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 doi: 10.1192/j.eurpsy.2023.265

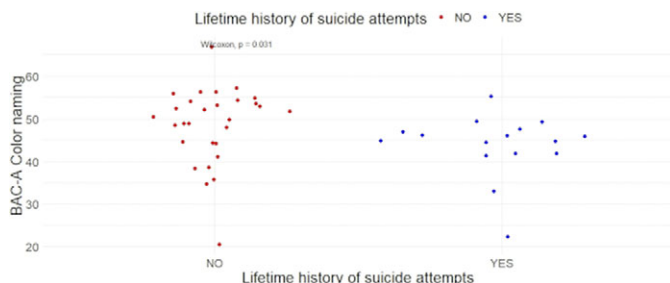
**Introduction:** Stroop test iteration performances and metabolism of tryptophan (TRP) via serotonin (5-HT) and kynurenine (KYN) have both been associated with suicidal behaviors. This study aims to probe their possible interactions.

**Objectives:** We explored the association of the performances on the Emotion Inhibition Subtask (EIS) of the Brief Assessment of Cognition for Affective Disorder and the plasmatic levels of 5-hydroxytryptophan (5-HTP), 5-HT, KYN, melatonin (MLT) among subjects with Lifetime Suicidal Ideation (LSI) vs non-LSI, and with Lifetime Suicide Attempts (LSA) vs non-LSA.

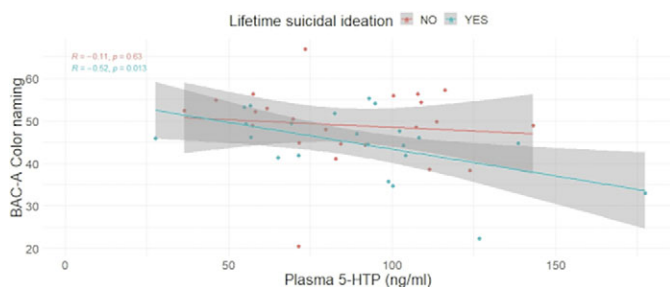
**Methods:** Using R studio, we employed: 1) the t-test for parametric data and the Wilcoxon test for non-parametric data; 2) Linear Modeling to probe the associations of EIS performances with MLT, KYN, 5-HTP or 5-HT plasmatic levels.

**Results:** In a sample comprising 45 individuals affected by Bipolar Disorder, we found a statistically significant difference for the Color Naming (CN, image 1) and the Neutral words (NW) subtasks among LSA vs non-LSA. In LSI vs non-LSI, only the NW retained significance, but not the CN. A significant association emerged between CN and 5-HTP in LSI but not in non-LSI (image 2). Similarly, in LSA, an association was found between CN and 5-HTP, but not in non-LSA (image 3). No statistically significant difference emerged among groups regarding gender composition, age, pharmacological therapy, Body Mass Index, Hamilton Depression Rating Scale, Young Mania Rating Scale, or Clinical Global Impression scale - Severity.

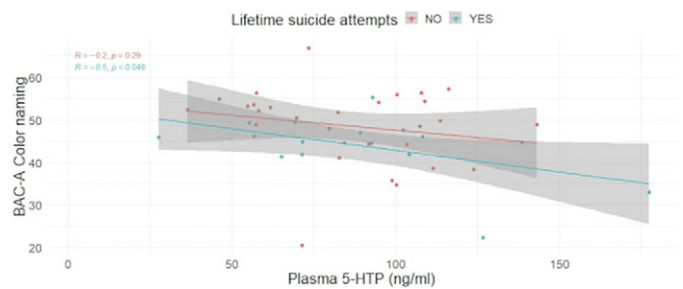
**Image:**



**Image 2:**



**Image 3:**



**Conclusions:** We found that the plasmatic levels of the metabolites of TRP via 5-HT were correlated to some EIS performances. These findings may represent a hypothesis-generating platform for further investigations.

**Disclosure of Interest:** None Declared

**O0061**

### Predictors of Suicidal Ideation and Preparatory Behaviors in patients With Bipolar Disorder: The Contribution of Chronobiological alterations and Its Association With Hopelessness

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doi: 10.1192/j.eurpsy.2023.266

**Introduction:** Bipolar disorder (BD) is a severe and chronic psychiatric disorder it is the sixth leading cause of disability among all illnesses worldwide. With regard to causes of premature mortality, patients with BD are at very high risk of suicide. Whereas risk factors for suicidal behaviors are multiple and complex, hopelessness appears to be a major independent risk factor for suicidality in BD. Compelling evidence has also demonstrated that BD is frequently associated with circadian rhythms alteration, contributing to its vulnerability, pathogenesis, and manifestations. In particular in the desynchronization of sleep and social life, has been associated with the severity of BD. Indeed hopelessness has never been studied in relation to circadian rhythms in BD

**Objectives:** To examine the role of chronobiological rhythm alterations in suicidal ideation and behaviors and its relation with hopelessness.

**Methods:** One hundred twenty-seven patients (77 females, mean age of  $47.4 \pm 12.5$  years) with a major depressive episode and bipolar disorder (BD) type I or II (according to Structured Clinical Interview for DSM-5 assessment) were recruited in 2019 and assessed for depressive and manic symptoms (Beck Depression Inventory-II, Young Mania Rating Scale) and with the Biological Rhythms Interview of Assessment in Neuropsychiatry, Beck Hopelessness Scale, and Scale for Suicide Ideation. Univariate regression and mediation analyses were performed.

**Results:** Forty-one patients (32.3%) showed clinically significant suicidal ideation and were more frequently affected by BD type I ( $P = .029$ ) with mixed features ( $P = .022$ ). Compared to nonsuicidal

individuals, they had significantly more depressive symptoms ( $P = .019$ ), higher emotional component of hopelessness ( $P = .037$ ), and higher dysrhythmicity of sleep ( $P = .009$ ), activities ( $P = .048$ ), and social life ( $P = .019$ ). Passive and active suicidal ideation and suicidal plans were best predicted by dysrhythmicity of sleep and social life. Dysrhythmicity of sleep and social life mediated the direct effect of depressive symptoms on passive and active suicidal ideation and also of active ideation on suicidal plans. The emotional component of hopelessness was related to dysrhythmicity of social life and mediated its effect on suicidal plans ( $P = .010$ ).

**Conclusions:** Chronobiological alterations directly contributed to passive and active suicidal ideation and to suicidal preparation, with a key role of circadian rhythm alteration of sleep, activities, and social life. Chronobiological alterations also impacted the emotional component of hopelessness, hence indirectly contributing to suicidal ideations and plans. These findings call for the systematic screening of these dysrhythmicity dimensions when considering suicidal risk in individuals with BD.

**Disclosure of Interest:** None Declared

## O0062

### Suicide Deaths Before and During the COVID 19 Pandemic

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doi: 10.1192/j.eurpsy.2023.267

**Introduction:** With stressors that are often associated with suicide increasing during the coronavirus disease 2019 (COVID-19) pandemic, there has been concern that suicide mortality rates may also be increasing. Our objective was to determine whether suicide mortality rates increased during the COVID-19 pandemic.

With stressors that are often associated with suicide increasing during the coronavirus disease 2019 (COVID-19) pandemic, there has been concern that suicide mortality rates may also be increasing.

**Objectives:** Our objective was to determine whether suicide mortality rates increased during the COVID-19 pandemic.

**Methods:** We conducted an interrupted time-series study using data from January 2019 through December 2020 from 2 large integrated health care systems. The population at risk included all patients or individuals enrolled in a health plan at HealthPartners in Minnesota or Henry Ford Health in Michigan. The primary outcome was change in suicide mortality rates, expressed as annualized crude rates of suicide death per 100,000 people in 10 months following the start of the pandemic in March 2020 compared with the 14 months prior. We conducted an interrupted time-series study using data from January 2019 through December 2020 from 2 large integrated health care systems. The population at risk included all patients or individuals enrolled in a health plan at HealthPartners in Minnesota or Henry Ford Health System in Michigan. The primary outcome was change in suicide mortality rates, expressed as annualized crude rates of suicide death per

100,000 people in 10 months following the start of the pandemic in March 2020 compared with the 14 months prior.

**Results:** There were 6,434,675 people at risk in the sample, with 55% women and a diverse sample across ages, race/ethnicity, and insurance type. From January 2019 through February 2020, there was a slow increase in the suicide mortality rate, with rates then decreasing by 0.45 per 100,000 people per month from March 2020 through December 2020 ( $SE = 0.19$ ,  $P = 0.03$ ). There were 6,434,675 people at risk in the sample, with 55% women and a diverse sample across ages, race/ethnicity, and insurance type. From January 2019 through February 2020, there was a slow increase in the suicide mortality rate, with rates then decreasing by 0.45 per 100,000 people per month from March 2020 through December 2020 ( $SE = 0.19$ ,  $P = 0.03$ ).

**Conclusions:** Overall suicide mortality rates did not increase with the pandemic, and in fact slightly declined from March to December 2020. Our findings should be confirmed across other settings and, when available, using final adjudicated state mortality data. Overall suicide mortality rates did not increase with the pandemic, and in fact slightly declined from March to December 2020. Our findings should be confirmed across other settings and, when available, using final adjudicated state mortality data.

**Disclosure of Interest:** None Declared

## Depressive and Anxiety Disorders

### O0063

#### 2. Predictors of Generalized Anxiety Disorder Symptoms in Residents of Fort McMurray Five Years after the Devastating Wildfires.

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doi: 10.1192/j.eurpsy.2023.268

**Introduction:** Natural disasters adversely impact individuals living in places where they occur, resulting in emotional distress. The wildfire that occurred in Fort McMurray (FMM), Alberta in 2016 is no different.

**Objectives:** This study aims to identify the prevalence and predictors of Generalized Anxiety Disorder (GAD) symptoms in residents of FMM five years after the devastating wildfires.

**Methods:** Data for the study were collected through a cross-sectional survey conducted online from the 24th of April to the 2nd of June 2021. A validated instrument, the GAD-7 scale, was used to collect information on anxiety.

**Results:** Of the total number of 186 residents who took part in the study, the majority were females (85.5%), employed (94.1%), working at school boards (50.0%), and were either married, cohabiting, or partnered (71.0%). The prevalence of likely GAD among the study sample was 42.5%. Unemployed respondents were seventeen times more likely to develop GAD symptoms ( $OR = 16.62$ ; 95% C.I. 1.23-223.67) while respondents who would like to receive mental health counseling were five times more likely to experience