serious sequelae. There appears potential to improve chlamydia testing cost-effectiveness by increasing PN.

P195 SHOULD MALE CIRCUMCISION BE CONSIDERED CURATIVE TREATMENT FOR LICHEN SCLEROSUS?

[1]Farai Nyatsanza*, [2]Benedict Holden. [1]*Imperial College Healthcare Trust, London, UK;* [2]*Hillingdon Hospital, London, UK*

10.1136/sextrans-2015-052126.239

Lichen Sclerosus is a chronic inflammatory skin disorder. In men it presents mainly on the prepuce, coronal sulcus and glans penis. The cause of lichen sclerosus is not fully understood, but genetic and autoimmune factors are thought to be important. Infections have been investigated as a cause, but with no clear evidence of a potential causative agent. In men the association with autoimmune diseases is weaker; however studies have shown a family history of diabetes mellitus, and thyroid disease are possible risk factors. Other suggested potential causes are chronic intermittent damage by urine, as early circumcision seems to be preventative in those who do not have congenital anomalies such as hypospadias.

Recommended treatments include circumcision and potent topical steroid ointments. Taking this into consideration we reviewed notes of patients that presented to the monthly Joint Dermatology clinic with a diagnosis of lichen sclerosus to ascertain the number of recurrences post circumcision.

We found four cases of recurrence of lichen sclerosus in patients attending the clinic over a four month period. Ages varied between 39–81 years old. One patient had diabetes mellitus, and another had been circumcised twice. All patients needed treatment with potent topical steroid ointment. Lipscombe *et al*. stated that 50% of patients who had a circumcision had a recurrence. It is important when discussing management with patients to remember that lichen sclerosus can recur after circumcision. From our observations, the presence of folds of skin still covering the glans penis best predicts recurrence.

P196 VULNERABILITY FACTORS IN VICTIMS OF SEXUAL ASSAULT PRESENTING TO A RURAL SEXUAL HEALTH CLINIC

Helen Martin, Amy Pearce, Frances Keane, George Morris*. *Sexual Health Hub, Royal Cornwall Hospital, Truro, Cornwall, UK*

10.1136/sextrans-2015-052126.240

Background/introduction The Office for National Statistics show that 1/5 of women and 1/40 men over 16 years report having been a victim of sexual assault (SA).

Aim(s)/objectives To identify vulnerability factors (VFs) including alcohol/substance misuse and mental health conditions, in patients presenting as a direct result of a SA or who disclose a previous SA during a routine consultation.

Methods Retrospective notes review of 2 patient groups to identify VF disclosure;

1. All new presentations during a 2 week period disclosing previous SA during their consultation.
2. All presentations to sexual health over a 3 month period directly related to a SA.

Results Group 1: 291 attendances. 19 (6.5%) (16 female, 3 male) disclosed previous a SA, 3 were <18 yrs.

Group 2: 34 attendances (32 females, 2 males) aged 13–61 years (8 were <18 years). Those with VFs are shown in the table below.

Abstract P196 Table 1 Vulnerability factors for sexual assault

	Number of Patients (%)	
Vulnerability Factors (VF)	**Group 1**	**Group 2**
High Alcohol Intake	5 (26)	10 (29)
Recreational Drug Use	5 (26)	5 (15)
Previous Sexual Assault	n/a	11 (32)
Previous Domestic Violence	Not Available	5 (15)
Known to Social Services	3 (16)	12 (35)
Looked after Child	2 (11)	2 (6)
Vulnerable Adult	3 (16)	6 (18)
Mental Health Condition	7 (37)	20 (59)
Patients with 2 or more VFs	10 (53)	18 (53)

Discussion/conclusion Over 50% of patients had 2 or more identifiable VFs. Increasing staff awareness of VFs and improving links with support services may help to reduce the risk of sexual assault in vulnerable groups by allowing earlier identification of those at risk.

P197 DOWN WITH THE KIDS – ARE WE DOING ENOUGH TO PROVIDE A HOLISTIC SEXUAL HEALTH SERVICE TO VULNERABLE YOUNG PEOPLE?

Susanna Currie*, Annie Houldey, Chris Ward, Vincent Lee. *Manchester Royal Infirmary, Manchester, UK*

10.1136/sextrans-2015-052126.241

Background/introduction The sexual health of young people in the UK is amongst the worst in Europe, with high prevalence of sexually transmitted infections (STIs) and unwanted pregnancies. Although most are involved in consensual sexual activity, they may also be victims of sexual abuse or exploitation, usually unrecognised by themselves or health care professionals.

We have developed a proforma based on the BASHH young persons' proforma for patients under 18 attending the service which includes safe guarding issues.

Aim(s)/objectives To review the management of young persons' sexual health in an inner city sexual health clinic.

Methods Retrospective case note review of all patients <18 years attending clinic in 2012 and 2013.

Results 93 patients were identified; 34 (36.6%) were <16 years (7 M; 27F); median age 15 years (range 11–15). 32 (94.1%) were sexually active; all (100%) of which accepted STI screening. 14 (45.2%) tested positive for at least one STI. The proforma was completed for 33 (97.1%) patients.

14 (41.2%) of the patients had contact with social services; 10 (29.4%) had non-consensual sexual activity; 15 (44.1%) had mental health issues and 4 (11.8%) used recreational drugs. All of them have been followed up according to local guidelines.

Conclusion The proforma enables us to identify those with safeguarding issues and STIs. An appropriate safeguarding referral pathway and local multi-agency arrangements are in place to help and protect these young people. Further education and communication are needed to raise the awareness and improve the sexual health and wellbeing of the young people.

P198 DOES GUM SPECIALITY TRAINING PREPARE NEW CONSULTANTS TO MANAGE SEXUAL DYSFUNCTION?

[1]Jane Nicholls*, [2]Pippa Green, [3]Karl Hollows, [4]David Goldmeier. *[1]Bristol Sexual Health Centre, Bristol, UK; [2]University Hospital of South Manchester NHS FT, Manchester, UK; [3]Cobridge Sexual Health Service, Staffordshire and Stoke on Trent NHS Partnership Trust, Stoke on Trent, UK; [4]Jefferiss Wing, St. Mary's Hospital, London, UK*

10.1136/sextrans-2015-052126.242

Background/introduction Service provision for patients with sexual dysfunction (SD) in the UK varies according to locality and available expertise. Speciality training in SD may be variable and poorly standardised.

The 2010 GUM curriculum is due for review in 2015. The opinion of senior trainees and new consultants will help inform these curriculum developments.

Aim(s)/objectives We aim to establish

- whether new consultants feel adequately equipped to manage patients with SD
- what additional training is currently being undertaken
- whether additional training opportunities would be welcome

Methods An electronic survey was distributed to 51 trainees within 24 months of CCT and 19 new consultants.

Results The response rate was 39% (27/70) from 9 deaneries. 92% (24/26) felt that having training in SD as a GUM physician was important (46%) or very important (46%). Most trainees had had some exposure to informal teaching 89% (24/27) or departmental teaching 63% (17/27) but very few had formal training. Only 8% (2/26) of respondents felt their training had adequately equipped them to manage SD. 46% (12/26) felt equipped to some extent but 31% (8/26) did not feel adequately equipped to manage SD. 88% (23/26) felt they would benefit from further training.

Discussion/conclusion Many senior trainees and new consultants do not feel equipped to manage SD. The ability to recognise and appropriately refer patients with SD is essential for any GUM clinician. The 2015 curriculum review will help standardise core training in SD, as well as providing opportunities for those who wish to deliver specialised services in future.

P199 CHANGING TEENAGERS' PERSPECTIVES ON THEIR SEXUAL HEALTH: RESULTS FROM AN INNOVATIVE EDUCATIONAL PROGRAMME IN UK SECONDARY SCHOOLS

[1]Miriam Hillyard*, [2]Beatrice Cockbain. *[1]Imperial College Healthcare NHS Trust, London, UK; [2]Royal Free London NHS Foundation Trust, London, UK*

10.1136/sextrans-2015-052126.243

Background/introduction UK schools are not obliged to provide comprehensive sex and relationships education (SRE). SRE is frequently outdated, taught by non-specialists, and covers only the technicalities of heterosexual sex and sexually-transmitted diseases.

Aim(s)/objectives We aimed to deliver a peer-led programme of age-appropriate sessions covering sexual, physical, and psychological health, inclusive of non-heterosexual and non-cisgender identities. Sessions were designed to empower young people aged 11–18 to discuss these topics in a non-judgemental environment.

Methods 50-minute sessions encompassed body image, drugs and alcohol, sex and sexual risk taking, or contraception. Trained university student volunteers employed games, small group discussions, quizzes, and visual media. Volunteer to pupil ratio averaged 1:8. Pupils were encouraged to ask questions and reflect throughout. Anonymous written feedback assessed pupils' enjoyment of the sessions, volunteers' teaching ability, and impact of the sessions on their self-perception.

Results 876 feedback forms were completed. 91.8% of pupils enjoyed the sessions and 93.0% rated them as well taught. 61.9% of pupils reported the session to have changed the way they felt about themselves or their health. Free text comments from the remaining 38.1% indicated prior comfort with navigating health issues. Forms also showed high levels of satisfaction with the opportunity to receive non-judgemental, comprehensive responses from relatable peer-educators.

Discussion/conclusion Comprehensive SRE delivered by knowledgeable peer-educators allows teenagers to freely discuss issues surrounding their sexual and mental health, empowering them to make informed decisions and potentially affecting their risk-taking behaviours. This programme demonstrates an innovative but easily replicable means of providing this education.

P200 A FACILITY TO ENABLE HIGH-QUALITY, TIME-EFFICIENT EVALUATIONS OF DIAGNOSTICS FOR STIs

[1]Emma Harding-Esch*, [2]Marcus Pond, [2]Achyuta Nori, [2]Sebastian Fuller, [2]S-L Christine Chow, [3]Rebecca Howell-Jones, [2]Catherine Hall, [2]Mark Harrison, [1]Anthony Nardone, [2]Tim Planche, [2]Philip Butcher, [1]Catherine Lowndes, [2]S Tariq Sadiq. *[1]Public Health England, London, UK; [2]St George's, University of London, London, UK; [3]Oxford School of Public Health, Oxford, UK*

10.1136/sextrans-2015-052126.244

Background/introduction Control of STIs is challenged by inadequate access to prompt diagnosis and treatment for patients and partners. Novel point-of-care diagnostics have real potential to address some of these challenges but their robust evaluation, and hence utility, is hampered by the ethics and regulatory landscape that confronts industry and academia.

Aim(s)/objectives To develop a diagnostics and clinical facility to deliver high-quality, time-efficient diagnostic evaluations for STIs.

Methods A multi-institutional and disciplinary group (*e*STI[2]) including clinical, public health and social scientists, microbiologists, clinicians, trial coordinators, and North American and European regulatory expertise was established. An 'overarching' ethics, favourable costing, and regulatory framework was carefully developed and put in place to enable any new diagnostic evaluation involving residual and/or additional-to-routine patient-consented samples to start promptly without requiring lengthy ethics applications. Strong working relationships with *multiple* GUM clinics were developed to overcome the potential for clinic fatigue, and Good Clinical Laboratory Practice Standard Operating Procedures were enabled.

Results Since February 2012, the network has conducted several evaluations with both academia and industry, spanning initial 'proof of concept' projects using residual samples, multi-site diagnostic evaluations involving >800 additional-to-routine patient samples completed in four months, and service evaluations of CE-marked assays. A diagnostic evaluation to support an application for regulatory approval will be taking place in 2015.

Discussion/conclusion The development of a diagnostic facility for STIs that fast-tracks high quality diagnostic evaluations is