

followed by snorting (49.3%) and pills (30.1%). (31 reported more than 1 method.)

Discussion/conclusion Over half of patients attending our clinic warranted further assessment or brief intervention regarding their alcohol use. Recreational drug use and smoking was higher than that of the general population. Further staff training and developing links with local support services will improve the holistic management of our patients.

P133 INTER-SPECIALITY WORKING TO PROVIDE COMPETENCIES IN GENITAL DERMATOLOGY FOR GUM TRAINEES

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Background The Health and Social Care Act (2012) led to decommissioning of genital dermatology services in our sexual health clinic, creating a training deficiency in this aspect of the GUM curriculum.

Objective To develop a service for patients with vulval pathology whilst also providing competencies in genital dermatology for GUM trainees.

Methods Training concerns were discussed with the local Health Education England board. A dermatology consultant with considerable experience in vulval disorders agreed to supervise a weekly vulval clinic, held within the dermatology department, to which GUM trainees would be seconded. Women were seen by a GUM trainee under the supervision of the dermatology consultant. Details of patient outcomes were prospectively recorded.

Results Over 10 months 84 women were seen in a total of 165 visits. The patients had a median age of 57 (range 19–94) years. 34 (40.5%) were follow-up dermatology patients. Of the 50 remaining patients, 10 (20%) were referred from other dermatology consultants, 3 (6%) from gynaecology, 8 (16%) from genitourinary medicine, and 29 (58%) from general practice. Diagnoses are tabulated below.

Abstract P133 Table 1 Genital dermatology

Diagnosis	Number of patients
Lichen sclerosus	30
Lichen planus	15
Dermatitis	15
Vulvodinia	5
Atrophic vaginitis	4
Lichen sclerosus/lichen planus	3
Psoriasis	2
Tinea	2
Vulval melanoma	1
Vulval Crohn's disease	1
Other	6

Discussion Inter-speciality working has allowed GUM trainees to develop expertise in genital dermatology whilst the presence of a GUM doctor facilitates exploration of psychosexual issues in these patients. We recommend that other centres consider this model for training and service provision.

P134 MAINTAINING CONFIDENTIALITY IN SEXUAL HEALTH CLINICS; A LOCAL AND NATIONAL SERVICE EVALUATION

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Background/introduction The need for confidentiality is of particular importance in sexual health clinics, as patients are sometimes reluctant to give personal contact information due to fears of disclosure to other parties. This can cause difficulties for clinicians when trying to issue results or advise patients of the need to attend for follow up.

Aim(s)/objectives To review the proportion of patients with *Chlamydia Trachomatis* who had their confidentiality/permissions (CP) breached in order to issue results, or who never received their results. To review UK wide policy in sexual health clinics on these issues.

Methods The EPRs of those attending a large provincial Sexual Health Department with a new diagnosis of *Chlamydia Trachomatis* between July 2014 and June 2015 were reviewed. A nationwide policy survey regarding breaches in CP in order to provide patients with results was disseminated to Lead Clinicians.

Results The records of 605 patients were reviewed. 4% had their CP breached, of whom 18 (69%) required follow up only, and 31% for the issue of positive results post treatment. 5% did not receive their results. 62 (25%) of sexual health clinics returned surveys, of whom 16 (26%) had a policy for issuing results when breaches were required.

Discussion/conclusion Breaching CP in order to issue results or ask patients to attend for follow up, or failing to give results, was common, affecting nearly 1 in 10 patients. The survey showed that a minority of UK clinics have formal policies addressing this issue. A BASHH national guideline would be helpful.

P135 DO HIV SERVICES MEET THE NEEDS OF ADULTS DIAGNOSED WITH HIV AT AN OLDER AGE? A UK BASED, MULTI-CENTRE QUALITATIVE STUDY

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Background/introduction As the number of new HIV diagnoses in adults aged ≥ 50 years is increasing, the effectiveness of HIV services in meeting the needs of this group warrants exploration.

Aim(s)/objectives Exploring HIV service provision for adults diagnosed with HIV at age ≥ 50 years, from the perspectives of service users and healthcare professionals (HCP).

Methods Qualitative interviews with nine adults (age range 50–67 years) diagnosed with HIV at age ≥ 50 years and 12 sexual health/HIV HCP.

Results Service users reported a generally outstanding level of care delivery, and considered themselves to have a greater control of their health following diagnosis, primarily due to an increased level of support and general health monitoring (e.g. frequent blood pressure checks, blood tests, and regular follow-ups). Some service users believed their life-expectancy may have improved after diagnosis. Perceived advantages were identified

for older service users with HIV compared with the general older population, including earlier detection of general health problems. However, services in low HIV prevalence areas were commonly considered to be youth-orientated. The targeting of sexual health/HIV resources towards younger people was identified as a key contributor to the high proportion of older adults diagnosed at a late stage of disease. Late HIV diagnosis was associated with a lack of awareness or acknowledgement of personal risk.

Discussion/conclusion Once diagnosed, older adults report receiving exceptional HIV care and support. However, to promote early HIV detection, HIV awareness needs to increase across all age groups.

P136 IS 7 DAYS OF DOXYCYCLINE ENOUGH FOR THE TREATMENT OF LGV?

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Background Current treatment recommendations for lymphogranuloma venereum (LGV) are for 21 days of doxycycline but the evidence is limited.

Aims To describe clinical outcomes in MSM treated with short-course doxycycline for rectal Chlamydia, subsequently proven to be LGV.

Methods We reviewed all MSM who received 7–14 days of doxycycline but tested positive for LGV between Dec 2012 – Jan 2016. Clinical features and test of cure (TOC) results were tabulated.

Results Thirty-three MSM with LGV were included. Median age was 35 (range 25–57), 88% were HIV positive and all tested positive for LGV-specific DNA in the rectum. Only 18/33 (55%) had ano-rectal symptoms including pain, bleeding, tenesmus, discharge, constipation, diarrhoea and ulceration. The remainder were asymptomatic or had genital symptoms. 24/33 (73%) were treated with 7 days of doxycycline, 8 (25%) with 14 days, and 1 patient received azithromycin 1g stat; 20 patients also received ceftriaxone 500mg. 100% (32/32) of patients treated with doxycycline had a negative TOC at a median 28 days (range 14–200). Of these, 1 patient had an initial positive rectal chlamydia TOC but this was LGV negative. The patient treated with azithromycin had a positive TOC at 24 days and remained symptomatic, representing treatment failure.

Discussion/conclusion This case series suggests efficacy for short-course doxycycline for both symptomatic and asymptomatic rectal LGV with no treatment failures seen. Current BASHH Chlamydia guidelines suggest 21 days of doxycycline should be considered if no LGV test is done. Our data suggest this is not warranted but further prospective studies are needed.

P137 IS THE MANAGEMENT OF HIV POSITIVE LYMPHOMA PATIENTS WITHIN SMALL COHORT CENTRES IN LINE WITH CURRENT BEST PRACTICE GUIDELINES?

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Background As the incidence of opportunistic infections accounting for HIV-related deaths has declined significantly, malignancies now account for approximately a third of HIV related death with the majority of these being lymphoma related.

Aims To determine whether management of HIV positive patients within small centres is in line with current best practice guidelines.

Methods All HIV positive patients diagnosed with lymphoma or relapsing with lymphoma, from 2010 to 2015, in the BASHH Wessex region were eligible for inclusion. On review of previous studies and current BHIVA guidelines, a data collection tool was designed to accumulate relevant patient information to review care. Data collection was conducted at three centres across Wessex.

Results The total sample size of the study was 25 patients, all of which received the recommended diagnostic and staging procedures. Of the patients with documented staging, 73% were diagnosed with stage 4 lymphoma and 50% had an International Prognostic Index score of 3 or more. The mean follow up time of each patient was 19 months (from 1 to 64 months). Within the follow up time, the overall survival rate was 72%. In those followed up for a minimum of 2 years, the progression free survival rate was 100%.

Conclusions Although the small sample size does not allow comparison with larger cohorts, current findings suggest that management of HIV positive lymphoma patients within these smaller centres is in line with best care guidelines. The formation of a national registry would allow for closer monitoring of this in the future.

P138 IDENTIFYING THE PREVALENCE OF RECREATIONAL DRUG USE IN MEN WHO HAVE SEX WITH MEN ATTENDING SEXUAL HEALTH CLINICS IN GREATER MANCHESTER

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Background/introduction Recreational drug use has been reported to be disproportionately higher in men who have sex with men (MSM) when compared to their heterosexual counterparts. There are indications that increased recreational drug use may lead to risky sexual behaviour. Patterns of recreational drug use are subject to spatial and temporal variations and as such, regular assessment of these changes is essential in understanding service user behaviour.

Aim(s)/objectives To identify commonly used recreational drugs, routes of administration and frequency of use for MSM service users attending sexual health clinics in Greater Manchester.

Methods A retrospective case note review was conducted using a random, powered sample of MSM attending three sexual health clinics across Greater Manchester during 2014. Details of risky sexual practices, sexually transmitted infection diagnoses and number of sexual partners were also recorded.

Results 357 case notes were reviewed from across three sites. In total, 18% of service users reported recreational drug use. The most commonly reported substances were cannabis (7%) and