

**P191** PREVALENCE AND IMPACT OF MUSCULOSKELETAL PAIN AMONG STAFF WORKING IN A LARGE INTEGRATED SEXUAL HEALTH SERVICE IN UK

<sup>1</sup>Seema Malik\*, <sup>1</sup>Sangeetha Sundaram, <sup>1</sup>Selvavelu Samraj, <sup>1</sup>Jill Turner, <sup>2</sup>Karen Walker-Bone. <sup>1</sup>Royal South Hants, Southampton, UK; <sup>2</sup>University of Southampton, Southampton, UK

10.1136/sextrans-2017-053232.233

**Introduction** Musculoskeletal pain (MSKP) is common and contributes to sickness absence among people of working age. Little is known about the occurrence of MSKP in staff working in Sexual Health (SH).

**Methods** SH staff working in a large integrated service completed a questionnaire exploring MSKP at several different anatomical sites, its severity and impact on work and personal life.

**Results** 39/80 (49%) questionnaires were completed. One staff member reporting pre-existing MSK problems was excluded. 92% respondents were female. 61% of doctors and 85% of nurses reported MSKP. Low back (LB) pain was more common in nurses (76%) than doctors (27%). However, involvement of single or multiple sites and overall impact were comparable for both groups. Those with/without pain were not significantly different in terms of age, median time working in SH or types of routine procedures. The most common site of pain was LB (54%). Pain intensity was on average moderately severe during the day (29%) and more severe at night (46%). Moderate to fairly severe impact was reported for work/daily routine (34%), social activities/hobbies (29%), sleep (29%), fatigue/low energy (26%) and emotional well-being (23%).

In terms of impact including seeking healthcare, using analgesia, missing work and interference with normal/recreational activities the most common sites implicated were LB, neck and hand pain in that order.

**Discussion** MSKP is very common among SH staff and causes significant impact professionally and personally. Reassuringly, symptoms were not markedly associated with any particular clinical procedure.

## Public Health, Epidemiology and Partner Notification

**P192** SYNDEMICS AMONG GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN IN THE UNITED KINGDOM AND THE REPUBLIC OF IRELAND: EMPIRICAL EVIDENCE OF CLUSTERED HEALTH INEQUALITIES

<sup>1</sup>Lisa McDaid\*, <sup>2</sup>Kareena McAloney-Kocaman, <sup>2</sup>Paul Flowers, <sup>1</sup>Nicola Boydell, <sup>3</sup>Nicky Coia, <sup>4</sup>Yvonne Kerr, <sup>2</sup>Jamie Frankis. <sup>1</sup>University of Glasgow, Glasgow, UK; <sup>2</sup>Glasgow Caledonian University, Glasgow, UK; <sup>3</sup>NHS Greater Glasgow and Clyde, Glasgow, UK; <sup>4</sup>NHS Lothian, Edinburgh, UK

10.1136/sextrans-2017-053232.234

**Introduction** Gay men experience a multiple burden of ill health in relation to sexual health, mental health and substance use and there is growing recognition that these could cluster as *syndemic* health inequalities. Few studies (outside the USA) have addressed the co-occurrence of such negative health outcomes. We examine empirical evidence of syndemic health outcomes in an online cross-sectional survey of MSM.

**Methods** Self-report data on sexual, mental and physical health outcomes from the SMMASH2 survey of 3373 MSM in Scotland, England, Wales, Northern Ireland and the Republic of Ireland in 2016 were used to derive a measure of syndemic ill health.

**Results** Overall, 68.2% reported at least one sexual health outcome, 60.4% reported at least one mental health outcome, and 61.0% reported at least one physical health outcome. There was significant co-occurrence of outcomes, with 67.0% reporting multiple health outcomes; 42.0% reporting two, and 27.0% reporting all three. There was statistically significant clustering of the behaviours at all levels. When examining all three outcomes concurrently, all were clustered with greater prevalence than expected if the outcomes were independent (O/E Ratio=1.07; 95% Confidence Interval 1.004 –1.14).

**Discussion** Clustering of poor sexual, mental and physical health provides evidence of syndemic health inequalities in communities of gay, bisexual and other MSM surveyed online (at levels significantly higher than the nationally estimated prevalence of 8.4%). Current health improvement efforts are often characterised by disjointed services, which should be reconfigured to ensure a holistic approach to addressing the complex, multi-faceted, interrelated issues affecting these communities.

**P193** MAKING ONLINE CONTACT COUNT: ADDRESSING HEALTH NEEDS IN UNDER 18S ATTENDING SRH

Kimberley Forbes, Richard West, Seán Cassidy\*, David Daniels. *West Middlesex University Hospital, London, UK*

10.1136/sextrans-2017-053232.235

**Introduction** The Five Year Forward Review calls for an upgrade in prevention and public health and Making Every Contact Count suggests utilisation of provider encounters to enable positive behavioural change. The London Sexual Health Transformation Programme will be implemented in April 2017 and it is proposed that asymptomatic patients will access services online rather than attending a clinic.

**Methods** In the financial year 2015 – 16 there were 1975 attendances of 998 individuals <18 at a sexual & reproductive health service. A risk assessment proforma was used in 98.82% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were analysed using an electronic report.

**Results** Current mental health problems, smoking, drug and alcohol use was recorded in 837 (97%), 694 (81%) and 818 (95%) records respectively.

**Abstract P193 Table 1** Under 18s attending SRH

	Under 16 n=205	Age 16 n=300	Age 17 n=355
Mental health difficulties	47 (23%)	63 (21%)	93 (26%)
Smoking	70 (34%)	85 (28%)	122 (34%)
Alcohol use alone	67 (32.7%)	124 (41.3%)	128 (36%)
Drug use alone	5 (2.4%)	12 (4%)	10 (2.8%)
Drug + alcohol use	14 (6.8%)	18 (6%)	31 (8.7%)

**Discussion** Mental health difficulties, smoking, drug and alcohol use are common across all ages. Assessment enables health promotion through brief interventions and is important to