for older service users with HIV compared with the general older population, including earlier detection of general health problems. However, services in low HIV prevalence areas were commonly considered to be youth-orientated. The targeting of sexual health/HIV resources towards younger people was identified as a key contributor to the high proportion of older adults diagnosed at a late stage of disease. Late HIV diagnosis was associated with a lack of awareness or acknowledgement of personal risk.

Discussion/conclusion Once diagnosed, older adults report receiving exceptional HIV care and support. However, to promote early HIV detection, HIV awareness needs to increase across all age groups.

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Background Current treatment recommendations for lymphogranuloma venereum (LGV) are for 21 days of doxycycline but the evidence is limited.

Aims To describe clinical outcomes in MSM treated with short-course doxycycline for rectal Chlamydia, subsequently proven to be LGV.

Methods We reviewed all MSM who received 7–14 days of doxycycline but tested positive for LGV between Dec 2012 – Jan 2016. Clinical features and test of cure (TOC) results were tabulated.

Results Thirty-three MSM with LGV were included. Median age was 35 (range 25–57), 88% were HIV positive and all tested positive for LGV-specific DNA in the rectum. Only 18/33 (55%) had ano-rectal symptoms including pain, bleeding, tenesmus, discharge, constipation, diarrhoea and ulceration. The remainder were asymptomatic or had genital symptoms. 24/33 (73%) were treated with 7 days of doxycycline, 8 (25%) with 14 days, and 1 patient received azithromycin 1g stat; 20 patients also received ceftriaxone 500mg. 100% (32/32) of patients treated with doxycycline had a negative TOC at a median 28 days (range 14–200). Of these, 1 patient had an initial positive rectal chlamydia TOC but this was LGV negative. The patient treated with azithromycin had a positive TOC at 24 days and remained symptomatic, representing treatment failure.

Discussion/conclusion This case series suggests efficacy for short-course doxycycline for both symptomatic and asymptomatic rectal LGV with no treatment failures seen. Current BASHH Chlamydia guidelines suggest 21 days of doxycycline should be considered if no LGV test is done. Our data suggest this is not warranted but further prospective studies are needed.

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Background As the incidence of opportunistic infections accounting for HIV-related deaths has declined significantly, malignancies now account for approximately a third of HIV related death with the majority of these being lymphoma related.

Aims To determine whether management of HIV positive patients within small centres is in line with current best practice guidelines.

Methods All HIV positive patients diagnosed with lymphoma or relapsing with lymphoma, from 2010 to 2015, in the BASHH Wessex region were eligible for inclusion. On review of previous studies and current BHIVA guidelines, a data collection tool was designed to accumulate relevant patient information to review care. Data collection was conducted at three centres across Wessex.

Results The total sample size of the study was 25 patients, all of which received the recommended diagnostic and staging procedures. Of the patients with documented staging, 73% were diagnosed with stage 4 lymphoma and 50% had an International Prognostic Index score of 3 or more. The mean follow up time of each patient was 19 months (from 1 to 64 months). Within the follow up time, the overall survival rate was 72%. In those followed up for a minimum of 2 years, the progression free survival rate was 100%.

Conclusions Although the small sample size does not allow comparison with larger cohorts, current findings suggest that management of HIV positive lymphoma patients within these smaller centres is in line with best care guidelines. The formation of a national registry would allow for closer monitoring of this in the future.

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Background/introduction Recreational drug use has been reported to be disproportionately higher in men who have sex with men (MSM) when compared to their heterosexual counterparts. There are indications that increased recreational drug use may lead to risky sexual behaviour. Patterns of recreational drug use are subject to spatial and temporal variations and as such, regular assessment of these changes is essential in understanding service user behaviour.

Aim(s)/objectives To identify commonly used recreational drugs, routes of administration and frequency of use for MSM service users attending sexual health clinics in Greater Manchester.

Methods A retrospective case note review was conducted using a random, powered sample of MSM attending three sexual health clinics across Greater Manchester during 2014. Details of risky sexual practices, sexually transmitted infection diagnoses and number of sexual partners were also recorded.

Results 357 case notes were reviewed from across three sites. In total, 18% of service users reported recreational drug use. The most commonly reported substances were cannabis (7%) and