ASSESS THE RISK BEHAVIOURS AND SAFER SEX PRACTICES AMONG MALE ATTENDEES IN A SEXUAL HEALTH SETTING
10.1136/sextrans-2015-052126.213

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.

IMPLEMENTATION OF ALCOHOL SCREENING IN PATIENTS ATTENDING A LARGE WALK-IN SEXUAL HEALTH SERVICE WITHIN LONDON
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Background/introduction UK national guidelines advocate a role for sexual health services to offer routine screening for high-risk alcohol consumption in patients. Screening for alcohol misuse and offering brief interventions in this setting has been shown to be acceptable to clinicians and patients. In August 2014 the Fast Alcohol Screening Test (FAST) was incorporated into the sexual history proforma in a London Genitourinary Medicine (GUM) clinic.

Aim An audit was undertaken to assess the use of the FAST tool and management of patients with a positive FAST result.

Methods A retrospective case-notes review of randomly selected patients attending the GUM clinic in October 2014 was performed. Information was collected on patient demographics, sexual history, sexually transmitted infections, completion of FAST tool and action dependent on outcome of risk assessment.

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.

Discussion/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.