

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 risk¹ 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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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 at 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.

P71 IMPROVING THE PEP EXPERIENCE FOR PATIENTS

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Background/introduction BHIVA/BASHH have published guidelines with auditable outcomes for initiation of PEPSE and follow up. Some UK centres have, however, reported missing these targets.

Aim(s)/objectives To explore the patient journey from initiation of PEP to completion of follow-up and to identify areas for improvement within our service in supporting patients to take PEP.

Methods Each patient commencing or continuing PEP at our clinic between December 2013 and June 2014 was asked to take part in a survey regarding their experience with PEP. The survey included questions about adherence (motivations and barriers), clinic experience and follow up.

Results 31 patients took PEP during the study period, 26 patients participated in the study. Reasons for PEP included occupational exposure ($n = 6$), sexual assault ($n = 9$), and consensual sex ($n = 11$). 4 patients (15.3%) reported not completing the 28 day course of PEP. 9 (34.6%) and 8 patients (30.7%) reported late and missing doses respectively. 88.4% of patients experienced side effects from medication, only 43% of patients sought help for this. The most frequent motivation for completing PEP was "fear of HIV infection" (69.2%). 69.2% patients

identified a specific HCP within clinic as being particularly supportive. Advice regarding remembering to take medication, continuity with HCP and arrangement of follow up appointments at the initial attendance were positively received.

Discussion/conclusion This qualitative survey identified barriers to compliance and ways to support patients in taking PEP. We should encourage patients to contact us for advice regarding side effects and anxiety, and provide practical advice around reminders for medication taking.

P72 INVESTIGATING THE USE OF PRE-EXPOSURE PROPHYLAXIS-A PRELIMINARY ANONYMOUS SURVEY

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Background Pre-exposure prophylaxis (PrEP) has been proven to be biologically effective, and its clinical efficacy continues to be assessed in trials. Data have been published on patient's willingness to take PrEP, but we are unaware whether patients are already doing so outside of clinical trials and how they are sourcing the medication.

Methods A preliminary anonymous questionnaire was offered to HIV negative men who have sex with men (MSM) attending our services. The questionnaire sought to gain basic demographic data, the frequency of condomless sex in the preceding three months, whether participants had heard of PrEP, whether they had taken it, and if so, how long for and how they sourced the medication.

Results 80 completed questionnaires were returned. The mean age was 30.6 years. The median number of partners in the last three months was 4 (range 1–55). 49% of respondents had 1–5 episodes of condomless sex in the preceding 3 months and 6% had >10 episodes of condomless sex. The majority of respondents (82%) had heard of PrEP. Five respondents (6%) had taken PrEP: one had been taking part in a clinical trial, three had used post-exposure prophylaxis as PrEP for between 24 and 28 days, and one had used a partner's anti retrovirals for 7 days.

Discussion This preliminary anonymous questionnaire suggests that the majority of HIV negative MSM attending our clinic have knowledge of PrEP. A small number are actively sourcing anti-retroviral medication to use as PrEP outside of clinical trials. We are now expanding this study to reach a higher proportion of our clinic attendees and also to link responses to clinic numbers in order to gain more behavioural information.

P73 THE SOURCE OF THE PROBLEM – RE-AUDIT OF PEPSE PROVISION AT AN INNER CITY SEXUAL HEALTH CLINIC

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Background Post exposure prophylaxis following sexual exposure (PEPSE) reduces transmission of HIV. BASHH updated its guidance on the provision of PEPSE in 2011.

Aim To review provision of PEPSE at an inner city sexual health clinic.

Method Retrospective case note review of patients attending for PEPSE between January and June 2014. Comparison was made