

P019 **AUDIT ON THE MANAGEMENT OF SEXUAL HEALTH NEEDS OF YOUNG PEOPLE IN AN INTEGRATED COMMUNITY BASED SERVICE**

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Introduction Our community based integrated service caters to a diverse population within the Slough area with pockets of high deprivation and rising rates of CSE. It is of paramount importance that clinicians are able to identify and risk assess those vulnerable have a valuable tool for documentation.

Aims and Objectives This audit was based on the BASHH standards on "Management of STIs and related conditions in children and young people (BASHH 2010)"

Methods Retrospective data collection of the first 100 new patients who accessed the service from July – Aug 2014 aged 18 and under from all three sites. The standards of the audit are: Offer of full STI screen (CT, GC, HIV, STS) to sexually active young people-100%. Offered an STI screen-90%. Completions of CSE risk assessment proforma- 100%. Documentation of decision for referral (100% of under 13s, 90% of those aged 16 and under)-100–90%.

Results 75% of the attendees were girls and had primarily contraception needs. STI screening was offered to all however the uptake of a full screen was less than 50%. Overall documentation was less than satisfactory and decision to refer was documented in only 15%.

Conclusions There are high rates of STI's among young people and risk taking behaviour was noticed in the attendances. Poor attendances among boys and MSM were identified. 50% refused to have screening for BBV and the need of alternative testing methods like the saliva testing was highlighted. A CSE proforma was introduced and all referrals are discussed with the safeguarding lead and audited on a regular basis.

P020 **EVALUATING PATIENT PERSPECTIVES ON CONFIDENTIALITY IN SEXUAL HEALTH CLINICS**

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Background/introduction Since the introduction of the Venereal Diseases Act in 1917, confidentiality has been a key part of sexual health clinics in the UK. With the repealing of the VD Act, we devised a service evaluation to determine the patient's perspectives on confidentiality.

Aim(s)/objectives To determine patient understanding of the confidentiality process in a large inner city integrated sexual health (ISH) clinic.

Methods A patient questionnaire was designed and given to ISH clinic patients between 18th of May and 5th of June 2015.

Results 163 responses were obtained from the ISH clinic (49% female, 51% male). 89% patients reported confidentiality to be important or very important when attending the ISH clinic, with 97% patients reporting confidentiality to be important or very important in the diagnosis of STI's. With regards to ISH offering a non-judgmental service; 95% patients reporting this to be important or very important. 68% patients reported the

importance of ISH clinic records being kept separate from GP and hospital records. 45% patients reported they would not attend their GP for STI testing due to a variety of reasons such as embarrassment, convenience and wanting to attend a specialised service.

Discussion/conclusion This study confirms that confidentiality in the diagnosis of STI's and the non-judgmental care that patients receive continues to be important to service users. These factors influence which services patients wish to access for sexual health needs. It is therefore essential that ISH services continue to provide this level of care.

P021 **ABSTRACT WITHDRAWN**

P022 **IS INTRAVAGINAL BORIC ACID AN ALTERNATIVE THERAPEUTIC OPTION FOR VAGINAL TRICHOMONIASIS?**

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Background/introduction Current national guidance recommends treating *Trichomonas vaginalis* (TV) infection with nitro-imidazole therapy. The high prevalence of TV, high rate of metronidazole resistance and limited tolerability to nitroimidazoles when treating TV, suggest that alternative treatment regimens are required. Intravaginal Boric acid (BA) pessaries are available and have been used to safely treat vulvo-vaginal candidiasis and bacterial vaginosis.

Aim(s)/objectives We aimed to review the evidence for the safety and efficacy of BA for the treatment of TV.

Methods We performed a systematic review, in accordance with Centre for Reviews and Dissemination methods, of the evidence for the use of BA as a topical treatment for TV.

Results No randomised controlled trials or case series were found. Case reports provided in vivo evidence that BA safely and effectively treated TV. These cases, in the setting of resistant TV or severe metronidazole allergy, were managed with combination treatment administered over a period of 4 weeks to 5 months using doses of boric acid ranging from 600 mg once a day to 600 mg twice a day. No studies assessed the efficacy of BA in uncomplicated TV infection. In vitro, low concentrations (0.2%) of BA reduced the growth rate of TV, whereas higher concentrations ($\geq 0.4\%$) were lethal to both laboratory TV strains and clinical isolates, providing evidence that the inhibitory effect of BA on TV is dose-dependent.

Discussion/conclusion BA is well-tolerated and has in vitro and in vivo activity against TV. There is limited evidence on the appropriate dosing schedule. There is need for further evaluation in a clinical trial.

P023 **'IT'S ALL ABOUT THE MONEY MONEY MONEY'? OPTIMISING BLOOD INVESTIGATION REQUESTS FOR HIV PATIENTS**

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