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 $\geq$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%) $\geq$1, 13/46(28%) $\geq$2,

1/46(2%) ≥3 drug classes. 4 patients were lost to follow-up (LTFU), all returning within 5 years [1-5].
Discussion There was no difference in mean CD4 pre or post-transition, but the proportion who were suppressed improved post-transition. CDC stage progressed in 3 adolescents. All patients had options for suppressive ART although few were on 1st line. There was no long-term LTFU.

P175 VACUUM THERAPY IN ED: OUTCOMES FROM A SPECIALIST VACUUM CLINIC

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Introduction Vacuum devices are a safe and inexpensive treatment for erectile dysfunction (ED) particularly when other treatments are not tolerated or contraindicated.
Methods Chart review of patients attending specialist vacuum clinic over 2 year period was conducted. Data collected included outcomes with previous treatments and vacuum device.
Results 55 patients (median age of 65 years) were prescribed a vacuum device. The median time from initial assessment at ED clinic to prescription of the device was 18 months. The majority had significant underlying co-morbidities: 25/55 diabetes, 23/55 CVD, 3/55 prostate surgery, 2/55 stroke, 1/55 spinal injury and 1/55 MS. All patients received prior ED treatment with PDE5i inhibitor and/or intracavernosal alprostadil. With regards to PDE5i, 43/55 reported poor/no response, 1/55 failed to tolerate, and in 11 patients a PDE5i was contraindicated. All 55 patients were subsequently offered intracavernosal alprostadil injections however 17 declined. Of the 38 patients who accepted, 27 reported poor/no response, 7 discontinued due to pain and 4 enquired about alternative treatments. On initial assessment at specialist vacuum clinic 32 patients consented to physical demonstration and all achieved an erection suitable for penetration. 36/55 were discharged after their initial vacuum assessment with no re-referrals. Of the19 reviewed only 1 patient discontinued use of the device and 6 patients continued on additional ED treatments.
Discussion Vacuum devices are a well-tolerated treatment option in those who fail or are deemed unsuitable for other treatments. To date, reported outcomes have been excellent with only 1 patient discontinuing use.

P176 CLINICAL PHARMACOLOGY OF THE HIV INTEGRASE STRAND TRANSFER INHIBITOR BICTEGRAVIR

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Introduction Bictegravir(BIC), an investigational, once-daily, HIV integrase strand transfer inhibitor(INSTI) with potent in vitro activity against most INSTI-resistant variants, is currently in development as a single tablet regimen(STR) coformulated with FTC/TAF.
Methods BIC exposure was dose proportional following SD of 25–100mg. Steady-state accumulation was approximately 1.6x, consistent with the observed half-life of approximately 18 hours. Balanced glucuronidation and oxidation contributed to the major clearance pathways. The DDI study showed increased BIC AUC(61-74%) by CYP3A4 inhibitors voriconazole and DRV/COBI but showed a greater increase(~4x) by potent dual inhibitors of UGT1A1 and CYP3A4, ATV and ATV+COBI. Coadministration with a potent CYP3A4/UGT1A1/P–gp inducer, rifampin resulted in a 75% decrease of BIC AUC a lesser reduction(38%) was associated with the moderate CYP3A4/P–gp inducer, rifabutin. BIC was well tolerated at all doses studied.
Results The favourable BIC PK profile supports once daily dosing. DDI results are consistent with its ADME profile in which both CYP3A4 and UGT1A1contributed to BIC elimination. BIC was safe and well tolerated in healthy volunteers.
Discussion The favourable BIC PK profile supports once daily dosing. DDI results are consistent with its ADME profile in which both CYP3A4 and UGT1A1contributed to BIC elimination. BIC was safe and well tolerated in healthy volunteers.

P177 D2B OR NOT D2B: A REGIONAL MULTICENTRE SURVEY IN LEVEL 3 GUM CLINICS OF 'OTHER CONDITIONS REQUIRING TREATMENT'

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Introduction Diagnoses in patients attending GUM clinics are coded using SHHAPT codes. D3 is used for conditions not requiring treatment. It is often taken to mean a negative STI screen; however the code may not reflect the time or expertise required for a consultation with a high risk or anxious individual. The D2b code is used for 'other conditions requiring treatment' for which there is no other appropriate SHHAPT code. D2b codes did not attract funding in the SRH tariff.

This survey aimed to identify the range of complex consultations and non-STI work seen in GUM clinics that were not captured by the coding.
Methods A retrospective case notes review of patients with a D3 or D2b code attending GUM clinics in 2011. Data was gathered on socio-demographic details, SHHAPT codes and other diagnoses, and outcome. The data was analysed using Excel.
Results 594 patients were included (339 D2b, 255 D3). The commonest diagnoses were genital dermatoses 129(22%). Other diagnoses included chronic pelvic and vulval pain (27), other gynaecological and urological conditions (23), prophylaxis of recurrent infections (33), psychosexual and complex consultations including high risk sexual behaviour, sexual assault, and safeguarding referrals (65).
Discussion Following this survey, a list of D2b sub-codes was developed for use in all the regional GUM clinics. Since then, SRHAD codes have been introduced for complex dermatology, urology, and gynaecology conditions. However the continued use of the D2B sub-codes for high risk patients and complex consultations provides valuable data to support commissioning.