Conclusion With brand-conscious adolescents it is worth taking care about branding of services. More research is needed to see whether approval of the brand translates into increased acceptability among teenagers, and thus into increased usage of the clinic.

P142 EVALUATING THE VULVAL SERVICE WITHIN OUR GENITOURINARY (GU) MEDICINE DEPARTMENT

doi:10.1136/sextrans-2012-050601c.142

[1]C Bradshaw,* [2]S Patel, [2]B Dragovic. [1]*Brighton and Sussex Medical School, Brighton, UK;* [2]*St. George's Hospital, London, UK*

Background Vulval disorders with their psychosocial and psychosexual impact are frequently encountered within GU clinics. Dedicated specialist clinics should ideally be multidisciplinary with input from dermatology, GU and gynaecology; however this is not always feasible. A need for this service was recognised at our urban clinic—thus in 2005, a monthly vulval dermatoses clinic was set up and led by a GU physician with training in genital skin disease. In 2009 a monthly vulvodynia clinic was set up, staffed by a trained GU physician and psychosexual counsellor.
Aims To review our service provision over a 1-year period.
Methods Retrospective notes review of monthly vulval dermatoses and vulvodynia clinics were performed from November 2010–2011.
Results There were 145 vulval clinic appts; patients were only counted once—94 notes were reviewed. Vulval dermatoses clinic (n=40; 20 new, 20 f/u): median age 36 (IQR 29–44); referred by GUM 85%, derm/gynae 10%, GP 5%. Referral symptoms: itching (23), burning (8), dyspareunia (6), vulval pain (5), other (12); median length of symptoms 2 yrs (IQR 1–3). Predominant conditions were: psoriasis 28% (11) and lichen sclerosis 28% (11). Vulvodynia clinic (n=54; 24 new, 30 f/u): median age 28 (IQR 25–32); referred by GUM 67%, GP 26%, gynae/derm 7%. Referral symptoms: superficial dyspareunia (42), vulval pain (11), itching (2); median length of symptoms 2 yrs (IQR 1–5). Diagnosis of vulvodynia made in 74% (40/54). 22/40 were seen for f/u, 73% (16/22) reported at least 50% improvement in their symptoms with treatment.
Conclusion Our vulval service meets the needs of a significant number of symptomatic women allowing timely diagnosis, management and f/u. Recognising the multifactorial nature of vulval disorders means patients receive a thorough assessment in one clinic visit with a GU screen, dermatology review and psychosexual input, thus providing a service tailored to the patient.

P143 PATIENT SATISFACTION WITH THEIR SEXUAL HEALTH SERVICES IN YORKSHIRE AND HUMBER

doi:10.1136/sextrans-2012-050601c.143

[1]A Mammen-tobin,* [1]J Lee, [2]M Andrews. [1]*Mid Yorkshire NHS Trust, Clayton Hospital, Wakefield, UK;* [2]*Mid Yorkshire Hospitals NHS Trust, Wakefield, UK*

Background Patient derived outcome measures such as patient satisfaction surveys are a vital tool in evaluating current services and can also be used to guide future health care provision.
Aims/Objectives To undertake a re-audit of the initial survey in 2008 and incorporates specific questions about the process and experience of care that patients have received.
Methods Service users were asked to complete the questionnaire anonymously and leave it in the sealed box provided. Seven clinics across Yorkshire and Humber participated in the survey with a total of 329 questionnaires returned.
Results Compared with previous audit there were improved scores for ease of access as by then the 48-h target had been achieved in the region while the overall positive experiences of service remained high. The survey highlighted variations in the amount of time patients could expect to spend, with some reporting more than 60 min in clinic and this evidence will be helpful in influencing change. GPs and other medical services were still important sources of referral however increasingly service users used the internet to self-diagnose symptoms and obtain information about their local sexual health services. Preferences for clinic appointments were for evenings between 17:00–20:00, mornings 9:00–12:00 and afternoon's 13:00–17:00 in that order. Service user's experiences of services were overwhelmingly positive, and almost all would be happy to recommend the service to others.
Conclusions This re-audit highlighted the need for some clinics to re-examine patient flows with the aim of reducing clinic waiting times. All clinics are advised to incorporate more evening appointments. The audit also highlighted the internet as a source of information about sexual health in general and local services in particular and it is important that individual clinics address this need.

P144 CHRONIC PELVIC PAIN SYNDROME: SHOULD WE BE MANAGING PATIENTS WITH THIS COMPLEX CONDITION?

doi:10.1136/sextrans-2012-050601c.144

[1]M Crofts,* [2]K Mead, [1]P Horner. [1]*Bristol Sexual Health Centre, Bristol, UK;* [2]*University of Bristol, Bristol, UK*

Background Chronic pelvic pain syndrome (CPPS) affects 2%–6% of men who present to GUM departments. It is associated with a significant morbidity and there are no reliably effective treatments.
Aim To evaluate the management of men with CPPS attending a dedicated clinic.
Methods We performed a retrospective study on men with CPPS attending between September 2010 and November 2010. We extracted information regarding patient's clinical presentation, management and outcome. Outcome was quantified by the difference between the first and last scores generated by the National Institute of Health Chronic Prostatitis Symptoms Index (NIH-CPSI). A 4–6 point fall or a >25% reduction in score is considered significant. Scores can range between 0 and 43, with scores closer to 0 reflecting a more favourable status.
Results Notes were available for 19 men, mean age 38 years (Range 23–59 years). The average number of clinic visits prior to referral to the specialist clinic was 9 (Median 3.00), with a mean of 98 days from onset of symptoms (Range 21–365). 21% had urethritis and the mean number of courses of antibiotics prior to attendance was 3 (Range 0–15). All patients had a discussion on the aetiology of CPPS and the importance of pelvic floor relaxation. 16 patients received antibiotic therapy, 12 received α-blockers, 8 tricyclic antidepressants and 10 were referred to urology. The mean number of consultations was 8 (Range 2–35). The mean NIH-CPSI score fell by 8.1 (36%) ($p<0.01$). 13 out of 19 patients (68%) found a >25% improvement in their symptoms score after attending the clinic (see abstract P144 table 1).
Conclusions A significant fall in NIH-CPSI was observed in men with CPPS attending a dedicated clinic indicating that this condition

Abstract P144 Table 1 NIH-CPSI score before and after attending dedicated clinic for CPPS

Domain	NIH-CPSI score		p Value
	First attendance	Last attendance	
Pain	10.8	6.7	<0.01
Urinary symptoms	3.7	2.9	0.11
Quality of life	8.5	4.8	<0.01
Total	22.6	14.4	<0.01