07 DEPRESSION AND SEXUAL BEHAVIOUR AMONG MEN WHO HAVE SEX WITH MEN IN THE UK

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10.1136/sextrans-2015-052126.7

Background/introduction In the UK, HIV transmission remains ongoing among men who have sex with men (MSM). Data on mental health and sexual behaviour is limited among MSM whose HIV-status is negative/unknown.
Aim(s)/objectives To describe the association of depressive symptoms with measures of condomless sex (CLS).
Methods AURAH (Attitudes to, and Understanding of, Risk of Acquisition of HIV) is a cross-sectional questionnaire study in 20 UK STI clinics. We included MSM recruited from May 2013–January 2014 who reported anal sex in the past three months. Depressive symptoms were defined as a PHQ-9 score ≥10. We examined the association of depressive symptoms with: CLS in the past three months with (i) ≥2 partners (ii) discordant status partner(s) (unknown/HIV-positive) and self-reported STI diagnosis in the past year, using logistic regression.
Results Of 457 MSM included (20% non-white, mean[IQR] age 33[13]), 130 (29%), 167 (37%) and 184 (40%) reported ≥2 CLS partners, discordant CLS and diagnosed STI respectively. Fifty-nine men (13%) had depressive symptoms; 78% of whom were not receiving treatment for depression. Adjusting for age, non-white ethnicity, university education, having a stable partner and recruitment region, depressive symptoms were associated with ≥2 CLS partners [adjusted OR (95% CI): 1.83 (1.01, 3.31), p = 0.048], discordant CLS [2.67 (1.49, 4.77), p = 0.001] and diagnosed STI [2.03 (1.13, 3.63), p = 0.017].
Discussion/conclusion Depressive symptoms are associated with CLS and recent STI among MSM. Management of mental health may play a role in HIV/STI prevention, although causality cannot be inferred and other factors may influence both sexual behaviour and depression.

08 THE SEXUAL HEALTH AND WELL-BEING OF MEN WHO HAVE SEX WITH MEN (MSM): EVIDENCE FROM BRITAIN'S NATIONAL SURVEYS OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL)

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10.1136/sextrans-2015-052126.8

Background MSM continue to be disproportionately burdened by STIs and HIV, but sexual well-being is increasingly recognised as being broader than the absence of disease.
Aim To compare the sociodemographic, behavioural, and health profiles of MSM (reporting > = 1 male partner(s), past 5 years) in Britain with men reporting sex exclusively with women (MSEW) during this time, and with MSM a decade earlier, to consider changes over time.
Methods Britain's third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), a probability survey, interviewed 15,162 people aged 16–74 years (6,293 men) during 2010–2012 using computer-assisted personal-interviewing with computer-assisted self-interviewing for the more sensitive questions. Natsal-2, completed a decade earlier used a similar methodology.
Results Among all men in Natsal-3, 2.6% (n = 190) were MSM, of whom 52.5% identified as gay. Relative to MSEW, MSM were more likely to report recreational drug use (38.4% *vs.* 15.7%), treatment for depression (14.2% *vs.* 5.8%), health condition (s) they perceived affected their sexual activity/enjoyment (26.1% *vs.* 15.3%), dissatisfaction with their sex life (26.3% *vs.* 16.2%), and STI diagnosis/es (past 5 years; 16.0% *vs.* 3.7%). MSM reported larger numbers of partners than MSEW in all timeframes considered, differences that remained in multivariable analyses. No changes in MSM prevalence, profile, or behaviour were observed between Natsal-2 and Natsal-3.
Conclusion Poor sexual and mental health is more common among MSM than MSEW. There is thus an urgent need for health promotion among MSM that includes, but goes beyond, focusing on STI/HIV risk reduction and which is appropriate regardless of sexual identity.

09 BEYOND MEDICAL MANAGEMENT: THE VALUE OF PUBLIC HEALTH CONTROL MEASURES IN RESPONSE TO A HIGH RISK MSM SEXUALLY TRANSMITTED INFECTION CLUSTER

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10.1136/sextrans-2015-052126.9

Background/introduction In April 2014, detailed partner notification of a male patient with acute HIV, Chlamydia and gonorrhoea identified 27 different men linked to a single residential address, having listed it as their own contact address or by being the sexual partner of someone who had. Of the 27, several had attended GU services in the preceding three months with features common to their presentations including: high STI rates, selling of sex, adult film work, sex parties, chemsex, use of PEP and HIV seroconversion in the previous 12 months.
Methods The outbreak control team included a health adviser, GUM consultant, PHE health protection specialist and local authority public health. An implementation strategy was developed with immediate control measures and longer term service planning and development. A literature search established an STI outbreak linked to a single household to be a new precedent.
Results Immediate control measures:

- Outreach visit to and confidential inquiries of the residence
- Targeted messages on MSM apps
- Assuring consistent use of Treatment as Prevention
- MDT education on current MSM trends with enhanced training for health advisers
- Addition of a drugs worker clinic

Service development:

- GU clinic needle exchange
- Improved electronic patient record data output
- Comprehensive analysis of local MSM population
- Improved engagement with commissioning and drug/alcohol services