

EPP1400

Mental health, suicidal behavior and sexual orientation in PortugalH. Pereira^{1,2,3}

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doi: 10.1192/j.eurpsy.2021.1555

Introduction: Sexual minority individuals consistently report higher rates of mental disorders and suicidal behavior than heterosexuals. However, much of this research is limited to Anglo-Saxon studies and no information on Portuguese reality is available.

Objectives: The purpose of this study is to compare levels of mental functioning and suicidal behavior among heterosexual, bisexual, and homosexual individuals in Portugal.

Methods: Using online surveys, 1140 individuals (62.40% women, Mage = 36.83, SDage = 13.39, 76.4% heterosexual, 9.4% bisexual, and 14.2% gay or lesbian) completed the BSI subscales for depression and anxiety symptoms, as well as the Suicide Behaviors Questionnaire-Revised.

Results: Self-identified bisexual participants presented higher levels of depressive and anxiety symptoms and higher levels of suicidal ideation and likelihood of suicidal behavior than homosexual and heterosexual participants (who scored the lowest); yet, homosexual participants showed higher levels of suicide attempts. Also, depression and anxiety symptoms were strongly and positively correlated with all dimensions of suicidal behavior. Finally, hierarchical multiple regression analysis showed that higher levels of depression and non-heterosexual sexual orientations were significant predictors of suicidal ideation and the likelihood of suicidal behavior.

Conclusions: The present study adds to the evidence that sexual minority individuals are at risk of increased mental health problems and suicidal behavior, compared to heterosexuals, and reiterates the need for local political and legislative efforts to normalize LGB identities, fighting continued institutional heterosexism, interpersonal intolerance. Mental health providers and mental health policymakers need to consider these results if they want to address inequalities in mental health and in suicidality among these minority groups.

Keywords: Suicide Behavior; Depression; Anxiety; Sexual orientation

EPP1399

The mediating role of impulsivity in the relationship between suicidal behaviour and early traumatic experiences in depressed subjects

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doi: 10.1192/j.eurpsy.2021.1556

Introduction: Depressed patients with early traumatic experiences may represent a clinically distinct subtype with worse clinical outcome. Since early traumatic experiences alter the development of systems that regulate the stress response, certain personality features may influence coping strategies, putting individuals with depression and a history of early traumatic experiences at greater risk of suicidal behaviour.

Objectives: To determine whether impulsivity mediates the relationship between early traumatic experiences and suicidal behaviour in patients with major depressive disorder (MDD).

Methods: The sample included 190 patients [mean age (SD)=53.71 (10.37); females: 66.3%], with current MDD. The Childhood Trauma Questionnaire-Short Form (CTQ-SF), the List of Threatening Experiences (LTE), and the Barratt Impulsiveness Scale-11 (BIS-11) were used to assess childhood and adulthood adverse life events and impulsivity. We developed mediation models by bootstrap sampling methods.

Results: 81 (42.6%) patients had previous suicide attempts (SA). CTQ-SF-Total and BIS-11-Total scores were higher in MDD patients with previous SA. Correlation analyses revealed significant correlations between the CTQ-SF-Total and BIS-11-Total, CTQ-SF-Total and HDRS-Total, and BIS-11-Total and HDRS-Total scores. Regression models found that CTQ-SF-Total, BIS-11-Total, and HDRS-Total scores were associated with SA. Mediation analyses further revealed the association between CTQ-SF-Total and SA was mediated by the indirect effect of the BIS-11-Total score (b=0.007, 95% CI=0.001, 0.015), after controlling for sex, HDRS-Total, and LTE-Total.

Conclusions: Impulsivity could mediate the influence of childhood trauma on suicidal behaviour. This will help understand the role of risk factors in suicidal behaviour and aid in the development of prevention interventions focused on modifiable mediators when risk factors are non-modifiable.

Keywords: Stressful Life Events; childhood trauma; suicidal behaviour; Impulsivity

EPP1400

Suicidal behaviors in the elderly. About a case.

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doi: 10.1192/j.eurpsy.2021.1557

Introduction: Suicide is a global health problem. The elderly is the range with the highest suicide rate and suicidal behaviors are more lethal, with greater planning and less possibility of rescue. In the elderly, Major Depressive Disorder is the diagnosis most frequently associated with suicidal behavior. 15% of the elderly with a depressive picture commit suicide. Loneliness, the main cause of suicides in the elderly population.

Objectives: The objective of the clinical case presented is to address the risk factors for suicide in the elderly.

Methods: 80-year-old patient, widower who makes a suicide attempt by ingesting glyphosate. Personal history: Acute myocardial infarction 1 month ago. Not mental illness. Family stressors: illness of his granddaughter, loss of his son's job. Personal stressors: Loss of autonomy due to ischemic heart disease. The patient was admitted to the Intensive Care Unit with acute pulmonary edema

secondary to the suicide attempt. Psychopathological exploration: Conscious, oriented and collaborative. Depressive mood in relation to the stressors presented. Makes partial criticism of the suicide attempt, recognizes its seriousness and planning.

Results: Diagnosis: Moderate depressive episode. SAD PERSONS scale: 9 High risk.

Conclusions: The risk factors for suicide in older people can be medical, psychiatric, psychological, family environment and social - environmental factors. There are hardly any specific action protocols that allow early intervention and suicide prevention in the elderly. As social health professionals, we must work on the elaboration and application of these, since consummated suicide represents a major public health problem throughout the world.

Keywords: Suicidal Behaviors; major depressive disorder; the elderly; Suicide

EPP1401

Suicidal behaviour and cognition: A systematic review with special focus on prefrontal deficits

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doi: 10.1192/j.eurpsy.2021.1558

Introduction: Suicidal behaviour and cognition: A systematic review with special focus on prefrontal deficits Introduction: Suicide is a major health concern worldwide, thus, identifying risk factors would enable a more comprehensive understanding and prevention of this behaviour. Neuropsychological alterations could lead to difficulties in interpreting and managing life events resulting in a higher risk of suicide.

Objectives: Objective: Bibliographic review about the influence of neuropsychological deficits on suicidal behaviour.

Methods: Method: A systematic literature search from 2000 to 2020 was performed in Medline (Pubmed), Web of Science, SciELO Citation Index, PsycInfo, PsycArticles and Cochrane Library databases regarding studies comparing cognition of attempters versus non-attempters that share same psychiatric diagnosis. Results: 1.885 patients diagnosed with an Affective Disorder (n = 1512) and Schizophrenia/ Schizoaffective Disorder (n = 373) were included.

Results: In general comparison, attention was found to be clearly dysfunctional. Regarding diagnosis, patients with Schizophrenia and previous history of suicidal behaviour showed a poorer performance in executive function. Patients with current symptoms of an Affective Disorder and a previous history of suicidal attempt had poorer performance in attention and executive function. Similarly, euthymic affective patients with history of suicidal behaviour had worse decision-making, attention and executive function performance compared to euthymic non-attempters.

Conclusions: Patients who have attempted suicide have a poorer neuropsychological functioning than non-attempters with a similar psychiatric disorder in attention and executive function. These alterations increase vulnerability for suicide.

Conflict of interest: Jessica Fernández-Sevillano is beneficiary of the Pre-PhD Training Programme of the Basque Government. Dr. Gonzalez-Pinto has received grants and served as consultant, advisor or CME speaker for the following entities: Almirall, Astra-Zeneca, Bristol-Myers

Keywords: Suicide; cognition; Neuropsychological functioning

EPP1402

Italian validation of the interpersonal needs questionnaire (INQ-15-I) in a sample of university students

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doi: 10.1192/j.eurpsy.2021.1559

Introduction: The Interpersonal Theory of Suicide posits that thwarted belongingness (TB) and perceived burdensomeness (PB) are proximal causes of current suicidal desire, while the acquired capability predicts suicide attempts (Joiner, 2005).

Objectives: This study examined the psychometric properties of the Interpersonal Needs Questionnaire (INQ-15-I), as a measure of the two constructs, on a sample of 458 Italian university students.

Methods: After examining the socio-demographic, clinical and psychosocial characteristics of the sample, we tested the differences in current suicidal ideation and lifetime suicide risk among students. We conducted a confirmatory factor analyses to identify the latent structure of the INQ-15-I and we tested the reliability, criterion concurrent validity and convergent/discriminant validity.

Results: The socio-demographic, clinical and psychosocial features of the sample are in line with the literature on the topic. A two-factor related model with 15 item, showed a good fit to the data and subscales showed excellent internal consistencies ($\alpha \geq 0.84$). TB, but mostly PB, were mainly correlated with concurrent suicidal ideation and less with suicidal risk. Divergent validity has emerged with the constructs of the acquired capability. Convergent validity is supported for similar constructs such as depression, low reasons for living, anxiety, interoceptive awareness, psychological pain, loneliness, absence of social support and low self-esteem.