assessed using the Iowa gambling task (IGT) for DM under ambiguity and the game of dice task (GDT) for DM under risk.

Results A total of 78 participants (SA group, $n = 21$; NSA group, $n = 31$; CG, $n = 26$) were included into the study. Significant between group differences were found regarding marital status, current partnership, smoking status, depression score, impulsiveness score and family history of psychiatric disorders (all discriminating controls from patients but not between SA and NSA groups). The three groups did not differ with regard to IGT scores. Concerning GDT, the SA group showed significantly lower scores compared to the two other groups, implying a readiness for more risky decisions in suicide attempters versus non-attempters and controls.

Conclusion Suicide attempters appear to make more risky decisions compared to depressed non-attempters as well as healthy controls even if the DM under ambiguity patterns do not differ.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.160

EW0547

In-patient and post-discharge suicides in Tyrol 2004–2011

E.A. Deisenhammer[1,*], E.M. Behrndt[1], G. Kemmler[1], C. Haring[2], C. Miller[3]
[1] *Medical University of Innsbruck, Psychiatry, Innsbruck, Austria*
[2] *State Hospital Hall, Austria, Psychiatry, Hall, Austria*
[3] *Hospital Kufstein, Psychiatry, Kufstein, Austria*
* *Corresponding author.*

Introduction Psychiatric patients constitute a high-risk population for suicide. In-patient status and the period after discharge are of particular interest concerning risk assessment.

Objective To assess risk factors for in-patient and post-discharge suicides.

Methods The Tyrol suicide register was linked with the registers of three psychiatric departments/hospitals of the region. Suicides were categorized according to whether the suicide was committed during a hospital stay or within 12 weeks after discharge or whether the suicide subject had not recently been hospitalized. Groups were compared with regard to demographic and clinical variables. Further, case-control comparisons were performed for the in-patient and post-discharge groups.

Results During the study period (2004–2011) 30 in-patients, 89 post-discharge and 592 not recently hospitalized suicides were identified. Groups differed in terms of gender distribution, history of suicide attempts, warning signals and suicide methods. Compared with controls matched for a number of variables, in-patient suicides were significantly more suicidal and depressed at admission, reported more often a recent life event and showed less often aggressive behavior and plans for the future. Post-discharge suicides had more often a history of attempted suicide, depressive and thought disorder symptomatology, a ward change and an unplanned discharge and less often a scheduled appointment with a non-psychiatric physician.

Conclusions Suicide victims differ with regard to whether they die during, shortly after or not associated with a hospitalization. Compared to controls there are specific risk factors for those who commit suicide during a hospital stay and within 12 weeks after discharge.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.161

EW0548

A descriptive analysis of psychological factors and childhood trauma in a sample of suicide attempters

C. Delicato[1,*], E. Gattoni[1], S. Di Marco[1], A. Venesia[1], C. Vecchi[1], F. Bert[2], P. Zeppegno[1], C. Gramaglia[1]
[1] *Università degli Studi del Piemonte Orientale "A. Avogadro", Translational Medicine, Novara, Italy*
[2] *Università degli Studi di Torino, Public Health, Torino, Italy*
* *Corresponding author.*

Introduction Childhood trauma, especially sexual abuse, is associated with an increased risk of suicidal behavior. However, studies also show that according to the stress-vulnerability model, not all individual exposed to this kind of trauma exhibit suicidal behaviors as some protective factors could diminish the aforementioned risk, such as personality factors. Resilience might be one such a protective factor. Furthermore, there has been growing evidence to support the role of impulsive and aggressive behavior in the risk of suicide.

Objectives To compare suicide attempters to non-suicide attempters (patients admitted for any other reason) for as far as psychological features and childhood trauma. To verify the role of resilience and coping strategies as protective factor for suicide attempt, mitigating the risk of an individual who has experienced childhood trauma.

Methods We recruited patients referred to the inpatient and outpatient facilities of psychiatry ward of "Maggiore della Carità" hospital in Novara during the period November 2015–December 2016. We included all patients from 18 to 65 years with a psychiatric disorder that met DSM–5 diagnostic criteria. For the analysis, we divided patients into two subgroups according to the presence/absence of suicidal behaviors. The assessment included: Resilience Scale for Adult (RSA), Brief cope, Rosenberg Self-esteem Scale (RSES), childhood trauma questionnaire (CTQ), temperament and character inventory (TCI).

Results and discussion Although, the recruitment is still ongoing preliminary results seem to confirm the role of resilience and coping strategies as protective factor mitigating the risk of an individual who has experienced childhood trauma from making a suicide attempt.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.162

EW0549

Risk evaluation in the emergency department: An algorithm for suicide prevention

T. Duarte*, C. Ferreira, N. Santos, D. Sampaio
Centro Hospitalar Lisboa Norte, Hospital de Santa Maria, Núcleo de Estudos de Suicídio N.E.S. do Serviço de Psiquiatria e Saúde Mental, Lisboa, Portugal
* *Corresponding author.*

Introduction Suicide is one of the biggest challenges that psychiatrists face, especially in the emergency room. According to the World Health Organization, there are approximately 3000 suicides every day: one every 40 seconds. About half of all violent deaths in the world are suicides with economic costs of billions of euros. The risk assessment is still based on a subjective approach, with no screening or evaluation tools that support the decision about in-hospital or ambulatory treatment for these patients.

Objectives Creation of a decision tree algorithm that can be used in the emergency room to guide the clinical decision.

Aims Increase the number of avoided suicides.

Methods PubMed database was searched and articles with the words "emergency", "suicide", "attempt" "screening" and "preven-