

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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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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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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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/mm³, 500 c/mm³, 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 ,