

breastfeeding and the lack of antiretroviral therapy during pregnancy.

P3.78 LIPODYSTROPHY PREVALENCE AMONG PEOPLE LIVING WITH HIV IN SOUTHERN OF BRAZIL

¹M Almeida da Silva, ³CEM Marcon, ⁴RF Sene, ²F Schuelter-Trevisol. ¹Postgraduate Program in Health Sciences at University of Southern Santa Catarina, Brazil; ²Clinical Research Centre at Hospital Nossa Senhora da Conceição, Brazil

10.1136/sextrans-2017-053264.313

Introduction HIV-associated lipodystrophy syndrome is a major adverse effect of highly active antiretroviral therapy (HAART), although it also occurs among people living with HIV who do not receive any pharmacological treatment. Lipodystrophy diminishes patients' quality of life and may hinder treatment compliance or lead to its abandonment.

Methods Cross-sectional study conducted from October 2015 to March 2016. A sample was recruited from individuals living with HIV who attended an outpatient clinic in Tubarão, state of Santa Catarina, Brazil. We collected information on demographics, lifestyle, HIV infection, and clinical aspects. Lipodystrophy was diagnosed through patient self-report associated with anthropometry.

Results We surveyed 405 patients (most were white men; mean age 43.7 years). The mean duration of HIV infection was 74.6 months, and 90.1% of the respondents were taking antiretroviral therapy. The prevalence of lipodystrophy was 34.2%, of whom 43% had lipoatrophy, 52% had lipohypertrophy, and 5% had a mixed form. There was a statistical association between the presence lipodystrophy and female gender [OR=1.77 (95% CI 1.35 to 2.32)] and the duration of HIV infection ([OR=1.00 (95% CI 1.00 to 1.04)].

Conclusion Lipodystrophy was prevalent in more than one-third of the surveyed subjects, which is a warning signal. Lipodystrophy affects quality of life and adherence to treatment, and may cause cardiovascular damage in this population.

P3.79 BARRIERS FOR SYPHILIS SCREENING IN BOLIVIA

¹Tinajeros Freddy, ²R Revollo, ³L Rey Ares, ⁴V Elias, ⁴L Reveiz. ¹STI and HIV Independent Consultant; ²Ministry of Health Bolivia; ³Research of Institute for Clinical and Sanitary Effectivity, Bolivia; ⁴Pan-American Health Organisation

10.1136/sextrans-2017-053264.314

Introduction Syphilis is a global problem, with an estimated incidence of 12 million people infected each year and is a public health problem in Bolivia. This can result in fetal death, perinatal death, or severe neonatal infections. However, simple and cost-effective options for screening and treatment during pregnancy can reduce these complications.

Methods For the present study, mixed methods (qualitative and quantitative) were used, however the quantitative results are presented in the summary. The data were collected through a review of the prenatal control clinical records, from which data such as syphilis test results, results records, and treatment in the perinatal history were extracted. The data extracted from the medical records of the 8 health centres of the Los Andes Network were input into an Excel database and analysis was performed using Epi Info 7.

Results Of 294 clinical records reviewed, we observed that on average, 55.4% of patients had syphilis results attached to

their clinical histories. The lowest percentage in any centre was 13.3% and the highest was 62.1%. The percentages for each centre were: Alto Lima III 61.7%, Alto Lima IV 45.8%, Ambulatory Reference Centre (ARC) 61.1%, German Busch 62.1%, Huayna Potosí 67.3%, Puerto Mejillones 40.0%, Santa Rosa de Lima 13.3% and Villa Ingenio 51.1%. Significant differences ($p < 0.05$) were observed among the establishments of the first level of complexity without laboratory (46.8%, 95% CI: 37.9–55.3) and the second level centres with laboratory (63.5%, 95% CI 49.7–74.5). This suggests that the syphilis test is more likely to be performed in the second level than in the first level and that the results are recorded in the clinical records, mainly on the perinatal card.

Conclusion Failure to record results in the medical records could result in a pregnant woman being screened for syphilis without results and with the consequent risk that if she gives birth in a different health centre, she may not receive adequate treatment or necessary follow-up to the newborn. The sensitisation and monitoring to be implemented by the health personnel in each centre and a deeper discussion on the subject of syphilis can become catalysts for the health system. The sharing of the results of the study could allow the implementation of corrective measures to improve the monitoring of syphilis screening.

P3.80 ANALYSIS OF THE CLINICAL PROFILE AND RESULTS OF TUBERCULOSIS CASES TREATMENT IN PEOPLE LIVING WITH HIV/AIDS

Gabriela Tavares Magnabosco, Rubia Laine de Paula Andrade, Tiemi Arakawa, Maria Eugenia Firmino Brunello, Laura Terenciani Campoy, Livia Maria Lopes, Aline Aparecida Monroe, Tereza Cristina Scatena Villa. School of Nursing of Ribeirão Preto/ University of Sao Paulo, Ribeirão Preto – SP, Brazil

10.1136/sextrans-2017-053264.315

Introduction Tuberculosis (TB) even though it is a viable cure is still recognised as a current and persistent public health problem aggravated by the rise in HIV/AIDS. The association between HIV infection and TB increases the probability of death of individuals and influences the control of both, challenging the practice of care and health policies.

Methods This was a descriptive, quantitative-type survey, aimed to analyse the clinical profile and results of TB treatment cases in people living with HIV/AIDS in Ribeirão Preto/Brazil in the years 2010 to 2014. Patients in the penitentiary system, under the age of 18 and who had changes in diagnosis or transfer were excluded. TB/WEB information system was used for data collection. Descriptive statistical techniques were used for data analysis.

Results There were 224 cases of TB/HIV of which 71% were men and 29% were women; 94.2% were diagnosed with AIDS and 5.8% were HIV-infected. The clinical form of pulmonary TB was prevalent (64.7%), followed by extrapulmonary (23.2%) and pulmonary + extrapulmonary (12.1%). Regarding the clinical profile of TB, 73.7% were new cases, 14.7% relapsed and 11.6% were re-treatment due to abandonment. Regarding the associated comorbidities, there were two cases with diabetes mellitus, 15.6% alcoholism, 15.6% drug addiction and 3.1% smoking. 74.6% of the cases had to be hospitalised at some point. Regarding the result, the cure rate was 57.2%, 16.5% of the abandonment and 26.3% of death. The clinical characteristics of the subjects follow the parameter of the general population (the highest prevalence among men,