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 $\Rightarrow$ 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

pessimism of doctors regarding the prognosis of pregnancy in SLE left many patients feeling confused and depressed. Changes in physical appearance such as alopecia, rashes and weight fluctuations were also a major concern affecting self-image and libido, often leading to strained relationships and breakups. Coping mechanisms included intense spiritual beliefs giving them the courage to 'push through the difficult times'. Use of alternative therapies was common, which they believed helped contain the symptoms of SLE. These included drinking 'blessed' water, traditional herbal remedies, and soothing leaf or pressure applications to painful joints. A poor understanding of SLE by the patients themselves, family and the community, coupled with the unpredictable course of the disease, exacerbated frustration and uncertainty. For many patients, limited income, lack of basic services like public transport, dependency of family members, and comorbid diseases, such as HIV and tuberculosis, exacerbated the negative daily experiences of living with SLE. Patients felt that patient-led support groups, better education by health professionals, and public awareness of SLE would help them cope with the disease.

Conclusions: Indigent South African women with SLE in SA have complex, chronic and challenging life experiences. A poor understanding and acceptance of SLE by patients themselves, compounded by a background of poverty and a perception of being misunderstood by family members, health professionals and the community at large had negative impact on multiple dimensions of patient's lives.

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AB1443-HPR EXPLORING THE RELATION BETWEEN IMPAIRMENT RATING BY DAS-28 AND BODY FUNCTION, ACTIVITY-PARTICIPATION AND ENVIRONMENTAL FACTORS BASED ON ICF IN THE PATIENT WITH RHEUMATOID ARTHRITIS

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Background: Rheumatoid Arthritis (RA) is the cause of functional loss and disability of individuals. It also results in negative effects on the emotional components as well as physical components related to health. If specific domains of medical condition criteria are systematically linked with relevant parts of ICF, we will have a common conceptual understanding of ICF and patient-oriented health criteria. It may also make clinical practices easy.

Objectives: The aim of this study was to link and allocate items of disability questionnaires with body function, activity participation and environmental factors based on ICF Hand Core Set. The other objective of this study is to examine the relationship between the impairment and the ICF components determined on the basis of disability questionnaires in participants with Rheumatoid Arthritis.

Methods: Impairment was evaluated by use of DAS28 and disability by Disabilities of Arm, Shoulder and Hand Questionnaire (DASH), Michigan Hand Outcomes Questionnaire (MHQS), Duruöz Hand Index (DHI), Arthritis Impact Measurement Scales 2 (AIMS 2) in participants with rheumatoid arthritis (n=100). Items of DASH, MHQS, DHI and AIMS 2 were linked and allocated with the ICF Hand Core Set as a result of three expert opinions. The data was analysed using Kappa index and Pearson's correlation coefficient.

Results: Based on expert distinction on DASH, MHQS, DEI and AIMS 2 items, MHQS covered the highest number of body function categories of ICF Hand Core Set with 8 and AIMS 2 covered the highest number of ICF Hand Core Set with totally 25 (body function=3, activity participation=20, environmental factors=2). While impairment (DAS28) had moderate correlation with subjective impairment (body function scores considered as subjective impairment) and activity participation for all assessment questionnaires (r=0.50–0.69); subjective impairment had high correlation with activity participation for DASH and MHQS (r>0.70) and also had moderate correlation with activity participation for AIMS 2 (r=0.50–0.69). Furthermore, subjective impairment had weak correlation with environmental factors (r=0.10–0.49).

Conclusions: We suggest that AIMS 2 is the most appropriate for clinicians and researchers who aim to perform a more comprehensive biopsychosocial assessment in patients with RA. In addition, the clinician's assessments and the impairment levels reported by the patients are inter-related and the impairment levels reported by patients is also affected by environmental factors.

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AB1444-HPR UNDERSTANDING FATIGUE BURDEN AND COPING STRATEGIES IN RHEUMATOID ARTHRITIS USING QUALITATIVE RESEARCH

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Background: Fatigue is a major symptom of RA but is under-represented when considering an appropriate treatment and in the measurement of disease activity. At the same time, patients' perspectives on fatigue in the overall context of their RA and life have not been studied in detail before. To understand that perspective, we aimed to explore patients' lived experience with RA-related fatigue.

Objectives: We explored the narratives of patients with RA and their discourse on RA-related fatigue to assess the burden of disease and coping strategies.

Methods: Semi-structured interviews were conducted with adult patients with RA living in two geographical regions in the United States. Interviewees were asked to discuss their experiences with diagnosis, symptoms, physical and social limitations, coping with challenges, treatment and healthcare providers. The interviews were audio-recorded and transcribed verbatim. Transcripts were analysed for themes related to the burden of RA-related fatigue and coping strategies.

Results: Eighteen patients were interviewed, with ages ranging from 27 to 80 years and RA duration ranging from 4 to 40 years. Four themes emerged around the impact of RA-related fatigue, fatigue in context of RA symptoms, coping strategies and coping success (table 1).

Abstract AB1444HPR – Table 1. Burden of RA-Related Fatigue and Coping Strategies Themes

Theme	Details
Fatigue limits RA patients' ability to live their lives	<ul style="list-style-type: none"> Patients with RA have limited energy reserves to perform common activities of daily living Fatigue creates 'brain fog' that reduces RA patients' ability to focus and diminishes academic and job performance Patients with RA adjust their future career choices based on these limitations
Fatigue and pain are intertwined	<ul style="list-style-type: none"> Fatigue is strongly connected with pain and it is difficult for patients with RA to separate the two symptoms. Pain and active RA symptoms increase fatigue. Fatigue also amplifies pain Fatigue can be a bigger concern than pain. Patients with RA find it harder to manage fatigue compared with pain
Coping with fatigue is an internal struggle	<ul style="list-style-type: none"> Patients with RA are faced with the tough choice of giving in to the fatigue or pushing through and risk exceeding energy reserves Patients with RA who have difficulty coping with fatigue feel frustrated, embarrassed and inadequate
Acceptance of limitations leads to more effective coping strategies	<ul style="list-style-type: none"> Patients with RA use a variety of coping strategies, often in combination Coping strategies include pushing through the fatigue, using distractions, pacing oneself, sleeping, drinking coffee and using medication Patients with RA who accept their limitations are more likely to pace themselves, as opposed to pushing through their limits, and have fewer negative emotions when they give up

Conclusions: Fatigue is a major concern for patients with RA and can be more debilitating than pain. A patient's constant battle with fatigue can have physical, mental and emotional consequences.