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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  $69.88 \pm 1.85$  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 ( $35.04 \pm 1.54$  points;  $P < 0.01$ ); a high level of suicidal risk ( $26.34 \pm 1.68$  points;  $P < 0.01$ ); a severe cognitive deficit (MMSE score 0–10); and a significantly lower level of self-awareness of death ( $18.53 \pm 0.72$  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 ( $r = 0.35$ ).

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

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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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