

**Introduction** BASHH guidance recommends proactively educating HIV-infected patients regarding the availability of post-exposure prophylaxis (PEP). Existing evidence suggests PEP awareness is low amongst HIV-infected cohorts, particularly amongst heterosexuals, older patients and those with long-standing HIV diagnoses. We reviewed our educational provision by assessing current awareness in our cohort.

**Aims** To establish current PEP knowledge, and patient factors influencing that knowledge.

**Methods** All HIV outpatients were prospectively assessed via questionnaire between 3/7/14–3/1/15. Following data collation PEP aware and PEP unaware patients were compared using chi-squared and Mann-Whitney testing with significance defined as  $p < 0.05$ .

**Results** 155 patients responded, 148 were Caucasian; 118 identified as men who have sex with men. 117 (75.5%) were PEP aware of which 108 knew how to access PEP if required. 109 (70.3%) had an undetectable HIV viral load ( $<20$  copies/mL). Attaining an undetectable viral load did not significantly affect awareness (83/117 v 26/38,  $p = 0.768$ ). Patients who were currently sexually active were not significantly more aware (77/117 v 19/38,  $p = 0.082$ ) but those reporting contact with HIV-negative partners were (50/117 v 7/38,  $p = 0.007$ ). Median time since diagnosis was significantly less in those aware of PEP (7.88 years v 11.33 years,  $p = 0.006$ ). Age, gender and ethnicity did not significantly affect awareness.

**Conclusion** PEP awareness was prevalent and distributed evenly across all demographics. Awareness was significantly higher in those reporting HIV-negative partners, a group in which PEP awareness is especially important. Patients with long-standing diagnoses were shown to have poorer awareness and should be a target group for PEP education.

#### P68 SEXUAL HEALTH LITERACY AND MEN WHO HAVE SEX WITH MEN (MSM): A SCOPING REVIEW OF RESEARCH LITERATURE

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**Background** Health literacy is a priority for health policy. However, there is limited research on how health literacy influences sexual health, particularly among men who have sex with men (MSM).

**Aim** To review sexual health literacy research among MSM in high-resource countries (UK, Canada, USA, Australia).

**Methods** We searched relevant databases (MEDLINE, Embase, Health and Psychosocial Instruments, Web of Science) to identify research which examined sexual health literacy and MSM *explicitly* and *implicitly* (using formal and informal articulations of health literacy) along with a set of sexual health and MSM terms. Relevant articles were identified, coded and assessed to illustrate the range of evidence available.

**Results** We found no studies *explicitly* focusing on sexual health literacy, and three exploring health literacy. Findings highlight the need for tailored information, healthcare and promotion for different groups of MSM, variable health literacy levels, and the importance of social context. We found 611 articles that

*implicitly* explored sexual health literacy. We analysed a sub-sample which focused on interactive health literacy (negotiating, applying knowledge and interaction). There was a strong focus on communication and negotiation (verbal, non-verbal and online) with sexual partners and health providers, and the varying contexts within which these interactions take place.

**Discussion** We found no research on *explicit* sexual health literacy with MSM. Clinic-based interventions could use health literacy as a tool to improve sexual health. Findings suggest that tailored health information, communication skills, and the role of social context in shaping sexual health literacy skills could play a critical role.

#### P69 IMPROVING MANAGEMENT OF MSM PATIENTS WITH REPEATED RECTAL INFECTIONS AND SYPHILIS INFECTIONS

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**Background/introduction** Men who have sex with men (MSM) are at higher risk of acquisition of HIV in relation to risk exposure. Health Advisers (HA) have a key role in recognising the indicators of higher risk<sup>1</sup> and reducing this through optimal management.

**Aim(s)/objectives** Assess documentation of risk reduction discussion and intervention by HAs for MSM with 2 or more episodes of rectal infections in the previous year and/or a diagnosis of syphilis (new or reinfection).

**Methods** Identified – via the electronic patient record (NASH)-all MSM attending any Clinic (January–June 2014) with 2 or more rectal infections in the previous year and/or diagnosis of syphilis (new or re-infection) Retrospective case note review.

**Results** N = 19. 15 positive syphilis infections. Four already known HIV positive (One patient received HIV diagnosis at the same time as syphilis). Four repeated rectal infection (all known to be HIV positive). One diagnosed HIV positive between first and second positive rectal infection. Documentation is inconsistent. None had any documentation of referral to a third sector agency or for psychology/ advanced Motivational Interviewing.

**Discussion/conclusion** Numbers were very small. Lack of documentation does not mean that an intervention or discussion was not carried out. Nonetheless consistent recording aids consultation and demonstrates that all means available, to assist men in reducing risk, have been offered. A risk assessment tool and standards for documentation are being developed in Lothian. HAs are encouraged to consider psychology and advanced behaviour change services early.

#### REFERENCE

- 1 Salado-Rasmussen K, Katzenstein TL, Gerstoft J, *et al*. Risk of HIV or second syphilis infection in Danish men with newly acquired syphilis in the period 2000–2010. *Sex Transm Infect*. 2013;**89**:372–376

#### P70 RANDOMISED CONTROLLED TRIAL TO PROMOTE RESILIENCE AND SAFE SEX AMONGST FEMALE SEX WORKERS IN HONG KONG

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