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.

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

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support with spouse						
- Total	0.043	-0.029-0.115		-0.061	-0.151-0.029	
- Direct						
- Indirect						
Social strain with spouse						
- Total	0.005	-0.074-0.085		0.009	-0.064-0.082	
- Direct						
- Indirect						
Social support with children						
- Total	-0.025	-0.108-0.058		**-0.064**	**-0.127--0.002**	
- Direct				-0.053	-0.115-0.010	
- Indirect				-0.012	-0.024-0.001	18.2
Social strain with children						
- Total	-0.017	-0.098-0.064		-0.013	-0.087-0.061	
- Direct						
- Indirect						
Social support with other family members						
- Total	0.006	-0.042-0.054		-0.044	-0.090-0.001	
- Direct						
- Indirect						
Social strain with other family members						
- Total	0.047	-0.030-0.124		-0.021	-0.104-0.062	
- Direct						
- Indirect						
Social support with friends						
- Total	0.019	-0.034-0.072		-0.041	-0.088-0.005	
- Direct						
- Indirect						
Social strain with friends						
- Total	-0.030	-0.118-0.058		0.013	-0.076-0.103	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.075	-0.219-0.069		0.013	-0.122-0.148	
- Direct						
- Indirect						

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 anxiety (HADS-A) 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 Anxiety (HADS-A). The scale ranged from 0-21, with higher scores indicating more symptoms of anxiety.

Table 3 Loneliness[a] as a mediator of the link between relationship quality[b], social networks[c] and depressive worry[d] at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support from spouse						
- Total	-0.074	-0.212-0.064		0.058	-0.103-0.219	
- Direct						
- Indirect						
Social strain from spouse						
- Total	0.090	-0.068-0.247		**0.203**	**0.065-0.341**	
- Direct				0.103	-0.035-0.242	
- Indirect				**0.100**	**0.045-0.154**	**49.1**
Social support from children						
- Total	-0.039	-0.188-0.110		-0.095	-0.218-0.029	
- Direct						
- Indirect						
Social strain from children						
- Total	**0.186**	**0.009-0.363**		**0.328**	**0.185-0.471**	
- Direct	0.135	-0.041-0.312		**0.269**	**0.125-0.413**	
- Indirect	0.051	-0.002-0.104	27.3	**0.059**	**0.012-0.106**	**18.0**
Social support from other family members						
- Total	0.012	-0.098-0.123		-0.018	-0.102-0.066	
- Direct						
- Indirect						
Social strain from other family members						
- Total	0.066	-0.084-0.217		0.147	-0.003-0.296	
- Direct						
- Indirect						
Social support from friends						
- Total	-0.038	-0.155-0.079		-0.044	-0.139-0.052	
- Direct						
- Indirect						
Social strain from friends						
- Total	0.122	-0.076-0.320		0.164	-0.015-0.344	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.094	-0.428-0.241		0.236	-0.034-0.507	
- Direct						
- Indirect						

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 worry (PSWQ-A) 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 worry (PSWQ-A). The scale ranged from 8-40, with higher scores indicating more symptoms of worry.

Conclusions High quality spousal relationships and social integration appear to play a more central role for mental health among men than for women. For both genders, poor social relationships increase feelings of loneliness, which in turn worsens mental health. Interventions to improve relationship quality and social networks, with a focus on reducing loneliness, may be beneficial for the prevention of mental disorders among older adults.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW264

Suicidal events due to overdose and medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4: A comparative overview of five studies in general hospital admissions

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Introduction General hospital-based studies may help towards improving the treatment of psychiatric disorders.
Objectives and aims Based on five representative studies in general hospital admissions, we will represent a comparative overview of suicidal events due to overdose and of the most common medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4.
Methods In secondary analysis one-way Anova and Tukey HSD test were used for comparisons of interval variables. Suicidal events and medical comorbidities with prevalences > 10% were compared between studies using the OR and the 95% CI.
Results Individuals with psychiatric disorders of ICD-10 classes F1–F4 were young (44.7–50.0 years), had an extended length of hospital stay at initial hospitalization (3.8–8.1 vs. 2.9–3.4 days), and significantly more likely suffered of suicidal events due to overdose than controls, contributing from 4.1% (OR = 4,1) to 11,6% (OR = 25.2) to general hospital admissions. Additionally, individuals with schizophrenia (SCH) significantly more likely suffered of type-2 diabetes mellitus (OR = 2.3, 95% CI 1.5–3.6) than individuals with major depressive disorder (MDD), anxiety disorder (ANX), and alcohol dependence (AD), but equal likely as individuals with bipolar disorder (BD). Asthma and hypertension contributed significantly more to hospitalizations in the MDD and ANX samples compared to the SCH, BD, and AD samples. In the AD sample, alcoholic liver disease was more prevalent than in all other samples.
Conclusions In psychiatric disorders, the frequency of suicidal events due to overdose in general hospitals is significantly determined by the diagnostic class. Additionally, different medical comorbidities contribute more than other medical comorbidities to general hospital admissions in various psychiatric disorders.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW265

The projected number and prevalence of dementia in Japan: Results from the Toyama Dementia Survey

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Purposes The increasing number of dementia is of major public health concern. This study aims to calculate the projected number and prevalence of dementia in Japan, using data from the Toyama Dementia Survey.
Methods The Toyama Dementia Survey was conducted 6 times in 1983, 1985, 1990, 1996, 2001, and 2014. In the 2014 survey, the subjects were randomly chosen from residents aged 65 or more in Toyama prefecture, with a sampling rate of 0.5%. Of those, 1303 men and women agreed to participate (participation rate: 84.8%). An interview with a screening questionnaire was conducted by public health nurses. Psychiatrists and public health nurses further inves-