

Discussion In rural areas where transport links are limited, a GU clinic run in GP offers an efficient, anonymous service. Services can be offered in this setting with few extra resources providing an alternative point of access for patients.

Abstract P111 Table 1 GUM in general Practice

Diagnosis	n=604	% all diagnoses	% all patients	% attendances
Chlamydia	190	31.4%	17.5%	10.4%
Gonorrhoea	7	1.2%	0.6%	0.4%
Syphilis	1	0.2%	0.09%	0.05%
HIV	1	0.2%	0.09%	0.05%
Other	406	67.0%	37.6%	22.2%

P112

RETROSPECTIVE STUDY OF THE RESULTS OF TAKING OF BLIND SWABS VERSUS SPECULUM-ASSISTED SWABS IN WOMEN WITH VAGINAL DISCHARGE

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Introduction Although a speculum is generally recommended to aid the taking of swabs for microscopy in women with vaginal discharge, many women dislike this and ask for a blind swab, in which a plastic loop is inserted high into the vagina to take a sample. We have agreed to this for some women and have therefore retrospectively looked at the diagnostic rates for each method.

Methods We looked at 150 consecutive women clinically coded as 'TS' (microscopy performed) in 2015 and 2016 and looked at the proportion of women tested by each method and the vaginal-discharge-causing infections diagnosed.

Results In 2015, 129 women had clear documentation of the method used of which 120 (93%) were speculum-taken and 9 (7%) were 'blind'. In 2016, of 101 women with documentation of the method used 52 (51%) were speculum-taken and 49 (49%) were 'blind'. The diagnostic rates for each infection are given in the table.

Abstract P112 Table 1 Blind.v. speculum testing

Method used to take sample	Total number of women tested by each method	TV	BV	Candida	BV + Candida
Blind	58	3 (5%)	18 (31%)	9 (16%)	0**
Speculum	172	8 (5%)	75 (44%)	58 (34%)*	24**

* P=0.008 ** P=0.0001

Discussion The blind swab method appears to be accurate in the diagnosis of TV and possible BV, but is clearly inferior in the diagnosis of candida and mixed candida/BV infections.

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DOMESTIC VIOLENCE – DO WE ASK? WILL THEY TELL?

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Introduction Experience of domestic violence is reported as 28.3% in women and 14.7% in men. It causes significant harm and screening sexual health clinic attendees is recommended. Proformas used within our service include a question on domestic violence however screening practice among clinicians varies.

Aim Investigate the prevalence of domestic violence among our clinic attendees and determine if current practice is successful at identifying this.

Methods Patients attending a clinic on 9th January 2017 were asked to complete an anonymous questionnaire including questions on domestic violence, mental health, unplanned pregnancy and STI's. A retrospective audit of documentation of domestic violence in patient's records was then undertaken for all patients attended on that day.

Results Total number of attendees on 9th January was 111, 57 completed questionnaires (52% female and 50% male attendees). Domestic violence was reported by 27% female attendees and 16% male attendees (10% in heterosexual male, 33% in MSM). Females suffering domestic violence more commonly reported sexual assault, mental health problems and unwanted pregnancy.

34% female attendees had a documented enquiry regarding domestic violence. 24% of these reported domestic violence. Among male attendees 38% had a documented enquiry with 9% reporting domestic violence. Reporting of domestic violence by men to clinicians was lower than predicted by the survey.

Discussion With our current practice we can expect to miss 10 women and 5 men a day who have suffered domestic violence. Routine enquiry is to be recommended. Reluctance to disclose domestic violence may still be a barrier to identifying this hidden problem.

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SENSITIVITY AND COST-EFFECTIVENESS OF TRICHOMONAS VAGINALIS NAAT (NUCLEIC ACID AMPLIFICATION) ASSAY IN SYMPTOMATIC FEMALE PATIENTS ATTENDING A GENITOURINARY MEDICINE CLINIC

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Introduction Trichomonas vaginalis is the commonest curable sexually transmitted infection worldwide. Diagnosis is by detecting Trichomonas organisms or its DNA. Sensitivity of microscopy in females is 45–60%. Culture has a higher sensitivity than microscopy but molecular detection offers the highest sensitivity and is considered gold standard. We currently use only microscopy and this may lead to false negatives. This study assesses sensitivity and cost-effectiveness of TV NAAT assay compared with microscopy and acridine orange (AO) staining in symptomatic female patients.

Methods Prospective study looking at symptomatic female patients attending sexual health clinic during the period from 05/10/2015 to 17/05/2016. Female patients with one or more of the following symptoms; vulval soreness, itchiness, ulceration or abnormal discharge were included. Wet microscopy was performed and dried slide was sent to the lab for AO staining. TV NAAT was added to the Chlamydia/Gonorrhoea dual testing swab.