

Supplementary Material

Adherence to Non-Pharmacological Interventions in Parkinson’s Disease: A Rapid Evidence Assessment of the Literature

Comprehensive Search Strategy

Supplementary Table 1. Search Terms

‘AND’	‘OR’
Population (Parkinson’s disease)	Parkinson*
Intervention (Non-pharmacological therapies)	(“Non-pharma*” OR “non-drug*”) OR exercis* OR therap* OR physiotherap* OR “occupational-therap*” OR “physical-therap*” OR rehab* OR “physical-activit*” OR (“speech-language* OR “speech-therap*” OR swallow* OR gait OR voice OR speech OR dysphagia) OR tremor OR mobility OR fall* OR (ADL* OR "activities of daily living" OR IADL* OR "instrumental activities of daily living") OR (Multidisciplin* OR Interdisciplin*)
Outcomes (Compliance)	complian* OR adhere*

Supplementary Table 2. Inclusion/Exclusion Criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
Studies including and reporting factors that affect compliance to non-pharmacological therapies, including but limited to: <ul style="list-style-type: none"> • rehabilitation techniques, • exercise, • speech-language therapies. 	Studies where compliance (or adherence) to the intervention was not specifically measured, quantified, or considered.
Studies including and reporting participants with Parkinson’s disease.	Pharmaceutical drug trials.
Randomized control trials, pragmatic clinical trials, clinical study, clinical trials, comparative studies, equivalence trials. <i>Other trials must have a control or randomization.</i>	Interventions that involve instrument/surgical trials such as deep brain stimulation or transcranial magnetic stimulation, only depression/anxiety, remote monitoring devices, and holistic approaches including meditation, diets, and mindfulness.
Studies published within the last 15 years.	Studies not available in English.
	Studies where full-text not available.

Supplementary Table 3. Thematic Analysis Summary

Theme	Category	Sub-Theme	Frequency
Personal Factors (57)	<i>N/A</i>	Time (availability)	20
		Personal Interests & Culture	5
		Personal Beliefs & Attitudes	20
		Self-efficacy	5
		Alignment with Expectations	7
Program-design Factors (167)	<i>Intervention Regime (26)</i>	Program Intensity & Challenge	19
		Program Duration	7
	<i>Program Delivery (34)</i>	Individual vs. Group	8
		In-person vs. Virtual	17
		Flexible Components	9
	<i>Program Components (48)</i>	Intervention Training/Education	18
		Integrated Technology	11
		Opportunity for Mastery & Confidence	9
		Self-management & Motivational Interviewing	9
		Off-medication Assessment	1
	<i>Accountability (20)</i>	Supervised Interventions	15
		Formalized Reminders	5
	<i>Reinforcement Strategies (11)</i>	Social-cognitive Reinforcement	2
		Therapist Reinforcement & Feedback	9
	<i>Participant Engagement (27)</i>	Opportunities for Fun	8
With Other Group Members		13	
Therapeutic Alliance with Interventionist		6	
<i>Interventionist Confidence in Program Benefit (1)</i>	<i>N/A</i>	1	
Disease & General Health Factors (72)	<i>N/A</i>	General Health & Comorbidities	25
		Disease Duration & Severity	9
		Pain	12
		PD Motor Symptoms	10
		Fatigue	11
		PD Non-motor Symptoms	3
		Cognition	2
System & Environmental Factors (29)	<i>N/A</i>	Location	7
		Transportation	10
		Cost (Coverage)	8
		Access	4