Managing their condition. The consultation has the potential to improve patient outcome. This presentation will identify the components that can increase the effectiveness of the consultation.

Methods: Patients consult for a variety of reasons including: diagnostic clarification, reassurance, to obtain cure or symptomatic relief and/or to seek legitimisation of their symptoms. The key principles of consultation frameworks (such as the Calgary Cambridge model) will be explored and the components required to perform the key tasks of the consultation will be identified. Patients’ beliefs and expectations have an important influence on response to treatment and clinical outcome but are frequently not addressed during the consultation and patient dissatisfaction often occurs when insufficient time is spent on the emotional aspects of the situation. To enable the patient to express their expectations and concerns the health professional has to establish a therapeutic environment supporting self-disclosure, adopt an appropriate communication style and attend to both verbal and non-verbal aspects of the consultation.

Results: The features of a good back pain consultation will be used to demonstrate how a model consultation can be carried out.

Conclusions: By identifying the key components required to conduct an effective consultation health professionals will be able to reflect on their own consultation style and assess whether a patient centred consultation is occurring.

Disclosures: The author has declared no conflicts of interest.

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**Postgraduate research forum**

**IP47. PRESENTATION ONE**

Naomi Reay
Rheumatology, University of Leeds, Leeds, United Kingdom

Having completed a mixed methods PhD between Schools of Medicine and Healthcare, Naomi will present the specific demands and rewards of conducting this type of Doctoral study. As a mature student, Naomi will share some of the challenges and rewards of balancing a PhD with career and family life and discuss how a mid-career PhD can influence career options.

Disclosures: The author has declared no conflicts of interest.

**IP48. PRESENTATION TWO**

Debbie Turner
Rheumatology, Glasgow Caledonian University, Glasgow, United Kingdom

Abstract not provided

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**Systemic lupus erythematosus: a pragmatic guide to current management**

**IP49. DIAGNOSING AND TREATING SYSTEMIC LUPUS ERYTHEMATOSUS**

Bridget Griffiths
Rheumatology, The Freeman Hospital, Newcastle Upon Tyne, United Kingdom

SLE is a heterogeneous multi-system disease that typically affects young women. It can be life-threatening. It affects 1 in 2,000 women of northern European origin but is much more common in women of Afro-Caribbean origin, with a prevalence of 1 in 400. It is important that a diagnosis of lupus is considered. Awareness of this condition by the general public and general practitioners is increasing but the diagnosis is still often not considered in the differential. This talk will review:

- How to make the diagnosis of SLE
- How to monitor a patient with SLE including the use of disease activity indices e.g. the BILAG disease activity index, early detection of complications e.g. renal disease
- The holistic treatment of SLE, including drug treatment and the results of recent clinical trials using biologics e.g. rituximab and belimumab.
- Preventing complications due a) to the disease e.g. cardiovascular disease, screening for antiphospholipid antibodies and anti-Ro antibodies in patients considering pregnancy, and b) secondary to treatment e.g. osteoporosis secondary to treatment with corticosteroids.

Disclosures: The author has declared no conflicts of interest.

**IP50. SUPPORTING PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

Sue Brown
Rheumatology, Royal National Hospital of Rheumatological Disease, Bath, United Kingdom

Abstract not provided

**IP51. WHAT ARE THE INFORMATION NEEDS OF PATIENTS WITH NEWLY DIAGNOSED SLE?**

Nicola Waldron1, Sue Brown1, Sarah Hewlett2, Barbara Elliott1, Neil McHugh1 and Candy McCabe1
1Rheumatology, royal national hospital for rheumatic diseases, Bath, United Kingdom; 2The Faculty of Health and Life Sciences, University of the West of England, Bristol, United Kingdom

Background: SLE is an autoimmune disease of unknown aetiology whose vague and disparate symptoms pose both diagnostic and treatment challenges. Once a diagnosis has been received it is important that patients receive support from members of a multi-disciplinary team who have specialist knowledge in this field. However the delivery of inappropriate information may increase levels of anxiety for the individual and if patients are given too much information too soon, it is likely the incidence of depression will increase. The aim of this study is to explore and identify the information needs of patients newly diagnosed with lupus. This will enable patients are given the right information to enable them to self-manage their disease more effectively.

Methods: Focus groups were conducted in 7 rheumatology centres (Bath, Bristol, Manchester, London, Exeter, Southampton and Bangor). 43 patients participated, with ages ranging from 20 years to 70 years, including 40 females and 3 males. Purposive sampling was adopted to ensure a diverse range of disease activity and duration was achieved. A semi-structured interview schedule was used. The recorded data was transcribed verbatim and subjected to thematic deductive analysis.

Results: The emergent themes from the data included forms of information received at diagnosis, impact of early information and identification of educational needs. Some participants reported fear and anxiety on receipt of early information. This was often delivered by the doctor alone, without opportunity for referral to a knowledgeable healthcare professional to discuss questions and concerns. When a doctor used medical jargon, this resulted in misunderstanding and confusion. Delivery of information at diagnosis was inconsistent, forcing many patients to seek their own information which, if inappropriate, resulted in further worry and distress. The experience was further worsened when the information was not tailored to the individual’s needs. One centre suggested the provision of a lupus information pack and DVD at diagnosis.

Conclusions: Clearly the information that a patient receives at diagnosis is of paramount importance in helping individuals manage the vagaries of this complex disease. A comprehensive information pack would be a useful adjunct to the lupus clinician when delivering this diagnosis. The form and type of information received is pivotal in the development of self management strategies and should refer directly to what patients say they need, rather than what we as professionals consider appropriate.

Disclosures: The authors have declared no conflicts of interest.

**IP52. PSYCHOLOGICAL APPROACHES FOR THOSE WITH SYSTEMIC LUPUS ERYTHEMATOSUS**

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Abstract not provided