Discussion/conclusion Unscheduled bleeding is the most common reason for premature removal of implants, however many reported multiple reasons. All removals except one required ongoing reliable contraception, but none were willing to reinsert implant. These clients require support to continue this very effective form of contraception: future support includes: Identify who may require monitoring; Stress choices at outset; Offer bleeding management at early stage; Follow up new insertions at 6/52 via telephone support from Health Advisor or Nurse. Ongoing work will include monitoring and surveys on post TOP removals.

P247 QUALITY OF LIFE AND SEXUAL FUNCTION AMONGST WOMEN WITH PERSISTENT GENITAL DISCHARGE OR DERMATOSSES

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Results
Age at removal Range 15–21 yrs, Mean 18.5 yrs, Median 18 yrs
Length of use Mean 10.5 months
Inserted Pulse 10
Identified number of reasons 7
for removal:
- Unscheduled bleeding 11
- Other reasons for removal 18 total
- Weight gain 5
- Mood changes 6
- Bloating 2
- Headaches 3
- Nausea 2
- Miscellaneous 13
- Received bleeding management 5
- Willing to accept further bleeding management 0
- Requests for replacement implant 0

P = 0.013. FSFI scores did not significantly improve (18.55 (16.5–22.5) vs 18.5 (14.0–22.7), P = 1.000).

Discussion/conclusion Both QoL and SF are impaired in many women presenting with recurrent genital complaints. Appropriate assessment and management by senior physicians can significantly improve QoL in these women supporting the role of specialist clinics. There remains significant impairment to SF, warranting research into affordable interventions.

P248 SENSITIVITY OF THE AMSEL’S CRITERIA COMPARED TO THE NUGENT SCORE IN ABSENCE AND IN PRESENCE OF TRICHOMONAS VAGINALIS (TV) AND/OR CANDIDA SPP AMONG WOMEN WITH SYMPTOMATIC VAGINITIS/ VAGINOSIS

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Background/introduction In a multicenter clinical trial funded by BD, we observed less accurate clinician diagnosis of bacterial vaginosis (BV) based on clinical observations when Trichomonas vaginalis (TV) and/or Candida spp. were also detected by the trial Reference Methods than when only BV was detected.

Aim(s)/objectives To determine the sensitivity of each criterion and of the overall Amsel’s criteria (3/4 criteria met), the results of the Amsel’s corresponding to the sub-population of specimens that gave a Nugent score of 7–10 were analysed.

Methods Following informed consent, women with symptoms of vaginitis/vaginosis were included in the trial. The four Amsel’s criteria and the Nugent score were performed. Evaluation for trichomoniasis by wet mount and culture (InPouch™ TV, Biomed) were performed. Candida colonies were isolated (BBL™ Sabouraud Dextrose Agar, Emmons and BBL™ CHROMAgar™ Candida plate, BD) and identified by ITS-2 bi-directional sequencing (Accugenix®).

Results In total, 269/497 (54.1%) specimens gave a Nugent score of 7–10. Amongst them, TV and/or Candida spp. were found in 100 specimens (37.2%). The sensitivity of clue cells, amine test, vaginal pH, BV vaginal discharge, and overall Amsel’s criteria in absence of TV and/or Candida spp. were 86.3%, 82.7%, 91.1%, 71.0%, and 84.6% respectively. In presence of TV and/or Candida spp., the sensitivity was 63.6%, 64.0%, 75.0%, 42.0%, and 60.0% respectively (p values ≤ 0.0009 for all comparisons).

Discussion/conclusion The sensitivity of the Amsel’s criteria in women with BV decreases when TV and/or Candida spp. are present. The BV vaginal discharge is the least sensitive criterion.

P249 SO WHAT DO WOMEN WANT — ESTABLISHING A WOMEN’S SEXUAL HEALTH SERVICE

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Introduction Patient and public feedback has highlighted the need for targeted sexual health services for women in our city.
Sexual Health Information and Services: The Views and Experiences of 14 to 22 Year Olds

Aims/objectives The authors sought to capture young people's views and experiences of sexual health information and services in a specific geographical area.

Methods An online survey was published on survey monkey between 4 and 16 December 2014. It was promoted via social media, youth groups and Lesbian, Gay, Bisexual and Transgender (LGBT) organisations. 207 responses from young people aged between 14 and 22 were analysed.

Results 50% of respondents were female. Of 190 stating sexuality, 12% may be gay or bisexual. Only 13% had attended sexual health classes that met all their sexual health needs. Young people reported getting sexual health information from TV programmes and websites. Young women were more likely to get information from family members than young men. Most young people knew where they could get condoms, pregnancy tests and emergency contraception. 85% did not know about PEP (Post Exposure Prophylaxis) for HIV. 30 young women had talked to a health professional about contraception, most commonly the pill and implant. Young people want sexual health services to be open in the evenings and weekends, the most common combination was Monday evening, Friday evening, and Saturday afternoon.

Discussion/conclusion The sexual health information needs of young people are not being met in education settings. More information about PEP is needed, especially for young gay and bisexual men. Sexual health services should have extended opening hours leading up to, during and after weekends.

P252 TILL DEATH US PART: MARRIAGE, AFRICAN-BORN WOMEN AND HIV PREVENTION IN THE UNITED KINGDOM

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10.1136/sextrans-2015-052126.294

Background/introduction Recent studies from Sub-Saharan Africa, most especially Southern Africa, reveal a shocking trend in HIV transmission with married couples recording the biggest percentage of new infections per annum. Hence the mode of transmission as far as HIV is concerned has been evolving and the previously so called ‘low risk’ unions are no longer as safe as previously thought, most especially for women. UK literature shows that the trend of HIV in Black-African population mirrors that in Africa. Making of culturally sensitive and therefore effective policies and interventions for this particular group calls for a good in-depth understanding and insight into experiences and strategies that persists and those that newly emerge for married African-born women when they immigrate into UK.