Conclusion Our study provides further evidence for the potential link between dating applications usage and STIs at a population level. We used an emerging data source (Google Trends data) to avoid selection and desirability biases that more traditional methodologies may have. However, ecological fallacy and the use of a proxy measure for online dating applications usage are the main limitations of our approach. A well-designed longitudinal study is justified and necessary to provide robust, actionable evidence for public health priorities and strategy.

P25 A DESCRIPTIVE CROSS SECTIONAL STUDY OF GPS KNOWLEDGE OF AND ATTITUDES TOWARDS THE MANAGEMENT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

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Background Most people living with dementia will experience behavioural and psychological symptoms of dementia (BPSD) such as aggression or agitation at some point in their illness. However, evidence suggests that the current management of BPSD in primary care is sub-optimal. Non-pharmacological strategies are recommended first-line in BPSD but uptake of these strategies is low. Despite their adverse effects and minimal effectiveness antipsychotics are frequently employed to manage BPSD. The aim of this study was to explore general practitioners (GPs) knowledge of and attitudes towards the management of BPSD with a view to informing future interventions.
Methods This was a descriptive cross-sectional study. An anonymous postal questionnaire was sent in May 2018 to a census sample of all GPs in two counties in southern region of Ireland; county Kerry and county Cork. The questionnaire was adapted from a previous study and piloted with three GPs. Based on the sample size calculations, 209 responses were required to adequately power the study. All responses were coded and SPPS v25 was used for statistical analysis.
Results Of the 456 questionnaires sent 168 completed questionnaires were returned representing a response rate of 36.8%. The sample was representative of GPs nationally. 62.5% (105/168) of respondents had a nursing home commitment. GPs unanimously believed that antipsychotics, benzodiazepines and antidepressants did not benefit all patients with BPSD. The majority of GPs (60.7%) agreed they required more training and experience to improve their management of BPSD. 'Lack of resources in the primary care team' was cited as the main barrier to GPs recommending non-pharmacological management for BPSD. However, 69% of GPs reported they routinely recommended non-pharmacological interventions before medication to manage BPSD. Nursing staff were identified as the group of people that most influenced the GPs prescribing of antipsychotic medications. The majority of respondents (52.4%, 84/168) said they did not have a repeat prescribing policy for patients with dementia on antipsychotics. 63.1% (106/168) of GPs were concerned that withdrawing medication would impact negatively on the quality of life of the person with dementia leading to a return of BPSD. No association was found between years of experience in primary care and confidence to withdraw medication in BPSD ($p=0.25$).
Conclusion This study identified several factors influencing the prescription of antipsychotics in BPSD as well as barriers to recommending non-pharmacological strategies. These findings can be used to guide future interventions aimed at improving the management of BPSD in primary care.

P26 EXPLORING THE ACCEPTABILITY AND FEASIBILITY OF USING ACTIVITY MONITORS TO SUPPORT INCREASED PHYSICAL ACTIVITY WITHIN AN EXERCISE REFERRAL SCHEME FOR ADULTS WITH, OR AT RISK OF, A CHRONIC HEALTH CONDITION

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Background Whilst there is evidence for initial effectiveness of exercise referral schemes for increasing physical activity, evidence of long-term effects is limited. In Wales, a trial of the National Exercise Referral Scheme [NERS] showed small but significant impacts on physical activity at 12-month follow-up. Technologies such as activity monitors may enhance long-term maintenance of activity by facilitating goal setting and progress monitoring and supporting intrinsic motivation. This pilot trial explored the acceptability and feasibility of implementing accelerometry-based activity monitors within NERS.
Methods New NERS participants (mean age=57, 65% female) were randomised to receive either an activity monitor alongside NERS (n=88) or usual practice (n=68). Participants completed questionnaires at baseline, 16-weeks and 52-weeks. Twenty intervention participants and 12 NERS staff completed interviews at 4-weeks and 52-weeks.
Results Findings suggest that participant experiences of utilising the activity monitors were mixed. Approximately half of participants reported that the devices were easy to use (49%) and met their expectations (57%). In interviews, some participants reported that the monitors helped them to become more aware of their physical activity levels and increased their motivation. Barriers to acceptability included general and device-specific wearability and technological problems, such as device malfunctioning and computer compatibility issues. Staff also reported device- and context specific technological barriers to implementing the monitors alongside usual practice.
Conclusion Whilst some findings were device-specific, there are broader lessons for future research and practice incorporating activity monitoring devices into physical activity interventions such as implications for delivery staff time and training.