

EW0846

Relationship between insomnia and tobacco smoking in alcohol-dependent patients

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Introduction Insomnia and tobacco use are frequent and important problems in alcohol-dependent patients. However, the relationship between sleep problems and cigarette smoking was not thoroughly investigated in this population.

Aim The purpose of the study was to investigate the relationship between tobacco smoking and severity of insomnia in alcohol-dependent patients in treatment. We also aimed at assessing other predictors of insomnia in this population.

Methods The study group comprised 384 alcohol-dependent patients. Standardized tools were used to assess: tobacco dependence (Fagerström Test for Nicotine Dependence [FTND]), sleep problems (Athens Insomnia Scale [AIS]), severity of alcohol dependence (Michigan Alcohol Screening Test [MAST]) and drinking quantities before entering treatment (Timeline Follow Back [TLFB]). Other comorbid psychiatric symptoms were assessed using Brief Symptom Inventory (BSI) and Barratt's Impulsiveness Scale (BIS-11).

Results The study group included 79.1% of current smokers, 62% of participants reported insomnia (AIS). The mean FTND score was 6.05 ± 2.18 . The multivariate regression analysis revealed that the severity of tobacco dependence was significantly associated with the severity of insomnia (FTND, $\beta = 0.140$, $P = 0.013$). Other factors associated with insomnia that remained significant in multivariate model were severity of psychopathological symptoms (BSI, $\beta = 0.422$, $P < 0.0005$) and intensity of drinking (TLFB, $\beta = 0.123$, $P = 0.034$).

Conclusion Tobacco use may predict severity of insomnia in alcohol-dependent patients. This finding may have important clinical implications and influence strategies applied in treatment of alcohol use disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0847

The effect of aripiprazole on nicotine dependency in patients under methadone maintenance therapy

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Introduction The prevalence of smoking in patients under methadone maintenance therapy is high (85–98%). Most of these patients tend to quit smoking, but only a few of them receive treatment or referred to quit smoking. Recent study on aripiprazole, has been shown to reduce smoking.

Aims The aim of this study was to evaluate aripiprazole on smoking in patients under methadone maintenance therapy.

Material and method This study was a double-blind intervention study. Patients under Methadone maintenance therapy in 22 Bahman Hospital randomly divided into two intervention and control group. First with the FTQ questionnaire, nicotine dependency assessed in all patients. Then, 6-week aripiprazole administered to intervention group. Data were analyzed by SPSS version 21.

Results The age range of patients was 67–25 years. Two groups were matched in demographic characteristics. Finally, mean num-

ber of FTQ questionnaire in case group before intervention was 8.9 ± 1.4 and after intervention was 8.4 ± 1.6 . This difference was statistically significant ($P = 0.0007$).

Conclusion The study results show the aripiprazole effect in reducing the desire to smoke in patients under methadone maintenance therapy. The overall level of dependency on nicotine on the basis of test FTQ has decreased. By choosing aripiprazole as adjunctive therapy to quit smoking, by reducing the tendency of patients to smoking, can decrease cardiovascular complications and other problems caused by smoking and we can reduce the mortality rate of these patients.

Keywords Methadone maintenance therapy; Aripiprazole; Smoking; Nicotine dependency

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Walk: Suicidology and suicide prevention – Part 2

EW0848

Motivations behind suicide attempts: A study in the ER of Maggiore hospital – Novara

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Introduction A previous study, conducted in the province of Novara stated that, from an epidemiological and clinical point of view, being a female, being a migrant, as well as being in the warmer months of the year, or suffering from an untreated psychiatric disease are associated with suicide attempts. Literature suggests there is a positive relation between negative life events and suicidal behaviours. In this study, we intend to deepen knowledge, individuating motivations and meanings underlying suicidal behaviours. This appears a meaningful approach to integrate studies and initiatives in order to prevent suicide and suicidal behaviours.

Aim To examine possible correlation between socio-demographic and clinical characteristics and motivations underlying suicide attempts.

Methods Patients aged > 16 years admitted for attempted suicide in the Emergency Room of the AOU Maggiore della Carità Hospital, Novara, Italy, were studied retrospectively from the 1st January 2015 to the 31st December 2016. Each patient was assessed by an experienced psychiatrist with a clinical interview; socio-demographic and clinical features were gathered. Analysis were performed with SPSS.

Results and discussion Data collection are still ongoing; results and implications will be discussed. We expect to find different motivations in relation to socio-demographic and clinical characteristics [1,2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0849

Predictors of a suicidal behavior in patients with dementia

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Introduction Cognitive disorders are associated with a wide range of psychopathological syndromes and behavioral disorders, and suicidal manifestations in dementia are understudied nowadays.

Objectives To investigate clinical-psychopathological predictors of a suicidal behavior in patients with dementia.

Methodology Forty-four patients with dementia were examined: 23 patients with suicidal manifestations and 21 patients without them (control group). Clinical and psychometrical methods were used: Mini Mental State Examination (MMSE) scale; Assessment of Suicide Risk scale; Hamilton Rating Scale for Depression (HDRS), and statistical ones.

Results It was determined that male patients with dementia had suicidal behavioral manifestations more often than female patients (69.6%; $P < 0.05$). An average age of the patients was 69.88 ± 1.85 years with no significant difference between the main and control groups.

The majority of the patients with dementia (52.3%) had suicidal manifestations. Real suicidal intentions were the most frequent (25%; $P < 0.05$); 20.5% of patients expressed passive thoughts (antivital sentences, fantasies, ideas concerning death); 2 patients (6.82%; $P < 0.05$) had suicidal attempts. Patients with suicidal tendencies in their clinical picture more often had hallucinatory syndrome (39.1%; $P < 0.05$); features of severe depression (35.04 ± 1.54 points; $P < 0.01$); a high level of suicidal risk (26.34 ± 1.68 points; $P < 0.01$); a severe cognitive deficit (MMSE score 0–10); and a significantly lower level of self-awareness of death (18.53 ± 0.72 points; $P < 0.05$) in comparison with the control group.

Conclusions A high suicide risk in dementia correlated with a level of depressive symptoms ($r = 0.6$), moderate and/or severe grades of dementia ($r = 0.45$), and a low level of self-awareness of death ($r = 0.35$).

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EW0850

The burden of attempted suicide: The attitude of emergency services workers

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Introduction The great global burden of suicide requires specific preventive strategies focused on emergency services (ES) workers, providing first aid after attempted suicide.

Objectives To investigate the approach of ES workers toward attempted suicides, and to assess work-related stress and team-work attitude as variables likely to influence suicide risk perception.

Methods A total of 265 ES workers (73 medical doctors, 130 nurses, 62 health and social care workers) from 3 hospitals in the area of Modena (Northern Italy) were involved. In a group setting, titles from local newspapers reporting about suicides were read, and ES workers were asked to fill in 3 psychometric scale questionnaires (SUIATT, MBI and SAQ).

Results The questionnaires returned were 88 (33%), 47% ($n = 42$) were filled by women, median age was 40 years. Doctors group had the highest response rate (60%). Burnout levels were intermediate at the Emotional Exhaustion subscale, severe at the Depersonalization subscale and mild at the Professional Efficacy subscale. Eighteen percent recorded a good team perception, 33% had a good perception of their work conditions. SUIATT subscales showed a restrictive attitude toward suicide, regardless of hospital and task.

Discussion No associations emerged among SUIATT, MBI and SAQ subscales; male sex alone correlated to the SUIATT factor “rationality/mental alteration”, suggesting more “tolerance” of suicidal behaviour.

Conclusions It is crucial to raise awareness among ES workers on this issue, since those workers considering suicide as “more acceptable” are more likely to recognise its signs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0851

Attempted suicide: Study of the phenomenon in a sample of patients in the province of Modena

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Introduction Attempted suicide consists in a self-damaging non-fatal behaviour, with an explicit or implicit evidence of the intent to die. It has a multifactorial aetiology: presence of psychiatric disorder, particularly major depression and other non-psychiatric components, like a series of stressful events.

Aim To describe suicidal behavior among patients who attempted suicide.

Methods Cross-sectional study. Patients admitted to three hospitals in the Province of Modena (Italy) after having attempted suicide were enrolled. Observation time: August 2015–August 2016 (13 months). Descriptive statistics made with STATA 13.0.

Results A total of 187 subjects (female 65%) were enrolled in the period of time considered. Forty-one percent were aged 45–64; 43.7% had higher education; 50.4% were unemployed; 49.6% had regular income. Common means to attempt suicide were drugs (64%), weapons (11%), precipitation (10%), other (6%), choking (4%). Recent stressful events were reported by the 83.4% of respondents, namely: family conflicts (29%), economic problems (17%), personal health problems (11%), health problems affecting a family member (5%), emotional separation (9%), job loss (7%), other (22%), alcohol abuse (27%), substance abuse (4%). The main psychiatric diagnoses were: depressive disorder (56.67%), personality disorder (20%), psychotic disorder (6.67%), bipolar disorder (5.33%), behavioural disorders (2.67%), anxiety disorders (2%), dementia (1.33%).

Conclusions Findings of the present study are consistent with available literature and could help to identify “high risk” groups to plan future targeted programmes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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