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_{24}) 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

paramount importance. I am confident that giving students a framework of standard questions and phrases and then allowing them the combined privacy and space to practice the use of such in a safe learning environment will improve their confidence in sexual history taking.

P189 "... GIVING SOMETHING BACK TO THE GAY COMMUNITY BY TAKING PART": GAY AND BISEXUAL MEN'S UNDERSTANDINGS OF PARTICIPATION IN BEHAVIOURAL RESEARCH

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Background/introduction Studies exploring public participation in health research have not, to date, included the perspectives of gay and bisexual men taking part in behavioural surveillance research. Understanding factors which motivate men to participate in behavioural research, and their perceptions of feedback on anonymous HIV antibody tests are important in the design of future studies.
Aim(s)/objectives The aim of this qualitative study was to gain insight into men's motivations for participation in the Gay Men's Sexual Health Survey (GMSHS), and their understandings of, and views on, HIV testing as part of the survey.
Methods Semi-structured telephone interviews were conducted with 29 gay and bisexual men who participated in the 2011 GMSHS. Men were recruited in 13 licensed premises on the commercial 'gay scene' in Edinburgh and Glasgow. Data were analysed thematically, focusing on motives for participation and perceptions of not receiving individual feedback on HIV status.
Results Most men expressed sophisticated understandings of the purpose of behavioural research and distinguished between this and individual diagnostic testing for HIV. Men's accounts suggested a shared understanding of participation in research as a means of contributing to 'community' HIV prevention efforts. Among the men interviewed feedback on HIV status was not deemed crucial.
Discussion/conclusion Continuing to engage with gay and bisexual men, and practitioners working within these communities, is vital to engendering trust in, and support for, future behavioural research. This is particularly important during the process of developing new and innovative research strategies. Further research is needed to explore men's perceptions of participation in research, and their perspectives on receiving feedback on testing, within wider contexts.

P190 WE DON'T NEED NO SEX EDUCATION: DO YOUNG PEOPLE VALUE THE KNOWLEDGE THEY GAIN FROM SCHOOL AND SEXUAL HEALTH SERVICES?

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Introduction There remains ongoing debate regarding the value of sex education in schools and if today's young people subsequently rely on alternative resources to learn about sex and relationships.
Aims As a provider of sexual health services for young people aged under 25 we wanted to establish if there was an expectation amongst service users for us to provide sex education.
Methods Questionnaires were distributed to all service users between April and September 2014. Questions were designed to assess how sexual knowledge had been acquired, and which method of knowledge acquisition was most valued.
Results 179 service users completed questionnaires. 160 were female, 149 were heterosexual. Median age was 18.6 years.

177 (98.9%) reported receiving sex education at school which predominantly covered reproduction and contraception. Comparing methods of knowledge acquisition advice from friends was the most valued (84, 46.9%), followed by sexual partners (57, 31.8%) and family (56, 31.3%). Formal sex education was only valued by 34 (19.0%), with sexual health clinic advice valued by 32 (17.9%).

The desire for more sex education at school was mixed with 74 (41.3%) wanting more and 106 (59.2%) requesting no change or were unsure. 46 (25.7%) requested an increase in education from our clinic.
Conclusion Service users valued knowledge gained from peers and family over current methods of formal sex education with no significant desire to increase current educational provision. Sexual health services should engage young people in discussions regarding this peer-based learning to reinforce good sexual health and dispel inevitable myths.

P191 SURVEY OF GENITAL DERMATOLOGY TRAINING AMONGST GENITOURINARY MEDICINE (GUM) SPECIALIST REGISTRARS

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Introduction There has been no recent review of genital dermatology (GD) training for GUM trainees. The 2010 GUM specialist registrar curriculum states specific learning objectives that trainees should meet by CCT.
Aim In order to evaluate and improve training, the BASHH GD Special Interest Group (SIG) conducted an online survey to assess specialist registrar training in GD.
Methods The survey was designed through Survey Monkey and cascaded to trainees across the UK in 2014.
Results 42 trainees responded, representing several deaneries (50% London) and grades. 68% of trainees receive GD training through adhoc clinical teaching; 85% through formal lectures. 26%, 32%, 37% have attended specialist GD clincs by gynaecologist, GUM physician, dermatologist respectively. Mean confidence in managing specific conditions varied from 5 (vulval pain syndromes) to 7.5 (fungal infections) (1–10 confidence scale). 47% were ≥7/10 confident in topical steriod use (1–10 confidence scale). Independently able to perform procedures: 21% punch biopsies, 63% fungal scrapings, 15% curettage.

50% of trainees are satisfied with GD training with 69% feeling they will be adequately trained by CCT. 58% would like a formal qualification in GD to be available.
Discussion Training in GD is variable with mixed confidence in diagnosis, treatment and practical procedures. Many trainees feel