Pooled estimates of prevalence in other populations were: pregnant women 1.2% (95% CI 0.4 to 1.9%, I^2 85.1%, 4 studies); men who have sex (MSM) in the general population 2.3% (95% CI 1.6 to 3.1, I^2 0%, 3 studies); and clinic-based samples of MSM 5.2% (95% CI 4.2% to 6.1%, I^2 0%, 2 studies). In female sex workers in low income countries, prevalence estimates ranged from 13.2 to 26.3% (4 studies).

Discussion Prevalence rates of *M. genitalium* in the overall general population, population-based samples of MSM and pregnant women in high income countries are low. Estimates of prevalence are higher in MSM in clinic-based samples and in female sex workers in low income countries.

P130 NATURAL HISTORY OF *MYCOPLASMA GENITALIUM*: INCIDENCE, PERSISTENCE, TRANSMISSIBILITY AND PROGRESSION TO PELVIC INFLAMMATORY DISEASE: SYSTEMATIC REVIEW AND META-ANALYSIS

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Background *Mycoplasma genitalium* causes urethritis in men and cervicitis in women but characteristics of the infection have not been systematically reviewed.

Objectives To determine the incidence, persistence and transmissibility of *M. genitalium* and its role in pelvic inflammatory disease (PID).

Methods We searched Medline, EMBASE, LILACS, IndMed and African Index Medicus. Two investigators selected studies and extracted data independently. We examined the findings in forest plots and assessed heterogeneity using the I^2 statistic. We conducted meta-analysis if appropriate.

Results Of 4355 abstracts we included 6, 5, 9 and 3 studies about incidence, persistence, transmissibility and PID respectively. Study designs were heterogeneous. In high income countries the pooled incidence was 1.1 per 100 person-years (95% CI, 0.5 to 1.7, I^2 28.3%, 3 studies). The proportion of infected people who cleared infection were 50% after 2.5 months and <90% after 8 months but in one study 25.9% had persistent infection after a median of 16 months. In studies of people with *M. genitalium* the proportion of sexual partners also infected was 55% (95% CI 40 to 70%, I^2 61.5%) and in cross-sectional studies 1 to 22% of couples were concordantly infected. Two cohort studies found PID more commonly in women with *M. genitalium* than in uninfected women (risk ratios 2.4, 95% CI 0.7 to 7.5 and 1.6, 95% CI 0.8 to 3.1).

Discussion Further studies of the natural history of *M. genitalium* are warranted. These estimates can be used in mathematical modelling studies of *M. genitalium* dynamics.

P131 LESSONS LEARNT FROM PATIENT PUBLIC INVOLVEMENT

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Background/introduction NHS England are clear that patients and carers should supported in their involvement to help shape NHS services. Patient public involvement (PPI) groups to determine patients' views can be used to plan and improve services.

Aim(s)/objectives To hold a patient focus group discussing expectations of an integrated GUM clinic and explore patient views regarding engagement with our service.

Methods A survey given to all patients assessed views on PPI. Interested patients were requested to complete contact details. 12 mixed sex patients confirmed to attend a 90 minute session at a local venue, facilitated by an independent lead. Topics were decided in advance. Responses were documented by clinicians.

Results 306 completed the survey: 89% agreed patient involvement is important. 65 left contact details. 5/12 confirmed participants attended the session; all were male. All stated they would participate in future PPI sessions, and would be agreeable if held within our clinic.

Discussion/conclusion The survey demonstrated that patients agree public involvement is beneficial. However, only a fifth agreed to be contacted for this project. The focus group provided valuable development suggestions including increasing bookable appointments and introducing online triage. Acceptability of holding groups within our clinic enables a financial saving compared to external venues. Adequate participant numbers remains a challenge, with further sessions achieving a similar 50% attendance. Suggestions include reducing time between survey and date of focus group. Increasing invited numbers would allow for high drop-out rates. Trialling targeted focus groups e.g. single sex or telephone interviews may improve patient acceptability.

P132 REVIEW OF SMOKING, ALCOHOL AND DRUG USE WITHIN AN INNER-CITY INTEGRATED GUM SERVICE

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Background/introduction Evidence suggests alcohol and drug use correspond to poorer sexual health outcomes. NICE recommend routine screening for alcohol use disorders, with adults and young people regularly attending GUM services identified as a high risk group. Assessment for drug and alcohol misuse enables health promotion through brief intervention.

Aim(s)/objectives To assess the prevalence of cigarette, alcohol and drug use within our GUM clinic population.

Methods Patients were requested to complete a questionnaire as part of the clinic triage form, including data on smoking status, alcohol use using AUDIT-C and recreational drug use. Cases were randomly selected for retrospective review over two week-long periods in June-July 2015.

Results 493 patients were reviewed: 261 (52.9%) female vs 232 (47.1%) male. Ages ranged from 14–79 (median = 28). 27.9% were current smokers (F = 26.8%, M = 29.2%). 391 (79.3%) patients completed questions to allow adequate assessment of their alcohol use. 220 (56.3%) scored ≥5 using the AUDIT-C screening tool, indicating need for further discussion. 317/409 (77.5%) disclosed binge drinking. Of the 418 patients (84.8%) who responded, 73 (17.5%) admitted recreational drug use. The most common method of use disclosed was smoking (71.2%),