

Methods At three months postpartum 192 women fill in a booklet containing obstetric and sleep variables and the Postpartum Depression Screening Scale (PDSS; Pereira et al., 2010). If they experienced changes in their sleep pattern, they were asked about the perceived cause(s) (multiple choice). Chi-squared and Student *t* tests were applied as appropriate.

Results A total of 64.6% women referred to some cause(s); the most mentioned were feeding/baby care and older children care (32.3%) and worries (baby and life problems related) (29.5%). Women who mentioned feeding/baby and older children care as a cause did not significantly differ in relation to type of delivery, feeding method proportions and in PDSS mean scores. Women who identified worries as a cause vs. women who did not – presented significant differences in proportions of vaginal (20.0%) vs. assisted delivery (52.2%) (OR 4.444), caesarean-section (22.2%) vs. assisted delivery (52.6%) (OR 3.827), in breast-feeding (36.0%) vs. bottle-feeding (12.9%) (OR .263) and in “having trouble sleeping even when the baby is asleep” (28.0% vs. 2.9%) (OR 12.833) (all *P*<.05). PDSS mean scores were also significantly higher in women who mentioned worries as a cause (50.20 ± 20.622 vs. 58.640 ± 15.766, *P*< 0.05).

Conclusion It is important to distinguish the causes for changes in sleep pattern in postpartum women. Worries as a perceived cause have a higher impact and clinical significance than causes related to baby care demands.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.707>

EW590

Children and sleep disturbance: A case for psychiatric intervention?

P. Seibert

Saint Alphonsus Regional Medical Center, Research Institute, Boise, USA

From birth through adolescence changes occur in children's sleep architecture, schedule, and duration including several key interactions in the concomitance of sleep/wake domains and child development. Research investigating the suspected affiliation between inefficient sleep and mental dysfunction in children has been largely enigmatic. We constructed a 111-item questionnaire relative to sleep disturbance in all ages and a 12-item questionnaire specific to pediatrics to use in conjunction with nocturnal polysomnography (PSG), and medical chart reviews of children under the age of 17 referred to our institution for evaluation of SDs. We analyzed these data to create a characterization specific to children/youth (*n* = 57; age 1–16 mean 9.28; 36 male, 21, female). Examples of findings reveal a characterization distinctive from the general demographic of adults who are referred for sleep studies. For example, 55.6% presented with disabilities ranging from neurological to neuromuscular; 73.3% reported learning disabilities; 66.7% possessed a range of behavioral control challenges; half used prescribed medications for psychiatric issues (despite a paucity of psychiatric evaluation). Another example, is that post-PSG, 69.6% of this sample were diagnosed with abnormal sleep architecture which was statistically related to medication use. These data revealed a pattern of children being more likely to be referred for a professional sleep study in the presence of significant medical symptomatology. Although we found some similarities when comparing this children/youth group to adults, we also found striking differences that were opposite when comparing the age groups.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.708>

Suicidology and suicide prevention

EW591

Impact of dialectical behavior therapy on incidence of suicidal attempts and non-suicidal self injury among a sample of Egyptian borderline personality disorder patients

A. Abdelkarim^{1,*}, D. Nagui Rizk¹, M. Esmail², H. Helal²

¹ Alexandria Faculty of Medicine, Neuropsychiatry, Alexandria, Egypt

² Alexandria Faculty of Arts, Psychology, Alexandria, Egypt

* Corresponding author.

Introduction Dialectical behavior therapy (DBT) is a comprehensive psycho-social treatment developed by Marsha Linehan and originally designed for persons meeting criteria for borderline personality disorder (BPD). DBT is considered as a standard evidence based treatment for suicidal BPD patients in most international guidelines. Although its effectiveness has been proved in multiple studies across different patient populations but almost all the research was conducted in North American or European countries. The current study was the first trial to apply DBT in Egypt with a different language and culture than where the treatment was originally developed.

Objectives Assessment of incidence of suicidal attempts and non-suicidal self-injury (NSSI) among a sample of Egyptian BPD patients enrolled in an outpatient DBT program.

Aim The aim of the current study was to estimate impact of comprehensive DBT on suicidal attempts and NSSI when applied to Egyptian BPD patients.

Methods Twenty-five BPD patients, 4 males and 21 females, were included in a comprehensive outpatient DBT program for one year and incidence of suicidal attempts and NSSI were calculated.

Results Five patients only attempted suicide again with an incidence of 20% and a mean of one attempt/patient. Seven patients attempted NSSI with an incidence of 28%, an overall 22 incidents and a mean of 3 incidents/patient.

Conclusion Although this was the first time to apply DBT in an Egyptian population, DBT proved to be an effective psychotherapeutic intervention for suicidal BPD patients across regardless of different language or culture.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.709>

EW592

Factors related to suicidal behavior in Korean patients with bipolar disorder: The effect of mixed features on suicidality

H.J. Seo¹, H.R. Wang¹, Y.S. Woo¹, H.C. Kim², W.M. Bahk^{1,*}, B.W. Nam³, E. Lim⁴, K.J. Min⁵

¹ Yeouido St. Mary's Hospital, Psychiatry, Seoul, Republic of Korea

² Kosin University-College of Medicine, psychiatry, Busan, Republic of Korea

³ School of Medicine- Konkuk University-Chungju Hospital, psychiatry, Chungju, Republic of Korea

⁴ Shinsegye hospital, psychiatry, Gimje, Republic of Korea

⁵ College of Medicine- Chung-Ang University, psychiatry, Seoul, Republic of Korea

* Corresponding author.

Introduction The aim of the present study was to investigate various risk factors of suicidal behaviors, including the mixed features specifier, in Korean patients with bipolar disorder.

Methods We retrospectively reviewed medical charts from 2005 to 2014. A total of 334 patients diagnosed with bipolar disorder using the DSM-IV TR were enrolled. Subjects were categorized into two groups according to their history of suicidal behavior and the demographic and clinical characteristics of the groups were compared, including the mixed features specifier. We re-evaluated the index episode using DSM-5 criteria and classified subjects into an index episode with mixed features group and an index episode without mixed features group. Logistic regression was performed to evaluate significant risk factors associated with suicidal behavior.

Results Suicidal behavior had an independent relationship with mixed features at the index episode using DSM-5 criteria (OR = 3.39; 95% CI: 1.57–7.34) and number of previous depressive episodes (OR = 1.62; 95% CI: 1.34–1.95) in Korean bipolar patients. The mixed feature specifier was the strongest risk factor for suicidal behavior in the present study. Limitations: this was a retrospective study and structured psychiatric interviews were not conducted.

Conclusions This study may help clinicians understand potential risk factors and manage bipolar disorders with suicidal behaviors. Clinicians should carefully monitor patients with bipolar disorder who exhibit numerous depressive episodes or mixed features for suicidal behavior.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.710>

EW595

Outpatient treatment engagement after suicidal attempt: A multicentre prospective study

B. Boniface^{1,*}, E. Castaigne², E. Balaguer³, T. Ghanem⁴, A. Bouhlal⁵, E.B. Ivascu⁵, A. Youssouf Abdou¹, P. Hardy²

¹ Dispositif Territorial de Recherche et de Formation Paris-Sud, *Psychiatry, Le Kremlin-Bicêtre, France*

² Hôpital de Bicêtre, *Psychiatry, Le Kremlin Bicêtre, France*

³ Établissement Public de Santé Erasme, *Psychiatry, Antony, France*

⁴ Groupe Hospitalier Nord Essonne, *Psychiatry, Orsay, France*

⁵ Établissement Public de Santé, *Psychiatry, Etampes, France*

* Corresponding author.

Introduction Most suicide attempters are referred to community health professionals (CHP) after discharge from emergency department (ED). Thereafter, outpatient treatment engagement (OTE) is often poor. Strengthening it seems likely to reduce the risk of repeat suicidal behaviour.

Objectives To identify the predictive factors of OTE.

Methods Multicentre prospective study in true life conducted in adult patients (≥ 18) in 4 EDs of the Southern Paris region. Patients were referred to CHP. OTE was assessed by telephone calls at 1 and 3 months. OTE at 1 month was defined as having booked 1 appointment; OTE at 3 months as having attended 2 appointments and booked another one.

Results One hundred and fifty-five patients were assessed at 1 month and 144 at 3 months. OTE at 1 and 3 months was observed in 58% and 51% respectively. A multivariate analysis showed factors significantly predictive of OTE at 1 month: a psychiatric follow-up before the suicide attempt (SA), ≥ 2 psychiatric interviews during the stay at ED, appointment with CHP booked before discharge from the ED; and at 3 months: college or university education, absence of alcohol intake during the SA, psychiatric follow-up before the SA, appointment with CHP booked before discharge from the ED.

Conclusions This multicentre prospective study highlights the benefit of booking outpatient appointment before discharge from ED; of allowing patient to benefit from at least two psychiatric interviews; of being particularly cautious with patients who took alcohol concomitantly to their SA, patients with low level of academic achievement and patients without psychiatric follow-up.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.713>

EW596

Psychiatric follow up after a suicide attempt

D. de la Vega Sánchez^{1,*}, M. Reina Domínguez², S. Fernández León²

¹ Hospital Virgen Macarena, *Psiquiatría, Sevilla, Spain*

² Hospital Juan Ramón Jiménez, *Psiquiatría, Huelva, Spain*

* Corresponding author.

Introduction Suicide is a global public health problem. More than 800,000 people die due to suicide every year according to the WHOM. In Spain, about 9 people die due to suicide every day, and the rates increase every year. The presence of previous suicide attempts is one of the strongest risk factors for suicide consumption. Nevertheless, patients sometimes do not receive a correct assistance after a suicide attempt.

Objective To study the follow-up of patients, without previous psychiatric history, who commit a first suicide attempt in the area of Huelva (Spain).

Method Retrospective review of the electronic clinical histories of patients attended in the Emergency service of Juan Ramón Jiménez Hospital after a first suicide attempt during the first six months of 2015.

Results From January to June of 2015 we collected a total of 159 patients who committed a first suicide attempt in our area. A total of 69.18% were women and 30.82 were men. In both sex the mean age was 39 years. Out of the 159 attended after a first suicide attempt, only 54% were referred to the Psychiatry service to be followed up. Out of those referred, only 62% actually attended and only half of them really staying treatment.

Conclusions An adequate psychiatric follow up after a suicide attempt is needed to reduce the risk of more suicide attempts or consumption. A minority (30.8%) of the patients attended in our area after a first suicide attempt received an adequate attention.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.714>

EW597

Suicide and body mass index

E.M. Barranco¹, D. de la Vega^{2,*}, Á. Arcenegui¹, A. Rico³, M. Blanco³, R. Martín³, J.A. Guija⁴, L. Giner⁵

¹ Distrito Aljarafe, *Atención Primaria, Sevilla, Spain*

² Hospital Virgen Macarena, *Psiquiatría, Sevilla, Spain*

³ Instituto de Medicina Legal de Sevilla, *Servicio de Patología, Sevilla, Spain*

⁴ Instituto de Medicina Legal de Sevilla, *Servicio de Psiquiatría, Sevilla, Spain*

⁵ Universidad de Sevilla, *Psiquiatría, Sevilla, Spain*

* Corresponding author.

Introduction It has been suggested that there is a relationship between BMI and suicide. Thus, BMI of subjects who commit suicide would be lower than the BMI of other unnatural deaths (Flaig 2013). **Objectives** Explore the possible relationship between BMI and suicide.

Material and methods A total of 1197 suicides and 473 unnatural deaths (not by suicide) were collected systematically for 60 months at the Institute of Legal Medicine of Seville. Age, sex, weight, height and cause of death were recorded. Statistical analysis was performed using SPSS v19.0.

Results (Table 1)

Discussion In our study we found that suicide (of all age groups and both sexes) have a lower BMI than controls. However, the rela-