

patients presenting to their sexual health walk-in service on 5th September.

Results 382 patients presented to 9 services across England and Scotland. Of these, 164 (43%) presented with a GD condition. GD STI diagnoses (e.g. warts, herpes simplex) were excluded. 75 patients (20%) presented with non-STI GD conditions.

Of these, 59% were male, 91% heterosexual. The modal age range and ethnicity were 18–25 year olds (36%) and white British (67%).

GD diagnoses included: candida/tinea 17%, normal variant 11%, eczema 8%, non-specific balanitis 8%, irritant dermatitis 7%, vulvodynia 5%, lichen sclerosus 5%, lichen planus 3%, psoriasis 3%. 17% of cases required senior review. 33% had follow up: 32% by a Genitourinary Medicine consultant; 12% in a Genitourinary Medicine specialist clinic. 4% required skin biopsy.

Discussion Our study demonstrates that non-STI GD conditions constitute a high proportion of clinical presentations to walk-in sexual health services. Many cases require in-house senior input. Commissioners must recognise the burden of GD on services and the expertise required to ensure optimal management of GD within sexual health.

038

THE CONTRACEPTION CHOICES INTERACTIVE DECISION-AID: DEVELOPMENT, CONTENT AND DESIGN

Julia Bailey*, Anastazia Gubijev, Lisa Walton, Ann Blandford, Preethy D-Souza, Sandy Oliver, Greta Rait, Judith Stephenson. *University College London, London, UK*

10.1136/sextrans-2017-053232.38

Introduction Women have many concerns about contraception which can put them off using reliable methods, and their worries may not surface in consultations with health professionals. An online intervention can offer convenient help with decisions. We describe the design and development of the Contraception Choices website which addresses myths and misconceptions about contraception, and provides tailored recommendations for contraceptive methods.

Methods We gathered several sources of evidence: 1) A qualitative synthesis of systematic reviews of factors influencing contraceptive choice; 2) Views on contraception expressed on YouTube (35 videos); 3) A meta-analysis of randomised controlled trials of interactive digital interventions for contraceptive decision-making; 4) A narrative synthesis of reviews of interventions for contraceptive decision-making; 5) Seven focus groups with 75 women aged 15 to 30 recruited in clinical settings, to explore beliefs and concerns about contraception and suggestions for website content.

YouTube videos and qualitative data were analysed thematically. Themes from the qualitative field work and findings from the evidence reviews were tabulated, and implications for the design of the Contraception Choices website were debated.

Results The most common myths and misconceptions about contraception were worries about hormones being unnatural, weight gain, altered bleeding patterns, cancer and future infertility. The Contraception Choices website addresses women's concerns through videos, information which highlights contraception benefits, and an interactive tool which gives tailored suggestions for contraceptive methods.

Discussion The role of digital decision-aids for contraception will be discussed. The website will be tested in a pilot randomised controlled trial starting in March 2017.

039

IMPROVING THE EVIDENCE-BASE TO UNDERSTAND STI RISK REDUCTION CAPACITY: THE FEASIBILITY AND ACCEPTABILITY OF LINKING ONLINE BEHAVIOURAL SURVEY DATA TO GENITOURINARY MEDICINE CLINIC RECORDS

^{1,2}Paula Blomquist*, ^{1,3}Sonali Wayal, ^{1,3}Catherine Mercer, ^{1,4}Peter Weatherburn, ^{1,4}David Reid, ^{1,2}Gwenda Hughes. ¹Health Protection Research Unit in Sexually Transmitted and Blood-Borne Viruses, London, UK; ²Public Health England, London, UK; ³Centre for Sexual Health and HIV, University College London, London, UK; ⁴London School of Hygiene and Tropical Medicine, London, UK

10.1136/sextrans-2017-053232.39

Introduction Behavioural surveys provide insight into the context associated with STI risk, but interpretation is hampered by using self-reported STI history. We aimed to determine the feasibility and acceptability of linking patients' online survey data on STI risk factors with the national surveillance dataset on STI diagnoses (GUMCADv2).

Methods Between May–September 2016, attendees at 16 GUM clinics across England were invited to complete an online survey on knowledge, attitudes, and behaviours around STI risk, using a clinic tablet or personal device. Clinic staff recorded respondents' patient IDs, which we used to link surveys to GUMCADv2 (as well as age, gender, and clinic attendance date). We examined recruitment and linkage success and used Z-test for proportions to assess selection bias.

Results 6283 attendees agreed to participate, and 73.6% (4626) did so, with survey completion higher in those who completed the survey in clinic vs. those who did so at home (87.3% vs 16.8%). 95.9% (4437) of survey respondents were eligible, which was 59.2% of our recruitment target. 91.2% (4046/4437) of participants consented to data linkage, and of these 88.9% (3596) were linked to GUMCADv2. Consent did not differ by age or gender but was higher among MSM than heterosexual men (95.5% vs. 88.4%; $p < 0.01$), and lower among black Caribbean than white participants (87.1% vs 93.8%; $p < 0.01$).

Discussion Online behavioural surveys distributed in GUM clinics with linkage to GUMCADv2 are both highly acceptable to attendees and technically feasible. Staff should encourage survey completion on clinic tablets to maximise recruitment and linkage success.

040

ON BECOMING 'NORMALISED': HOW ARE PATIENTS COPING WITH THE TRANSFORMATION OF HIV INTO A 'CHRONIC DISEASE LIKE ANY OTHER'?

¹Tanvi Rai*, ¹Jane Bruton, ¹Sophie Day, ²Jane Rowlands, ²Chris Higgs, ¹Helen Ward. ¹Imperial College, London, UK; ²Chelsea and Westminster NHS Foundation Trust, London, UK

10.1136/sextrans-2017-053232.40

Introduction The widespread use of modern ARVs has increased self-management in HIV patients and reduced their contact with HIV services. We explored how patients adjusted to the changing model of care.

Methods We conducted in-depth interviews with 52 adults from two HIV clinics. Participants were purposively sampled to achieve variation in: time since diagnosis and demographic characteristics. Data were examined using thematic analysis.

Results Three-quarters of the sample were virally undetectable, financially stable and generally healthy, although some experienced psychological problems and/or other STIs including HCV. Having adjusted well to the medical regimen they tried to 'normalise' their life by a combination of: asserting control over their virus by staying informed about their immunological status and scientific developments; using 'othering' methods to assure themselves of the uniqueness of their situation; and keeping their seropositive status hidden from most others. Gay men felt keeping HIV secret was similar to keeping their gayness secret, and being virally undetectable gave some respondents medical legitimacy to not disclose even to sexual partners. By contrast, a quarter of the sample felt the need for frequent contact with the HIV clinic, either because of comorbidities or other vulnerabilities. Half of this group reported relations with their clinicians suggesting emotional dependency.

Discussion The chronic disease model of HIV management transforms HIV from a collective and political phenomenon into an individualised concern. While patients with complex needs continue to have frequent clinic contact, others isolate and conceal their HIV-positive identity to avoid experiencing stigma in their day-to-day lives.

Undergraduate Oral Presentations

UG1

MANAGEMENT OF SYMPTOMATIC PATIENTS ATTENDING OPEN ACCESS SEXUAL HEALTH WALK-IN CLINICS IN THE UK

¹Azra Khatun*, ¹Gabriela Agathangelou, ¹Stephen Yekini, ¹Thomas Rose, ²Elizabeth Foley, ²Rajul Patel. ¹University of Southampton, Southampton, UK; ²Dept of GU and HIV medicine, Level B, Royal South Hants Hospital, Southampton, UK

10.1136/sextrans-2017-053232.41

Introduction Following the NHS Act 2012, Sexual Health services (SHs) have been radically reshaped. Anecdotally many places report problems in maintaining open access services, particularly since local authorities became responsible for commissioning SHs as of 1 April 2013.

Aims To assess whether SH walk-in clinics can accommodate symptomatic patients and if there is a difference in waiting time between male and female patients. To determine whether the expectations of lead clinicians working in SHs concur with the experience of front line services.

Methods A postal questionnaire was sent to 262 UK SH clinics to assess lead clinicians' predicted waiting times. Four researchers; 2 males and 2 females attended clinics as 'patients' reporting symptoms suggestive of an acute STI, clinic waiting time was recorded. 50% of clinics in each of the 17 BASHH branches were visited. SPSS v23 was used to analyse the data.

Results Of the 131 clinics visited, 97.7% could accommodate symptomatic 'patients' on the same day. The observed waiting time ranged from 5-285 minutes. The median wait was 54 minutes respectively. There was no significant difference in waiting time between male and female 'patients' ($p=0.110$). 68/262 questionnaires were returned; 31 were from clinics

which were visited. 13% of clinics underestimated the walk-in waiting time, while 23% over-estimated the walk-in waiting time, when compared with actual walk-in waiting time established during clinic visits.

Discussion Despite strains on SHs, most clinics visited could accommodate patients on the same day. However, there is discrepancy between lead clinicians' expectations and services provided.

UG2

THE ASSOCIATION BETWEEN BIRTH ORDER AND SEXUAL HEALTH OUTCOMES: HOW IS BIRTH ORDER ASSOCIATED WITH LEARNING ABOUT SEX, EARLY SEXUAL EXPERIENCE, AND SEXUAL RISK BEHAVIOUR?

Lotte Elton*, Wendy Macdowall, Melissa Palmer. London School of Hygiene and Tropical Medicine, London, UK

10.1136/sextrans-2017-053232.42

Introduction While the effect of birth order on psychosocial outcomes has been widely discussed in the literature, little research examining birth order effects on sexual health has been undertaken. This analysis identifies the associations between birth order and learning about sex, first sexual experiences and sexual risk behaviours.

Methods This analysis uses data from Natsal-3, a stratified probability sample survey of 15,162 men and women aged 16-74 in the UK. Bivariate logistic regression was conducted to identify crude odds ratios for the association between birth order and sexual health outcomes. Multivariate logistic regression was performed adjusting for socio-demographic factors and sibling number.

Results Middle-born and last-born men were less likely to have found it easy to speak to their parents about sex around age 14 (OR 0.59, $p=0.003$; OR 0.69, $p=0.009$) and to have learned about sex from their mothers (OR 0.64, $p=0.014$; OR 0.76, $p=0.045$). Last-born women were less likely to report a parental main source of sex education (OR 0.64, $p=0.003$). Being a last-born male was associated with decreased odds of having had 5+ lifetime heterosexual partners (OR 0.75) and reporting ever had heterosexual anal sex (OR 0.77).

Discussion These results provide the basis for further research on the association between birth order and learning about sex, and highlight later-born males in particular as being less likely to report parental involvement in sex education. Qualitative research is recommended in order to gain a broader understanding of the ways in which birth order effects manifest in learning about sex.

UG3

CONNECT EMAIL – 8 YEARS' EXPERIENCE OF AN EMAIL CLINIC IN AN HIV OUTPATIENT SETTING

¹Alija Bekinska, ²Eileen Nixon, ²Gemma Weir, ²Duncan Churchill, ²Jenny Whetham*. ¹Brighton and Sussex Medical School, Brighton, UK; ²Brighton and Sussex University Hospitals NHS Trust, Brighton, UK

10.1136/sextrans-2017-053232.43

Introduction With advances in HIV therapy, many people are living longer healthier lives. Simultaneously our cohorts are ageing with 42% of individuals locally aged over 50. Our service looked for innovative ways of reducing visits for stable patients while increasing capacity to manage complex patients.