Objective To find out how condom use in new relationships changes as a function of time, gender, as well as sexual and relationship satisfaction.

Method Participants in a large study who reported at least one new partner during the 12-week study interval (N = 115; 18–29 yrs; 48% women; 75%; African American) completed weekly STI testing and 3x/day electronic diary collection assessing individual and partner-specific affect, daily activities, sexual behaviour and condom use. We analysed event-level condom use percentage and subject-level behaviour response effects. Generalized Additive Mixed Models (GAMMs) were used to estimate condom use probability accounting for within-subject and within-nested-partners correlations via random effects.

Results The average initial condom use in the new relationships was 62% for men and 46% for women. The plotted smooth shapes of the estimated condom use probabilities fitted using GAMMs were qualitatively similar for both sexes throughout the study period. The initial high condom use percentage was followed by a sharp decline during the first 1.5 weeks to 19% for men and 14% for women. The condom use rates stabilised at around 6% after 4 weeks in a new relationship. Women who reported high levels of relationship satisfaction exhibited marginally significant negative association with condom use probability (p-value = 0.055). Sex satisfaction was not significantly associated with condom use when both the time trends and gender were taken into account.

Conclusion Condom use declines sharply for both males and females during the early stages of new relationships. Men use condoms more frequently than women in the early and middle stages of relationships. Relationship characteristics may also influence lower levels of condom use, especially among women.
Background: Whereas the majority of STI-related consultations in the Netherlands take place in general practice (GP), national surveillance of STI predominantly uses data from STI centres, focussing at trends in high-risk groups. To also explore determinants of STI in the GP setting, an STI questionnaire was introduced in a nationwide GP-network.

Methods: Since 2008, GPs of the Dutch Sentinel GP network (45 practises; 125,000 patients) are asked to complete a questionnaire for each STI-related episode, comparable to data collection in STI centres, and report laboratory results. Data included patient demographics, sexual behaviour and sex-life history.

Results: Annually, for 0.4% of GP patients an STI consultation was recorded, mainly among young heterosexuals of Dutch origin, a profile comparable to STI centre visitors, though specific high-risk groups like MSM and CSW were reported less by GPs. GPs requested one or more laboratory tests in 85% of consultations; an STI was diagnosed in 34%, most frequently chlamydia (21%), condylomata (9%) and herpes (6%). Higher risk profiles were, depending on the STI: < 25 years old (chlamydia), MSM (gonorrhoea/syphilis), ethnic minorities (gonorrhoea), > 25 years old (syphilis) or having symptoms (any STI). GP guidelines on multiple testing in high-risk groups (5 STI) were rarely fully adhered to, with many missed opportunities to test for HIV in patients with casual sexual contacts or originating from HIV-endemic countries.

Discussion: STI consultation rates were lower than estimates based on electronic registers, probably due to underreporting. Patients who consulted a GP for STIs were comparable to persons attending STI-centres. Where STI-centres routinely test patients for chlamydia, syphilis, HIV and gonorrhoea, GPs test more selectively, resulting in higher case detection rates. This diverges from national GP guidelines and STI diagnoses may be missed. Opportunities for a more proactive role of GPs in STI and HIV testing should be explored.

P3.036: GENITAL WARTS: DATA FROM THE ITALIAN GENERAL PRACTITIONERS

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Background: Worldwide, several million cases of genital warts occur each year. The objective of this study was to estimate the incidence of genital warts (GW) in Italy, in a sample of the general population aged 15–64 years.

Methods: A retrospective study was conducted in 2009 with the collaboration of 650 general practitioners (GPs), geographically representative of all Italian GPs.

Results: The lists of the 650 GPs included 775,644 persons; their median age was 48 years, 52.7% were women. The incidence of GW was 0.44% (95% CI 0.39–0.49), specifically, 0.41% among men (95% CI 0.36–0.47) and 0.51% among women (95% CI 0.45–0.57). The highest incidence was observed among 25–34 year-old individuals (0.64%); 95% CI 0.52–0.78, for both genders. When stratifying by geographical area, the incidence was 0.40% in Northern Italy, 0.32% in Central Italy and 0.45% in Southern Italy.

Conclusions: This is the first study to provide an estimate of the incidence of GW in the Italian population attending GPs. The incidence observed is similar to that reported by GPs in the UK (Desai S, 2011; Cassel JA, 2006). These results show that GPs can have a key role in preventing the spread of GW by providing early diagnosis and appropriate referral, especially among young persons, women and in persons living in Southern Italy.