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EW0855

Unexpected variations in official UK statistics related to rates of suicide and those of undetermined intent: An exploration of causes

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Background Official rates of suicide are perhaps the most important and enduring measures of population mental health. They are however prone to variations in reporting usually relating to deaths where the intention was uncertain, though most official statistics circumvent this by including 'events of undetermined intent' (ICD10 Y10-34 and Y87.2) along with 'intentional self-harm' in their official statistics. It is however unclear how successful this strategy has been and whether significant sources of bias still persist.

Aim To systematically examine the dramatic change in rates of death from suicide (and undetermined intent) in Northern Ireland, that coincided with a major overhaul and reorganisation of the Coroners Service in 2005/6, to understand the extent to which the initial investigation by the coroners' office, legal processing, registration and coding practices can influence official suicide statistics.

Methods In the space of one year, Northern Ireland went from having a standardised rate of suicide (incl undetermined intent) of 12.6/100,000 in 2004 to 26.6/100,000 in 2006 (a 111% increase) and in doing so went from having consistently the lowest to consistently the highest registered rate of suicide in the UK.

Results Initial analyses rules out changes in the police service, pathology service or registration coding practices as causative and suggest that the introduction of a coroner's liaison officer (with a formal data gathering role) was the most likely factor. The centralisation of the coroners' service also reduced variations according to age, sex, geography and coding.

Conclusions The process underpinning official statistics need to be routinely scrutinised.

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Alcoholic psychoses and suicide trends in Russia, Belarus and Ukraine

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Introduction The dramatic fluctuations in suicide mortality in the countries of the former Soviet Union (fSU) over the past decades have been widely discussed in the scientific literature and are still relatively unexplored. Accumulated evidence suggests that the mixture of cultural acceptance of heavy drinking, high rate of distilled spirits consumption, and binge drinking pattern is major contributor to the suicide mortality burden in fSU countries.

Aims The present study aims to analyze whether binge drinking is able to explain the dramatic fluctuations in suicide mortality in Russia, Belarus and Ukraine from the late Soviet to post-Soviet period.

Method Trends in alcoholic psychoses incidence and suicide rates from 1980 to 2015 in Russia Belarus and Ukraine were analyzed employing a Spearman's rank-order correlation analysis.

Results The estimates based on the Soviet data suggest a strong positive association between alcoholic psychoses and suicide rates in Russia, Belarus and Ukraine. This positive relationship was less evident in the post-Soviet period.

Conclusion Collectively, these findings indicate that alcohol has played an important role in the fluctuation of suicide mortality rates in the former Soviet republics during the last decades. Further monitoring of suicide mortality trends in the former Soviet countries and detailed comparisons with earlier developments in other countries remain a priority for future research.

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Attentional bias toward suicide-relevant information in suicide attempters: A cross-sectional study and a meta-analysis

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Objective Previous studies using a modified Stroop test suggested that suicide attempters, in contrast to depressed patients with no suicidal history, display a particular attentional bias toward suicide-related cues. However, negative results have also been reported. In the present study, we collected new data and pooled them as part of a meta-analysis intended to shed further light on this question.

Method We conducted:

- a cross-sectional study comparing performance on the modified Stroop task for suicide-related, positively-valenced and negatively-valenced words in 33 suicide attempters and 46 patient controls with a history of mood disorders;

- a systematic review and a meta-analysis of studies comparing performance on the modified Stroop task among patients with vs. without a history of suicidal acts in mood disorders.

Results The cross-sectional study showed no significant difference in interference scores for any type of words between suicide attempters and patient controls. A meta-analysis of four studies, including 233 suicide attempters and 768 patient controls, showed a significant but small attentional bias toward suicide-related words (Hedges'g=0.22; 95% CI [0.06 to 0.38]; Z=2.73; P=0.006), but not negatively-valenced words (Hedges'g=0.06; 95% CI [-0.09 to 0.22]; Z=0.77; P=0.4) in suicide attempters compared to patient controls.

Limitations Positively-valenced words and healthy controls could not be assessed in the meta-analysis.

Conclusion Our data support a selective information-processing bias among suicide attempters. Indirect evidence suggests that this effect would be state-related and may be a cognitive component of the suicidal crisis. However, we could not conclude about the clinical utility of this Stroop version at this stage.

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