Discussion/conclusion Our project reflects Chlamydia as an important cause of PID in younger women. This supports the latest guidance recommending repeat Chlamydia screening in under 25s to identify reinfections and reduce the risk of complications such as PID.

P093 AUDIT ON THE MANAGEMENT OF EPIDIDYMO-ORCHITIS IN A LONDON-BASED LEVEL 3 SEXUAL HEALTH CLINIC

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Background/introduction The aetiology of epididymo-orchitis is largely related to a patient's age with sexually transmitted pathogens being the common aetiological agents in those under 35 years of age. In individuals aged over 35 uropathogens represent the commonest cause. National guidelines exist for the appropriate management of this condition.
Aim(s)/objectives To assess the management of epididymo-orchitis in our clinic with reference to the BASHH guidelines.
Methods A case note review of all men with epididymo-orchitis attending our clinic between January and June 2015. Age at time of diagnosis, investigations and treatment decisions were recorded.
Results A total of 59 patients were identified ranging from age 16 to 67. Only 66% of patients had all four recommended microbiological investigations performed (target 90%). Nineteen patients did not have an MSU microscopy/culture performed and 7 had no urethral smear. All patients were tested for chlamydia and gonorrhoea. All 59 patients were prescribed an appropriate antibiotic regimen. The 5 patients who did not respond clinically had a documented plan for further clinical action.

Abstract P093 Table 1 Epididymo-orchitis

	Age ≤ 35 years	Age > 35 years	Total
No. of patients	38	21	59
CT positive	5	0	5
GC positive	0	0	0
MSU positive	1	1	2

Discussion/conclusions This audit demonstrated that patients attending our clinic were treated in concordance with national guidelines and the vast majority showed a good clinical response. However, lack of routine urine sampling for microscopy/culture was evident. Although a urine dipstick was performed in most cases, guidelines do stipulate that this only serves as a useful adjunct. As a result of this audit our department intends to obtain an MSU for culture in all cases of epididymo-orchitis.

P094 *CHLAMYDIA TRACHOMATIS* (CT) POSITIVITY RATE AT 2 WEEK *NEISSERIA GONORRHOEAE* (NG) TEST OF CURE (TOC)

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Background/introduction Whilst guidelines recommend NG TOC 2 weeks after treatment, there is little data on the optimum time to perform a TOC for CT in those for whom this is indicated. Current BASHH guidelines recommend deferring TOC for at least 3 weeks after treatment because residual chlamydial DNA may persist.
Aim(s)/objectives Patients who are treated for NG and CT co-infection re-attending for subsequent NG TOC are tested for both infections by NAAT providing the opportunity to evaluate the CT positivity rate at re-attendance.
Methods A retrospective case review of co-infected GC/CT positive (analysed with Cepheid GeneXpert) patients tested in a London sexual health clinic over 12 consecutive months was performed. TOC details were evaluated, and appropriate antibiotic treatment according to BASHH guidelines was assessed.
Results 480 patients tested positive for both infections and 132 attended for TOC within 21 days of treatment (median 15 days, IQR 14–17). Of these 131 were male, of whom 126 MSM; median age was 35 y and median number of sexual partners in previous 3 months was 5. Site of CT infection was rectal (94), urethral (49), throat (11), vulvovaginal (1). At TOC, 6 (4.5%) had a persistent positive CT NAAT: rectum (3), urethra (3). One patient with persistent rectal CT had received treatment with azithromycin; the other 5 received BASHH preferred treatment. By comparison, 3 (2.3%) had a positive NG NAAT at TOC.
Discussion CT positivity 15 days after treatment is low, suggesting that TOC at 2 weeks may be a possible management strategy.

P095 GETTING HIGH AND HAVING SEX- ARE YOUNG WOMEN JOINING THE PARTY?

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Background Use of 'chems' by MSM (men who have sex with men) is reported widely and is associated with poor sexual health outcomes but less is known for the general GU clinic population.
Aims To determine the proportion of men and women reporting recreational drug use and identify sexual risk taking and health outcomes.
Methods Patients attending GUM from 1–21st December 2015 were invited to complete an anonymous paper questionnaire. Age, sexual orientation, sexual partners, STIs, smoking, drug and alcohol use were collected.
Results 128 men (32.8% MSM) and 101 women responded. 19% women, 36% heterosexual men (HM) and 52% MSM reported recreational drug use in the past 12 months. Women users were younger (age range 19–42, median 23) and their preferred drug was Cocaine (12%). Men were older (age range 19–67, median 28), cocaine was a preferred drug (28% HM, 19% MSM) but MSM also used Mephadrone, Ecstasy and Viagra equally (19%). Users reported UPSI with multiple partners in the last 3 months more often (68% MSM, 50% HM, 53% females) compared with non users (30% MSM, 26% HM and 17% females). Female users reported the highest recent STI rates, 68% (MSM 55%) and non-consensual sex (21%).
Discussion We found significant drug use and risky sexual behaviour amongst heterosexuals, although MSM remain the highest

users. Drug use by young women is of particular concern and may lead to sexual health morbidity. We believe this group is currently under-recognised and opportunities for risk reduction are being missed.

P096 CONCORDANCE OF CHLAMYDIA INFECTIONS OF THE RECTUM AND URETHRA IN SAME-SEX MALE PARTNERSHIPS: A CROSS-SECTIONAL ANALYSIS

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Background

Sexual health services should ask all high risk attenders about drug and alcohol use. However, the impact of drug and alcohol use on STI epidemiology remains uncertain.

Aims To audit drug and alcohol history taking after introduction of a screening tool and to describe the patterns of use and associations with STI diagnoses.

Methods An anonymised database of all clients attending in 2015 was constructed including basic demographics, reported drug and alcohol history, HIV status and STI diagnoses.

Results 48,654 clients were seen in 2015. 26,429 (54%) were asked about drug and/or alcohol use at least once. Use of any drug or excess alcohol was reported by 16% and was associated with higher rates of STIs (24 vs 10%, $p < 0.001$). Amongst MSM, 62% had a drug and/or alcohol history taken, compared with 47% and 55% in heterosexual men (MSW) and women, respectively ($p < 0.0001$). STIs diagnoses were significantly higher in drug users compared to non-users (27 vs 11%), but were not different comparing alcohol excess vs no excess (14 vs 13%). STI diagnoses were significantly higher in drug users compared to non-users in all sub-groups – MSM (41 vs 20%) MSW (26 vs 18%) women (12 vs 7%) – all $p < 0.0001$.

Conclusions The audit showed room for improvement in history taking. Chemsex drugs are associated with the highest risk of STIs. This relationship might not be causal. Party drug use was associated with some STIs. The audit supports drug and alcohol histories for all MSM as well as heterosexual men and women attending with STIs.

P097 ARE PATIENTS IN RURAL COMMUNITIES INTERESTED IN ONLINE SEXUAL HEALTH SERVICES?

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Background/introduction People do not attend Genitourinary Medicine (GUM) services for reasons including cultural beliefs and stigma. In Cornwall geographical isolation, poor transport and local Council budgetary cuts to peripheral clinics also limit access.

Aim(s)/objectives To ascertain whether patients would use online services to book appointments and/or order home testing kits.

Methods An anonymised questionnaire survey of GUM patients. Data was recorded into an Excel spreadsheet and analysed using SPSS.

Results 248 questionnaires were returned from women(59.7%) and men(40.3%) aged 13–72 years. 154 (62.3%) were previous

Abstract P096 Table 1 Association of reported drug and alcohol use and STI diagnosis in 2015

		[1]Chems Yes, % N = 26,429 asked	[4]p-value	[2]Party Yes, % N = 26,429 asked	[4]p-value	[3]Alcohol excess, % N = 20,406 asked	[4]p-value
Total		4.4% n = 1046		12% n = 2891		6% n = 1225	
Gender/	MSM	16.5	**<0.0001**	15.9	**<0.0001**	8.7	**<0.0001**
Sexual orientation (MSW-heterosexual men)	MSW	0.9		18.2		9.1	
	Women	0.3		7.1		3.9	
New STI this year	Yes	17.0	**<0.0001**	19.6	**<0.0001**	6.6	0.156
	No	2.4		10.9		5.9	
Chlamydia	Yes	14.0	**<0.0001**	19.1	0.435	7.1	0.257
	No	20.6		20.2		6.0	
Gonorrhoea	Yes	33.2	**<0.0001**	23.8	**<0.0001**	6.8	0.753
	No	7.8		17.2		6.5	
Syphilis	Yes	40.1	**<0.0001**	21.7	0.320	4.7	0.191
	No	14.5		19.3		6.8	
HSV	Yes	8.0	**<0.0001**	17.4	0.190	5.3	0.205
	No	18.6		20.0		6.9	
Hepatitis B	Yes	17.1	**<0.006**	9.7	0.252	6.7	1.000
	No	0		19.7		6.6	
Hepatitis C	Yes	65.7	**<0.0001**	45.7	**<0.0001**	0	0.166
	No	16.4		19.3		6.7	

[1]"Chemsex drugs" (mephedrone, gamma-Hydroxybutyric acid, methamphetamine)
[2]"Party drugs" (cannabis, ecstasy/MDMA, cocaine, ketamine)
[3]Excess alcohol use was >14 units for women and >21 units for men.
[4]p-values calculated using Chi squared or Fisher exact test as appropriate.