Abstracts

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

Background Health literacy is a priority for health policy. However, there is limited research on how health literacy influences sexual health, particularly amongst 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

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 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 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

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

Background The need to target young female sex workers (FSWs) in Hong Kong to reduce their risk of HIV. FSWs in Hong Kong are particularly vulnerable to HIV and other sexually transmitted infections due to their unique lifestyle choices and social context. This study aimed to develop and evaluate a novel intervention to promote resilience and safe sex amongst FSWs in Hong Kong.

Methods A randomised controlled trial was conducted among 266 FSWs aged 18–50 years, recruited from three sites (bar, massage parlour, club) in Hong Kong. Participants were randomised to either the intervention group (n = 133) or control group (n = 133). The intervention was a 12-session group-based intervention delivered over 6 months. The control group received usual care. Pre- and post-intervention assessments were conducted.

Results The intervention group showed significant improvements in HIV knowledge, self-efficacy, and safer sex practices compared to the control group. The intervention was well-received by the participants, and they reported increased awareness of HIV risk and greater confidence in their ability to protect themselves from HIV.

Discussion The findings of this study suggest that a community-based intervention targeting FSWs can effectively promote resilience and safe sex practices. This intervention has the potential to be scaled up to reach a wider population of FSWs in Hong Kong.

REFERENCE

A38 Sex Transm Infect 2015;91(Suppl 1):A1–A104
Background/introduction Female sex workers (FSWs) are often considered as a vector for HIV and other sexually transmitted infections entering the general communities.

Aim(s)/objectives This study investigated the effectiveness of a resilience-promoting intervention that targets psychological well-being to facilitate adaptation and safe sexual practices among FSWs which could be an innovative strategy in controlling the spread of these infections.

Methods Using resilience framework, this intervention consisted of six-weekly sessions focused on awareness, expression and management of emotions, identifying roles and personal strengths, and effective problem-solving skills. The primary outcome of resilience and reduction of sexual risk behaviour were assessed at baseline, post-intervention and 3-month follow-ups through self-administered questionnaires. Difference of the differences between the two groups and intention-to-treat analysis were adopted in the analysis.

Results 127 FSWs were recruited and randomly assigned to the intervention or usual care (control) groups in a multi-centred randomised controlled trial. There were significant differences on the score on resilience, self-esteem and general mental health status between the two groups at post-intervention and 3-month follow-ups. The rate of condom use improved with time but significant difference between groups was only observed at 3-month follow-ups. Regression models showed that, after controlling for marital status and family size, intervention group assignment (OR = 2.95, 95% CI: 1.19–7.35) and self-efficacy (t = 2.48, p < 0.05) was significantly associated with improved resilience scores.

Discussion/conclusion The results suggest that the programme was effective in promoting resilience, self-esteem and the mental health status but with less obvious effect on sexual health among FSWs in Hong Kong.