

patients presenting to their sexual health walk-in service on 5th September.

Results 382 patients presented to 9 services across England and Scotland. Of these, 164 (43%) presented with a GD condition. GD STI diagnoses (e.g. warts, herpes simplex) were excluded. 75 patients (20%) presented with non-STI GD conditions.

Of these, 59% were male, 91% heterosexual. The modal age range and ethnicity were 18–25 year olds (36%) and white British (67%).

GD diagnoses included: candida/tinea 17%, normal variant 11%, eczema 8%, non-specific balanitis 8%, irritant dermatitis 7%, vulvodynia 5%, lichen sclerosus 5%, lichen planus 3%, psoriasis 3%. 17% of cases required senior review. 33% had follow up: 32% by a Genitourinary Medicine consultant; 12% in a Genitourinary Medicine specialist clinic. 4% required skin biopsy.

Discussion Our study demonstrates that non-STI GD conditions constitute a high proportion of clinical presentations to walk-in sexual health services. Many cases require in-house senior input. Commissioners must recognise the burden of GD on services and the expertise required to ensure optimal management of GD within sexual health.

038 THE CONTRACEPTION CHOICES INTERACTIVE DECISION-AID: DEVELOPMENT, CONTENT AND DESIGN

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Introduction Women have many concerns about contraception which can put them off using reliable methods, and their worries may not surface in consultations with health professionals. An online intervention can offer convenient help with decisions. We describe the design and development of the Contraception Choices website which addresses myths and misconceptions about contraception, and provides tailored recommendations for contraceptive methods.

Methods We gathered several sources of evidence: 1) A qualitative synthesis of systematic reviews of factors influencing contraceptive choice; 2) Views on contraception expressed on YouTube (35 videos); 3) A meta-analysis of randomised controlled trials of interactive digital interventions for contraceptive decision-making; 4) A narrative synthesis of reviews of interventions for contraceptive decision-making; 5) Seven focus groups with 75 women aged 15 to 30 recruited in clinical settings, to explore beliefs and concerns about contraception and suggestions for website content.

YouTube videos and qualitative data were analysed thematically. Themes from the qualitative field work and findings from the evidence reviews were tabulated, and implications for the design of the Contraception Choices website were debated.

Results The most common myths and misconceptions about contraception were worries about hormones being unnatural, weight gain, altered bleeding patterns, cancer and future infertility. The Contraception Choices website addresses women's concerns through videos, information which highlights contraception benefits, and an interactive tool which gives tailored suggestions for contraceptive methods.

Discussion The role of digital decision-aids for contraception will be discussed. The website will be tested in a pilot randomised controlled trial starting in March 2017.

039 IMPROVING THE EVIDENCE-BASE TO UNDERSTAND STI RISK REDUCTION CAPACITY: THE FEASIBILITY AND ACCEPTABILITY OF LINKING ONLINE BEHAVIOURAL SURVEY DATA TO GENITOURINARY MEDICINE CLINIC RECORDS

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Introduction Behavioural surveys provide insight into the context associated with STI risk, but interpretation is hampered by using self-reported STI history. We aimed to determine the feasibility and acceptability of linking patients' online survey data on STI risk factors with the national surveillance dataset on STI diagnoses (GUMCADv2).

Methods Between May–September 2016, attendees at 16 GUM clinics across England were invited to complete an online survey on knowledge, attitudes, and behaviours around STI risk, using a clinic tablet or personal device. Clinic staff recorded respondents' patient IDs, which we used to link surveys to GUMCADv2 (as well as age, gender, and clinic attendance date). We examined recruitment and linkage success and used Z-test for proportions to assess selection bias.

Results 6283 attendees agreed to participate, and 73.6% (4626) did so, with survey completion higher in those who completed the survey in clinic vs. those who did so at home (87.3% vs 16.8%). 95.9% (4437) of survey respondents were eligible, which was 59.2% of our recruitment target. 91.2% (4046/4437) of participants consented to data linkage, and of these 88.9% (3596) were linked to GUMCADv2. Consent did not differ by age or gender but was higher among MSM than heterosexual men (95.5% vs. 88.4%; $p < 0.01$), and lower among black Caribbean than white participants (87.1% vs 93.8%; $p < 0.01$).

Discussion Online behavioural surveys distributed in GUM clinics with linkage to GUMCADv2 are both highly acceptable to attendees and technically feasible. Staff should encourage survey completion on clinic tablets to maximise recruitment and linkage success.

040 ON BECOMING 'NORMALISED': HOW ARE PATIENTS COPING WITH THE TRANSFORMATION OF HIV INTO A 'CHRONIC DISEASE LIKE ANY OTHER'?

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Introduction The widespread use of modern ARVs has increased self-management in HIV patients and reduced their contact with HIV services. We explored how patients adjusted to the changing model of care.