

Depressive as well as somatoform patients seem to need more time and personal resources.

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#### EW657

### Psychopathology, temperament and suicide risk in adolescence: The role of early traumatic experience

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**Introduction** Previous researches showed that adolescents are at high risk of suicide. Suicide is a trans-nosographic phenomenon regardless of psychiatric diagnosis. Trauma is an important risk factor for suicide and young help-seeking patients usually refer traumatic experiences, especially during childhood.

**Objectives** The objective of this study is to assess the relationship between traumatic experience and suicide risk comparing adolescents with suicide risk with adolescents without suicide risk.

**Aims** To investigate correlations between trauma, psychopathology and suicide risk in a sample of young help-seeking outpatients.

**Methods** We recruited 99 outpatients aged between 14 and 21 years admitted to department for prevention and early intervention in adolescence of Rome. We administered psychometric instruments exploring suicide risk (SHSS, BHS), prodromal (SIPS/SOPS), affective and anxious symptoms (HAM-A, HAM-D, MRS), child abuse (CTQ) and experiences of depersonalization (CDS).

**Results** Sample is composed of 31 men and 68 women. A total of 34.3% had mood disorder. A total of 28.3% reported history of emotional neglect, 20.2% emotional abuse, 9.15% sexual abuse, 5.1% physical neglect, 9.1% sexual abuse, 4% physical abuse. More than 30% of patients were at increased suicide risk. Depressive, irritable, anxious and cyclothymic temperament was associated with suicide risk. Patients with suicide risk had higher score at HAM-D ( $t_{63} = 2.65$ ;  $P = 0.01$ ), CDS ( $t_{63} = 2.77$ ;  $P = 0.007$ ), in CTQ ( $t_{63} = 3.20$ ;  $P = 0.002$ ) and BHS ( $t_{63} = 3.23$ ;  $P = 0.002$ ).

**Conclusions** Adolescents with suicide risk, compared with those without, reported more frequently early traumatic experiences and psychiatric symptoms. Early traumatic experiences constitute a risk factor for both suicide risk and psychiatric symptoms during adolescence.

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### Sexual well-being among a cross-national sample of older adults

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**Introduction** Sexual well-being (SWB) has been an ignored dimension that may contribute to successful aging.

**Objectives** To analyze SWB in older adults' perspective, to investigate the latent constructs that can work as major determinants in SWB and to examine the potential explanatory mechanisms of a SWB overall model, in an older cross-national sample.

**Methods** Measures were completed, using a variety of appropriate methods, including demographics and interviews. Complete data were available for 163 older adults aged between 65–97 years ( $M = 74.2$ ;  $SD = 4.743$ ). Data were subjected to content analysis. Representation of the associations and latent constructs were analyzed by a multiple correspondence analysis (MCA).

**Results** The most prevalent response of the interviewed participants for SWB was 'affection and care' (11.0%). A three-dimension model formed by 'intimacy and well-being', 'care, eroticism and desire', and 'sexual activity and health' was presented as a best-fit solution for German older adults. SWB for Portuguese older adults were explained by a three-factor model: 'intimacy, health and desire', 'affection and well-being' and 'sexual activity'.

**Conclusions** The outcomes presented in this paper emphasized the need to explore the indicators of SWB among older adults and the under-developed potential of a SWB overall model for the older population.

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### What predicts adjustment to aging among older women in breast cancer remission? The influence of subjective well-being, sense of coherence, and socio-demographic, lifestyle and health-related factors

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**Objectives** To build a structural model to explore the predictors of adjustment to aging (AtA) reported by older women in breast cancer remission.

**Methods** Older women in breast cancer remission ( $n = 214$ ) aged between 75 and 94 years participated in this study. A questionnaire to determine socio-demographic (age, income, professional and marital status, education, household, living setting and self-reported spirituality), lifestyle and health-related characteristics (physical activity, leisure, perceived health, recent disease and medication), and measures to assess AtA, sense of coherence and subjective well-being, were employed. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

**Results** Preliminary results indicated that self-reported spirituality ( $\beta = .397$ ;  $P < .001$ ), leisure ( $\beta = .383$ ;  $P < .001$ ), physical activity ( $\beta = .267$ ;  $P < .001$ ), perceived health ( $\beta = .211$ ;  $P < .001$ ), marital status ( $\beta = .173$ ;  $P < .001$ ), professional status ( $\beta = .156$ ;  $P = .009$ ), sense of coherence ( $\beta = .138$ ;  $P < .001$ ), and living setting ( $\beta = .129$ ;  $P = .007$ ), predicted AtA. The variables accounted for 79.2% of the variability of AtA.

**Conclusion** Self-reported spirituality and leisure were the strongest predictors of AtA. Our preliminary findings suggest that health care interventions with older women in breast cancer remission still living in the community may benefit from clearly including predictors of AtA, as these are essential for promoting older women's aging well.

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