O006 IS A SHORT COURSE OF AZITHROMYCIN EFFECTIVE IN THE TREATMENT OF MILD TO MODERATE PELVIC INFLAMMATORY DISEASE (PID)?

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Background/introduction Crucial to treatment success in PID is adherence to therapy. All guidelines recommend 14-days of therapy although many women fail to complete 2-weeks, particularly if they experience side-effects. A shorter course of antibiotics may offer a valuable treatment alternative.

Aim(s)/objectives To compare clinical efficacy/acceptability of standard PID treatment 14-days with 5-day course of antibiotics for mild-moderate PID (pain for <30 days).

Methods A multicentre, open-label, non-inferiority RCT comparing arm-1 (ofloxacin/metronidazole) with arm-2 (azithromycin 1g day-1; 500mg od day-2–5, metronidazole/ceftriaxone). Efficacy was measured using standard pain-scores at baseline and 14–21 day follow-up looking for a 70% reduction; women who failed to complete treatment/return for follow-up were considered treatment failures.

Results N = 313 (152 arm-1, 162 arm-2 with similar baseline characteristics). Median age 25. Lower abdo-pain 95%, discharge 64%, dyspareunia 53%. Baseline pain-score median 8/36 (range 1–26); day 14–21 0/36 (range 0–18). Considering women who failed to complete therapy/return for follow-up as failures, the proportion with 70% pain reduction was 46.7% for arm-1; 42.2% for arm-2 (p = 0.49, difference in proportions (arm-2 minus arm-1) −4.5% (95% CI −15.5%, 6.5%)). For those women completing therapy the proportion with a 70% pain reduction was 68.9% for arm-1; 57.6% for arm-2 (p = 0.11, difference in proportions −11.3% (95% CI −23.9%, −1.3%). There were no significant differences in reported side effects except diarrhoea: 33.6% arm-1 vs 78.1% arm-2 (p = 0.0001).

Discussion/conclusion In terms of pain reduction we could not demonstrate that the shorter azithromycin course was non-inferior to the standard-of-care. Patients also experienced significantly more diarrhoea. This study highlights the importance of using evidence-based treatment regimens.

O007 DIGITAL HEALTH AND REMOTE DIGITAL CONSULTATIONS: VIEWS AND EXPERIENCES IN SEXUAL HEALTH CLINIC ATTENDEES

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Background/introduction Digital health is becoming increasingly important in the NHS. Use of apps and remote digital consultations (RDC) may improve patient access and satisfaction, but more data on attitudes in sexual health clinic attendees are needed.

Aim(s)/objectives Assess the views of using digital health in sexual health clinic attendees.

Methods Patient-directed questionnaires were completed by patients attending a sexual health service. Demographic data were collected, along with acceptability and use of apps, websites and RDC.

Results 231 surveys were returned. 85% (175/206) of participants would be happy to use a website for sexual health; 39% (82/208) find using an app acceptable. Education to A-level or above significantly improved acceptability of using digital health for RDC (see Table 1). A previous STI versus no STI in the last 12 months significantly improved acceptability of using an app for sexual health (22/40 versus 58/165, p = 0.02) and consenting for a recording of their RDC in clinic notes (17/38 versus 44/164, p = 0.02).

Abstract O007 Table 1 Digital health

	Overall	Educated to GCSE level or less	Educated to A-level or higher	p-value
Currently have a device for video consultation (i.e. Skype or FaceTime)	**84% (173/207)**	67% (31/46)	90% (137/152)	0.001
Give consent for face to face remote digital consultation	**51% (105/207)**	37% (17/46)	56% (85/152)	0.01
Find web cam use acceptable for remote appointments	**40% (81/202)**	26% (12/46)	46% (68/147)	0.02

Discussion/conclusion Most participants find using a website acceptable, however the use of apps less so. RDC are acceptable for only one in two of all sexual health attendees, and less so for patients with lower educational attainment. Only four in ten would allow a recording of a digital consultation, with confidentiality stated as the main concern. Fewer responses were received from patients with a lower educational attainment, which may affect generalisability of these data. We should be mindful that a mixture of digital and traditional health is needed to accommodate all service users.

O008 TRIAGE REVIEW: SHOULD THEY STAY, OR SHOULD THEY GO?

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Background BASHH guidance for GUM services advises access within 48 hours for all and on the day review for emergencies. GU services have varying policies for when capacity is reached, ranging from 'closed door' policies to triaging all, however, there are concerns that patients with significant infections may be turned away. Since 2010 our inner city clinic has used triage forms.

Aims To investigate the burden of STIs in individuals who were turned away after triage, and assess the efficacy of our triage system

Methods Review of all triaged patients between 5/1/15–24/3/15.

Results 698 patients triaged: 359M; 336F; 3 unknown. Median age 23 years (range 16–86). 488 (70%) were turned away: 255M; 230F; 3 unknown; median age 23 years (range 16–73). Warts/lumps/bumps (15%), urinary symptoms (15%) and