

Objectives The aim of this study is to determine the extent to which self-, parent- and teacher-reported problem behavior predict secondary care in adolescence and to what extent the informants' relative importance changes over time.

Methods Data from the Dutch community-based cohort study tracking adolescents' individual lives survey (TRAILS) were linked to administrative records of secondary care from 2000 (age 9) to 2011 (age 21). Internalizing and externalizing problems were assessed using the youth self-report, child behavior checklist and teacher checklist of psychopathology at ages 11, 13 and 16, and the adult self-report at age 19.

Results The annual incidence of secondary care fluctuated between 1.3% and 2.4%. In Cox regression analyses that adjusted for sociodemographic covariates and problem behavior, internalizing problems but not externalizing problems predicted secondary care. Secondary care between the ages 11 to 13 years was predicted best by teachers, between the ages 13 to 16 by parents, and between the ages 16 to 21 by adolescents.

Conclusions The relative importance of informants for predicting secondary care shifts over time, which suggests that each informant is the driving force behind secondary care at a different phase of adolescence. The treatment gap may be reduced by improving problem recognition of teachers in secondary education and by educating young adults about mental health problems.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.264>

O043

Mental disorders are increasing among children and adolescents in Sweden – a nationwide study with focus on gender differences

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Introduction An increasing number of young people in Sweden are diagnosed with mental disorders and there appears to be significant gender differences in disease pattern.

Objective To more thoroughly characterize the increase in mental disorders among young people with focus on gender differences.

Aim To increase the knowledge of age and sex-specific trends in incidence and prevalence rates of mental disorders among children and adolescents.

Method Data on psychiatric diagnoses for the last 10 years were obtained from Swedish national registers held by the National Board of Health and Welfare in Sweden.

Results Neuropsychiatric, depressive and anxiety disorders have increased markedly among young people the last decade. In addition, men are increasingly diagnosed with substance-related disorders whereas women with borderline personality disorder.

Conclusion The increase in mental disorders among young people is marked and disease affects men and women differently. Because of greater awareness today, some conditions like ADHD are more frequently diagnosed. However, the increase in depressive and anxiety disorders appears genuine and represents an additional challenge.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.265>

O044

The impact of age on the prevalence and clinical relevance of attenuated psychotic symptoms in patients of an early detection service

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Introduction Compared to 16–40-year-olds, 8–15-year-olds of the community reported higher frequencies of perceptual and lesser clinical significance of non-perceptual attenuated psychotic symptoms (APS).

Objectives/aims We examined if a similar age effect is present in a clinical never-psychotic sample ($n = 133$) referred to a specialized service for clinical suspicion of developing psychosis.

Methods APS and brief intermittent psychotic symptoms (BIPS) were assessed using items P1-3 and P5 (non-perceptual) and P4 (perceptual) of the structured interview for psychosis-risk syndromes, current axis-I disorders with the mini-international neuropsychiatric interview and psychosocial functioning with the Social and Occupational Functioning Assessment Scale (score < 71 indicative of at least some difficulty in social, occupational, or school functioning).

Results Overall, 64% reported APS (61%) or BIPS (7%); any perceptual APS/BIPS was reported by 43% and any non-perceptual APS/BIPS by 44%. In correspondence to the results of the community study, perceptual but not non-perceptual APS/BIPS were significantly more frequent in younger age groups below the age of 16 (8–12 yrs: $OR = 4.7$ (1.1–19.5); 13–15 yrs: $OR = 2.7$ (0.9–7.7); 20–24-year-olds as reference group). An age effect of APS/BIPS on presence of any current axis-I disorder (59%) or functional difficulties (67%) could not be detected. Yet, when APS onset requirements were met, the likelihood of a psychiatric diagnosis increased significantly with advancing age.

Conclusion Overall, the replicated age effect on perceptual APS in this clinical sample highlights the need to examine ways to distinguish clinically relevant perceptual APS from perceptual aberrations likely remitting over the course of adolescence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.266>

O045

Basic symptoms in the community and their association with age

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Introduction Limited clinical relevance of attenuated psychotic symptoms before the turn from early to late adolescence, i.e., age 15/16, was reported.

Objective This emphasizes the potentially important role of neurodevelopmental aspects in the early detection of psychoses.

Aims We examined the age effect on prevalence and clinical relevance of 14 cognitive and perceptual basic symptoms (BS) included in risk criteria of psychosis in a random representative 8–40-year-old community sample ($n = 689$).

Methods Participants underwent clinical interviews for BS, psychosocial functioning and current mental disorder on the telephone.

Results BS were reported by 18% of participants, mainly cognitive BS (15%). Age seemed to affect perceptible and cognitive BS differently, indicating an age threshold for perceptible BS in late adolescence (around age 18) and for cognitive BS in young adulthood (early twenties) – with higher prevalence, but a lesser association with functional deficits and the presence of mental disorder in the below-threshold groups. Thereby, effects of the interaction between age and BS on functioning and mental disorder were commonly stronger than individual effects of age and BS.

Conclusion Differential age effects of perceptual and cognitive BS seem to follow normal brain maturation processes, in which they might occur as infrequent and temporary nonpathological disturbances. Their persistence or occurrence after the conclusion of main brain maturation processes, however, might signify aberrant maturation processes. Thus, BS might provide important insight into the pathogenesis of psychosis and into potential neuroprotective targets.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.267>

O046

Risk factors for suicide attempt: A retrospective study

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Introduction Suicide is a leading cause of death among adolescents.

Objectives To investigate suicidal behaviors among Italian adolescents.

Aims To assess the rates of suicidal ideation (SI) and suicide attempts (SA) and the associated risk factors in patients admitted to emergency department (ED) of the Bambino Gesù Children's Hospital.

Methods Retrospective study based on data of patients admitted to the ED from 1 January 2011 to 30 May 2016 who required a neuropsychiatric (NPI) consultation. We analyzed:

- outcome of the NPI consultation (hospitalization or discharge);
- risk factors for SA and SI;
- methods employed for SA.

Results The number of NPI consultations for SI and SA increased from 6.45% in 2011 to 13.3% in 2015. More than 90% of consultations recommended hospitalization in the psychiatric unit (137 patient [66% female]; mean age of 15.5 ± 1.6 years) with average length of stay of 13.64 ± 10.63 days. Risk factors for SI and SA were non-suicidal self-injury, family conflicts and previous suicide attempts. Subjects evaluated for a SA reported a significantly higher frequency of family history of mood disorder ($\chi^2 = 5.94$; $P = 0.02$) and a comorbid substance abuse ($\chi^2 = 4.49$; $P = 0.03$) when compared with SI group. The method most frequently used to attempt suicide was ingestion of medications (52.83%).

Conclusions There was an increasing demand of NPI consultation of SA and SI in the last years. A family history of mood disorder and a history of substance abuse are risk factors able to differentiate between SI and SA.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.268>

Oral communications: E-mental health; bipolar disorders; child and adolescent psychiatry; eating disorders; intellectual disability and women, gender and mental health

O047

A mediation analysis of childhood maltreatment and suicidal behavior among patients with depressive or bipolar disorders



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Introduction Substantial evidence supports association between childhood maltreatment and suicidal behaviour, however, a limited number of studies have examined psychological mechanisms mediating the relationship among patients with mood disorders.

Objective To investigate directly the potential intermediating mechanisms between childhood maltreatment and suicidal behaviour among patients with mood disorders.

Aims We examine by formal mediation analyses, if:

- the effect of childhood maltreatment on suicidal behaviour is mediated through borderline personality disorder traits;
- the mediation effect differs between lifetime suicidal ideation and lifetime suicide attempts.

Methods Depressive disorder and bipolar disorder (ICD-10-DCR) patients ($n = 287$) from the Helsinki university psychiatric consortium (HUPC) Study were surveyed on self-reported childhood experiences, current depressive symptoms, borderline personality disorder traits and lifetime suicidal behaviour. Psychiatric records served to complement the information on suicide attempts.

Results The influence of childhood maltreatment on lifetime suicidal ideation and lifetime suicide attempts showed comparable total effects. In formal mediation analyses, borderline personality disorder traits mediated all of the total effect of childhood maltreatment on lifetime suicide attempts, but only 21% of the total effect on lifetime suicide ideation. The mediation effect was stronger for lifetime suicide attempts compared to ideation ($P = 0.002$) and independent of current depressive symptoms.

Conclusions The mechanisms of the effect of childhood maltreatment on suicidal ideation and attempts may diverge among psychiatric patients with mood disorders. Borderline personality disorder traits may contribute to these mechanisms, although the influence appears considerably stronger for suicide attempts than for suicide ideation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.269>