Abstracts

P170 ASSESS THE RISK BEHAVIOURS AND SAFER SEX PRACTICES AMONG MALE ATTENDEES IN A SEXUAL HEALTH SETTING


Results 92 feedback forms were returned (20 [22%] from the hub and 72 [78%] from four spokes). 4 (5%) males; 86 (96%) females, median age 30 years (range 16–64). Knowledge of services offered improved from median 4/10 (range 1–10/10) to median 10/10 (range 1–10/10) after reading the leaflet. 33/66 (50%) patients not originally attending for an STI screen would consider or agree to screening after reading the leaflet (36/82 [44%] for HIV testing respectively). The leaflet received an overall rating of median 10/10 (range 5–10/10).

Discussion/conclusion Overall the leaflet was well received and improved patient’s knowledge of services offered, and uptake of STI/HIV testing. Females provided the majority of feedback most likely due to spokes previously providing primarily contraceptive services. More work needs to be done to encourage males to attend the spoke clinics.

P171 ACTIVE RECALL OF HIGH-RISK MSM BY TEXT MESSAGE

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Results Median age was 30 y (IQR: 26–36 y) for SMS group and 29y (IQR: 25–35 y) in controls. 44% of SMS group retested compared with 19% of controls (p < 0.001). 32% of SMS group were diagnosed with an STI at retest (14/44; SMS) vs 16% (3/19; control). HIV was diagnosed in 2 of SMS group and 1 in control group at retest.

Discussion/conclusion Active SMS recall for MSM is associated with a statistically significantly higher retesting rate. The high proportion of MSM with STIs at re-screening reinforces the importance of active recall, especially using SMS reminders which are cheap and easy to facilitate.

P172 IMPLEMENTATION OF ALCOHOL SCREENING IN PATIENTS ATTENDING A LARGE WALK-IN SEXUAL HEALTH SERVICE WITHIN LONDON


Results 169 case notes were reviewed: 55% female and 45% male, mean age was 30 (range 17–74) years. The FAST tool was completed in 87% (147/169) of case notes. Of patients screened, 86% (127) identified as low risk, 10% (15) increasing and 4% (5) high risk (hazardous drinkers). Of hazardous drinkers, 90% (18) had a documented action for risk reduction; 56% (10) had verbal advice documented, 22% (4) accepted written advice, 22% (4) accepted referral to a sexual health advisor.

Conclusion Clinician completion of the FAST tool within the sexual history proforma in a busy clinic was high, with some scope for improvement. Of the relatively low number of hazardous drinkers identified, most accepted only brief verbal advice in clinic.