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 co-morbidities 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

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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?

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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

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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.

In 2008 we introduced an email service whereby patients are seen once a year with interim results checked and emailed to them. We report on a review of the Connect email service.

Methods Individuals who had ever registered with the email service and their current status were identified from our prospective clinical database. Reasons for 'exiting' or 'pausing' the service were identified by a case notes review. A service evaluation was carried out via staff and patient surveys.

Results Since October 2008, 888 individuals have registered with our email service: 89.8% male (n=797); median age 48 (range 22–84). At the time of review (Oct 2016) 550 (550/2370 = 23% of total cohort) were under active email follow-up. In eight years, 171 (19.3%) have 'exited' the email service - reasons included: co-morbidities (46.2%); ARV switch/start (18.7%); patient choice (12.9%) and non-attendance/adherence (11.1%). A further 167(18.8%) has been 'paused', mainly due to co-morbidities (58.1%); ARV switch/start (20.4%) and research (16.2%). Non-attendance/adherence was more common in younger patients while co-morbidities predominated among older patients (aged >50). In the staff survey, barriers for enrolling patients on Connect included 'difficulty letting go' of regular appointments, email access and confidentiality concerns.

Discussion As the email service is an integral part of HIV care in our unit, understanding why patients leave Connect and barriers to enrolment will enable continued effectiveness of the service.

UG4 THE PREDICTIVE VALUE OF TRIAGE QUESTIONNAIRES IN A SEXUAL HEALTH CLINIC

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Introduction To assess the effectiveness of self-completed triage forms in eliciting symptomatic status and predicting subsequent diagnoses.

Methods Consecutive patients attending a GUM clinic 3/10/16–7/10/16. Data from self-completed patient triage forms were extracted and correlated with clinician findings documented in electronic patient records at the visit. Fisher's Exact was used to calculate association.

Results 339 patients were included of whom 56.6% were female. Median age was 29 years (14–84) and 86.4% identified as heterosexual (n=293). 54.6% of patients (n=185) indicated symptoms on the triage forms c.f. 58.7% (n=199) documented as symptomatic by clinicians. Clinicians and patients agreed on symptomatic status in 85.3% (289/339) of cases. 57.7% (n=71) of symptomatic women reported lower abdominal pain (LAP), inter-menstrual/post-coital bleeding (IMB/PCB) or dyspareunia on triage forms which were subsequently documented by clinicians on 66.2% (41/71) of occasions. These symptoms were not significantly associated with a diagnosis of PID, or other infections, when documented by clinicians or patients ($p<0.05$). Patient and clinician documented 'change in vaginal discharge', 'lumps on genitals' and 'genital blisters or sores' were significantly associated with candidiasis and bacterial vaginosis ($p<0.05$), genital warts ($p<0.05$), and genital herpes ($p<0.05$) respectively. Patient and clinician reported dysuria was significantly associated with NSU in men and UTI in women ($p<0.05$).

Discussion There was a high level of concordance between patients and clinicians regarding symptomatic status. Specific symptoms, when included in triage, are effective predictors of associated diagnoses with the exception of LAP, IMB/PCB and dyspareunia which appear to be non-specific.

UG5 DESIGNING, DELIVERING AND EVALUATING A TEACHING TOOLKIT FOR PRE-EXPOSURE PROPHYLAXIS IN MEN WHO HAVE SEX WITH MEN

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Introduction Research on the knowledge of PrEP in healthcare workers including third sector workers is limited, and their knowledge will be vital to future national rollout. The aim of this study was to design and evaluate a teaching toolkit on PrEP to educate healthcare professionals and third-sector workers.

Methods A 20 minute powerpoint teaching toolkit was designed and delivered to sexual health workers, third sector workers and medical students. A questionnaire was used to evaluate the toolkit, including perceived knowledge pre-toolkit, immediate post-toolkit, and >1-week post-toolkit.

Results 42 participants took part in teaching sessions. There was a 36% increase in mean perceived participant knowledge scores (maximum = 25) immediately after teaching (23.69), and a 26% increase >1-week after teaching (21.93) – when both are compared with a prior mean score of 17.45. This change in perceived knowledge increased significantly both immediately post and >1-week post when compared with pre-toolkit ($Z = -5.351$, $p = <0.001$; $Z = -3.189$, $p = 0.001$). Immediately after, 42/42 (100%) participants agreed they had some knowledge of the monitoring and tests for PrEP in comparison to 21/42 (50%) pre-teaching ($Z = -4.753$, $p = <0.001$). Overall 39/42 (93%) of participants strongly agreed it provided a good overview of PrEP, with 35/42 (84%) thinking it would help them to provide answers to those seeking to use PrEP.

Discussion Perceived knowledge of PrEP increased following toolkit use and importantly was sustained >1-week post-toolkit when compared with prior knowledge. Toolkits such as this can help educate future PrEP advocates.

UG6 A RETROSPECTIVE COHORT STUDY OF TREATMENT OUTCOMES AMONG HIV POSITIVE INDIVIDUALS WITH EARLY SYPHILIS AT A SINGLE HIV CLINIC

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Introduction Guidelines for the treatment of early syphilis recommend benzathine penicillin G (BPG) for all patients regardless of HIV status. Concerns of HIV-positive patients developing asymptomatic neurosyphilis have prompted some to prescribe a neuropenetrative regimen of procaine penicillin (PP) with probenecid. There is heterogeneity in prescribing and the debate surrounding this issue is amplified by the global probenecid shortage. One centre in the UK has