

Discussion/conclusion Education is key to increase awareness about the importance of HIV screening. Healthcare professionals should be aware of and address barriers to screening during consultations. An educational poster has been produced for the clinic with the intention of increasing awareness of HIV among the pregnant population.

P221 A SURVEY EXAMINING HEALTH SEEKING BEHAVIOURS OF THOSE ACCESSING SEXUAL HEALTH SERVICES IN LONDON

Marie McNulty*, Jake Bayley, Michael O'Hanlon, Jennifer Hong, Rebecca O'Connell. *Barts Health NHS Trust, London, UK*

10.1136/sextrans-2016-052718.269

Background/introduction Open access to sexual health services reduces STI's and onwards transmission. Given cuts to Public Health budgets, a better understanding of how patients access care is vital to rationalise services.

Aim(s)/objectives Assessing demographics and health behaviours of sexual health clinic attendees to improve service delivery.

Methods Patient-directed questionnaires were completed on registration in a London Trust. Information including demographics, travel times and whether patients sought help before attending were collected.

Results 231 surveys were returned with respondents 48% white, 23% black and 13% Asian. 62% of patients walked-in, 34% booked online. 52/217 (24%) sought advice from elsewhere before attending (primarily GP - 26/52, 50%) with 50% finding it useful. Of 107 responses, 41 (38%) tried self-treating before attendance. Symptomatic patients were more likely than asymptomatic patients to seek help elsewhere (40/113 versus 12/99, $p < 0.05$). No significant differences in behaviour were observed given age, ethnicity or employment, or previous STI < 12 months ago. No patients with qualifications less than GCSE sought prior to attendance. 80% of patients travelled under 30 minutes to clinic, 58% attended their closest clinic.

Discussion/conclusion Our data demonstrates the clinics surveyed serving a very local population. However a significant proportion of patients, particularly those with symptoms, seek help elsewhere before attending, with only 50% finding this useful. This highlights the importance of specialist services addressing local patients' health needs. Overall socio-demographic factors did not appear to influence health seeking behaviour, although those with a lower education status appeared to access services more directly.

P222 DOES HIV INFECTION INCREASE COMPLICATIONS AFTER INTRA UTERINE CONTRACEPTION (IUC)?

Savidya Adikari*, Mannampallil Samuel. *King's College Hospital, London, UK*

10.1136/sextrans-2016-052718.270

Background As estimated by World Health Organisation about 50% of all HIV infected individuals are women. Comparison data for complications after IUC in HIV positive and negative women are lacking.

Aims The aim of our study is to compare short-term complications and side-effects after IUC in the above two groups.

Methods Retrospective notes review of 76 patient records of HIV negative women who attended in 2013, for IUC and followed up for 3 months was carried out. All HIV positive

women, who attended between 2012–2015, for IUC and followed up within 3 months were included. Data including demographics and complications were collected in addition to HIV related parameters.

Results Among the 49 HIV positive women 46 were on treatment and was undetectable at the time of IUC insertion. Mean CD4 count was 589 cells/ μ L. Mean age was 38 years, and 30 in the negative women. Black ethnicity was common among both groups. Pelvic pain was reported in 6% of the HIV group vs 17% of the non-HIV group (P value = 0.034). Incidence of lost threads was also significantly high in HIV negative women (P value = 0.018). 31% of the HIV group reported heavy or prolonged bleeding vs 37% of the negative group.

Discussion In HIV negative women, pelvic pain and incidence of lost threads were significantly high. Occurrence of any complication or side effect was also significantly high in HIV negative women (P value = 0.022).

P223 PROVISION OF MENTAL HEALTH CARE IN HIV POSITIVE HOSPITAL INPATIENTS EVALUATED AGAINST BRITISH PSYCHOLOGICAL SOCIETY (BPS) STANDARDS

¹Tatyana Sahabandu*, ¹Rosanna Grimes, ^{1,2}Alice Bennett, ¹Philip Henshaw, ¹Daniel Bradshaw. ¹Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; ²Sussex Partnership NHS Foundation Trust, Brighton, UK

10.1136/sextrans-2016-052718.271

Background The prevalence of mental health problems (MHP) in PLWH is significantly higher than in the general population. Little is known of the prevalence of MHP and experience of patients of MH services locally.

Aim This study aimed to audit the provision of MH care in HIV-positive inpatients locally against 2011 BPS standards.

Methods We undertook a retrospective notes review of HIV-positive inpatients between 15/07/2015 – 30/11/2015. The following data were collected: demographics, HIV parameters, substance misuse, and MH history. Phone interviews were held to obtain feedback on patients' experiences of MH care. Statistical analysis was undertaken using chi-square or Fisher's exact test.

Results Of seventy-three patients 86% were male ($n = 63$) and 80% UK-born Caucasian ($n = 58$). Median CD4 was 495 cells/mm³ (range: 8–1847); HIV-1 viral load was undetectable in 78% ($n = 57$); 8% were HCV antibody positive ($n = 6$); 3% homeless ($n = 2$), 26% reported alcohol excess ($n = 19$), 4% injection drug use (IDU) ($n = 3$), 32% ($n = 23$) active and 38% ($n = 28$) previous MHP. Only IDU was significantly associated with active MHP, ($p = 0.01$). Of 15 patients reporting MHP who provided feedback, 6 (40%) felt healthcare professionals (HCPs) had not given them sufficient opportunity to discuss their psychological wellbeing and 40% ($n = 6$) reported experiencing stigma from HCPs.

Conclusion Results suggest a high prevalence of MHP in this cohort. Many reported difficulties discussing MHPs with HCPs. We have therefore initiated a pilot joint HIV/Psychiatric clinic to improve access to MH services.

P224 MISSED OPPORTUNITIES AND COST IMPLICATIONS IN A HIV LOW PREVALENCE REGION IN THE UK

Darshanie Mallikarachi*, Amy Beswetherick, Jane Holder, Sathish Thomas William. *Taunton and Somerset NHS Foundation Trust, Taunton, UK*

10.1136/sextrans-2016-052718.272