Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
health technology value. Researchers have explored the feasibility of integrating novel value measures (e.g., value of hope, scientific spillovers). We investigated patient values for the importance of different domains of health-related quality of life (HRQoL), and assessed whether views differed according to participant characteristics.

Methods: We conducted a web-based survey of adult patients managing a chronic condition, or caregivers of a patient with chronic illness. Participants rated 13 domains of health status using a 5-point Likert scale (1=Not Important, 5=Very Important). Results: Our sample population (n=208) was comprised of patients (65%) and mostly female (60%). Approximately 79% and 30% of participants were recruited from general disease advocacy and patient activist networks, respectively. Scientific spillovers (mean: 3.87; SD: 3.83) and costs (3.81) were rated the most important value domains, while adherence-improving factors and fear of contagion were rated lowest. Non-adherence to most value domains slightly higher than did patients, although differences were not significant. Compared to participants recruited via general disease advocacy networks, participants recruited from patient activist networks rated nearly all value domains as significantly more important (p<0.05) in multivariate logistic regression predicting a 4 or 5 rating for any domain, patient status (OR: 0.66; 95% CI: 0.47, 0.93) and patient activist recruitment (OR: 3.88; 95% CI: 2.61, 5.79) were critical predictors. Conclusions: Patients and caregivers vary in their consideration of the importance of novel domains of value. Policymakers should consider the perspectives of these stakeholders bring to assessment of both traditional and novel value domains.

PCR13 REASONS FOR NON-ADHERENCE WITH ANTIDEPRESSANTS USING THE MEDICATION ADHERENCE REASONS SCALE IN EUROPEAN UNION AND UNITED STATES

Unni E,1 Gupta S,2 Sternbach N2

1Touro College of Pharmacy, New York, NY, USA, 2Cerner Envia, Malvern, PA, USA

Objectives: Depression affects an estimated one in 15 adults (6.7%) in any year. Approximately 50% of primary care patients discontinue antidepressant therapy within six months of initiation. The study objective was to determine the extent and reasons for non-adherence with antidepressants in the United States (US) and European Union (EU). Methods: Data from the National Health and Wellness Study (NHWS), a self-administered, internet-based cross-sectional survey of US adults in 2019 and 5 EU countries (France, Germany, UK, Italy, and Spain) in 2020 was included. NHWS participants who self-reported taking daily prescription medication(s) to treat depression responded to the 19 reasons for non-adherence and one global item in the Medication Adherence Reasons Scale (MAR-Scale). MAR-Scale measures non-adherence “in the past 7 days”, on an 8-point scale ranging from 0 days to 7 days. Frequencies were used to identify the reasons for non-adherence. Results: NHWS data had 4230 patients from the EU and 7506 patients from the US that reported taking a daily antidepressant. Based on the MAR-Scale, 46.10% of patients reported non-adherence to at least one reason in the EU, and 42.86% in the US. The most common reason for non-adherence in the EU was concern about long-term effects (23.92%) and possible side effects from the medicine (20.40%). In the US, although simple forgetfulness (20.86%) was the major reported reason for non-adherence, patients reported the lowest mean number of days (2.15 days/a week) missing medication for that reason. Non-adherence lasted longer due to lack of belief in needing medicines anymore. 4.06 days/a week in the US and 3.32 days/a week in the EU. Conclusion: With antidepressants, further interventions are needed to educate the patients about the need for the medicines and to lessen their concerns about long-term effects and possible side effects from the medicines.

PCR14 DEVELOPMENT AND CONTENT EVALUATION OF A NOVEL OSTEOARTHRITIC VERTEBRAL FRACTURE PATIENT-REPORTED OUTCOME QUESTIONNAIRE

Yeh E,1 Su S,2 Banderas B,2 Chatterton K,2 Dickie G2

1Angier inc., Thousand Oaks, CA, USA, 2Adelphi Values, Boston, MA, USA

Objectives: The goal was to evaluate the content validity of a novel patient-reported outcome (PRO) questionnaire, developed from a literature review, among patients who experienced a vertebral fracture (VF) due to osteoporosis. The questionnaire assesses the patient VF experience of pain and impact on activities of daily living (ADL). Results: Hybrid concept (TE) and cognitive (CD) interviews, approved by an institutional review board, were conducted via telephone with non-hospitalized adults (≥50 years) diagnosed with osteoporosis, who had ≥1 symptomatic, low-to-no trauma VF sustained within 36 weeks prior to enrollment. During CD interviews, participants described their experience with VF. During CD interviews, participants provided feedback on the questionnaire’s comprehensibility, relevance, and comprehensiveness. Interviews were conducted in waves; interim results informed revisions between waves. Recordings were transcribed and analyzed. Results: Prototypes (n=155 female, mean age 72.8 years) from four centers in the United States participated across six waves (based on availability of the patients) with 7, 2, 2, 5, 1, and 3 participants in each wave, respectively. Saturation analysis demonstrated adequacy of sample size using CE data. Participants spontaneously reported 11 symptoms, with pain the most frequently reported (n=20, 100%).

Forty impact concepts were reported, with sitting for long periods of time (n=15, 75%) and performing household chores (n=13, 65%) most frequently reported. During CD, revisions were made including the addition of one item assessing sleep impact. The final questionnaire has 24 items: five assessing dimensions of pain; 19 assessing ADL impact. Most patients (75–100% across items) reported no interpretation issues for the questionnaire instructions, items, or response options. All participants (n=20, 100%) were ready to complete and relevant to their VF. Conclusions: This study demonstrated that the questionnaire is content valid based on direct patient input and can be used to measure patient experience of VF.

PCR15 THE IMPACT OF THE COVID-19 PANDEMIC AND LOCKDOWNS ON THE HEALTH-RELATED QUALITY OF LIFE OF PEOPLE LIVING WITH MULTIPLE SCLEROSIS IN AUSTRALIA

Henson G,1 van der Mei L,1 Taylor BV,2 Blacklow P,1 Ciflinn SB,1 Palmer AM,1 Hurst C,1 Campbell JA

1University of Tasmania, Hobart, TAS, Australia, 2University of Tasmania, Sandy Bay, TAS, Australia

Objectives: People living with multiple sclerosis (PwMS) in metropolitan Victoria, Australia experienced a 112-day COVID-19 related lockdown in mid-2020. This lockdown severely limited civilian movement and access to services. Contemporaneously, Australian PwMS elsewhere experienced minimal restrictions. The resulting natural experiment was exploited by this study, which assessed the associations between lockdowns, COVID-19 related adversity, and health-related quality of life (HRQoL). Methods: Data (quantitative and qualitative) were extracted from Australian MS Longitudinal Study surveys, which included the AQoL-8D multi-attribute utility instrument and a specialised COVID-19 questionnaire. This COVID-19 questionnaire included questions to indicate level of lockdowns, lockdowns related adversity across several health dimensions. Ordered probits were used to identify variables contributing to higher adversity rankings. Multiple regression was applied to determine the impact of adversity on HRQoL, defined using AQoL-8D health state utilities (HSUs). Quality of life outcomes were examed thematically. Results: n=1666 PwMS (average age 58.5y; 79.8% female; typical of MS-related studies) entered the study, with n=369 (22.0%) exposed to the 112-day lockdown. The lockdown was strongly associated with higher adversity ratings, as was disability severity, relapse-onset, other health problems, and lower age (p<0.01 for all variables). Higher adversity rankings were associated with reduced HSUs. Participants reporting major adversity, across measured health dimensions, had HSUs 0.163 (p<0.01) lower than participants reporting no adversity and were more likely (OR:2.36, p<0.01) to report a clinically significant HSU reduction, before versus during the COVID-19 pandemic. A clinically significant decrease in HSU was defined as ≥0.08, based on the literature. Additionally, COVID-19 adversity pertaining to emotional wellbeing was predominately in its association with reduced HSUs (p=0.065, p<0.01). Themes in qualitative data supported quantitative findings. Conclusions: This study demonstrated that COVID-19 related adversity can substantially reduce the HRQoL of PwMS. Directing resources to ameliorate instances of this effect should be a public health priority, with psychological interventions being paramount.

PCR16 STROKE REHABILITATION TREATMENT PREFERENCES OF CHINESE PHYSICIANS AND PATIENTS DURING THE COVID-19 PANDEMIC: A DISCRETE CHOICE EXPERIMENT

Feng Z,1 Hao D,1 Liu T,1 Fang G,1 Chen Q,1 Huang F,1 Jian T,1 Zong G,2 Wu Y,2 Yuan L,2 Ming WK

1Jinan University, Guangzhou, 44, China, 2Jinan University, TAI P0 N.T, Hong Kong, 3Jinan University, Hong Kong, 91, China, 4City University of Hong Kong, Hong Kong, Hong Kong

Objectives: Exploring physicians’ and patients’ preferences for stroke rehabilitation treatment during the pandemic and the differences between preferences. Methods: We designed an online questionnaire to survey participants in hospitals. The selected attributes included ‘Acceptable hospital grades,’ ‘Acceptable hospital grades,’ ‘Duration of each treatment,’ ‘Main treatment methods,’ ‘Total acceptable length of treatment,’ and ‘Total cost of treatment(‘. After data collection was completed, we built a multinomial logit model and a latent class model. We performed subgroup analysis to observe their treatment preferences and willingness to pay and to see whether the difference in preferences between them was statistically significant. Results: In the logit model, we found that people wanted 30 days of exercise therapy or physical therapy at a university-affiliated hospital that was close to home and inexpensive, with the shortest possible total treatment time. The highest acceptance weight was 21 days, which the threshold was zero. In the subgroup analysis, we found that physicians and patients did not have the same concerns, with physicians focusing on ‘Main treatment method’ and ‘Total cost of treatment(‘), while patients were more concerned with ‘Acceptable hospital grades’ and ‘Acceptable hospital grades’, and this difference between them was statistically significant. Conclusions: These results confirmed what physicians and patients think, which could also give us an idea of the weight of their preferences for rehabilitation treatment. Physicians should take treatment preferences into account when treating patients, as this would improve patient adherence and further improve the effectiveness and safety of clinical care, which also help stroke patients to some extent and provide the scientific basis and sound advice to Chinese health authorities.