

Discussion Our results suggest a significant number of individuals currently receiving PCP prophylaxis could stop. This would reduce their pill burden and minimise the effects of polypharmacy, as well as reduce cost to the NHS. Clinicians should therefore regularly review the need to continue PCP prophylaxis.

P185 SEX & RELATIONSHIPS EDUCATION (SRE): FOCUSING ON THE POSITIVES

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Introduction With the focus of SRE mainly unwanted pregnancies and STIs, due to the growing statistics, is that enough to educate and empower young people (YP) to help reduce them, or should we focus on the positives, like sexual pleasure and what sex actually is, to really engage young people and motivate behaviour change? In 2014, while working for a sexual health charity in West London, a College student approached the mobile sexual health clinic that I partnered with to encourage young people to STI test. He concluded that SRE was too 'negative' and just about STIs and unwanted pregnancies and so I invited him to help me develop a resource that makes SRE more 'positive'. Preceding that incident, 'Talking to Young People about sexual pleasure' training facilitated by Sussex University Researcher, Ester McGeeney (EM), was attended.

Methods In partnership with the student and EM, we put together a questionnaire to gather qualitative research to find out what YP want from SRE and what they understood about good and bad sex. From July 2014 – Dec 2015, 297 young people (148 females, 148 males, 2 unknown) were interviewed anonymously at 14 locations (6 × YP Hostels; 4 × Youth Centres; 2 × YP Charities; 3 × Colleges) with the majority of those YP residing in West London (60%; 25% from South; 2% from North; 5% from East London and 8% unknown). The majority of the participants were BME (56% Black; 5% Asian; 23% Other) with 12% from a White background and 4% unknown.

Results The top 4 topics that the YP wanted to know about, are already on the curriculum – Relationships (13%); Safe sex, condom use & negotiation (12%); STIs (12%); Being ready for sex/Consent (10%). However, the topics of Pleasure (7%) and the act of sex (8%) weren't far behind. The top 6 answers on what the YP understood what good sex was included Pleasure/Satisfaction (23%); Having a connexion (13%); Feeling/Being in Love (11%), Safe sex (10%); Mutual Feelings (9%); Passionate (8%). The top 5 answers on what YP understood what bad sex was, included Rape (18%), Mechanical/No feelings/Just for pleasure (15%); Unsatisfying/Incompatible/Disappointing (14%); Too quick/Premature Ejaculation (11%); Unprotected sex.

Discussion This shows that if YP know that good sex is about pleasure and having a connexion with someone, and bad sex involves no consent, no pleasure and no feelings, then surely we need to be adding more about sexual pleasure and how this relates to healthy relationships and consenting to sex, to SRE?

P186 THE USEFULNESS OF DIAGNOSTIC GENITAL SKIN BIOPSIES IN GENITO URINARY CLINICAL SETTINGS

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Introduction It can be difficult to ascertain the exact aetiology of genital dermatoses as there are a several causative factors including inflammatory, neoplastic & infective. Genital skin biopsy can be a useful tool to provide definitive diagnosis.

Methods We reviewed the electronic patient records of patients diagnosed with genital dermatoses in our clinic over a six month period. We compared clinical diagnoses with final histological diagnoses.

Results A total of 56 patients were given a clinical diagnosis of genital dermatosis during the study period – Lichen Planus (8), Lichen Sclerosus (27), Seborrheic Keratosis (1), Psoriasis (5), Zoon's Balanitis (7), malignancy (3) and atypical lesions (5). Of these, 32 (57%) underwent a genital biopsy (see table one). Clinical and histological diagnosis correlated in 21 cases (66%). No additional malignant lesions were found following biopsy.

Discussion In our clinic, correlation between clinical and histological diagnosis of genital dermatoses was good and no additional malignancies were found over and above clinical suspicion. 32 patients (57%) of patients seen with genital dermatoses underwent a genital skin biopsy.

Abstract P186 Table 1 Genital Dermatoses

Clinical Diagnosis	Number	Number Biopsied	Clinical Diagnosis Confirmed
Lichen Planus	8	05	03
Lichen Sclerosus	27	13	08
Seborrheic Keratosis	01	01	01
Psoriasis	05	04	03
Zoon's Balanitis	07	05	04
Malignancy	03	03	01
other	05	01	01

P187 ABSTRACT WITHDRAWN

P188 AN AUDIT OF MANAGEMENT OF PATIENTS PRESENTING WITH URINARY TRACT INFECTION (UTI) IN A SEXUAL HEALTH CLINIC

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Introduction Patients with symptoms suggestive of UTI is a common presentation in sexual health clinics.

Methods Laboratory data retrospectively identified all patients who had a MSU sent from May 2015 to October 2015. Data was retrieved from Electronic patient records and analysed using Excel.