

**Discussion** Sexual Dysfunction referrals encompass a broad range of issues. These fall into sub-categories being further classified as primary and secondary. It is identified that a reasonable proportion is still incorrectly identified by the HCP, missing the underlying true reason for sexual abstinence. The ability to ask/frame questions within the assessment is significant to unlocking the contributing or causal problem. Incorporating specific questions assists in decreasing/removing any sense of guilt the woman may have around this.

**P234 STI TESTING IN HIV POSITIVE MSM PATIENTS: A MISSED OPPORTUNITY?**

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**Introduction** Approximately 1 in 20 men that have sex with men (MSM) are infected with HIV. The risk of acquiring a sexually transmitted infection (STI) is higher in this population compared with heterosexuals. Therefore, it is important for HIV positive MSMs to have regular sexual health screening to reduce the risk of transmission of STIs and HIV.

Consequently, the British HIV Association recommends that HIV positive MSMs should have annual STI screening. Furthermore, those that are classified as high-risk should be tested every 3 months.

**Methods** This audit retrospectively gathered case notes of HIV positive MSMs that have been seen in the last 12 months, October 2015 to November 2016. The following criteria were assessed: annual or 3 monthly screening of STIs, hepatitis B and C immunity status, patient age, evidence of high-risk behaviours and year of HIV diagnosis. The criteria for high-risk behaviour included: multiple partners (>2 in the last 12 months) and drug use. The data will be used to assess what proportion of patients are screened in line with national guidelines and to identify ways the practice can increase the uptake of screening.

**Results** The results show that 84% of cases were not screened annually for hepatitis C and 40% of patients were not receiving the minimum screening for STIs. However, 78% of patients were vaccinated against hepatitis B.

**Discussion** In conclusion, this audit shows that there is a failure to meet the minimum level of screening for this high-risk group. We aim to improve this via a new pro-forma and education.

**P235 AN AUDIT OF THE CARE OF MSM ATTENDING AN OUTER LONDON INTEGRATED SEXUAL HEALTH SERVICE**

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**Introduction** Men who have sex with men (MSM) remain a high risk group for HIV infection, increased rates of syphilis, LGV and gonorrhoea indicating high levels of risky sexual behaviour. The aim of this audit was to measure care against BASHH recommendations for testing for STIs in MSM (2014) and local guidelines to ensure high quality accessible services for MSM.

**Methods** Data were collected retrospectively from electronic patient records of all MSM first attendances across all clinics between 1 January 2015 to 30 June 2015 (N=96) and data analysed using SPSS and Excel.

**Results** 79% (76/96) of MSM were from our local borough; age range was 16–65 with highest attendance in the 25–29 years age group; 43% were from BME communities. 100% were offered STI screening, 91% accepted (87/96) and 47% had a STI diagnosed. 80% of MSM had a comprehensive assessment undertaken while 65% had a record of vaccination status. PEPSE discussion was recorded for 76% of eligible patients. 100% of suitable patients were offered HIV testing (n=88/96), 90% (79/88) tested with a positivity rate of 2.5% (2/79).

**Discussion** The service is highly accessible to local MSM, STI testing offer exceeded the BASHH recommendation of 97% and uptake of 91% exceeded the BASHH recommendation of 80%. Uptake of HIV testing met the BASHH recommendation of 90% but improvements are needed in PEPSE and PREP discussions and determining Hepatitis B status in all eligible clients. EPR has been revised and staff training undertaken to address and improve on this.

**P236 AWARENESS AND RESOURCES FOR INDIVIDUALS WHO ARE TRANSGENDER WITH AUTISTIC SPECTRUM DISORDER- A HEALTHCARE PROFESSIONAL'S PERSPECTIVE**

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**Introduction** Autistic Spectrum Disorder (ASD) affected around 1% of the general population but has been reported in 7.8% of childhood gender identity clinic referrals. Gender identity is an increasing healthcare focus; the United Kingdom's only childhood gender identity clinic witnessed a 930% increase in referrals in six years, with Sussex having the highest adult service referral rates. This study aims to assess healthcare professionals' awareness of a co-occurrence between ASD and transgender, identify resources and determine how these could be improved, based on the needs and concerns of individuals.

**Methods** A service evaluation of healthcare professionals who frequently see individuals about ASD and/or gender identity was conducted in Brighton. An anonymised online questionnaire, created using Survey Monkey, was accessible from January 2017 until March 2017. Participants were contacted via NHS emailing lists with explanatory information and a survey link. Quantitative data was collated as raw data and percentages. Qualitative data was organised into tables and key themes identified.

**Results** Limited evidence suggests that healthcare professionals were unaware of an association between ASD and transgender and most were unsure if resources existed. Most felt that training would improve care, with a particular focus on local and online resources, referral pathways and current research evidence. Mental health issues, family concerns about gender identity interventions, not being accepted and vulnerability were major concerns.

**Discussion** Co-occurring ASD and transgender is under-recognised by healthcare professionals. Future resources should

focus on the specific needs and concerns of these individuals and aim to raise awareness.

**P237 ARE THE OVER 50S BEING LET DOWN BY SEXUAL HEALTH CLINICS? – AN AUDIT OF SEXUAL HISTORY TAKING IN OVER 50S**

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**Introduction** Ageing and Human Immunodeficiency Virus (HIV) has been very topical for a long time but not much has been said of ageing and sexually transmitted infections (STI). The Public Health England STI 2015 update indicates there has been an increase in the rate of STIs in the over 45s since 2011.

**Methods** 50 random case notes of patients over 50, seen between April 2015 and March 2016 in Sefton Sexual Health Clinic, Southport, North West England. These cases were audited against the 97% target in Sexual History taking 2013 guidelines.

**Results** There were 31 men (62%), 4 of whom were homosexual, and 19 (38%) women, all heterosexual. Patients were aged between 50 to 75 years old. 78% were symptomatic. 16% had casual partners, 38% of these used commercial sex workers. 44% were asked about previous STIs and 60% of patients were offered STI screening and of these 13% declined. 82% of patients were asked if they had ever had an HIV test and of these 44% had. Of the 56% that said they had never had a test, 100% were offered a test and 87% accepted. The commonest diagnosis was the first episode of herpes and herpes reoccurrence (both 12%), then first episode of warts (10%) and wart reoccurrence (8%). No patients tested positive for Chlamydia or Gonorrhoea.

**Discussion** STI and BBV screening at any age should be guided by an accurate sexual health history and not an assumption. It is a disservice to simply assume low risk due to age.

**P238 WORKING THE STREETS – TARGETTING MIGRANT SEX-WORKERS THROUGH DEDICATED OUTREACH**

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**Introduction** Sex-workers do not always engage with traditional healthcare settings and migrant sex-workers are a growing vulnerable group. Our city uses a ‘managed approach’ to sex-working, with focus on identifying exploitation and trafficking. This gives a unique opportunity for outreach.

**Aim(s)/objectives** Provide accessible sexual healthcare, health promotion and contraception to sex-workers not accessing care. Evaluate this outreach service after one year.

**Methods** A partnership was established between the Integrated Sexual Health service and a local Third Sector Sex-work Project. Sex-workers were offered STI testing, treatment, HepB vaccination and contraception in an outreach setting (own homes/workplaces, charity premises, streets).

Results (at one year):

129 sex-workers seen (289 contacts); 70/129 (55%) were migrant (majority Romanian), 113 contacts; 70% previously unknown to sexual health services. Contraception was extended over the first year and provided to 25 sex-workers; Hep B vaccination offered to all. 45 infections identified in 28/70 (40%) migrants (compared with 26 infections in 21/59 (36%) non-migrant sex-workers): 33/45 Chlamydia: 20 extra-genital (5 pharyngeal, 15 rectal); 5/45 Gonorrhoea (all extra-genital); 8/45 Trichomonas Vaginalis. 27/28 successfully treated (1 moved away). 4 women had re-infection on interval rescreening (all Chlamydia). 1 case of chronic HepB, 1 chronic HepC, no cases HIV or syphilis

**Discussion** This new outreach service successfully targeted a vulnerable group with a disproportionately high STI burden (40%). Use of a dedicated outreach team achieved trusted relationships with sex-workers. Secondary benefits included a 250% increase in women identifying as sex-workers accessing mainstream clinics.

**P239 RETURNING SEXUALLY TRANSMITTED INFECTION RESULTS TO ADOLESCENTS: A REVIEW OF THE LITERATURE**

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**Introduction** Sexually Transmitted Infections (STIs) are an important cause of poor reproductive and sexual health in adolescents. Prompt diagnosis and treatment are key to reducing long term sequelae. We reviewed the evidence on current methods of results delivery for STIs, with a focus on adolescent services.

**Method** The literature was reviewed systematically between June and August 2016. Six databases were searched, reference lists reviewed and authors contacted for studies on methods of results delivery for STIs to adolescents (aged 15–25 years). Titles and abstracts were reviewed and full text obtained for quality assessment and data extraction.

**Results** Of 549 studies identified, 19 fulfilled the inclusion criteria. Seven studies focused on adolescent populations, all in high-income settings. Three studies in low- and middle-income settings and nine included adolescents as a stratified group. Twelve studies were cross-sectional, two randomised control trials, the remaining employed mixed methods. Outcome measures varied widely, percentage preferences for method of results being the commonest measure. Findings show that mobile phone call and text were the commonest methods of returning results. Other modalities including text message, email and online notification demonstrated wide variations in acceptability. Preferences varied according to type of result, population type, location, client group and previous service use. Mobile phone calls and face-to-face consultations remain highly acceptable.

**Discussion** The use of mHealth offers promising options for STI results delivery. Methods adopted must consider the target population accounting for gender, age, ethnicity and access to technologies. Customisation is recommended to meet user requirements for optimal health care delivery.