

P03-300

CORRELATES OF NON-FATAL SUICIDAL BEHAVIORS IN PATIENTS ADMITTED TO AN ACUTE PSYCHIATRIC UNIT: A CONTROL-CASE STUDY

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Objectives: To investigate the prevalence of non-fatal suicide behaviors (NFSBs) among patients admitted to an acute psychiatric ward in Bologna, Northern Italy.

Methods: 30 attempters (mean age 45.10 ± 16.12 years) consecutively hospitalized (May-July 2009) were compared to 117 controls randomly selected among patients admitted in the same ward for other reasons than NFSBs. Socio-demographical and clinical information were collected through the retrospective consultation of case-histories. Attempters were clinically interviewed and the Suicide Intent Scale (SIS) was administered. Clinical diagnoses were achieved using the International Classification of Disease-10th Revision (ICD-10) criteria. Associations between non-fatal suicide behaviors and covariates were evaluated by logistic regression analyses, estimating Odds Ratios (ORs) and 95% confidence intervals (95%CI).

Results: Cases were more often women (63.3%), Italians (83.3%), unemployed (63.3%) and had a lower education (70.8%) than controls. Among attempters, most frequent diagnoses were personality disorders (56.7%) and mood disorders (50%); the 56.7% of cases was affected by concomitant organic disease (OR compared to controls: 2.58; 95%CI=1.13-5.85). Stressful life-events were three-fold more frequent in cases than in controls; incongruous drugs assumption was the most common suicidal behaviours. A previous NFSB was highly prevalent in cases (46.7% $p < 0.001$) with a significant association (OR: 9.01; 95%CI=3.42-23.71) independent from socio-demographic features and diagnoses. SIS mean score was 11.6 ± 7.3 (low intention=53.3%, moderate intention=40%, high intention=6.7%). Increasing intention was associated with a longer duration of hospitalisation ($p=0.005$).

Conclusions: NFSBs are associated with distinct socio-demographic and clinical profiles. Routine assessment of intentionality might help to identify subjects at higher risk of relapse.