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**Introduction** Type A behaviour pattern (TABP) is defined as the combination of competitive need for achievement, sense of time urgency, aggressiveness, and hostility. Studies raised evidence for an association between TABP and cardiovascular disease. Recent studies on its association with mortality showed contradicting results and used different methods to measure TABP.

**Objectives/aims** Investigating the association between TABP and all-cause, CVD, and all-cancer mortality.

**Methods** We used data of the MONICA and the NRP1A studies that were linked with the Swiss National Cohort (SNC) ( $n = 7997$ ). Essentially, the SNC is an anonymous record linkage of census, migration and mortality data. TABP was measured by the Bortner Scale. To determine the all-cause, CVD, and cancer mortality risk a Cox regression was performed. Following Edwards et al. (1990), we analysed the Bortner Scale in two different ways: all items and its two dimensions (speed and competitiveness) separately.

**Results** We found a significant association of the Bortner Scale with all-cause mortality in women (adjusted for sociodemographic factors HR 1.02, 95% CI 1.00–1.03, additionally adjusted for lifestyle factors—smoking, alcohol intake, physical activity, BMI category—1.01, 1.00–1.03). The subscale of competitiveness was associated with all-cause and CVD mortality in women. Interestingly, stratifying for lifestyle variables revealed that the association was only present in those having a healthy lifestyle, e.g. non-smoking or non-hazardous alcohol intake.

**Conclusions** The Bortner Scale and its subscale of competitiveness were associated with mortality in women. In those having great health awareness, this might offer potential for further reduction of mortality risk.

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## EW254

### Social withdrawal and suicide risk: A descriptive study

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**Introduction** Social withdrawal is a major health problem that has been related with higher morbidity and mortality rates. There are few studies about the relationship between suicidal behavior and social isolation.

**Aim** To describe the existence of suicidal risk in subjects with social isolation.

**Method** Participants were 187 subjects referred to a Crisis Resolution Home Treatment because of social isolation. The inclusion criteria were: home isolation, avoiding of social situations and relationships, for at least 6 months. Suicide risk was assessed by the item of the Severity of Psychiatric Illness, dividing in four groups (from absence to high suicide risk). Socio-demographic and clinical data were also analysed.

**Results** Most cases ( $n = 132$ , 70.5%) had absence of suicide risk. They were predominantly young males in all groups. There were no statistically significant differences in sociodemographic or clinical variables. The mean age at onset of social isolation was lower in the

high suicide risk group, having lower socially withdrawn period. This group had also lower rates of child abuse and suicide attempt history. The more frequent diagnosis in all groups was psychotic, affective and anxiety disorders. Those cases with mild and high suicide risk needed more frequently hospitalization.

**Conclusions** Social isolated people attended by CRHT do not have high frequency of suicide risk. Cases with higher suicide risk are younger and have a shorter period of isolation. The absence of child abuse history or previous suicide attempts contrasts with previous suicidal behavior research. These data can be influenced by the characteristics of functioning of CRHT and the small sample size.

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## EW255

### Diagnosed depression and utilization of healthcare and preventive services in the general adult population in Germany

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**Introduction** Depressive disorders have been related to increased health service utilization, but specific information about associations between health professional-diagnosed depression and the utilization of health care and preventive services in the general population is limited.

**Objectives** To compare the use of health care and preventive services among men and women with and without diagnosed depression in the general population in Germany.

**Aims** To examine the association of diagnosed depression with the utilization of healthcare and preventive services.

**Methods** Cross-sectional analysis of data from the representative telephone survey German Health Update (GEDA) 2009 and 2010 ( $n = 43.312$  residents in private households 18 years and older). We analyzed associations between self-reported health professional-diagnosed depression (past 12 months) and the use of a range of healthcare services and preventive services covered by statutory health insurances using multivariable regressions adjusted for age, socio-economic status, marital status, employment and number of chronic somatic conditions.

**Results** Twelve-month diagnosed depression was associated with increased health care service utilization (physician contacts, hospital admissions, rehabilitation) in both sexes. Of the preventive services, diagnosed depression was associated with increased use of general health check-ups, cancer screening and flu vaccination among women, while there was no association with dental check-up and tetanus and pertussis vaccination. Among men, no association of diagnosed depression with any preventive service was found except for cancer screening.

**Conclusions** Health professional-diagnosed depression is associated with increased health service utilization independent of somatic comorbidity and socio-demographic confounders. This includes some preventive services in women and only one preventive service in men.

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