

P057 TRENDS IN RECORDED ABORTIONS IN UK GENERAL PRACTICE – COHORT STUDY USING CLINICAL PRACTICE RESEARCH DATALINK (CPRD)

Richard Ma*, Elizabeth Cecil, Sonia Saxena. *Imperial College London, London, UK*

10.1136/sextrans-2017-053232.103

Introduction Clinical Practice Research Datalink (CPRD) is a database of health records from participating general practices in the UK. Patients in the CPRD are broadly representative of UK population. We studied trends in recorded abortions between 2004 to 2014 in participating general practices in England and Wales.

Methods We created a cohort of females between ages of 15 to 44, registered with practices in England or Wales, during period 2004 to 2014. We identified abortions using Read codes. We removed records that were: misclassified, inaccurate in event and birth dates, and duplicates. We present trends in abortion data in women aged 15 to 44 in England and Wales using descriptive statistics and compared them with national data published by Department of Health (DH).

Results There were over 114,000 recorded episodes of abortion between 2004 and 2014, with almost 5 million women of target age groups in the cohort. There appeared to be a consistent, year-on-year decrease in crude abortions rates from 2004 to 2014 using abortions data recorded on CPRD. The rate of decrease is less marked in the same period using national data. The age group 20–24 had the highest rate of abortions in every year, which correlates with national statistics.

Discussion There are similarities and differences in abortion data between CPRD and DH which might reflect differences in the way data are collected and recorded. We suggest abortion records on CPRD need further work on data validation before conducting robust epidemiological studies.

HIV Prevention, PEPSE and PrEP

P058 DEMAND FOR PRE EXPOSURE PROPHYLAXIS FOR HIV (PREP) AND THE IMPACT ON CLINICAL SERVICES: SCOTTISH MEN WHO HAVE SEX WITH MEN (MSM) PERSPECTIVES

Rebecca Gilson*, Daniel Clutterbuck. *Chalmers Centre, Edinburgh, UK*

10.1136/sextrans-2017-053232.104

Introduction Studies have assessed awareness and interest in taking PrEP but there is less data on ability and willingness to self-fund. Our aim was to assess how many eligible (high risk, PROUD study criteria) may want PrEP, how many ineligible (lower risk) MSM would be willing and able to self-fund and how PrEP may impact on risk taking behaviour.

Methods

Self-completed anonymous questionnaire Questions included sexual risk and risk frequency, willingness to take PrEP, income, willingness to self fund and impact on risk taking.

Results Of 377 participants, 81.5% were aware of PrEP. 53 (15.5%) were eligible, of whom 50 (94.3%) aware of PrEP and 50 (94.3%) likely to want it. Of those ineligible, 229 (80%) aware of PrEP and 171 (60%) likely to want it. The majority of men reported they would not be more likely to have condomless sex or increase partner numbers.

Discussion Levels of awareness of PrEP in our population were much higher than the 30% previously reported in Scotland. Previous studies showed 50% would be willing to take PrEP. In this study, 94.3% of the 15.5% of men eligible and 60% of those ineligible were likely to want it. This will have implications for discussions and monitoring. A systematic review of PrEP⁶ found no difference in condom use or numbers of partners. Our study indicates that men believe that risk taking behaviour will likely not increase.

P059 DRUG-DRUG INTERACTIONS IN HIV PATIENTS TAKING PHARMACOKINETIC ENHANCERS

Chloe Knox. *Brighton and Sussex Medical School, Brighton, UK*

10.1136/sextrans-2017-053232.105

Introduction Antiretroviral medications have the potential to produce serious drug interactions by interfering with the hepatic cytochrome P450 cascade. Ritonavir, a protease inhibitor, is a known CYP450 inhibitor that is commonly used in the treatment of HIV¹. Iatrogenic Cushing's syndrome is caused by exposure to glucocorticoids and may be promoted by interaction with additional drugs that result in hypothalamic-pituitary adrenal axis suppression². It is well documented in HIV patients receiving inhaled steroids in combination with a ritonavir-containing antiretroviral regimen³. Following one such severe drug-drug interaction in a patient, a clinical audit was conducted to identify potential drug-drug interactions in a HIV clinic at Beaumont Hospital, Dublin.

Methods 200 patients receiving Ritonavir were interviewed and screened for harmful prescribed and non-prescribed co-medications. Patients receiving regular steroid doses and Ritonavir were identified and all drugs were cross-referenced to the Liverpool Drug Interactions website to highlight any dangerous drug interactions.

Results 86% of patients had concomitant prescribed medications, three-quarters of which were undocumented. Furthermore, 45% of patients used regular over the counter medication and 2.7% used recreational drugs. 8% of patients were flagged for potentially dangerous drug-drug interactions and of these, 15% contained steroids.

Discussion The interaction between corticosteroids and PIs is significant and deserves close attention and evaluation. Timely communication among all prescribing physicians for a given patient is indicated in order to proactively detect significant interactions before they manifest themselves clinically.

P060 DRUG RESISTANCE AMONG WOMEN ATTENDING ANTENATAL CLINICS IN GHANA

Philip Enyan. *University of Ghana, Accra, Greater Accra, Ghana*

10.1136/sextrans-2017-053232.106

Introduction Initial evidence from resource-limited countries using the WHO HIV drug resistance (HIVDR) threshold survey suggests that transmission of drug-resistance strains is likely to be limited. However, as access to ART is expanded, increased emergence of HIVDR is feared as a potential consequence. We have performed a surveillance survey of transmitted HIVDR among recently infected persons in the geographic setting of Accra, Ghana.