interview in a mixed methods design. Thematic analysis was applied to interview data.

Results: 98/100 sessions were attended by participants.

Abstract AB1440HPR – Table 1. Pre-Post 10 sessions Y-T metrics

Pre-Post Y-T Change:	PRE	POST	CHANGE
Mean Depression	6.70	2.30	- 65%
Mean Anxiety	9.40	4.80	- 48%
Mean HAQ	1.10	0.85*	-23%
Mean Pain Score (HAQ)	5.66	2.40	-58%
Mean Health Score (HAQ)	5.10	1.72	-66.3%
Mean health Utility (EQ-5D)	6.01	8.40**	+39.6%

*8/10 HAQ reduced $>0.35 = \geq$ MID (minimal important difference);

**6/10 participants achieved EQ5D maximum score=1

Qualitative findings indicated that considerable value was placed on the therapeutic function of the consultation, of being listened to and receiving advice on concerns. Therapeutic mechanisms appeared to reflect tailored physical practices alongside psychosocial techniques which promoted psychological wellbeing and increased perceptions of control and self-efficacy. Several reported reductions in their medication and broader benefits such as improved sleep, mood and energy. All but one participant reported positive changes to their RA symptoms, including pain reduction, greater mobility and joint flexibility.

Conclusions: This novel pilot YT intervention was positively received by patients with RA, with high levels of adherence to both the course of treatments and the tailored home practice. The results suggest that yoga therapy has potential as an adjunct therapy to improve RA symptoms, increase self-care behaviours and address negative mood. Whilst promising, a larger multi-centre study is required to evaluate the therapeutic and cost-effectiveness of Y-T.

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HPR Patients' perspectives, functioning and health (descriptive: qualitative or quantitative)

AB1441-HPR DOES THE INCIDENCE OF INFECTIONS INCREASE IN PATIENTS WITH CHRONIC ARTHRITIS AND OSTEOPOROSIS TREATED WITH DENOSUMAB AND BIOLOGICAL THERAPY?

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Background: Biological therapies (BT) have changed the prognosis of chronic arthritis (CA); however, they have associated the increased risk of infections. Denosumab (DNS) is the first biologic approved for the treatment of osteoporosis (OP) and is also associated with an increased risk of infections.

Objectives: To evaluate the incidence of infections in patients with CA and OP treated with DNS alone or associated to another biological treatment.

Methods: A prospective observational study was designed in which all patients with OP who received treatment with DNS between January 2013 and December 2017 were included. The group of patients with CA (RA, EA, PsA) were treated, in addition to DNS as treatment for their OP, with BT. Follow-up was carried out in the rheumatology nursing examination room every 6 months. Demographic data, disease

characteristics, infections and associated comorbidities were collected. Serious infections were defined as those that required admission, suspension of therapy or death.

Results: 220 patients were included (81.1% women). The main diagnoses were OP 112 (51%) and AC 76 (34.5%) [RA 58 patients (26.3%), SpA 8 (3.6%), PsA 10 (4.5%)] and other rheumatologic diagnoses 32 (14.5%). Demographic data are shown in Table 1. Both groups were similar except for the higher GC consumption and the higher lumbar bone mass of the CA group. Of the patients with CA, 41 patients received a synthetic DMARD (MTXmainly, 90%), and 40 patients (53.9%) received GC. The average dose of DNS injections was 4.5 (1–10), with average treatment duration (range and DS) of 23.03 months (6–66, 13.3). The incidence of infections was 74 (39.3%), 31 patients had repeated infections. The most frequent were urinary tract infections (UTI), respiratory, mouth and other infections. There were 4 serious infections, 2 UTI and 2 pneumonias (both concluded in death, in patients with RA). The incidence of infections among patients with OP and with CA was similar in both groups (40 (35.7%) vs. 34 (44.7%), $p=0.209$). Multiple regression including age, synthetic DMARD, GC and duration of treatment with DNS showed that the duration of treatment with DNS [Exp (B)=1.058, $p<0.001$] and GC [Exp (B)=2.484, $p=0.010$] were the only predictors of increased risk of infections.

Abstract AB1441-HPR – Table 1

	OP (n=112)	CA (n=76)	p
Women, n (%)	99 (88.3)	66 (86)	0.822
Age, mean (SD)	66.9 (10.27)	67.7 (11.11)	0.622
BMD LS, mean (SD)	-2.9 (0.98)	-2.3 (1.5)	0.003
EPOC, n (%)	12 (10.7)	11 (14.4)	0.499
Smoking ever, n (%)	23 (20.5)	10 (13.1)	0.242
Diabetes mellitus, n (%)	13 (11.6)	14 (18.4)	0.209
Infections n (%)	40 (35.7)	34 (44.7)	0.227
Corticosteroid dose, mean (SD)	0.79 (4.1)	4 (5.59)	<0.0001

Conclusions: Patients with CA and OP who receive DNS and TB have a similar incidence of infections. However, the risk of infection is higher in CA patients related with the use of GC. The most frequent infection was UTI followed by respiratory infections, but they did not suppose the suspension of the treatment in the majority of the cases.

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AB1442-HPR A MISUNDERSTOOD BURDEN – LIVING WITH SLE IN SOUTH AFRICA

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Background: Systemic lupus erythematosus (SLE) has a profound impact on health related quality of life (HRQOL). There has been no qualitative research to the explore patients' perspectives and unmet needs in SLE in sub-Saharan Africa.

Objectives: To examine the experiences and perceptions of SLE women.

Methods: In-depth interviews of 25 South African women with SLE were conducted to explore a range of HRQOL experiences including pain, fatigue, emotional health, sexual well-being, fertility and aesthetic concerns.

Results: Most patients (72%) were black Africans, the remaining were of mixed race ancestry, and only a quarter were employed. Living with pain was the commonest complaint, negatively impacting on activities of daily living, coping with family expectations, social life, sleep and intimacy with partners. Patients struggled to explain the pain to their families, employers, community and health care providers. Seventeen participants expressed the challenge of living with fatigue, described as "emotionally draining" and as "always tired, a person who doesn't have the energy." One patient believed that witches in church had supernatural powers that took all her energy away. Many felt their fatigue was misconstrued, and that they were labelled as 'simply lazy' by health professionals and family members. This pernicious fatigue had negative consequences on many facets of daily life, including caring for dependents, holding down steady job and sexual wellbeing. All patients experienced low emotional states ranging from anger, bitterness, anxiety, confusion, and sadness, which frequently resulted in suicidal ideation. Many patients experienced difficulties with conception, complicated pregnancies and miscarriage. The