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SUICIDE RISK IN RELATION TO AGE AND PSYCHIATRIC HOSPITALIZATION J. Reutfors<sup>1</sup>, L. Brandt<sup>1</sup>, K. Sparring Björkstén<sup>2</sup>, A. Ekbom<sup>1</sup>, U. Ösby<sup>3</sup> <sup>1</sup>Clinical Epidemiology Unit, <sup>2</sup>Psychiatry Southern Stockholm, <sup>3</sup>Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

Introduction: Suicide risk is increased in patients with a history of psychiatric hospitalization.

Aim: To explore how suicide risk varies by age during psychiatric hospitalization and in the year postdischarge.

Methods: This is a population-based case-control study of all suicides (n=20,675; 70% male) in Sweden aged ≥18 years during 1991-2003. Each suicide was individually matched to 10 population controls by age, sex, and county of residence. Discharge diagnoses of a mental disorder (except dementia and other organic disorders) in the year prior to suicide were identified by register linkage. Odds ratios (OR) were calculated by conditional logistic regression to estimate the relative risk of suicide in those with psychiatric diagnoses compared to the general population. ORs were estimated by age group (18-34 years, 35-49 years, 50-64 years, and  $\geq$  65 years) and timing of the suicide in relation to discharge.

Results: During hospitalization, the youngest age group had the greatest suicide risk elevation [OR 64 (95% CI 44-92)]. In the first month post-discharge, the oldest age group had the highest suicide risk elevation [OR 162 (95% 66-399) in the first week and OR 127 (95% 67-242) in the second to fourth weeks]. In the remaining eleven months, suicide risk elevation was lower and relatively similar in different age groups.

Conclusions: During the year following psychiatric hospitalization, an especially high attention should be paid to the suicide risk of the elderly patients in the first month post-discharge.