Methods: This was a nationwide population-based cohort study in South Korea. The data were taken from the Korean National Health Insurance and Korea National Statistical Office between January 2008 and December 2017. The relationship between the decedent and the bereaved family was identified using the family database of the National Health Insurance Data. Age and gender were randomly matched 1:1 among 133,386 suicide deaths and non-suicide deaths. A proportional hazard model regression analysis was conducted after confirming the cumulative hazard using Kaplan-Meier curves to obtain the hazard ratio (HR) of completed suicide in suicide survivors.

Results: Using 423,331 bereaved families of suicide victims and 420,978 bereaved families of non-suicide deaths as the control group, HR of completed suicide in suicidal survivors was found to be 2.755 [95% confidence limit (CL): 2.550-2.977]. HR for wives committing suicide after husbands' suicide was 5.096 (95% CL: 3.982-6.522), which was the highest HR among all relationships with suicide decedents. The average duration from suicide death to suicide of family members was 25.4 months. Among suicide survivors, the number of suicides per 100,000 people was 586, thrice that of people in bereaved families of traffic accident victims and in bereaved families of non-suicide deaths.

Conclusion: The risk of completed suicide was three times higher in suicide survivors than in bereaved families with non-suicide deaths, and it was highest in wives of suicide decedents. Thus, socio-environmental interventions for
suicidal survivors must be expanded.

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DOI: 10.3389/fpsyt.2022.995834
PMCID: PMC9614235
PMID: 36311502

Conflict of interest statement: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

P91: Symptoms of Anxiety and Depression after stroke – a follow up study in outpatients followed in a rehabilitation recovery unit

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Background: Depression and anxiety persist in a large number of patients after stroke. Anxiety affects around one third of patients during the first year. Nowadays, this phenomenon receives significantly less attention compared to other psychological problems, and poor psychological services after the onset of the disease were reported in previous studies. Some patients have access to specialized rehabilitation units (“Integrated Continuing Care Unit, UCCI”) that can ameliorate anxiety and significantly improve health-related quality-of-life (QoL), avoiding depression and improve patients' functional disability.

https://doi.org/10.1017/S1041610223004118 Published online by Cambridge University Press

Objective: To analyze the associations between anxiety/depression symptoms and QoL in patients with chronic stroke, during and after discharge from UCCI.

Methods: An observational, longitudinal and descriptive study was carried out with patients with a clinical history of stroke discharged from hospitals in Portuguese central area, aged ≥65 years, without dementia diagnosis. Patients were observed at admission at the rehabilitation unit, discharge, and 6 and 12 months after discharge, and data were collected through a protocol composed of several self- completion instruments, namely the Hospital Anxiety and Depression Scale (HADS) and Stroke Specific Quality-of-Life Scale (SS-QoL). Data on clinical and demographic variables were collected and analyses performed to describe associations with HADS scores. Data were collected from August/2020 to July/2022 and analyzed using SPSS®,V.26.0.

Results: A cohort of 154 stroke patients was assessed (M/F ratio=1.8, age 75±9 years). Anxiety scores were 6.8(4.8) (6 months) and 5.8(4.1) (12 months). Depression scores were 8.7(5.3) (6 months) and 8.1(4.7); (12 months). Anxiety total score at 6 months was significantly related ($p<0.05$) with 3 domains of SS- QoL (Personality, Social Role and Work/Productivity). However, no differences were found at 12 months. Depression was significantly related with all domains of SS-QoL except Vision ($p<0.05$).

Conclusion: HADS score for anxiety were normal (0-7) at 6 and 12 months; however, depression remain in the Borderline abnormal classification (8-10), 6 and 12 months after stroke, which appear to have a negative impact in almost all SS-QoL domains of patients with chronic stroke. The current study highlights the need to prevent depression symptoms after stroke as this can negatively affect the functional recovery of the entire ongoing rehabilitation process.

P97: Can Death Cafés contribute to the creation of a “death-inclusive society” that will be the ground for the Advance care planning?

Authors: Kae Ito, Mayumi Hagiwara, Tsuyoshi Okamura

Objective: The aim of this study was to examine the potential contribution of Death Cafés to the creation of a society that is inclusive of death, which is necessary for ACP, through an analysis of the motivations and orientations of Death Cafés hosts to run Death Cafés.

Methods: Interviews were conducted with 16 host of Death Cafés. Interview transcripts were segmented, coded and categorized, focusing on motivations and orientations for running Death Cafés.

Results: Motivation for running Death Cafés were categorized into four categories: “The bereavement experience of the host”, “The identity crisis of the host”, “Dissatisfaction with a society in which death is taboo”, and “Unlocking new possibilities for Buddhist temples”

The orientation of Death Cafés was categorized into two categories. Namely, " Personal growth" and " Community development”.

Attitudes towards the attendees with grief were categorized in two categories. “Not mentioned” and ” Welcome participation/refer to more appropriate projects “.

The characteristics of the host and venue were categorized as " Buddhist monk and/or Buddhist temple" and "Other".

The relationship between these four factors was examined. When the host's bereavement experience was the motivation for starting the Death Cafés, they tended to regard death as an overwhelming experience and to run

https://doi.org/10.1017/S1041610223004118 Published online by Cambridge University Press