Discussion Our results suggest a significant number of individuals currently receiving PCP prophylaxis could stop. This would reduce their pill burden and minimise the effects of polypharmacy, as well as reduce cost to the NHS. Clinicians should therefore regularly review the need to continue PCP prophylaxis.

P185 SEX & RELATIONSHIPS EDUCATION (SRE): FOCUSING ON THE POSITIVES

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Introduction With the focus of SRE mainly unwanted pregnancies and STIs, due to the growing statistics, is that enough to educate and empower young people (YP) to help reduce them, or should we focus on the positives, like sexual pleasure and what sex actually is, to really engage young people and motivate behaviour change? In 2014, while working for a sexual health charity in West London, a College student approached the mobile sexual health clinic that I partnered with to encourage young people to STI test. He concluded that SRE was too 'negative' and just about STIs and unwanted pregnancies and so I invited him to help me develop a resource that makes SRE more 'positive'. Preceding that incident, 'Talking to Young People about sexual pleasure' training facilitated by Sussex University Researcher, Ester McGeeney (EM), was attended.

Methods In partnership with the student and EM, we put together a questionnaire to gather qualitative research to find out what YP want from SRE and what they understood about good and bed sex. From July 2014 – Dec 2015, 297 young people (148 females, 148 males, 2 unknown) were interviewed anonymously at 14 locations (6 × YP Hostels; 4 × Youth Centres; 2 × YP Charities; 3 × Colleges) with the majority of those YP residing in West London (60%; 25% from South; 2% from North; 5% from East London and 8% unknown). The majority of the participants were BME (56% Black; 5% Asian; 23% Other) with 12% from a White background and 4% unknown.

Results The top 4 topics that the YP wanted to know about, are already on the curriculum – Relationships (13%); Safe sex, condom use & negotiation (12%); STIs (12%); Being ready for sex/Consent (10%). However, the topics of Pleasure (7%) and the act of sex (8%) weren't far behind. The top 6 answers on what the YP understood what good sex was included Pleasure/Satisfaction (23%); Having a connexion (13%); Feeling/Being in Love (11%), Safe sex (10%); Mutual Feelings (9%); Passionate (8%). The top 5 answers on what YP understood what bad sex was, included Rape (18%), Mechanical/No feelings/Just for pleasure (15%); Unsatisfying/Incompatible/Disappointing (14%); Too quick/Premature Ejaculation (11%); Unprotected sex.

Discussion This shows that if YP know that good sex is about pleasure and having a connexion with someone, and bad sex involves no consent, no pleasure and no feelings, then surely we need to be adding more about sexual pleasure and how this relates to healthy relationships and consenting to sex, to SRE?

P186 THE USEFULNESS OF DIAGNOSTIC GENITAL SKIN BIOPSIES IN GENITO URINARY CLINICAL SETTINGS

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Introduction It can be difficult to ascertain the exact aetiology of genital dermatoses as there are a several causative factors including inflammatory, neoplastic & infective. Genital skin biopsy can be a useful tool to provide definitive diagnosis.

Methods We reviewed the electronic patient records of patients diagnosed with genital dermatoses in our clinic over a six month period. We compared clinical diagnoses with final histological diagnoses.

Results A total of 56 patients were given a clinical diagnosis of genital dermatosis during the study period – Lichen Planus (8), Lichen Sclerosus (27), Seborrheoic Keratosis (1), Psoriasis (5), Zoon's Balanitis (7), malignancy (3) and atypical lesions (5). Of these, 32 (57%) underwent a genital biopsy (see table one). Clinical and histological diagnosis correlated in 21 cases (66%). No additional malignant lesions were found following biopsy.

Discussion In our clinic, correlation between clinical and histological diagnosis of genital dermatoses was good and no additional malignancies were found over and above clinical suspicion. 32 patients (57%) of patients seen with genital dermatoses underwent a genital skin biopsy.

Abstract P186 Table 1 Genital Dermatoses

Clinical Diagnosis	Number	Number Biopsied	Clinical Diagnosis Confirmed
Lichen Planus	8	05	03
Lichen Sclerosus	27	13	08
Sebhorreic Keratosis	01	01	01
Psoriasis	05	04	03
Zoon's Balanitis	07	05	04
Malignancy	03	03	01
other	05	01	01

P187 ABSTRACT WITHDRAWN

P188 AN AUDIT OF MANAGEMENT OF PATIENTS PRESENTING WITH URINARY TRACT INFECTION (UTI) IN A SEXUAL HEALTH CLINIC

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Introduction Patients with symptoms suggestive of UTI is a common presentation in sexual health clinics.

Methods Laboratory data retrospectively identified all patients who had a MSU sent from May 2015 to October 2015. Data was retrieved from Electronic patient records and analysed using Excel.

Results There were 150 patients, 107 females and 43 males. Median age 32 years and range 16 – 74 years. Ethnicity: 36% were White British and 22% black Afro-Caribbean. 5 were female sex workers, 3 MSM and the rest heterosexual. 98% were symptomatic (104 had dysuria and 43 increased urinary frequency). 92% had 1 partner in the preceding 3 months.

Urinalysis was positive for leucocytes in 71, Nitrites in 55 and blood in 38 patients.

The audit standards our service achieved were: 84% of all patients who had symptoms suggestive of UTI had Urinalysis, 88% received appropriate first line antibiotics, 63% of women with pelvic pain had a pregnancy test and 100% of all male patients with a UTI were referred to Urology. 40% of MSU were positive and bacteria isolated were 73% E coli, 15% Coliform and 6% Proteus.

The table below shows sensitivities to antibiotics:

Abstract P188 Table 1 UTI antimicrobial sensitivity

	Trimethoprim sensitivity	Nitrofurantoin sensitive
Sensitive	80%	91%
Resistant	17%	9%
Intermittent	3%	0%

Discussion We are currently discussing with our local microbiologists about stopping routine MSU in line with NICE guidance and a change to nitrofurantoin as first line treatment. Staff training has been done to remind staff about the need to do a pregnancy test in women with pelvic pain.

P189 REFLECTIONS ON SCHOOL SEX EDUCATION FROM YOUNG ADULTS: A SURVEY VIA SOCIAL MEDIA

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10.1136/sextrans-2017-053232.231

Introduction With inconsistency of sexual education in schools, we used social media to ascertain opinions from a group aged 18-25 in the UK.

Methods A short survey of four questions was distributed via Facebook to immediate contacts to the primary author. 91 anonymous responses received (demographics not available).

Questions were • Which topics were covered in your sex education during your time in school?

• When do you think it is appropriate to begin sex education?

• Which areas of sexual education would you like to see improved?

• Is there anything that you wish you had been told during your sexual education?

The first two were multiple choice; second two were free text.

For analysis, 'sex education' was used as an umbrella term for education relating to sex (anatomy and practice), relationships, gender and sexuality. Responses for questions 3 and 4 were combined as they generated similar results.

Results Question 1:

Abstract P189 Table 1

Topics	Responses	Topics	Responses
Anatomy of sex	81(89%)	Consent and rape	26(29%)
STDs	79(87%)	Sexuality	14(15%)
Safe sex	77(85%)	Sexual harassment	11(12%)
Female contraception	58(64%)	Gender identity	3(3%)
Drugs and alcohol	58(64%)	Non-heterosexual intercourse	2(2%)

63/91 (69%) believed sexual education should begin during primary school. 31/91 (34%) wished that consent had been covered better, often combined with the implication that this lack of education had affected their personal life.

Discussion While not without limitations, our short survey gave some interesting results worthy of further exploration, suggesting that UK sexual education needs reform before it meets the needs of modern young people.

P190 GENITOURINARY MEDICINE: MORE THAN JUST STI SCREENING AND TREATMENT

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Introduction Since the transfer of commissioning, some local authorities have taken a narrow view of sexual health, defining it as STIs and contraception only, and some have not funded the complex non-STI genital conditions that are a core part of GUM. However patients attend because they have a problem, which may or may not be an STI, that affects their sexual health. We aimed to give a snapshot of a GUM consultant's clinical caseload.

Methods A record was kept of all GUM patient consultations over a 2 week period.

Results A total of 43 patients were seen. All but one were follow-ups. Nine (21%) were long-term attenders. The rest were referred by other clinic staff 20 (47%), consultants in other specialties 10 (23%) and GPs 4 (9%). The average age was 41 (19–87).

The commonest conditions seen were genital dermatoses (20), chronic/recurrent PID (13), recurrent candida (9; two with resistant species), VIN (6), atrophic vulvo-vaginitis (6), vulvodynia (5), and CPPS (4). STIs included HSV (3), chlamydial PID (3) SARA (1) and conjunctivitis (1), and an MSM with syphilis, rectal gonorrhoea and warts.

Nine patients had more than one genital infection and nine both a genital infection and a genital dermatosis.

Discussion This snapshot demonstrates both the complexity of patients and the holistic care provided by a GUM consultant. While other specialties are able to manage some of the conditions seen in GUM, few would have the expertise to manage patients with co-existing STIs and other genital infections, chronic pain conditions and genital dermatoses.