

toxicological analyses, the proportion of suicides being positive for antidepressants increased from 15% to 23% during 1992–2000.

**Conclusions:** The strong correlation between suicide and the use of antidepressants in the population suggests that large scale medical treatment of depressed individuals is an effective strategy for suicide prevention. The increase of suicides with positive toxicology for antidepressants was only 1/10 as large as the increase of the use of antidepressants in the general population. This might be explained by that only about half of the individuals who committed suicide may have consulted a doctor recently, as frequently has been found, and that the decrease in suicide may have occurred in the population treated with antidepressants.

### P50.10

#### Repeated suicide within families

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**Objectives:** Previous parasuicide among parents or siblings was prevalent in 38% of a consecutive sample of suicides among adolescents and young adults, but previous suicide within the families was rare, 5%. The aim of the present study was to identify repetition of completed suicide in affected families of a larger unselected community sample.

**Method:** A sample of suicides identified through Statistics Sweden (n=10 362) was studied, with controls of other causes of death (n=10 329). Cases and controls were born 1949 or later, the deaths occurred between 1969 and -97. Family members were identified and the rate of suicide in family members of cases and controls studied.

**Results:** 311 suicides occurred in families previously affected by suicide, 156 suicides occurred among control families. Further, the interval between repetition of suicide in family members and the relationship to previous psychiatric care in cases and controls were studied.

**Conclusion:** The rate of repetition was significantly increased in the affected families, but the contribution of predisposition to suicide or a contagious effect of previous suicide appeared to be fairly low.

### P50.11

#### Suicidal behaviour of psychiatric in-patients

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**Objectives:** The study aimed to examine suicidal behaviour before and during in-patient care in a psychiatric state hospital.

**Methods:** Based upon a psychiatric basic documentation system prevalence and risk factors of in-patient suicides, suicide attempts and suicidal ideation were investigated over an 11-year period from 1989 until 1999.

**Results:** A total of 30 in-patient suicides were found among 21062 patients. According to the multivariate logistic regression analysis the risk of hospital suicide increases for patients with schizophrenia, higher cumulative length of stay, previous suicide attempt, part-time employment and training/ retraining. Predictors of suicide attempt during hospitalisation are suicide attempt on admission, personality disorder, suicidal ideation on admission, affective disorder and schizophrenia. A number of psychiatric disorders and co-morbidity could be considered to be risk factors of suicide attempt and suicidal ideation before admission, respectively.

**Conclusions:** Since Schizophrenics represent the high-risk group of in-patient suicide suicide prevention should be a major

goal in their treatment. More frequent suicide risk assessment taking into account the predictive factors mentioned, is recommended particularly before granting a leave or an outing.

### P50.12

#### Temperament-traits relevant to suicidal behaviour in MDD patients

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**Background:** Very few studies have compared the temperament traits in matched suicidal and non-suicidal patients with major depression.

**Methods:** We compared the temperament traits in two matched groups of patients with major depressive disorder (MDD), MDD with seasonal subtype (SAD) without any suicide attempt (n=23) and MDD without seasonal variation who attempted suicide (non-SAD SA), and compared the patients to matched healthy controls by using the Karolinska Scales of Personality (KSP) and the Markey-Nyman Temperament (MNT) questionnaires.

**Results:** Both the SAD and non-SAD SA groups scored significantly higher on the anxiety and the hostility related scales than the controls. We were able to identify three temperamental clusters, each containing the majority of the either SAD, or the non-SAD SA or the controls.

**Conclusions:** Both SAD and non-SAD SA patients display different temperament profiles compared to controls and in comparison with each other and the suicide attempters show especially high trait anxiety and hostility. Clinical Relevance: The results suggest that trait anxiety and hostility, but not impulsivity, are associated with suicidal behaviour in major depression. The results also suggest that treatment of anxiety might be important when handling suicidal patients.

### P50.13

#### Suicide after discharge from psychiatric hospital in Oslo, Norway

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**Background:** Suicide is a major public health problem, and psychiatric disorder is a well-documented risk factor. In Norway, a sharp increase in suicide rates was seen in the general population beginning in the 1970's. From 1988 there has been a decrease. We don't know whether these figures also apply to psychiatric patients, the most important high-risk group. The purpose of this study is therefore to provide rates of completed suicides among patients after discharge from psychiatric inpatient care in Oslo.

**Method:** Information on all cases of death due to suicide (or undetermined death) in Oslo between 1992 and 1998 (ICD-9 code E950–59, E980–89 or ICD-10 X 60–84, Y10–34, Y 87.0 and Y87.2) was obtained from the Statistics Norway. Then the case registers of all psychiatric hospitals in Oslo were inspected in order to identify suicide cases.

**Results:** Number of suicides reported as rates per 1000 discharges will be presented at the conference together with information on suicide methods, time between discharge and death and other findings.