

ventricular dysfunction, at a level requiring cardiac transplant. ECG showed prolonged QT interval. The patient was diagnosed with toxic dilated cardiomyopathy secondary to long term AM abuse. UK guidelines for Heart transplantation in adults deem chronic viral infection and ongoing substance misuse as relative contraindications to transplant. He was consequently commenced on medication for cardiac failure and received benzodiazepine as inpatient for managing withdrawal symptoms. On discharge, psychiatry follow-up was organised for support to help reduction of AM. At follow up, the patient reported reduced AM use by quarter, but felt he could never abstain.

Discussion/conclusion AM related cardiac fatalities are caused by acute myocardial necrosis, ventricular rupture, cardiomyopathy or arrhythmia. Evidence is mostly derived from case-reports. Patients using AM should be fully counselled regarding possible toxic effects.

P50 NON-ISCHAEMIC DILATED CARDIOMYOPATHY IN HIV POSITIVE PATIENTS; A CASE SERIES

Larissa Mulka*, Catherine Kirby, Duncan Churchill. *Lawson Unit, Royal Sussex County Hospital, Brighton, UK*

10.1136/sextrans-2015-052126.94

Background HIV is a well-known cause of dilated cardiomyopathy, with an annual incidence of 15.9 per 1000 asymptomatic HIV patients in the pre-HAART era. Despite reduced incidence with HAART, it remains an important cause of cardiac morbidity in people with HIV though its direct association to the virus is unclear.

Methods Retrospective case review.

Results Four patients with dilated cardiomyopathy were identified out of 4739 attending between 2002–2014. Mean age was 49 years (range 38–62), all were male. Two presented as admissions with cardiac failure; two were diagnosed on routine investigation for exertional dyspnoea. All clinically improved with medical management; the three cases under long term follow up (6–10 years) showed improvement in ejection fraction (EF), though one died 10 years post diagnosis of presumed sudden-cardiac death.

Discussion This small case series highlights the positive outcomes with medical management of dilated cardiomyopathy in HIV. The direct role of HIV remains unclear; these cases reinforce the importance of regular screening for recreational drug use and consideration of their potential cardiotoxicity, and awareness of other aetiological factors.

Category: Electronic patient records and use of information technology

P51 THE UTILITY OF PERSONALISED SHORT MESSAGE SERVICE (SMS) TEXTS TO REMIND PATIENTS AT HIGHER RISK OF STIS AND HIV TO RE-ATTEND FOR TESTING

Farai Nyatsanza*, Siobhan Murphy, John McSorley, Gary Brook. *Central Middlesex Hospital, London, UK*

10.1136/sextrans-2015-052126.95

Background Patients at increased risk of STI/HIV acquisition are advised to re-attend for re-testing. A previous study showed that 'generic' text reminders did not improve re-attendance.

Aim To assess if a personalised text message would increase re-attendance rates of at risk patients who require repeat STI testing.

Methods At-risk patients were sent a text reminder to re-attend for re-testing 6 weeks after their initial visit. They were considered to be 'at risk' if they had an acute STI or had attended for emergency contraception at the initial visit, or were MSM. Re-attendance rates were measured for September to December 2012 (control group who received a generic text message advising re-attendance) and February to May 2014 (personalised message group who received a text message containing their first name and several different ways to contact the clinic). Re-attendance was counted within four months of the end of the initial episode of care.

Results The re-attendance rate was significantly higher for the personalised message group (144/266(54%) than the control group: 90/273 (33%) ($P = 0.0001$) and was also significantly higher in the personalised message group than the control group in patients with the following risks: recent chlamydia (61/123 (50%) vs (43/121(36%) ($P = 0.03$), recent gonorrhoea (42/64 (66%) vs (4/21(19%) ($P = 0.0003$) and MSM (25/45(56%) vs (3/18(16%) ($P = 0.006$). New STI rates in the re-attending 'personalised message' group and controls were 26/144(18%) and 13/90 (14%) (n.s) respectively.

Conclusion Sending a personalised text message as a reminder for re-testing increases re-attendance rates in patients who are at higher risk of STIs.

P52 KEEPING "APP" TO DATE: USING GEOLOCATION APPS TO SIGNPOST TO LOCAL SEXUAL HEALTH SERVICES

Richard West, Elizabeth Okecha*, Kimberley Forbes. *Sexual Health Hounslow, London, UK*

10.1136/sextrans-2015-052126.96

Background/introduction To encourage HIV testing amongst men who have sex with men (MSM) during "National HIV testing week" (NHTW) point of care testing (POCT) was offered at community and hospital-based sexual health services (SHS). Users of the social networking application "Grindr" within 5 miles of our clinics received a link to our website, which was upgraded to include a video demonstrating HIV POCT. Traditional health promotion poster campaign was also employed.

Aim(s)/objectives To review advertising strategies used and clients who requested POCT during NHTW.

Methods Activity data was obtained from the software company and electronic records of those attending for POCT were reviewed.

Results 43 asymptomatic attendees requested POCT testing, 35 male and 8 female. 21 males identified as MSM (60%), 15 (71%) disclosed that they had attended as a result of the "Grindr" advertisement. The average MSM number of daily visits to the website increased from 250 to 600/ day, highest at weekends the majority via "Grindr". POCT video was viewed 126 times during testing week. 30 (70%) patients accepted a sexual health screen, 3 asymptomatic infections were diagnosed. No HIV diagnoses were made.

Discussion/conclusion Social networking proved popular amongst MSM. No HIV diagnoses were made however screening increased HIV testing and identified sexual infections in