

EW0852

Mental health profile of suicide victims in an Irish urban population

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*Saint Patrick's University Hospital, Young Adult, Dublin, Ireland***Objectives** To describe demographic and psychiatric characteristics of suicide victim cases.**Method** Retrospective, case file psychological autopsy of deaths registered at the coroner's court, Dublin. Cases with a verdict of suicide and open verdicts registered in 2007, 2012 and 2013 were included.**Results** Two hundred and five cases of suicide/open verdicts were registered the 3-year period. Seventy four percent ($n = 152$) were males. Mean age – 42.87 years old (STD = 15.44) with no significant difference between genders. Sixty-four percent ($n = 132$) were single at the time of death, while 32.2% had children. One hundred and ninety-eight had a stable accommodation; 37.5% ($n = 77$) living alone, and 36.6% ($n = 75$) actively employed.One hundred and twelve subjects (54.6%) suffered from mental illness; 53.6% – affective disorder; 15.2% – alcohol and substance misuse; 12.5% – psychotic disorder. Seventy-nine (70.5%) were not in contact with mental health services at the time of death; 32 (28.6%) were attending as outpatients. Illness onset was recorded for 68.7% cases ($n = 77$); 35.7% ($n = 40$) had a length of illness of more than 5 years. Psychiatric comorbidity was present in 29.5% ($n = 33$); 54.5% ($n = 18$) presented also alcohol/substance misuse.**Conclusion** Suicide victims were single, middle-aged male, suffered mental health difficulties, most frequently affective disorder. A small number of subjects an additional comorbid diagnosis. Few were in contact with outpatient services at the time of death. No significant differences in demographic characteristics were found between the group suffering from mental illness and the group with no mental illness.**Disclosure of interest** The author has not supplied his/her declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.466>

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Suicide and drug and alcohol addiction: Self-destructive behaviours. An observational study on clinic hospital populationA. Nardella^{1,*}, G. Falcone¹, G. Giordano¹, D. Erbuto², M. Migliorati², M. Innamorati³, P. Girardi⁴, M. Pompili⁴¹ *Psychiatry Residency Training Program, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, Italy*² *Faculty of Medicine and Psychology, Sapienza University of Rome, Department of Neuroscience, Mental Health and Sensory Organs NESMOS, Rome, Italy*³ *European University of Rome, Department of Human Sciences, Rome, Italy*⁴ *Faculty of Medicine and Psychology, Sapienza University of Rome, Sant'Andrea Hospital Rome, Department of Neuroscience, Mental Health and Sensory Organs NESMOS, Rome, Italy*

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Introduction Suicidal behaviour and drug and alcohol dependence represent two different aspects of self-destructive behavior. **Objectives** We evaluated the relationship between suicidal behavior and substance and alcohol addiction. It was investigated the role of childhood trauma in these self-destructive behaviors and in the development of the two mental constructions of hopelessness and mentalization.**Aims** We also assessed how a high level of hopelessness could affect suicidal ideation and how low or absent capacity of mentalization could influence the development of substance and/or alcohol addiction.**Methods** This naturalistic, observational study included 50 patients (mean age = 46.54; S.D = 14.57) recruited from the department of psychiatry ($n = 18$) and the centre for suicide prevention ($n = 32$) of Sant'Andrea Hospital (Rome). Different questionnaires were administered to each patient from February to May 2016.**Results** There was not a statistically significant relationship between suicidal behavior and addict behavior. Childhood trauma resulted a risk factor for alcohol abuse with a relationship that tended to significance ($P = 0.07$). Physical and sexual abuses were significantly associated with addiction (respectively $P = 0.014$; $P = 0.033$). It was showed a statistically significant interaction between high level of hopelessness and suicidal ideation ($P = 0.037$). The absence of mentalization was related to the absence of alcohol abuse ($P = 0.061$). Finally, trauma experienced during childhood was associated with high level of hopelessness ($P = 0.005$).**Conclusions** Suicidal behavior is influenced indirectly by a childhood traumatic experience that conditioning the level of hopelessness. Childhood trauma affected directly the development of drug abuse and alcoholism. The capacity of mentalization was not related with childhood trauma.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.467>

EW0854

Cyberbullying and suicidal ideation: Relationship with mood states and consumption of psychoactive substancesD. Silva¹, J. Nunes^{1,*}, T. Ferreira², A. Pissarra da Costa¹¹ *Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, U.L.S. Guarda, Guarda, Portugal*² *Hospital Prof. Doutor Fernando Fonseca, Amadora, Portugal, Department of Psychiatry, Lisbon, Portugal*

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Introduction Cyberbullying is an emergent problem associated to terrible consequences, especially in young adults.**Objectives** To analyse the levels of behaviours of victimization and aggression of cyberbullying, suicidal ideation, mood states and consumption of psychoactive substances in a sample of college students from the University of Beira Interior (UBI), as well as to analyse the relationship between these variables.**Methods** Analytical cross-sectional study that integrates quantitative methodology. Data collection took place via online survey in the population of students at the UBI ($n = 475$, 329 females, mean age 22.2 ± 4.1 years). The questionnaire consisted of socio-demographic, mental health and internet use data and the Portuguese versions of self-reported scales to measure mood states, consumption of psychoactive substances, the levels of behaviours of victimization and aggression of cyberbullying and the levels of suicidal ideation.**Results** The levels of aggression of cyberbullying were significantly higher in male students and in users of social networks. There was a significant positive correlation between behaviours of victimization and aggression of cyberbullying, and between them and suicidal ideation and negative affect. The levels of both behaviours of cyberbullying and suicidal ideation were significantly higher in students consuming alcohol with drugs, just drugs and sedatives. There was a significant positive correlation between suicidal ideation and negative affect and a significant negative correlation between suicidal ideation and positive affect.**Conclusions** Both behaviours of cyberbullying were significantly associated with suicidal ideation and negative affect. Thus, stands out the relevance of an earlier identification of these behaviours and an adequate intervention by health professionals.

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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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EW0857

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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