

## Abstracts

**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.

## 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.

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 (Cmax) 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 Cmax 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.

**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