

ferent conditions impact on their overall well being and be active participants. The tool will be practically demonstrated.

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0070

The efficacy and safety of lurasidone in adolescent patients with schizophrenia: Results of functional and quality of life measures from a 6-week, double-blind, placebo-controlled study

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Introduction Lurasidone, an atypical antipsychotic, demonstrated efficacy and safety in adults with schizophrenia.

Objective/Aims To evaluate the efficacy and safety of lurasidone in adolescent patients with schizophrenia.

Methods Adolescents (13–17 years old) with schizophrenia were randomly assigned to six weeks of double-blind treatment with lurasidone 37 mg/day, 74 mg/day or placebo. An ANCOVA using an LOCF approach was performed to assess change from baseline on secondary study endpoints: Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q) and Children's Global Assessment Scale (CGAS).

Results Patients were randomized to lurasidone 37 mg/d ($n=108$), 74 mg/day ($n=106$), or placebo ($n=112$). Placebo-adjusted LS mean improvement at week 6 on the PQ-LES-Q was 5.3 ($P=0.001$) and 5.8 ($P<0.001$) for the 37 mg/day and 74 mg/day groups, respectively; and, on the CGAS was 4.6 ($P=0.002$) and 4.9 ($P<0.001$) for the 37 mg/day and 74 mg/d groups, respectively. The most common adverse events occurring at $\geq 5\%$ in either lurasidone group and at least twice the rate of placebo were: nausea, somnolence, akathisia, vomiting and sedation. Mean change in weight at week 6 for placebo, 37 mg/day, and 74 mg/day groups was 0.05 kg, 0.17 kg, and 0.49 kg, respectively. Lurasidone treated patients did not show clinically meaningful differences from placebo on laboratory measures of cholesterol, triglycerides, glucose, and prolactin.

Conclusions Adolescent patients with schizophrenia treated with lurasidone demonstrated significant improvement in quality of life and function. Lurasidone was generally well-tolerated and associated with minimal changes in weight and metabolic parameters. Sponsored by Sunovion Pharmaceuticals Inc. ClinicalTrials.gov identifier: NCT01911429.

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0071

Clinical characteristics associated with suicide attempt in patients with bipolar disorder

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Introduction Bipolar disorder (BD) is a chronic, highly disabling condition, associated with a high burden of morbidity and mortality, often secondary to suicidal behaviors. In previous reports, different variables have been associated with a higher risk of suicidal acts, with variable effect.

Objectives To evaluate which socio-demographic and clinical variables correlate with suicide attempts in bipolar patients.

Aims To enrich literature data about suicidal behaviour in BD.

Methods A sample of 362 BD patients (DSM IV-TR) was retrospectively collected and divided in two subgroups, in relation to the presence of a previous suicide attempt. Socio-demographic and clinical variables were compared between attempters and non-attempters using Corrected multivariate analysis of covariance (MANCOVA).

Results A total of 26.2% of analyzed patients attempted suicide in their lifespan, and approximately one third of them had multiple suicide attempts (i.e. ≥ 2 ; 31%). Depressive polarity at index mood episode, higher number of psychiatric hospitalizations, comorbidity with alcohol abuse, eating disorders and psychiatric poly-comorbidity were significantly associated with suicide attempt. Additionally, treatment with lithium, poly-pharmacotherapy (≥ 4 current drugs) and higher recurrence of psychosocial rehabilitation were significantly more frequent in patients who attempted suicide.

Conclusions The present paper reported a correlation with some specific clinical variables and the lifetime presence of suicide attempt in patients with BD. Although these retrospective findings did not address the causality issue, they may be of clinical relevance in order to better understand suicidal behavior in BD and to adopt proper strategies to prevent suicide in higher risk patients.

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0072

What is the relationship between the levels of work-stress and burnout?

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Objective Burnout is constantly becoming more exhaustively researched topic. It is assumed there is strong relationship between burnout and work-stress. The aim of this study was to investigate the relationship between burnout and work-stress in order to test the hypothesis that there is an association between these two variables.

Method The study sample comprised of economically active Czech population, that was a representative sample. Data was gained through combination of interviews and questionnaires

depending on the age of the participants. Data was then analyzed using multiple linear regressions.

Results The total sample comprised of 1027 participants; 675 persons aged 25–50 years and 352 persons aged 51–65 years. The sample contained roughly equal number of men (52.8%) and women (47.2%). The full model explained 59.79% variance and was highly significant $F(18,1008) = 85.76, P = 0.001$. Some factors that participants feel like could help them reduce the stress in workplace and subsequently reduce the burnout are longer holidays, lowering the administration burden, better work place conditions and lastly increasing the authority a person has in a given work place.

Conclusion The study has shown an association between work-stress and burnout and thus in order to prevent burnout with it related job absence certain precaution steps should be made. The reoccurring theme that would seem to improve the situation is decreasing the administrative work that is unrelated to the profession as well as increasing the powers the employees have in their position.

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0073

Influence of gender in patients attended in emergency rooms for suicidal tendencies

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Introduction The first time when people attempt suicide first contact is critical. Psychiatrists must decide to hospitalize them or follow-up in mental health units and the bases of a doctor-patient relationship are formed.

Objectives An analysis of referrals to psychiatry from the emergency room (ER) was developed. Our objective was to discover if there was a statistical correlation between gender and other variables, especially repeated visits and admissions.

Methods Our sample was composed of patients who visited the ER for suicidal tendencies for 20 months. We carried out an observational retrospective study. The variables collected were: age, gender, cause, repeated visit (visit to the ER in the following two months), previous attempts, previous follow-up, method used, use of toxic substances during the attempt, intentionality, referral from the ER, later follow-up and diagnostic impression at the ER.

Results A total of 620 patients were sampled. The relationship between gender and repeated visit, previous attempts, dysfunctional personality traits, use of substances and later follow-up was found (χ^2). Although the relationship between admissions and gender were not statistically significant, influence by gender (over all in males) can be observed in logistic regression models. As well as, in patients who visited the ER several times, dysfunctional personality traits seem to be the most common but gender marks significant differences between groups.

Conclusions The data obtained is consistent with those reported in previous studies. To know who the riskier groups are can allow professionals to plan protocols and unify admission criteria.

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0074

Risk of mental disorders and difficulties or conflict in relationships in young adults

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Introduction Higher risk of mental health problems has been linked with problems in relationships, including the experience of relational conflict with significant others and peers. Conversely, positive relations with others have been established as a key factor of psychological well being.

Objectives We hypothesized that psychological maladjustment will be related to the number, nature and severity of relational stressors. Furthermore, there would be a higher likelihood of risk of mental disorders for those who experience more relational hardships and of greater severity. Positive relations with others will protect from risk of mental health problems.

Method A total of 4461 university students completed a health and well-being survey, including the GHQ-12 (centesimal and 3-point cut-off scores), Ryff psychological well-being scale and a scale of 25 life stressors. Indexes of number and severity of difficulties in relationships were calculated with 10 items including romantic partners, friends, family, and classmates.

Results Correlations were significant. Logistic regression showed a risk effect for all stressors with OR values above 1.32. Overall perceived severity had the highest value (OR=2.38, 95% CI=2.16–2.61) and amongst the 10 stressors, gender related abuse/violence was also the highest (OR=1.90, 95% CI=1.73–2.09). Positive relations showed a protective effect (OR=0.60, 95% CI=0.56–0.54).

Conclusions Findings can inform health promotion, prevention and therapeutic interventions so as to improve the quality of personal relationship and conflict management skills, and to strengthen well-being associated with positive relations with others. Academic institutions committed to student welfare and the promotion of healthy environments should play a major role in young adults' mental health.

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0075

Clinical prediction of suicide attempt in schizophrenia using a machine learning approach

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Objective Suicide is a major concern for those afflicted by schizophrenia. Identifying patients at the highest risk for future suicide attempts remains a complex problem for psychiatric intervention. Machine learning models allow for the integration of many risk factors in order to build an algorithm that predicts which patients are likely to attempt suicide. Currently, it is unclear how to integrate previously identified risk factors into a clinically relevant predictive tool to estimate the probability of a patient with schizophrenia for attempting suicide.

Methods We conducted a cross-sectional assessment on a sample of 345 participants diagnosed with schizophrenia spectrum disorders. Suicide attempters and non-attempters were clearly identified using the Columbia Suicide Severity Rating Scale (C-SSRS) and the Beck Suicide Ideation Scale (BSS). We developed two classification algorithms using a regularized regression and random