*Material and methods* The sample included 168 elderly patients referred for the geriatric unit of a general hospital. Epidemiological and clinical data were collected. Geriatric Depression Scale (GDS), Mini Mental State Examination (MMSE) and Functional Independence Measure (FIM™) were used. Data were analyzed with XLSTAT program.

*Results* The 39% of the sample were men and the 61% women, with an age range between 65 and 95 years. Nine percent of patients aged 65–84 had a diagnosis of depressive or anxious-depressive disorder, compared to 13% within the age range 85–95. However, 14% of patients aged 65–85 had a GDS higher than 5 and 19% for the patients aged 85–95, which could confirm the underestimated rate of depression diagnosed in elderly patients. Item "feeling loneliness" was pointed out in 75% and item "feeling bored" in 64% of all GDS higher than 5. Prevalence of dementia was 8% in the whole sample.

*Conclusions* High prevalence of depressive and anxious disorders amongst the elderly is to be taken in account. Potential risk factors could be loneliness and lack of daily activity. The development of social primary prevention interventions in order to decrease the prevalence of these pathologies amongst elderly is needed.

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

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### EW262

## Making sense of economic deprivation as a predictor of suicide and homicide: A nationwide register-study

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*Introduction* Classical work on lethal aggression often viewed suicide and homicide as sharing a common source.

*Objective* The present investigation explores the association between measures of social deprivation on the relative incidence of suicide over homicide in Italian provinces.

*Methods* Data refer to official government sources on lethal violence rates and measures of social deprivation. The central dependent variable is termed SHR or the suicide rate expressed as a proportion of the sum of the suicide and homicide rates Data were available for the 103 Italian provinces.

*Results* The SHR had three significant predictors. The greater the percentage of the population with low education, the lesser the tendency towards suicide. The tendency towards suicide was also predicted by rental housing, the greater the percentage of the population living in rental housing the less the tendency towards suicide. The inverse of the unemployment rate also predicted the SHR. Given that the measure follows an inverse function, the greater the unemployment rate the lesser the tendency towards suicide relative to homicide (SHR). We can interpret the results relative to a homicidal tendency in the SHR: the greater the low education percentage of the population, the greater the homicidal tendency, and the greater the rental housing percentage, the greater the homicidal tendency in the SHR.

*Conclusion* The results are consistent with a stream of previous research that connects deprivation with a relatively high probability for disadvantaged populations to direct aggression outwardly in the form of homicide rather than inwardly in the form of suicide.

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

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### EW263

## Structure and function of social networks, loneliness, and their association with mental disorders among older men and women in Ireland: A prospective community-based study

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*Introduction* Interpersonal stressors and social isolation are detrimental for emotional health, but how these factors are related to loneliness and altogether influence risk for mental disorders is not well understood.

*Objectives* To examine the mediating role of loneliness in the associations of relationship quality and social networks with depressive symptoms, anxiety, and worry among a sample of Irish men and women in late-life.

*Aims* To determine the gender-specific risk for mental disorder associated with poor social relationships and loneliness among older adults.

*Methods* Data came from the Irish Longitudinal Study on Ageing (TILDA). Nationally representative data on 6105 community-dwelling adults aged > 50 years were analyzed. Follow-up data was obtained two years after cohort inception. Multivariable linear regressions and mediation analyses were used to assess the associations. Analyses were stratified by gender.

*Results* Better spousal relationship quality was protective against depressive symptoms and worry for men. For both genders, support from friends was protective against depressive symptoms, and better relationship quality with children was protective against depressive symptoms and worry. Social network integration was inversely related to depressive symptoms for men. Loneliness significantly mediated most associations (Tables 1–3).

*Table 1* Loneliness[a] as a mediator of the link between relationship quality[b], social networks[c] and depressive symptoms[d] at 2-year follow-up in older adults.

| | Women | | | Men | | |
|---|---|---|---|---|---|---|
| | Coefficient | 95%CI | % mediated | Coefficient | 95%CI | % mediated |
| **Social support from spouse** | | | | | | |
| - Total | 0.021 | -0.140-0.181 | | -0.336 | -0.566--0.106 | |
| - Direct | | | | -0.257 | -0.484--0.030 | |
| - Indirect | | | | -0.079 | -0.128--0.029 | 23.5 |
| **Social strain from spouse** | | | | | | |
| - Total | 0.102 | -0.060-0.265 | | 0.217 | 0.057-0.377 | |
| - Direct | | | | 0.132 | -0.026-0.290 | |
| - Indirect | | | | 0.085 | 0.041-0.129 | 39.1 |
| **Social support from children** | | | | | | |
| - Total | -0.375 | -0.575--0.175 | | -0.135 | -0.264--0.007 | |
| - Direct | -0.316 | -0.515--0.117 | | -0.112 | -0.239-0.016 | |
| - Indirect | -0.059 | -0.103--0.015 | 15.7 | -0.024 | -0.053--0.005 | 17.5 |
| **Social strain from children** | | | | | | |
| - Total | 0.186 | 0.007-0.365 | | 0.074 | -0.079-0.228 | |
| - Direct | 0.134 | -0.046-0.314 | | | | |
| - Indirect | 0.052 | 0.003-0.100 | 27.8 | | | |
| **Social support from other family members** | | | | | | |
| - Total | -0.084 | -0.192-0.024 | | -0.029 | -0.122-0.063 | |
| - Direct | | | | | | |
| - Indirect | | | | | | |
| **Social strain from other family members** | | | | | | |
| - Total | 0.154 | -0.014-0.323 | | 0.066 | -0.118-0.250 | |
| - Direct | | | | | | |
| - Indirect | | | | | | |
| **Social support from friends** | | | | | | |
| - Total | -0.143 | -0.272--0.014 | | -0.113 | -0.205--0.021 | |
| - Direct | -0.121 | -0.250-0.008 | | -0.070 | -0.162-0.022 | |
| - Indirect | -0.022 | -0.048-0.004 | 15.5 | -0.043 | -0.068--0.019 | 38.3 |
| **Social strain from friends** | | | | | | |
| - Total | 0.087 | -0.103-0.278 | | 0.080 | -0.102-0.263 | |
| - Direct | | | | | | |
| - Indirect | | | | | | |
| **Social Network Index** | | | | | | |
| - Total | -0.089 | -0.425-0.248 | | -0.371 | -0.656--0.087 | |
| - Direct | | | | -0.254 | -0.541--0.032 | |
| - Indirect | | | | -0.117 | -0.195--0.039 | 31.5 |

CI: confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 depressive symptoms (CES-D) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
[a] The mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
[b] The scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
[c] The scale for social networks (SNI) ranged from 1 (most isolated) to 4 (most integrated).
[d] W2 Depressive symptoms (CES-D). The scale ranged from 0-60, with higher scores indicating more depressive symptoms.