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Introduction: Suppressor of cytokine signaling (SOCS) proteins are the critical negative regulators of immune responses that exert their effects by inhibiting the Jak/Stat signaling pathway.

Objectives: To investigate quantitative detection of methylated SOCS-1 in schizophrenia and bipolar disorder considering SOCS-1 -1478CA/del polymorphism and clinical parameters.

Methods: 114 patients with SCZ, 86 patients with BD, and 80 healthy volunteers were included in the case-control study. The patients were consecutively admitted to the outpatient clinic for three months and were evaluated with some scales for clinical parameters. To measure the methylation level of the SOCS-1 gene, bisulfite-converted DNA samples were analyzed using the real-time quantitative methylation-specific PCR method. SOCS-1 -1478CA/del gene polymorphism was evaluated by using the PCR-RFLP.

Results: The SOCS-1 promoter methylation levels of SCZ ($p = .001$) and BD ($p = .024$) were found to be significantly different from the control group. SOCS-1 methylation was significantly different between SCZ groups due to the age of onset ($p = .009$). Again, SOCS-1 methylation was significantly different between BD groups due to YMRS scale scores ($p = .027$). While the SOCS-1 genotype distributions of SCZ patients were not found to be statistically different from the control group, a significant difference in genotype distribution between BD patients and healthy controls was found ($p = .013$).

Conclusions: The methylated SOCS-1 quantity in DNA samples of both SCZ and BD patients was significantly lower than in control samples. Whereas the SOCS-1 -1478CA/del polymorphism was not related to SCZ, it may be associated with the BD.

Disclosure: No significant relationships.

Keywords: bipolar disorder; schizophrenia; SOCS-1; promoter methylation

Suicidology and Suicide Prevention

O0149

Covid-19 and impulsivity: an evaluation of self-harm admissions in emergency care.

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Introduction: Several studies highlighted how COVID-19-related isolation and quarantine deeply weighed on the mental health of both the general and psychiatric population. There has been limited investigation about self-harm and impulsivity during the COVID-19 pandemic.

Objectives: The aim of this study is to evaluate how COVID-19-related lockdown affected self-harm rates in an Italian hospital.

Methods: Data on 59 patients were retrospectively collected from the Emergency department of the Policlinico Tor Vergata, Rome, from March 11 to May 4, 2020 (Italian mass quarantine) and the same periods of 2019 and 2021. Demographics, psychiatric history, substance use/abuse, types of self-harm and admission in psychiatric acute unit (PAU) rates were recorded.

Results: No statistical difference was reported in self-harm rates [9.8%(26/266) in 2019 vs 13.2%(10/76) in 2020 vs 10.7%(23/215) in 2021; $p > 0.05$]. In 2020 subjects were younger (31.9 ± 12.1 vs 39.2 ± 14.4 , $p = 0.22$; vs 38.1 ± 14.4 ; $p = 0.15$) and had higher incidence of psychiatric history [90%(9/10) vs 73.1%(19/26), $p = 0.42$; vs 65.2% (15/23), $p = 0.29$], than 2019 and 2021 respectively. Substance use/abuse rates were significantly lower in 2020 compared to 2019 and 2021 [10%(1/10) vs 53.8%(14/26), $p = 0.04$; vs 60.9% (14/23), $p = 0.02$]. In 2020, subjects committing self-harms were more frequently admitted to PAU compared to 2019 and 2021 [60%(6/10) vs 19.2%(5/26), $p = 0.04$; vs 17.4% (4/23), $p = 0.04$].

Conclusions: Consistent with the literature, lockdown-related measures negatively impacted on younger people, with higher rates of self-harm between March and May 2020. This, together with a higher rate of admissions to PAU, should warn the mental health system to target with specific programs to support adolescents and youngsters.

Disclosure: No significant relationships.

Keywords: emergency care; self-harm; Impulsivity; Covid-19

O0150

Psychiatric care following deliberate self-harm and prospective mortality: evidence from a national cohort of patients in routine care

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Introduction: Psychiatric care following self-harm treatment is pivotal in patients' life both in short- and long-terms.

Objectives: To examine follow-up psychiatric care received by patients treated for deliberate self-harm (DSH), and to assess the influence of psychiatric referral and treatment attendance on risk for subsequent mortality.

Methods: Nationwide registries were interlinked to follow all DSH patients for data on personal socioeconomic status, clinical features of DSH, psychiatric treatment and cause of death. Data were analyzed with Logistic regression and cause-specific survival analysis.

Results: The study identified 43153 patients involving 69569 DSH episodes. Of these patients 15.7% were referred or transferred to psychiatric services and 51.0% attended psychiatric treatment within subsequent 3 months. Evidently, prior psychiatric history and psychiatric comorbidities had strong influence on both referral and attendance to psychiatric healthcare, personal socioeconomic status also deviated the likelihoods. During the follow-up, 7041 patients died from suicide ($n = 911$) or other causes ($n = 6130$). While suicide risk was highly associated with male gender, middle age, and particularly, prior and coexisting psychopathologies, other cause mortality was strongly associated with old age and

socioeconomic disadvantages. Meanwhile, a referral to psychiatric services was associated with suicide risk, and the risk was particularly high for patients who received the referral but did not attend psychiatric treatment. The observed effect was more pronounced during the early years, and in patients of young or middle age and those with a clear intent of self-harm.

Conclusions: The insightful findings highlight the importance of patients' attendance and engagement in follow-up psychiatric care on risk for subsequent mortality.

Disclosure: No significant relationships.

Keywords: deliberate self-harm; prospective outcome; mental healthcare; treatment engagement

O0151

Estimation of future suicide risk in psychiatric inpatients with 6-item questionnaire

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Introduction: Estimation of suicide risk is difficult task, and the clinical utility of different suicide risk scales is far from ideal.

Objectives: Previously we developed a 6-item clinician rated (yes/no) questionnaire (score range:0-28) that is able to detect current and past suicide risk with high sensitivity and specificity among acutely admitted psychiatric inpatients (Rihmer et al, 2017).

Methods: The 151 (75 suicidal and 76 non-suicidal) psychiatric inpatients, admitted between 1 November 2016 and 31 March 2017 were followed till 31 August 2021. Cases of completed suicides and suicide attempters receiving medical attention were recorded.

Results: During the 53-month follow-up 3 patients (2%) completed suicide (a 46 year old male with bipolar II disorder, a 57 year old female with schizoaffective disorder, a 55 year old male with schizoaffective disorder). Both of them were at baseline among the 75 suicidal inpatients and belonged to the group of "Marked suicide risk" (range:16-28 points) and scored 28,26 and 25 points, respectively. Suicide attempts have been made by 6 patients, all of them belonged to initially "Marked suicide risk" group (one initially non-suicidal, 16 points; 5 initially suicidal 22,26,26,26 and 28 points, respectively). 141 from the 151 patients received regular personal and/or on-line psychiatric care (including patients who died by suicide).

Conclusions: Despite the small number of suicidal cases, our results suggest that this short, simple questionnaire might be helpful not only in detecting current and past suicidality, but also predicting future risk among discharged psychiatric inpatients.

Disclosure: No significant relationships.

Keywords: suicide; questionnaire; prediction; risk

O0152

Does country of resettlement influence the risk of suicide in refugees? A case-control study in Sweden and Norway

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Introduction: Little is known regarding how the risk of suicide in refugees relates to their host country. Specifically, to what extent, inter-country differences in structural factors between the host countries may explain the association between refugee status and subsequent suicide is lacking in previous literature.

Objectives: We aimed to investigate the risk of suicide among refugees in Sweden and Norway according to their sex, age, region/country of birth and duration of residence.

Methods: Each suicide case between the age of 18-64 years during 1998 and 2018 (17,572 and 9,443 cases in Sweden and Norway, respectively) was matched with up to 20 population-based controls, by sex and age. Multivariate-adjusted conditional logistic regression models yielding adjusted odds ratios (aORs) with 95% confidence intervals (95% CI) were used to test the association between refugee status and suicide.

Results: The aORs for suicide in refugees in Sweden and Norway were 0.5 (95% CI: 0.5-0.6) and 0.3 (95% CI: 0.3-0.4), compared with the Swedish-born and Norwegian-born individuals, respectively. Stratification by region/country of birth showed similar statistically significant lower odds for most refugee groups in both host countries except for refugees from Eritrea (aOR 1.0, 95% CI: 0.7-1.6) in Sweden. The risk of suicide did not vary much across refugee groups by their duration of residence, sex and age.

Conclusions: The findings of almost similar suicide mortality advantages among refugees in two host countries may suggest that resiliency and culture/religion-bound attitudes could be more influential for suicide risk among refugees than other post-migration environmental and structural factors in the host country.

Disclosure: No significant relationships.

Keywords: Suicide; Country of birth; Duration of residence; Refugee

O0153

Use of hormonal contraception and attempted suicide: a nested case-control study

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