

Results A total of 43.9% of domestic violence prevalence, 61.7% of economic violence, 45.3% of psychological violence, 38.1% of social violence, 38.1% physical violence, 35.9% of sexual violence was reported. There was a relation between spousal abuse and some factors such as: age difference between spouses, wife and husband's education, husband's substance abuse, husband's medical illness, wife's psychiatry disorder, spouses' obligatory marriage, polygamy and husband's job.

Conclusions Considering relatively high prevalence of spousal abuse in people who attempted suicide and the relation between some demographic factors with violence, besides regarding spousal abuse as one causes of suicide, the women's screening, particularly those who attempt suicide in regard to spousal abuse and its related factors seems necessary.

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EW613

Patient assessment following substance overdose: Can we predict memory of the psychiatric interview?

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Suicide is a major public health issue, and a critical step in its prevention is a psychiatric assessment of individuals following suicide attempts (NICE 2008). In cases where patients attempt suicide through substance overdose, the central nervous system and consciousness are altered in significant ways. This is problematic, given that patients must have recovered sufficient cognitive capacity if a psychiatric assessment is to yield a meaningful and suitable care plan that the patient will recall and follow (Lukens 2006). Currently, there is no validated tool to assess whether sufficient cognitive recovery has occurred in such patients to ensure their memory of the assessment. Therefore, our goal was to identify indicators that predict preserved memory of undergoing a psychiatric assessment. We carried out a prospective study with 41 patients recruited from an emergency department. We collected data on cognitive tests (including WAIS coding test), memory self-assessment, plasma benzodiazepine levels, age, gender, and educational level at the time of psychiatric assessment. We then assessed patients' memory for undergoing a psychiatric interview 24 hours post-assessment, using an episodic memory score. Whereas memory self-assessment did not predict the episodic memory score, age, plasma benzodiazepine level, and cognitive test scores significantly influenced it, predicting 70% of memory score variation. Among these factors, the WAIS coding test predicted 57% of the memory score variation. To improve clinical practice, it may be useful to assess visual scanning, processing speed, and attentional function prior to psychiatric interview to ensure later patient recall.

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EW614

Suicidal ideation and organic diseases in acute female psychiatric patients

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Introduction Physical illness has been recognized as a major risk factor for suicidal behaviours, especially among females. A higher number of physical comorbidities has been associated with higher suicide- risk, thus having a greater burden among the elderly.

Objectives investigate this evidence to be able to estimate the load of physical illness on suicidality among psychiatric females of different age.

Aims Evaluate the association between suicidal ideation, age, depression and physical comorbidities in a sample of acute females psychiatric in-patients.

Methods 81 psychiatric female in-patients were evaluated during their first day of hospitalization through MADRS, SSI and the presence of organic comorbidity has been collected together with demographic data. All the evaluations were carried out at the Psychiatric Clinic, University of Genova, Italy.

Results Mean age 48 (age-range value: 74, high variability). Pearson's Chi-squared test showed: significant association between SSI and MADRS ($P=0,027$; $\alpha=0,05$); no association between SSI and age ($P=0,194$; $\alpha=0,05$); no association between SSI and presence medical illness ($P=0,132$; $\alpha=0,05$); no association between SSI and number of medical illness ($P=0,186$; $\alpha=0,05$).

Conclusions Our results show that the levels of suicidal ideation in psychiatric females are independent from age, presence and number of physical comorbidities. Suicidal ideation appears to be associated only with levels of depression. Our results challenge evidence from a large number of current studies and, if confirmed by further research, would lead to reconsider major suicide risk factors. Further research to investigate these associations on larger samples is needed.

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EW616

Development and psychometric testing of the triggers of suicidal ideation inventory for assessing older outpatients in primary care settings

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Introduction Older adults with depression resist accepting depression screening and seeking treatment due to stigmatization of mental disorders and little knowledge about depression. This study was undertaken to develop and determine the psychometrics of an instrument for assessing triggers of suicidal ideation among older outpatients.

Method Participants were recruited from older outpatients of two hospitals in northern Taiwan. An initial 32-item Triggers of Suicidal Ideation Inventory (TSII) was developed, and its items were validated by experts in two runs of Delphi technique survey. After this TSII was pre-tested in 200 elderly outpatients, 12 items were retained. The 12-item TSII was examined by criterion validity, construct validity, internal consistency reliability, and test-retest reliability.

Results TSII scores were significantly and positively correlated with the Beck Scale for Suicide Ideation ($r=0.45$, $P<0.01$), and UCLA Loneliness scores ($r=0.55$, $P<0.01$), indicating satisfied criterion validity. Participants with depressive tendency tended to have higher TSII scores than participants with no depressive tendency ($t=8.62$, $P<0.01$), indicating good construct validity. Cronbach's α and the intraclass correlation coefficient for the TSII were 0.70 and 0.99 respectively, indicating acceptable internal consistency