherence research included inconsistent adherence terminology and measurement. Participants noted a lack of guidance on outcome selection and measurement when evaluating the effectiveness of an adherence intervention and indicated their preference for research to report adherence, intervention-specific, and health-related outcomes. Finally, implementing a core domain set of outcomes was thought to be challenging but valuable in strengthening the evidence (by facilitating meta-analysis), and improving clinical outcomes (by informing clinicians about the effectiveness of interventions).

Conclusion: Adherence research in rheumatology has been hindered by lack of standardization and guidance on terminology, measurement and outcome selection. Our findings form the basis for recommendations for improving the design, conduct and evaluation of adherence intervention studies in rheumatology, particularly for developing a core domain set of outcomes to improve consistency and facilitate comparisons.

Table 1. Themes and representative quotations.

Theme 1: Challenges in designing, conducting and evaluating studies of adherence interventions

"...the people you often most want in your sample are the people who are non-adherent and often the people who are non-adherent are the people who are hardest to recruit"
"Long term the issue has been about measurements because people confuse and conflate various aspects of medication adherence."

Theme 2: Current outcomes in adherence intervention studies and their relevance

"you have a whole range of outcomes...psychological outcomes...there's measures of health care utilization and things like attendance at hospital, nurse appointments and duration, things like times off work,, and also all the relevant clinical outcomes."

Theme 3: Implementing a core domain set of outcomes for adherence intervention studies

"...will make trials more comparable and increase the likelihood that you'd be able to combine efforts internationally"

Disclosure of Interests: Shahrzad Salmasi: None declared, Ayano Kelly: None declared, Susan J. Bartlett Consultant of: Pfizer, UCB, Lilly, Novartis, Merck, Janssen, Abbvie, Speakers bureau: Pfizer, UCB, Lilly, Novartis, Merck, Janssen, Abbvie, Maarten de Wit Grant/research support from: Dr. de Wit reports personal fees from Eli Lilly, 2019, personal fees from Celgene, 2019, personal fees from Pfizer, 2019, personal fees from Janssen-Cilag, 2017, outside the submitted work., Consultant of: Dr. de Wit reports personal fees from Eli Lilly, 2019, personal fees from Celgene, 2019, personal fees from Pfizer, 2019, personal fees from Janssen-Cilag, 2017, outside the submitted work., Speakers bureau: Dr. de Wit reports personal fees from Eli Lilly, 2019, personal fees from Celgene, 2019, personal fees from Pfizer, 2019, personal fees from Janssen-Cilag, 2017, outside the submitted work., Lyn March: None declared, Allison Tong: None declared, Peter Tugwell: None declared, Kathleen Tymms: None declared, Suzanne Verstappen Grant/research support from: BMS, Consultant of: Celltrion, Speakers bureau: Pfizer, Mary De Vera: None declared
DOI: 10.1136/annrheumdis-2020-eular.4787

THURSDAY, 04 JUNE 2020

Rehabilitation

THU0566

THE EFFECT OF KINESIO-TAPING ON CHRONIC NONSPECIFIC LOW BACK PAIN: PRELIMINARY RESULTS OF A DOUBLE BLINDED RANDOMIZED CLINICAL TRIAL.

I. Aachari¹, K. Samia², T. Latifa¹, T. Fatima Zahrae¹, S. Afilal¹, F. Safaa¹, T. El Joumani¹, S. Bahloul¹, H. Rkain^{1,3}, I. Hmamouchi⁴, R. Abouqal⁴, F. Allali¹. ¹El Ayachi Hospital, Rheumatology, Salé, Morocco; ²El Ayachi Hospital, Physical Medicine and Rehabilitation, Salé, Morocco; ³Faculty of Medicine and Pharmacy, Mohamed V University, Laboratory of Physiology, Rabat, Morocco; ⁴Faculty of Medicine and Pharmacy, Mohamed V University, Laboratory of Epidemiology and Clinical Research, Rabat, Morocco

Background: The technique of Kinesio-Taping is a method of adhesive bandage exerting traction on the skin which would favorably influence the muscular and articular systems by reducing the pressure exerted on the subcutaneous mechanoreceptors thus reducing pain and muscle tension.

Objectives: The aim of this study is to assess the effectiveness of Kinesio-Taping in the short and medium term on pain and function in patients with chronic nonspecific low back pain compared to a placebo.

Methods: We conducted a double-blind, two-arm randomized clinical trial. The study should include a total of 70 patients randomized into 2 groups: Kinesio-Taping (n = 35) and control group (n = 35). To this date we have included 46 patients. All patients receives four I-shaped adhesive strips arranged in a star-like shape and applied to the most painful region of the lower back with a tension between 25% to 30% in the taping group. The placebo group received a taping procedure with no tension. Taping is applied three times (at baseline, fourth and eighth day). Patients are assessed at baseline, on day 14 and at 4 weeks by the Arabic version of the Oswestry Physical and Functional Disability Index (ODI) which is the primary outcome. The secondary outcomes are the assessment of pain and functional disability according to the visual analog scale (VAS) evaluated on a scale of 0 to 10, as well as Rolland-Morris score.

Results: Both groups were comparable at baseline concerning the demographic and clinical characteristics (P > 0.05) (table 1). The result of repeated measures ANOVA showed a significant change in ODI score and in VAS for pain and functional disability as well as Rolland-Morris score in both groups. Using the ANCOVA, controlling for pre-test scores, a significant difference was found between the two groups (table 2).

Table 1. Clinical characteristics of study population.

	Taping groupe (n=22)	Placebo groupe (n=24)	p value
Age	42±8,32	40±9,56	0,618
Female gender	21	18	0,098
Prolonged standing position	14	16	0,829
Heavy load carrying	15	16	0,913
Walking aid	0	2	0,490
Comorbidities	8	6	0,403
Body mass index	27±3,68	28±7,02	0,501
ODI of baseline	36±18,82	31±12,65	0,329