

P6.070 PREVALENCE OF DEPRESSIVE SYMPTOMS IN PEOPLE LIVING WITH HIV/AIDS IN THE BRAZILIAN CITY

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Prevalence of depressive symptoms in people living with HIV/aids in the Brazilian city

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Background Several challenges are imposed in the course of HIV/aids, including the mental health care. This study aims to assess depressive symptoms of people living with HIV/aids and correlate with sociodemographics and clinical factors.

Methods This is a cross-sectional study, conducted in two specialised ambulatory care to individuals with HIV/AIDS located in a city in the interior. We evaluated sociodemographic and clinical variables. For evaluation of depressive symptoms was used Beck Depression Inventory.

Results The study included 331 people living with HIV/AIDS, and 167 (50.5%) were male. The mean age was 39 years. It was found that most 195 (58.9%) of subjects had up to 8 years of study. Refers clinical characteristics showed that 156 (47.1%) subjects were classified as AIDS, 267 (80.7%) had CD4 above 200 cells/mm³ and 176 (53.2%) had no others comorbidities. The prevalence of depressive symptoms was 29.6% (BDI > 16), with 6.6% classified with mild symptoms (BDI 16–20), 12.4% moderate (20 to 29) and 10.6% (BDI 30–63) with severe symptoms.

Conclusions Data analysis showed that most participants were young, males, with low education which corroborates with the profile found in this population. Services and health professionals, especially nurses, should be able to provide comprehensive care to individuals with HIV/aids, considering clinical and emotional aspects.

P6.071 PROJECTS FOR STRENGTHEN CIVIL SOCIETY'S ACTIONS RELATED TO THE STD/HIV/AIDS AND VIRAL HEPATITIS EPIDEMIC

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Background Since 1999, the Brazilian STD, AIDS and Viral Hepatitis Program has funded Civil Society projects selected through public calls for proposals for strengthening health promotion campaigns. The priority populations are people living with HIV/AIDS (PLWHA), carriers of viral hepatitis, and segments of the population at greater risk of contracting STDs.

Methods Strengthening of campaigns and field interventions for populations in circumstances of great vulnerability to STDs, HIV/AIDS and viral hepatitis, taking into consideration the epidemiological relevance of each region;

Expansion of systemic educational interventions that contribute to broaden and improve diagnosis, prevention, health promotion, and human rights relative to STDs, HIV/AIDS and viral hepatitis;

Campaigns to reduce the harm caused by alcohol and drugs, with a focus on prevention, health promotion, and STD, HIV/AIDS and viral hepatitis diagnosis;

Participation by PLWHA and/or carriers of viral hepatitis in the formulation of policies, thus contributing to the improvement of the organisation of services, community mobilisation, and societal control;

Actions to reduce stigma and discrimination related to living with HIV/AIDS and viral hepatitis, and promotion of the usage of prevention inputs.

Results From 1999 to 2012, 6,419 projects were financed, totaling R\$248,764,148.54 (approximately US\$ 124 million).

The results of the projects contribute to health promotion campaigns by strengthening and/or expanding actions for: the prevention of STD/HIV/AIDS, encouraging STD/HIV/AIDS diagnosis, prevention, societal control, legislation, and implementation of integrated strategies in public services.

Conclusion Governmental budget is an important key to strength and support the civil society organisations in their participation on development and implementation of healthcare promotion policies.

P6.072 DIFFERENCES AMONG CANADIAN FAMILY PRACTITIONERS BY YEARS OF PRACTISE IN UPTAKE OF SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBIS) CLINICAL RECOMMENDATIONS

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Background Clinical guidelines play a critical role in the prevention and control of sexually transmitted and blood-borne infections (STBBIs). Little is known in Canada as to the uptake of clinical recommendations and the comfort-level of family practitioners performing STBBI-related clinical tasks.

Methods To evaluate the prevention and control of STBBIs by family practitioners, information was elicited from a convenience sample (N = 207) of family practitioners at a national Canadian family medicine forum in Toronto between November 15 and 17, 2012 using two methods: audience response systems (during a symposium) and a self-administered questionnaire at an exhibition booth. Analysis was stratified by years of practise to identify any differences in STI risk assessments, treatment of gonorrhoea and offering of HIV testing. The Fisher's exact and chi-square tests were used to determine statistical significance.

Results Approximately 26.3% of early-career-practitioners (< 5-yrs) and 15.9% mid-to-late-career-practitioners (≥ 5yrs) reported doing an STI risk assessment during a health exam (p = 0.08). Overall, in their treatment of choice for gonorrhoea, most selected cefixime (52.2%; ceftriaxone: 19.5%; and azithromycin: 15.1%). More early-career-practitioners selected cefixime than mid-to-late-career-practitioners (51.5%; 48.4%, respectively; p = 0.2). In the past year, a greater proportion of mid-to-late-career (54.3%) than early-career-practitioners (40.8%; p = 0.05) reported that they offered HIV testing to 10%–or-less of their patients. A comparable percentage of early-career (25.5%) and late-career (20.3%) practitioners said they offered HIV testing to 50%–or-more of their patients (p = 0.3). After learning about upcoming new HIV screening and testing recommendations, 50.2% of early-career compared to 35.7% of mid-to-late career practitioners said they would offer HIV testing more often (p = 0.07). More early-career-practitioners (48.5%) were willing to offer an HIV test while testing for other STIs compared to mid-to-late-career-practitioners (41.7%; p = 0.3).

Conclusions Results indicate a need to improve uptake of STI and HIV clinical recommendations among all practitioners, but particularly among mid-to-late-career practitioners.

P6.073 USE OF EVIDENCE-BASED RESULTS IN GOVERNMENTAL DECISION-MAKING PROCESSES IN THE BRAZILIAN MINISTRY OF HEALTH

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