



27th ESPACOMP conference – Budapest, Hungary
International Society for Medication Adherence
NOVEMBER 30TH TO DECEMBER 2ND, 2023

ABSTRACT FORMAT GUIDELINES:

General recommendations:

- Abstracts must be explicitly linked to medication adherence
- Abstracts must present studies that have followed the standards of ethics applicable and obtained ethical approval if appropriate
- English language should be satisfactory.
- Abstracts must adopt the ESPACOMP-endorsed ABC Taxonomy, available from <https://doi.org/10.1111/j.1365-2125.2012.04167.x>
- Authors must present in the abstract, in as much detail as space permits, information on the 4 minimum reporting criteria outlined in the ESPACOMP EMERGE reporting guidelines. These are available from: <https://www.espacomp.eu/project/emerge-guidelines/>
- Abstracts should not include references in the text or at the end.
- Abstracts are limited to 250 words, including the title.

Specific recommendations:

Oral and poster presentations:

Oral and poster presentations are the traditional format of the ESPACOMP conference. They are intended to present results of empirical research recently completed or in progress, and are following common recommendations, as follows:

- Abstracts must be structured, with section headings for Aim, Methods, Results, Discussion, and Conclusion.
- Aim: state the primary aim of the study, supported by key arguments or background information
- Methods: state the study design, participants/cases, measures and analysis, as appropriate for the type of study presented.
- Results: abstracts submitting empirical research must include analyses and findings accompanied by the relevant information (statistical, qualitative). Abstracts presenting

work-in-progress and no results must mention expected findings; they will be automatically assigned to poster presentation.

- Discussion and Conclusion: state the implications of the findings for the field and/or how the findings contribute to the state-of-the-art on the topic
- Note for oral presentations contributing to symposia: please mention the symposium title in the dedicated space.

Symposia proposals:

Symposia are a new addition to the ESPACOMP programme. They are intended to promote collaboration between adherence researchers internationally in order to align methodologies and integrate evidence across studies and research settings. Symposia group a minimum of 4 oral presentations (submitted separately and specifying the name of the symposium separately), together with a general discussion by a topic expert not involved in the work presented, and/or an activity involving the audience in discussing the topic and findings presented. Each intervention is allocated a 15-minute timeslot.

- The oral presentations included must be from at least 3 separate research groups and 2 separate countries.
- Symposium abstracts must be structured, with section headings for Aim, Rationale, Summary, and Timetable
- Symposium abstracts must specify the roles of Symposium Chair, Discussant (if applicable) and Oral presenters (main presenters only).
- Aim: briefly specify the objectives of the symposia beyond the individual aims of each presentation
- Rationale: state the key arguments for the importance and timeliness of discussing the theme of the symposium beyond the individual presentations.
- Summary: outline the structure of the symposium and describe briefly each intervention, in particular the discussion/activity accompanying the oral presentations
- Timetable: state the order of the presentations and discussion/activity

Roundtables/debates:

Roundtables are a new addition to the ESPACOMP programme. They are intended to generate discussion on priorities and topics of current debate in medication adherence research and practice. Each roundtable is allocated 45 minutes and may involve between 3 and 5 very brief contributions from experts on the roundtable topic (NO separate submissions required for individual contributions). They would need to include an audience engagement activity or a time dedicated for questions and answers.

- Roundtable contributors must be from at least 3 separate research groups and 2 separate countries, and at least 2 separate disciplines (e.g. healthcare professionals, researchers, patient representatives, industry representatives, policy makers)
- Roundtable abstracts must be structured, with section headings for Aim, Rationale, Summary and Timetable
- Roundtable abstracts must specify Convenor details, and all Contributors details
- Aim: briefly specify the objectives of the roundtable
- Rationale: state the key arguments for the importance and timeliness of discussing the theme of the roundtable in relation to the current developments in the field
- Summary: outline the structure of the roundtable and describe briefly each contribution, as well as the audience engagement activity or questions and answers component.
- Timetable: state the order of the contributions and discussion/activity

How are abstracts assessed

Each oral and poster presentation abstract is assessed by 2 reviewers volunteering among the current ESPACOMP effective members, and scores averaged. Differences in scores >5 points are subject to a 3rd review if they impact on the decision to accept, as oral or poster presentation. Four criteria are applied adding up to a total score of 0-20:

- Aim/hypothesis (2 points): the aim is clearly formulated and relevant for medication adherence, and/or a hypothesis has been formulated if applicable
- Scientific appraisal methods (6 points): the methods are clearly reported, appropriate to address the aim/hypothesis, and likely to achieve unbiased results
- Scientific appraisal results (6 points): results are reported appropriately, following relevant guidelines /best practice, and congruent with aims & methods
- Scientific appraisal newsworthiness (6 points): the study represents an important contribution to adherence science, considering the novelty/originality relative to the state-of-the-art and potential impact on adherence practice

Scores of ≥ 4 on newsworthiness and ≥ 15 overall are considered high-quality and likely to be included in the oral programme; scores of ≥ 8 to < 15 generally indicate a sound study, likely to be shortlisted for poster presentation; scores of < 8 generally indicate insufficient quality and are unlikely to be accepted. Most common reasons for rejection are not addressing medication adherence, presenting incomplete information on the study reported, insufficiently clear English language text.

Accepted and presented Oral and Poster presentation abstracts scoring ≥ 8 points will be published in *International Journal of Clinical Pharmacy*.

Roundtables are assessed on the following criteria:

- Aim (4 points): the aim is clearly formulated and relevant for medication adherence, the theme of the conference and the ESPACOMP mission
- Methodology (6 points): the structure and time planning are clearly described, appropriate to address the aim/learning objectives and actively engage the audience
- Expertise (6 points): the expertise of the contributors is sufficiently broad and diverse to ensure a comprehensive and balanced approach to the topic
- Scientific value (6 points): the aim is of relevance to the current evolution of the state-of-the-art of adherence research and practice

Oral presentations, symposia, roundtables are selected for inclusion in the conference programme based on their scores and slots available. Oral presentations not included in the oral programme are automatically included as poster presentations. Symposia acceptance requires all oral presentation scores above the acceptance threshold and at least 3 of high-quality, if this requirement is not met, the presentations scoring above threshold are considered as individual oral presentations.

Roundtables not included in the conference programme are proposed as webinar events during the ESPACOMP 2024 online events programme.

Authors of all accepted abstracts must register and pay the conference fee by the deadline of the online registration. The abstracts of authors not registered by the deadline will be removed from the programme and not published in the conference abstract book, nor in *IJCP* if applicable.