blood-borne viruses transmission and usage of post-exposure prophylaxis and pre-exposure prophylaxis. The data would be used for adaptation of the clinic.

Methods The questionnaire was given to clinic attendees for a 75 day period in 2016 and kept anonymous by a unique client number. The collated data was analysed and reproduced in graph and table form for categories split into reason for attendance.

Results Acceptability of the questionnaire was high at 99.2%. The data analysis showed a large asymptomatic client population (57%) attending the clinic for sexual health screening. For contacts of infection, HIV and gonorrhoea were the most prevalent. For STI and BBV infection risk factors, 15% of clients did not use condoms, while 49% of clients did not know a sexual partner's HIV status. Use of PEP was low but showed a majority using it since 2015, while there were 5 users of PrEP.

Discussion The study showed a majority low-risk MSM population using the dedicated clinic. The survey has influenced clinic redesign with the introduction of test-only clinics for the low risk cohort. However the clinic may not be seeing the high-risk patients who would benefit from senior medical input rather than just a sexual health screen. Data showing usage of PEP and PrEP has given a baseline for comparison in future studies.

P169 GONORRHOEA CULTURE AUDIT IN A COMMUNITY SETTING

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10.1136/sextrans-2017-053232.212

Introduction Gonorrhoea (GC) accounted for 10% of all STI diagnoses in 2015. Diagnoses increased by 11% from 2014 to 2015, continuing an established trend beginning in 2012. BASHH guidelines recommend that cultures are routinely taken as it is cheap and offers antimicrobial susceptibility testing which is of increasing importance given the emergence of resistant GC strains. The primary aim of this audit was to assess the rate of GC culture and the outcome of the culture results in a community service.

Methods 20 cases, coded positive for GC, were recruited over a 19 month period. The standard for GC culture rate was set at 100%, with positive GC culture set at 85–95%. Standards were established from BASHH GC management and testing guidelines.

Results Of the 20 patients 55% had a sample for GC culture taken. The sex distribution of culture sampling was 10:1, male to female. Of these 11 patients 45% had a positive culture, despite all patients having a positive NAAT. These rates are almost half of the expected standards.

Discussion Cultures for GC are not routinely taken at this service. It is plausible that the incorrect storage of samples and delay in plating are contributing factors to the increased false negative rate. This may be a nationwide effect as services move into the community and transport times to laboratories increase. The audit results have been presented to staff at the service and discussion is ongoing with the laboratory regarding expediting transport of samples.

P170 IMPROVING STAFF INTEGRATION THROUGH MEANS OF A COMBINED CLINIC ROTA

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10.1136/sextrans-2017-053232.213

Introduction With the national move to integrated sexual health services confusion regarding staff leadership and roles can increase already high levels of stress and anxiety. Costs for professional rota management services can vary so we aimed to achieve an in-house system.

Methods Though co-located in the same building SRH and GU/HIV clinics were traditionally staffed separately. The local tender was awarded to the University Hospital clinic as hub with spokes providing an equitable city-wide service. Previously there were four separate rotas to staff SRH, GUM, and HIV services. Bringing together a group of health professionals with varying degrees of dual training can be difficult so we took this opportunity to ensure an adequate skill mix was available for each clinic, help staff identify who was available for advice, improve cross-specialty training and thereby enhance the overall patient experience. A clinic co-ordinator doctor role was established to provide focus for leadership and advice (GU/HIV) with corresponding clinic co-ordinator nurse staffed by senior contraception clinicians.

Discussion Rotas were combined onto a single colour-coded template. Editing rights were restricted to named individuals aware of staff mix and availability. Numbers were calculated at the start of each day and communicated to reception to ensure spread of appointments. The CCD role was utilised to help teach SRH colleagues in GU with the CCN providing a reciprocal service for contraception. Combining the rota encouraged staff to integrate and get to know each other so that perceived fears were dealt with in a safe reassuring environment.

P171 DRUG-DRUG INTERACTIONS IN HIV PATIENTS TAKING PHARMACOKINETIC ENHANCERS

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10.1136/sextrans-2017-053232.214

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 HIV[1]. 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 suppression[2]. It is well documented in HIV patients receiving inhaled steroids in combination with a ritonavir-containing antiretroviral regimen[3]. 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.

Miscellaneous

P172 ENJOY YOURSELF, ITS LATER THAN YOU THINK!

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10.1136/sextrans-2017-053232.215

Introduction Erectile Dysfunction (ED) affects 10% of men and those affected may present at Genitourinary Medicine clinics. It may indicate significant underlying pathology and is often the first presenting symptom of cardiovascular disease (CVD) and diabetes.
Methods All new referrals to the sexual dysfunction clinic in 2006 were identified. Electronic medical records were reviewed to determine clinical outcomes 10 years after initial attendance.
Results 138 patients identified; 9 were excluded due to unavailable records. Mean age at referral was 47 years. 68% (n=88) had predominantly organic ED (mean age 52 years) while 32% (n=41) were diagnosed with an underlying psychological cause (mean age 37). Of those with an organic cause, 20% (n=18) had known CVD and 17% (n=15) had diabetes. By 2016, 10% (n=13) of all patients had died. Of those alive, 30% (n=35) remained on treatment for ED. In the intervening years, a further 10 patients were diagnosed with CVD, 9 diabetes, 3 peripheral vascular disease, 3 Parkinson's disease and 2 with stroke. Of those initially referred with ED, after 10 years, 41% had proven CVD, 27% were diabetic and 10% developed other associated conditions.
Discussion 10-year outcomes for patients presenting with ED are associated with significant levels of morbidity and mortality. The incidence of underlying vascular disease and chronic conditions in this cohort of patients is significant. Recognition of ED is important in GUM settings to enable early detection of significant underlying co-morbidities.

P173 ARTISTIC REPRESENTATIONS OF HIV IN NORTHERN IRELAND: HOW THE ARTS CAN CONTRIBUTE TO HIV AWARENESS, PREVENTION AND STIGMA-REDUCTION IN A CONSERVATIVE ENVIRONMENT

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10.1136/sextrans-2017-053232.216

Introduction The International AIDS conference in Melbourne in 2014 gave rise to a diverse set of cultural responses around HIV and AIDS, including my own practice-as-research performance installation, *GL RY*, in a public square throughout the conference. Using the concept of a hole as metaphor for transmission and transformation, it asked what histories, secrets, stigma, information, art, affects might slip through a small hole?
Methods In 2016 the work had a new iteration in Belfast for the Outburst Queer Arts Festival. We worked closely with people living with HIV in Northern Ireland to find ways to convey their experiences safely in a public arena. It took up the challenge from 2014 where, working alongside long-time HIV activist and artist Kim Davis, it became clear that women are particularly marginalised in the public discourses and representations of HIV and AIDS. This resulted in a performance installation in a shopfront in Belfast city centre, focusing on the experience of women and asking for solidarity with women living with HIV through participation.
Results Three new works on HIV and AIDS made in Belfast in November 2016 with collection of data including audience and participant feedback.
Discussion The paper argues that art can intercede in powerful ways in public discourses, in modes that other forms of information and education cannot. In creating a sound archive based on interviews with people living with HIV, I suggest that this work could productively be used in therapeutic use in clinics and in HIV agencies and medical training.

P174 CLINICAL OUTCOMES IN ADOLESCENTS WITH PERINATALLY ACQUIRED HIV (PAH) TRANSITIONING FROM PAEDIATRIC TO ADULT CARE IN A LARGE REGIONAL HIV CLINIC IN LONDON

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10.1136/sextrans-2017-053232.217

Introduction We assessed outcomes in PaH adolescents transitioning from paediatric to adult care within a regional HIV clinic.
Methods Retrospective case-note review 10/02/04–31/12/15. Data collected: demographics, CDC stage, viral loads (VL), CD4 counts, antiretroviral therapy (ART), resistance and loss to follow up; using a standardised database. Pre- and post-transition outcomes were compared using paired T-tests for means and McNemar's Exact tests for proportions.
Results 57 patients; 29(51%) male, 34(60%) born outside UK, 51(89%) black African. Median age at diagnosis 3 years [range 0–18]; at transition 18 years [15–20]. Median time since transition 5 years [1 month–13 years]. At transition CDC B 27/57 (47%), CDC C 18/57(32%), post transition 28/57(49%), 20/57(35%), respectively, including one suicide. Of those with ≥2 years data post-transition, 31/48(65%) had two consecutive VL>40c/mL or one VL>10,000c/mL in the 2 years pre-transition, compared with 22/48(46%) post-transition (p=0.035). Mean CD4 count 12 months pre/post-transition 520 c/mm^3, 500 c/mm^3, respectively (p=0.4). At transition 52/57(91%) on ART (vs. 55(96%) at last visit, p=0.1), 10/46(22%) 1st line (5/55(9%) last visit), median duration of ART 7 years [0–18]. Resistance: 18/46(39%) nil, 13/46(28%) ≥1, 13/46(28%) ≥2,