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**Introduction** Suicide rates among patients with cancer are higher than ones in the general population.

**Objective** This meta-analysis aims to estimate the suicide risk in patients with cancer.

**Methods** We searched Medline, PsycINFO, and the Cochrane library to identify articles published before July 1, 2016, examining the association between suicide [death (SD), attempt (SA), ideation (SI)] and any form of diagnosed cancer.

**Results** We initially identified 4880 records and after unsuitable studies were removed, our search yielded 102 publications of which 14 were used in the meta-analyses. Patients with cancer had higher risk of SD (seven studies, 247.869 participants; odds ratio [OR]= 1.52, 95% CI= 1.22–1.89,  $P=0.0002$ ) compared with those without cancer (among case-control studies focused on SD versus living controls). Among studies focused on SD versus other deaths, patients with cancer had higher risk of SD (two studies, 23.839 participants; OR= 1.53, 95% CI= 1.03–2.27,  $P=0.03$ ). No difference has been detected for risk of SA (four studies, 8.147.762 participants) and for SI (two studies, 37.879 participants).

Since publication bias was detected, the “trim and fill” method was applied. The majority of the included studies have a high quality at the STROBE statement.

**Conclusion** The assessment of suicide risk in this population is crucial.

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#### EW0544

### Profile socio-demographic and clinical of suicide victims in Brusque County, Santa Catarina, Brazil, between 2012 and 2015

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**Introduction** Among the main causes of mortality in the world stands out approximately 1 million deaths due to suicide. In Brazil, this is the third cause of death due to external factors, being 5.3 the average rate per 100,000 inhabitants. The state of Santa Catarina ranks second in the national ranking with an index of 8.6. According to WHO, it is necessary to detect probable suicide risk factors once information can prevent deaths.

**Aim** Identify socio-demographic and clinical profile of suicide victims in Brusque County, State of Santa Catarina, Brazil, between 2012 and 2015.

**Methods** Observational, descriptive and quantitative study, with analysis of 60 police investigations with suicide records, occurred from January 2012 to December 2015, in Brusque County.

**Results** The suicide was 15.29 per 100,000 inhabitants. The victims had an average age of 46.51, and  $\pm 2.12$  (SD). Among them, 67.5% suffered from depression and 88% received pharmacological treatment. Regarding marital status, 59% were married or living in a stable union. Men accounted for 78% of the sample. Death by hanging occurred in 65% of cases and 22% previous attempts were recorded, and in 15%, it was mentioned suicidal intent. Among the reasons for the act, it was highlighted family member's death. Given the underreporting, such data may be even more significant.

**Conclusions** The observed rates were significantly higher than the state and national rates. Prevention strategies can be focused on early diagnosis and treatment of depression in middle-aged men, and who had recent loss of a family member.

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#### EW0545

### Victimization in childhood as a suicide risk factor in adults

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**Objective** Little is known about the predictive association between victimization among children and adolescents with depression and suicidal ideation in adults. The aim of our study was to examine whether victimization in childhood and early adolescence increases the likelihood of self-harming in adults.

**Method** The sample consisted of 82 patients, 65 females and 17 males, aged  $38.02 \pm 11.05$  years on average, hospitalized in Daily hospital. The juvenile victimization questionnaire (JVQ), defense style questionnaire (DSQ) and Beck depression inventory were applied in 48 patients following suicide attempt and in 34 patients who were on psychotherapeutic treatment due to various life crises not resulting in suicide attempt. According to indication, we excluded patients with psychosis, substances abuse and dementia. The examinees of both groups were matched by age, education, professional and marital status. Comparison of the patient groups was done by *t*-test.

**Results** The suicide attempters were depressed (Beck depression inventory  $19.13 \pm 10.20$ ), using immature defense mechanisms ( $P < 0.005$ ). The JVQ established statistically differences in two general areas: Peer and Sibling Victimization ( $P < 0.001$ ) and sexual victimization ( $P < 0.05$ ).

**Conclusion** Even after controlling for lifetime factors known to increase the risk of suicidal behavior, adults who reported peer and sibling and sexual victimization in childhood were still more likely than other adults to attempt suicide later in life. Psychotherapists must understand that history of childhood victimization is important to put suicide attempt in a psychodynamic context which can help them in their work with patients' psychotherapeutic crisis intervention following suicide attempt.

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#### EW0546

### Decision making under ambiguity and under risk in depressed suicide attempters, depressed non-attempters and healthy controls

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**Introduction** Study results on decision-making (DM) abilities in suicidal individuals are conflicting. Most studies have focused on DM under ambiguity and included patients with a lifetime history of suicide attempts.

**Objective** To assess DM abilities with two different instruments in recent suicide attempters.

**Methods** The study sample consisted of three groups. Group 1 (SA) were currently depressed inpatients having attempted suicide within the previous six months. Group 2 (NSA) consisted of depressed inpatients without a lifetime history of suicide attempts. Group 3 (CG) was a healthy control group. Besides depression severity, impulsiveness and suicidal intent (SA group only) DM was

assessed using the Iowa gambling task (IGT) for DM under ambiguity and the game of dice task (GDT) for DM under risk.

**Results** A total of 78 participants (SA group,  $n = 21$ ; NSA group,  $n = 31$ ; CG,  $n = 26$ ) were included into the study. Significant between group differences were found regarding marital status, current partnership, smoking status, depression score, impulsiveness score and family history of psychiatric disorders (all discriminating controls from patients but not between SA and NSA groups). The three groups did not differ with regard to IGT scores. Concerning GDT, the SA group showed significantly lower scores compared to the two other groups, implying a readiness for more risky decisions in suicide attempters versus non-attempters and controls.

**Conclusion** Suicide attempters appear to make more risky decisions compared to depressed non-attempters as well as healthy controls even if the DM under ambiguity patterns do not differ.

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#### EW0547

### In-patient and post-discharge suicides in Tyrol 2004–2011

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**Introduction** Psychiatric patients constitute a high-risk population for suicide. In-patient status and the period after discharge are of particular interest concerning risk assessment.

**Objective** To assess risk factors for in-patient and post-discharge suicides.

**Methods** The Tyrol suicide register was linked with the registers of three psychiatric departments/hospitals of the region. Suicides were categorized according to whether the suicide was committed during a hospital stay or within 12 weeks after discharge or whether the suicide subject had not recently been hospitalized. Groups were compared with regard to demographic and clinical variables. Further, case-control comparisons were performed for the in-patient and post-discharge groups.

**Results** During the study period (2004–2011) 30 in-patients, 89 post-discharge and 592 not recently hospitalized suicides were identified. Groups differed in terms of gender distribution, history of suicide attempts, warning signals and suicide methods. Compared with controls matched for a number of variables, in-patient suicides were significantly more suicidal and depressed at admission, reported more often a recent life event and showed less often aggressive behavior and plans for the future. Post-discharge suicides had more often a history of attempted suicide, depressive and thought disorder symptomatology, a ward change and an unplanned discharge and less often a scheduled appointment with a non-psychiatric physician.

**Conclusions** Suicide victims differ with regard to whether they die during, shortly after or not associated with a hospitalization. Compared to controls there are specific risk factors for those who commit suicide during a hospital stay and within 12 weeks after discharge.

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

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#### EW0548

### A descriptive analysis of psychological factors and childhood trauma in a sample of suicide attempters

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**Introduction** Childhood trauma, especially sexual abuse, is associated with an increased risk of suicidal behavior. However, studies also show that according to the stress-vulnerability model, not all individual exposed to this kind of trauma exhibit suicidal behaviors as some protective factors could diminish the aforementioned risk, such as personality factors. Resilience might be one such a protective factor. Furthermore, there has been growing evidence to support the role of impulsive and aggressive behavior in the risk of suicide.

**Objectives** To compare suicide attempters to non-suicide attempters (patients admitted for any other reason) for as far as psychological features and childhood trauma. To verify the role of resilience and coping strategies as protective factor for suicide attempt, mitigating the risk of an individual who has experienced childhood trauma.

**Methods** We recruited patients referred to the inpatient and outpatient facilities of psychiatry ward of “Maggiore della Carità” hospital in Novara during the period November 2015–December 2016. We included all patients from 18 to 65 years with a psychiatric disorder that met DSM–5 diagnostic criteria. For the analysis, we divided patients into two subgroups according to the presence/absence of suicidal behaviors. The assessment included: Resilience Scale for Adult (RSA), Brief cope, Rosenberg Self-esteem Scale (RSES), childhood trauma questionnaire (CTQ), temperament and character inventory (TCI).

**Results and discussion** Although, the recruitment is still ongoing preliminary results seem to confirm the role of resilience and coping strategies as protective factor mitigating the risk of an individual who has experienced childhood trauma from making a suicide attempt.

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

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#### EW0549

### Risk evaluation in the emergency department: An algorithm for suicide prevention

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**Introduction** Suicide is one of the biggest challenges that psychiatrists face, especially in the emergency room. According to the World Health Organization, there are approximately 3000 suicides every day: one every 40 seconds. About half of all violent deaths in the world are suicides with economic costs of billions of euros. The risk assessment is still based on a subjective approach, with no screening or evaluation tools that support the decision about in-hospital or ambulatory treatment for these patients.

**Objectives** Creation of a decision tree algorithm that can be used in the emergency room to guide the clinical decision.

**Aims** Increase the number of avoided suicides.

**Methods** PubMed database was searched and articles with the words “emergency”, “suicide”, “attempt” “screening” and “preven-