

Objective To evaluate the effect of HIV infection on atherosclerosis in asymptomatic patients.

Subjects and methods Study design: observational, prospective case-control study, including 124 consecutive male and female HIV-infected patients, older than 18 year (HIV-group). Results were compared with 130 healthy volunteers of same gender and age (Control-group).

Study protocol: Clinical evaluation followed by ultrasound exam of carotids for carotid intimal-medial thickness (CIMT) measurement. The presence of atherosclerosis plaques was recorded.

Statistical analysis: Chi-square test and linear regression analysis. Significance level: $p < 0.05$.

Result Age (HIV-group: 43.87 ± 11.31 vs Control-group: 42.9 ± 11.54 , $p = 0.324$) was similar in both groups. There was 52.00% male in HIV-group and 54.00% in Control group. Atherosclerotic plaque was identified in 30.64% of the patients HIV and in 3.84% of the control ($p < 0.001$). Surprisingly, 22% of HIV-infected patients, classified at low risk score Framingham, presented plaques in the carotid arteries.

For controls, there was an increase of 0.068 mm in the CIMT for each one-year increase in age (OR: 1.068; CI95%: 1.03–1.107; $p < 0.001$). The presence of HIV increased this increment for tenfold (OR: 10.7; CI95%: 3.58–31.76; $p < 0.001$). There was an interaction between age and HIV-infection to increase CIMT ($p < 0.001$).

Conclusions Our results indicated that: 1- patients with HIV are at higher risk for atherosclerosis in the carotid artery than control individuals. 2- The effect of age on risk for atherosclerosis occurs in both groups, however it is more remarkable in HIV-infected patients.

P5.109 KNOWLEDGE AND UPTAKE OF HIV INTERVENTION AND PREVENTION SERVICES IN MANICALAND, ZIMBABWE: CURRENT DETERMINANTS OF COVERAGE AND PROGRESS OVER TIME

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Background Zimbabwe has experienced one of the world's most severe HIV crises since the first reported case of AIDS in the country in 1985. Over the last decade, the Zimbabwe Government has implemented a range of services to prevent new infections and to support people living with HIV, e.g. HIV testing and counselling (HTC), anti-retroviral treatment (ART), prevention of mother-to-child transmission (PMTCT), and male circumcision (MC).

We describe trends and patterns in knowledge and uptake of these services, investigate individual-level factors associated with greater levels of coverage, and analyse shortfalls in order to inform future policies on the scale-up of HIV services.

Methods Data from the latest round of a large ($n \approx 12,000$) population-based cohort study conducted between 2009 and 2011 in eastern Zimbabwe will be used in logistic regression models to analyse associations between demographic, socio-economic, behavioural and other factors, and knowledge and uptake of services. Temporal trends in uptake of services will be measured using data from earlier rounds of the study.

Results HIV prevalence in the general population of Manicaland province remained comparably high (15.1%; 95% confidence interval: 14.5%–15.7%). Preliminary univariate results suggest that knowledge of HIV services was high for HTC (82.3%; 91.6%–82.9%) and PMTCT (93.0%; 92.0%–93.9%). Knowledge of ART was low overall (40.1%; 39.3%–40.9%) but high in self-reported HIV-positives (88.9%; 86.8%–90.7%). Overall uptake of services in the last three years was moderate for HTC (44.0%; 43.2%–44.8%) and PMTCT

(65.2%; 57.1%–72.6%). Current uptake of ART in self-reported HIV positives (79.2%; 76.3%–81.8%) almost reached universal coverage, which is defined at 85% in Zimbabwe, but only about every second lab-confirmed HIV positive person in the study population was on treatment (52.2%; 49.2%–55.1%). MC uptake in the male population remained low (8.2%; 7.5%–8.9%). Knowledge and uptake of services varied by sex and age and may also differ by other factors.

P5.110 MULTIPROFESSIONAL APPROACH FOR THE DEVELOPMENT OF THE NATIONAL STIS MANAGEMENT GUIDELINES IN LITHUANIA

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Background During many decades in the majority of Eastern European Countries, persons with lower genital tract infections were treated exceptionally by the venereologist. Today dermatovenerologist sees less than 40% of these patients. The rest of the patients is treated and managed by gynaecologists, general physicians, urologists etc. Therefore in developing STI patient management approaches a multiprofessional approach is crucial.

Methods Recently, collaborating effort to prepare STI patient management guidelines in Lithuania was undertaken. Dermatovenerologists, gynaecologists, urologists, microbiologists, general practitioners and other STI patients managing specialists for the first time gathered together. IUSTI, WHO, CDC and EE SRHR guidelines were used.

Results Collaborating project resulted in development of evidence-based STI patient management guidelines, containing the information about the: (i) who should be tested; (ii) what methods are to be used; (iii) recommended treatment regimens; (iv) partner management strategies; (v) follow up approaches; (vi) case reporting and (vi) counselling. Syndromic approach for the management of urethritis and cervicitis as well as complications has also been described. Over 1200 copies of the guidelines have been disseminated to medical professionals and made available for medical students. The electronic version of the document has been presented at the website www.kaunoklinikos.lt and can be accessed to any specialist and medical student with no charge. During the preparation of the guidelines the main discrepancies with the international practise identified and eliminated, as e.g. use of serology for diagnosis of chlamydial infection, the use microscopy and not culture, no NAATS for the diagnosis of gonorrhoea, treatment of early syphilis by short acting penicillin, preventive treatment of syphilis for pregnant women, etc. **Conclusion** STI management guidelines became an excellent example of the multiprofessional collaboration in Lithuania, bringing international evidence-based approaches across the professional barriers of all medical professions, involved in management of STI-patients.

P.06 - Health Policy and Programme Sciences Track

P6.001 FACING THE FUTURE TOGETHER: EMBODYING APPRECIATIVE INQUIRY AND STAFF ENGAGEMENT IN PLANNING CHANGE IN SEXUAL HEALTH SERVICES IN GLASGOW, SCOTLAND, UK

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