

**Conclusions** The conclusion explains how the findings will be fed into knowledge translation processes, to provide future programs of suicide prevention research and changes to practice.

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#### EW0553

### **Socio-demographic and clinical features of patients referred to emergency room psychiatric consultation between 2006 and 2015. A comparison between migrants and natives**

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In recent decades, Italy has become a desirable destination for immigrants. It should be noted that the organization of mental health services in Italy strongly relies on outpatient services, while the psychiatric wards usually accommodate patients in acute phases of their disorder. Nonetheless, migrants' first contact often happen in a psychiatry ward when they are in a severe and acute psychopathological condition. The research was performed in the Emergency Department (ED) of the Maggiore della Carità Hospital, Novara, Italy. We collected data about 3781 consecutive patients, 3247 Italian natives and 421 migrants, assessed in the ER of the Maggiore della Carità Hospital, and referred to psychiatric assessment after ER triage. From 1st January 2006 to 31st December 2007, only data for migrant patients were available. From 1st January 2008 to 31st December 2015, data were available for all consecutive patients assessed in the ER. An experienced psychiatrist assessed patients with a clinical interview, including the assessment of suicidal intent, suicidal behaviors and attempts. The psychiatrist filled in for each patient a data sheet, reporting demographic data and clinical features. The high frequency of substance use disorders was higher in the migrant population than in the native one. The request for psychiatric consultation for self-injury behaviors was more frequent in migrants and also suicide attempts were more common. Nonetheless, being a migrant was not a predictor of suicide attempt in our sample.

Several differences were found between migrants and natives in socio-demographic, clinical and treatment variables. Clinical implications will be discussed.

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#### EW0554

### **Clinical features of ADHD: An assessment of suicide risk and substance abuse**

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**Introduction** Several studies show that attention-deficit/hyperactivity disorder (ADHD) may persist into adulthood, increasing the risk of antisocial behaviour, drug abuse, psychiatric comorbidities, aggressive behaviour, social impairment and suicide risk.

**Objectives** Analyze correlations among ADHD, substances abuse, alcoholism and suicide risk.

**Aim** The aim of our study is to better understand the clinical features of ADHD during adulthood.

**Methods** We analyzed the presence of ADHD symptoms, suicide risk and levels of hopelessness, alcoholism and substance abuse in a sample of 50 (40% males) in/outpatients of S. Andrea Hospital in Rome, between February and May 2016. We administered the following scales: Adult-Self Report Scale (ASRS), Columbia Suicide Severity Rating Scale (C-SSRS), Beck Hopelessness Scale (BHS), Michigan Alcoholism Screening Test (MAST), Drug Abuse Screening Test (DAST).

**Results** In our sample of 50 adult patients, 20% had ADHD symptoms (10 subjects). We found that those with ADHD showed more frequently death desires (85.7%;  $\chi^2 = 1.31$ ;  $P = 0.25$ ) and higher levels of hopelessness (66.7%;  $\chi^2 = 0.83$ ;  $P = 0.36$ ) if compared to subjects without ADHD symptoms (respectively 63% and 45.8%). In the overall group of ADHD patients, 10% showed severe alcoholism, 20% ( $\chi^2 = 1.39$ ;  $P = 0.49$ ) had a borderline behavior, whereas 40% presented a substance abuse ( $\chi^2 = 1.75$ ;  $P = 0.18$ ).

**Conclusions** ADHD may represent a psychiatric disorder with an increased suicide risk. It would be important to screen for suicidality and comorbid symptoms routinely in ADHD in order to improve the treatment of the patients.

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#### EW0555

### **Impulsivity as a risk factor for suicidality in depressed patients**

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**Introduction** Suicide behavior is an important and preventable cause of injury, disability and death in the world, and, at the same time, a major economic and social burden for modern societies. The majority of suicide attempts and completions are associated with psychiatric disorders, especially major depressive episode. Impulsivity has been associated with suicidality in major depressive disorder patients.

**Aim** The current study aims to evaluate impulsivity in major depressive disorder patients with a history of suicide attempts as compared to major depressive disorder patients without a history of suicide attempts.

**Methods** One hundred and twelve patients with major depressive disorder, aged  $51.91 \pm 10.72$  (70% females) were included through convenient sampling procedure from the patient population of the 3rd Psychiatry Clinic of the Cluj County Emergency Hospital. Impulsivity was assessed through Barratt Impulsiveness Scale (BIS-11).

**Results** In total, 27.8% of the patients had a history of suicide attempts. Significant differences between the two groups were obtained only for the Perseverance subscale of the BIS-11. ( $12.7 \pm 1.8$  vs.  $7.13 \pm 2.1$ ,  $P = 0.005$ –Mann Whitney U-test).

**Conclusions** Perseverance might be a discriminating element between patients that eventually commit a suicide attempt and those that do not.

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#### EW0556

### Is there a case for using social outcomes in self-harm research?

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**Introduction** Self-harm is costly to individuals and health services and has high associated risks of further self-harm and completed suicide. Self-harm presentations to hospitals offer an opportunity to engage patients in interventions to help reduce future episodes and associated costs. This presentation reviews clinical trials for self-harm interventions conducted over the past twenty years in hospital emergency departments (1996–2016) comparing successful vs. unsuccessful trials (defined by the whole or partial achievement of trial defined outcomes) in terms of methodology, type of intervention and type of outcome measure.

**Method** Databases were searched using defined keywords. Randomized trials of adult subjects presenting to emergency departments were selected.

**Results** Twenty-four studies are included in the review. There was no significant difference between the type of intervention and “success”, nor were there index/control differences by sample size and follow-up length. Most trials (79%) used re-admission to hospital after a further episode as the primary outcome; only 4 (16%) of the studies reported social outcomes. As an example of social interventions and outcomes, we discuss trial results of a new social intervention for adults (many of whom do not receive a (UK-mandated) psychosocial assessment), and who are usually provided with little/no support after leaving the emergency room.

**Discussion** The findings suggest that the use of repetition and representation as outcome indicators may be missing the importance of social precipitants of self-harm and the need to assess social circumstances, interventions and outcomes. We discuss findings from a new social intervention trial, which addresses these limitations.

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#### EW0557

### The spatial pattern of suicides in Europe

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**Introduction** The regularity in suicide rates in Europe was one of the essential challenges facing social scholars at the end of XIX century.

**Aims** The present study aims to assess the continuation of this phenomenon in XXI century.

**Methods** To explore this phenomenon, suicide rates were obtained from WHO official publications for 1990, 2000, 2010 and 2012 across 41 European nations. In order to examine the regularity of spatial suicide pattern, the data sets were subjected to Spearman's rank order correlation analysis.

**Results** The suicide rates rank order distribution between European nations in 1990 was associated with suicide rates in 2000, 2010 and 2012 ( $r_s = .91, .81, \text{ and } .80$ , respectively,  $P < .001$ ). The national suicide death indices show the significant positive correlation over the studied period, what means the definite regularity of suicide mortality pattern and absence of essential changes or fluctuations between the regions. The highest indices have the countries situated on the Northern and Eastern part of the European continent (Lithuania, Russia, Belarus and Hungary). On the opposite pole are the nations settled the Mediterranean and British islands. Thus, the fixed gradient in suicide distribution with the growing to the north and northeast of European continent is visible. The same stable vector in suicide spatial distribution is duplicated on the vast territories on the east part of Europe.

**Conclusions** The data presented support the idea that spatial regularity in suicide distribution in Europe is not generally connected with social and cultural changes occurred during the centuries.

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#### EW0558

### Educational programme in primary care is the basic way of decreasing suicides

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**Introduction** The depressive disorder (DD) is a widespread disease described to be a severe burden and to have high suicide risk. Depression is not yet listed in the primary care (PC), Russian specific educational program.

**Objectives** To create educational Recognition of Depressive disorders Program (REDEP) in order to decrease suicides in Tomsk City and Tomsk Area (TA).

**Methods** Educational Program WPA/PTD on DD (Russian version) was used as a basis of REDEP, comparative analysis of mortality ratio of suicides (MRS) throughout the period of 2004–2015 among the population of the Russian Federation (RF), Siberian Federal Region (SFR) and TA, analysis of suicide decrease in Tomsk City. The Program is based on ideas of collaboration between the Primary Medical Care institutions and the Service of Mental Health Care. Depression and its consequences on people and the economy should be listed as a non-infectious illness.

**Results** We conducted a comparative analysis of suicides in RF, SFR and TA; we also assessed the dynamics of suicides reduction in TA under the influence of educational program on DD. The most prominent MRS decline was in TA: from 38.3 to 12.8 ( $P < 0.03$ ). During 2008–2015, MRS was being held below 10/100,000 in Tomsk City.

**Conclusions** Suicide prevention is possible if persistent and continual education of doctors in PC is in place. Such specialists are needed to recognize and manage depression and co-morbid conditions. The Program can be extrapolated to other regions of the country with high MRS.

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#### EW0559

### Psychiatric ward consumption before suicide: A case-control study

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