

increases of 36%, 25% and 42% respectively. Among the women, at age 38, 16.8% reported ever having a SSP, and 22.7% ever a SSE. Based on responses from all assessments, the respective proportions were 20.5% and 31.4%, increases of 22% and 45% respectively.

Conclusions In this cohort SSB was more common than reported from other population-based studies. There are three plausible explanations for the marked discrepancies between the lifetime SSB reported at age 38 and derived from all reports: (1) some reports at early assessments were erroneous, (2) with age participants were less willing to report past same-sex behaviour, (3) with age earlier SSB were forgotten or reinterpreted as not being sexual. The latter seems most plausible.

Disclosure of interest statement None of the authors have conflicts of interests to disclose.

P11.02 REPRESENTING MEN WHO HAVE SEX WITH MEN (MSM) IN BRITAIN: EVIDENCE FROM COMPARATIVE ANALYSES OF THE LATEST CONVENIENCE AND PROBABILITY SURVEYS

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Introduction Convenience samples of MSM are typically skewed towards gay-identified and community-attached men who do not necessarily represent all MSM, a key population for STI/HIV transmission. Comparing convenience samples with a probability sample of MSM enables us to assess their representativeness.

Methods We compared 148 MSM in Britain's third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), with men in Britain's key convenience surveys of gay men: 15,500 in the European MSM Internet Survey (EMIS), 1,012 in the Gay Men's Sexual Health Survey London (GMSHS-London), 1,234 in the Gay Men's Sexual Health Survey Scotland (GMSHS-Scotland), all undertaken 2010–2012. Men were aged 18–64, resident in Britain, and reported ≥ 1 male sexual partners (past year). Comparisons include demographic, health characteristics and sexual behaviours, using identically-worded questions. Multivariable analyses accounted for socio-demographic differences between the samples.

Results Convenience samples had significantly younger and better educated men than Natsal-3, and a larger proportion of men identifying as gay (88%–95% vs. 62%). Partner numbers were larger and same-sex anal sex more commonly reported by convenience samples but no significant differences were observed in age at first sex or reporting unprotected anal intercourse. Compared to Natsal-3, men in convenience samples were more likely to report HIV testing (past year) (all adjusted odds ratios (AORs) ≥ 2.30 , 95% CI lower bounds ≥ 1.49) and gonorrhoea diagnoses (all AORs ≥ 7.99 , 95% CI lower bounds ≥ 1.11). However, fewer differences between samples were observed when analyses focused on MSM who identified as gay.

Conclusion Participation bias may mean convenience samples of MSM demographically misrepresent and over-estimate sexual activity and HIV testing for the entire MSM population. However, they may be more representative of gay-identified MSM, capture a broader range of behaviours and achieve larger samples, relative to general population surveys. Methods are needed to triangulate data from different surveys to strengthen the evidence-base for MSM.

P11.03 LUBRICANT USE DURING RECEPTIVE ANAL INTERCOURSE AND RECTAL CHLAMYDIAL AND GONOCOCCAL INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN

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Introduction Despite the frequent use of lubricants during anal sex, few studies have examined associations between specific lubricant types and rectal STIs.

Methods Between July 2012 and October 2013, we conducted a cross-sectional study of men who have sex with men (MSM) recruited from an urban STD clinic in the Midwestern United States. In a self-administered survey, participants identified the types and frequency of lubricants used during receptive anal intercourse (RAI) in the previous three months. Rectal chlamydial and gonococcal infection was diagnosed using nucleic acid amplification testing. Among men who report any RAI in the previous three months, we used multivariable logistic regression models to analyse associations between recent use of nine specific lubricants and prevalent rectal infection (chlamydia or gonorrhoea).

Results Of 235 MSM in the study, 77% (n = 182) reported RAI in the previous three months, and 95% of those (n = 173) reported lubricant use during RAI during the same time period. In separate, unadjusted models, Gun Oil (OR: 2.11, 95% CI: 1.04, 4.25), Slick (OR: 4.35, 95% CI: 1.27, 14.89), baby oil (OR: 4.35, 95% CI: 1.27, 14.89), Vaseline (OR: 2.53, 95% CI: 1.08, 5.91), and precum (OR: 2.74, 95% CI: 1.25, 6.01) were each associated with prevalent rectal chlamydia or gonorrhoea. After adjustment for age, condom use, number of partners, and HIV status, only precum remained significantly associated with prevalent rectal infection (AOR: 3.10, 95% CI: 1.15, 8.38).

Conclusion Rectal lubricant is a very common exposure among MSM, a population with high prevalence of STIs and HIV. In unadjusted analyses, we observed significant associations between several lubricants and rectal infection, however after multivariable adjustment, only precum was associated with prevalent infection. Longitudinal studies are needed to examine any causal relationship between specific lubricants and STI acquisition.

Disclosure of interest statement No authors have any conflict to disclose.

P11.05 PROPORTION OF HIV AND SEXUALLY TRANSMITTED INFECTION (STI) CASES AMONG MEN WHO HAVE SEX WITH MEN (MSM) ATTRIBUTABLE TO SEROSORTING

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Introduction The contribution of serosorting to HIV/STI disease burden among MSM is unknown.

Methods The study used data collected as part of routine care at an STD clinic 2002–2013 or a community-based HIV/STD testing centre 2004–2013 in Seattle, Washington. Data included men's condom use for anal sex with HIV-positive, negative and