

Abstract P186 Table 1 Recreational drug use

N (%)	Cocaine	Ecstasy	Ketamine	Meph	GBL/GHB	Crystal Meth	Poppers	Nitrous Oxide	Cannabis	Where help would be preferably be sought
										N = (15)
MSM (n = 20)	12 (63)	7 (37)	6 (32)	11 (58)	8 (42)	4 (21)	8 (42)	3 (16)	8 (42)	GUM Clinic 6 (32)
WSM (n = 19)	70 (14)	6 (30)	3 (15)	3 (15)	2 (10)	2 (10)	5 (25)	4 (20)	1 (5)	GUM Clinic 8(50)
Het Men (n = 3)	1 (33)	1 (33)	1 (33)						1 (33)	GP 1 (33) or Drug Clinic 1 (33)

recommend obtaining such histories, enabling identification of patients at risk and refer appropriately.

**Aim** To identify drug and alcohol use among GU patients attending a routine clinic appointment.

**Methods** Anonymous questionnaires were offered to all patients over a five day period. Drug and alcohol use over past 6 months, whether it was patient-identified as problematic and where help would be sought were obtained

**Results** Of the 116 respondents, with an average age of 30 years, there were 61 (52%) women, 30 (26%) MSM and 25 (22%) heterosexual men. Of these 60 (52%) disclosed drug use and 105 (81%) disclosed drinking alcohol; 4 respondents were concerned about their drug use and 48 (49%) reported high alcohol intake.

**Conclusion** There is a high level of drug and high alcohol use by a significant number of patients of all genders and ages. However it is self-deemed as problematic by only a small proportion. More routinely collected data is required to fully understand this and the potential impact it may have on sexual health.

Intensive pharmacokinetic sampling was undertaken on days 0, 15 and 16. Differences in pharmacokinetic parameters of sildenafil, N-desmethyl-sildenafil and boceprevir between phase 4 and earlier phases were evaluated by changes of geometric mean ratios (GMR).

**Results** All drugs were well tolerated with no safety concerns arising. In the presence of boceprevir (phase 4 versus phase 1), sildenafil GMR maximum plasma concentration (C<sub>max</sub>) and area-under-the-concentration-time-curve (AUC<sub>24</sub>) increased by 1.9 fold (95% CI: 1.5–2.4) and 2.7 fold (95% CI: 2.1–3.4), respectively whereas a reduction in N-desmethyl-sildenafil C<sub>max</sub> was observed (GMR 0.5, 95% CI: 0.4–0.7). No significant changes in boceprevir exposure were observed between phases 4 and 3.

**Discussion/conclusion** Sildenafil exposure is increased in the presence of boceprevir. Dose adjustment of sildenafil is necessary. An initial dose of 25 mg of sildenafil is suggested.

## Category: Miscellaneous

### P187 A PHASE 1 STUDY TO ASSESS THE SAFETY, TOLERABILITY AND PHARMACOKINETIC PROFILE OF BOCEPREVIR AND SILDENAFIL WHEN DOSED SEPARATELY AND TOGETHER, IN HEALTHY MALE VOLUNTEERS

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**Background/introduction** Boceprevir is a first generation direct-acting antiviral (DAA) licensed for the treatment of hepatitis C infection. Sildenafil is an oral therapy for erectile dysfunction. As boceprevir is a potent inhibitor of CYP3A4, potential pharmacokinetic interactions may occur when co-administered with sildenafil.

**Aim(s)/objectives** The aim of this study was to assess the pharmacokinetic profile of sildenafil and boceprevir when dosed separately and together in healthy volunteers.

**Methods** Thirteen male subjects completed the following study procedures: phase 1 (day 0), single dose sildenafil 25 mg was administered; phase 2 (days 1–9), washout period; phase 3 (days 10–15), boceprevir 800 mg three times a day was administered; phase 4 (day 16), boceprevir 800 mg and sildenafil 25 mg were administered. All drugs were administered in a fed-state.

### P188 'FIND YOUR MATE!' AN INTERACTIVE GAME TO SUPPORT THE TEACHING OF SEXUAL HISTORY TAKING TO MEDICAL STUDENTS

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**Background/introduction** Standard methods of teaching sexual history taking are heavily reliant on role-play which many students find threatening. We took a fresh look at this with particular reference to the learning environment and learner diversity.

**Aim(s)/objectives** To develop a new resource as an alternative to role-play which allows students to practice the key components of sexual history taking in a fun and memorable way.

**Methods** The concept of 'find your mate' grew through brainstorming sessions with a medical student and an F2 trainee. The idea of a 'party atmosphere' with background music allows those with 'musical intelligence' to create a link whilst also masking individual conversations and reducing embarrassment. Provision of party snacks and soft drinks addresses players' basic physiological needs.

**Results** An interactive game was developed with flexibility to accommodate any number of participants from 6–30. Feedback was universally positive with players reporting marked improvement in confidence scores in sexual history taking.

**Discussion/conclusion** Students often find terminology used in sexual history taking unfamiliar or uncomfortable. They come from a variety of social, ethnic and religious backgrounds and may carry judgmental attitudes. Some may have had negative sexual experiences. Providing a psychologically and physically safe environment for them to develop this important skill is of