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**Introduction:** Most people experience grief-related symptoms after losing a loved one. Approximately 9.8% of bereaved individuals' symptoms persist over the first year post-loss, emphasizing the importance of research in prolonged grief. The role of self-conscious emotions in prolonged grief, such as self-compassion, state shame, guilt and pride has been proposed in previous studies.

**Objectives:** Our aim was to examine the mediating role of state shame, guilt and pride in the relationship between self-compassion and prolonged grief.

**Methods:** This cross-sectional study collected data via online questionnaires based on self-reports (N=177, mean age: 42.26 years [SD=12.32], 97.2% women). Demographic and loss-related variables were measured, and further instruments assessed levels of self-compassion, state shame, guilt, and pride, and prolonged grief. Correlation and mediation analyses were used.

**Results:** Two significant indirect effects were shown in the mediation model. First, lower levels of self-compassion predicted higher levels of state shame, which in turn predicted elevated levels of prolonged grief. Second, higher levels of self-compassion predicted higher levels of pride, which subsequently contributed to lower levels of prolonged grief. Guilt did not have a significant mediating role.

**Conclusions:** The results highlight the possible role of elevated levels of state shame and lower levels of self-compassion and state pride in the development of prolonged grief. It is important for researchers and clinicians to be attentive to the role of self-compassion, state shame and pride in grieving.

**Disclosure:** No significant relationships.

**Keywords:** prolonged grief; shame; self-compassion; pride

## EPP0161

### Examining the association between personality traits and university faculty: a web-survey among Italian students

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**Introduction:** The influence of personality on field of study choice is comparable to that of cognitive skills. Additionally, personality traits seem linked with academic motivation, and engagement. Choosing the most suitable career is also related to students' personal well-being and work success.

**Objectives:** To explore how personality traits are associated with the choice of university courses among Italian students.

**Methods:** A web-survey was spread on social networks between March and June 2020 through Google Forms. Eligibility criteria for

inclusion were: 1) Being a university student between 18 and 35 years of age; 2) Attending a course in an Italian university; 3) Good comprehension of Italian language. On-line informed consent, socio-demographic, and career data were collected during the survey. Personality traits were assessed using the Big Five Inventory (BFI). We computed multinomial linear regressions to calculate potential associations between personality traits and university courses.

**Results:** Lower Conscientiousness, higher Neuroticism, and higher Openness to experience are associated with the attendance of Humanities compared with students of Health faculties. Higher Neuroticism traits are associated with the attendance of a scientific course compared with Health faculties. High Conscientiousness is significantly associated with the attendance of Law-related courses compared with Health courses. Non significant differences were detected in the other domains according to the big five personality model.

**Conclusions:** Our results suggest interesting associations between personality traits and educational choices. Future research may investigate this relationship in high-school students to implement appropriate strategies for better addressing students' educational needs and career outcomes.

**Disclosure:** No significant relationships.

**Keywords:** big five personality; faculty; UNIVERSITY; career

## EPP0162

### Prosocial behavior according to sex in school adolescents immersed in violent contexts in the department of Córdoba, Colombia

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**Introduction:** Four specific forms of violence have been identified in the socialization process of children, and these are: "violent discipline and exposure to domestic abuse; violence at school; violent deaths among adolescents; and sexual violence". (UNICEF, 2017, p2), In this regard Redondo & Inglés (2014) affirm that it is increasingly evident the need to promote prosocial behavior models based on empathy and assertiveness in educational institutions, in order to avoid the appearance of violent demonstrations.

**Objectives:** Analyze the levels of prosocial behavior according to sex in adolescents

**Methods:** A descriptive, cross-sectional study was conducted in 105 (N = 105) adolescents. A sociodemographic survey was used to investigate aspects related to the study objective and the Prosocial Behavior questionnaire by Martorell and Gonzales (1922) to measure prosocial behavior.

**Results:** 57.7% of the adolescents evaluated presented adequate prosocial behaviors. When examining the difference between sex, the expected values were initially verified, which indicated the feasibility of performing a student's T; As can be seen in Table 1, the mean corresponding to the female sex was 49.62%, in contrast to a mean of 49.93% for the male sex, indicating the absence of statistically significant differences.

Table 1: Comparación de los valores medios y desvíos estándares la conducta prosocial según sexo.

Variable	Femenino		Masculino		Valores Estadísticos	
	Media	Desvío	Media	Desvío	t	P
Conducta prosocial	49,62	7,70	49,93	7,90	4,45	0,909

Note: \*\*p < .01; \*p < .05

**Conclusions:** It was concluded that the higher the optimal levels of empathy, the lower the aggressive behavior presented by teenagers.

**Disclosure:** No significant relationships.

**Keywords:** violent contexts; Prosocial behavior; Adolescents

## Suicidology and Suicide Prevention 03 / Precision Psychiatry

### EPP0165

#### The association between benzodiazepine and non-benzodiazepine and suicide: a nationwide cohort study

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**Introduction:** Benzodiazepines and non-benzodiazepines have been linked to a variety of adverse effects including addiction. Long term use of these drugs has been associated with an increased risk of suicide.

**Objectives:** We assessed if individuals in treatment with non-benzodiazepine (n-BZD) and benzodiazepine (BZD) had higher rates of suicide when compared to individuals not in treatment with these drugs.

**Methods:** We utilized a cohort design and national longitudinal data on all individuals aged 10 or above who lived in Denmark between 1995 and 2018. Treatment with either n-BZD or BZD was identified via the Danish National Prescription Registry and suicide deaths were identified in the national cause of death registries.

**Results:** In a total of 6,494,206 individuals, 10,862 males and 4,214 females died by suicide. Of these, 1,220 (11.2%) males and 792 (18.8%) females had been in treatment with n-BZD, resulting in adjusted IRR for suicide of 4.2 (95% CI, 4.0 – 4.5) and 3.4 (95% CI, 3.1 – 3.7) for males and females, respectively, when compared to those not in treatment. In all, 529 (4.8%) males and 395 (9.3%) females who died by suicide had been in treatment with BZD. The

IRRs for suicide were 2.4 (95% CI, 2.2 – 2.6) and 2.5 (95% CI, 2.3 – 2.8) for males and females, respectively, and compared to those not in treatment.

**Conclusions:** In this study we find that those in treatment experienced higher suicide rates than those not in treatment, this persisted when also adjusting for a large variety of covariates.

**Disclosure:** No significant relationships.

**Keywords:** Suicide; sleep medicine; Pharmacology; benzodiazepine

### EPP0166

#### The effects of a computerized clinical decision aid on clinical decision-making and guideline implementation in psychosis care

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**Introduction:** Clinicians in mental healthcare have few objective tools to identify and analyse their patient's care needs. Clinical decision aids are tools that can support this process.

**Objectives:** This study examines whether 1) clinicians working with a clinical decision aid (TREAT) discuss more of their patient's care needs compared to usual treatment, and 2) agree on more evidence-based treatment decisions.

**Methods:** Clinicians participated in consultations (n=166) with patients diagnosed with psychotic disorders from four Dutch mental healthcare institutions. Primary outcomes were measured with the modified Clinical Decision-making in Routine Care questionnaire and combined with psychiatric, physical and social wellbeing related care needs. A multilevel analysis compared discussed care needs and evidence-based treatment decisions between treatment as usual (TAU) before, TAU after and the TREAT-condition.

**Results:** First, a significant increase in discussed care needs for TREAT compared to both TAU conditions (b = 20.2, SE = 5.2, p = 0.00 and b = 15.8, SE = 5.4, p = 0.01) was found. Next, a significant increase in evidence-based treatments decisions for care needs was observed for TREAT compared to both TAU conditions (b = 16.7, SE = 4.8, p = 0.00 and b = 16.0, SE = 5.1, p = 0.01).

**Conclusions:** TREAT improved the discussion about physical health issues and social wellbeing related topics. It also increased evidence-based treatment decisions for care needs which are sometimes overlooked and difficult to treat. Our findings suggest that TREAT makes sense of ROM data and improves guideline-informed care.

**Disclosure:** No significant relationships.