

**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

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**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 behavior.

**Objectives** To identify the predictive factors of OTE.

**Methods** Multicentre prospective study in true life conducted in adult patients ( $\geq 18$ ) 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),  $\geq 2$  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

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**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

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**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.

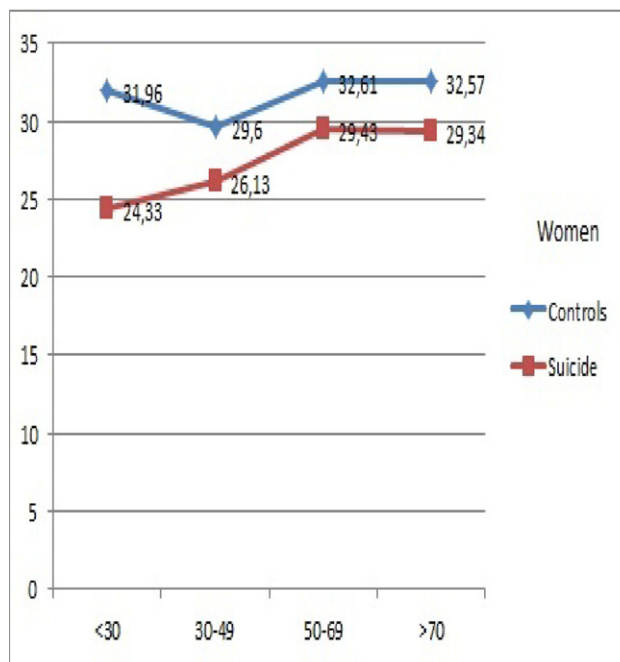
**Material and methods** A total of 1197 suicides and 473 unnatural deaths (not by suicide) were collected systematically for 60 months at the Institute of Legal Medicine of Seville. Age, sex, weight, height and cause of death were recorded. Statistical analysis was performed using SPSS v19.0.

**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-

tionship between these two variables is complex and not all studies support it. Moreover, the relationships between depression, suicide and overweight point in different directions. More and more studies indicate the existence of a relationship between depression and overweight, suggesting that perhaps the “epidemic” of depression and overweight that we see in Western societies has some connection. In addition, depression is a risk factor for suicide well established. Our results indicate that suicide group tends to have lower BMI (less weight in relation to its size) than the controls.

Table 1



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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.715>

## EW598

### Prevalence of mental disorders in 1519 suicides: A meta-analysis

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**Introduction** Psychological autopsy studies have constantly indicated a clear relation between mental disorders and suicide. This relation has been found in studies across the world, although the percentage of cases with at least one mental disorder diagnosed may vary between studies and specially, between countries and geographical regions.

**Methods** Review of psychological autopsy studies of suicide completers which contained information on diagnostic distribution. Only studies carried out in Europe and North America were included.

**Results** A total of 14 studies, including 1519 suicides, were analyzed (Table 1).

**Conclusions** Suicide risk is a multifactor phenomenon, however, it is strongly related to mental disorders. Mental health strategies should be directed to target clinical groups at high risk of suicide.

Table 1

Study	Suicides with diagnose	Prevalence of mental disorder (%)	OR
Schneider/2005	146	89.57	17.9816
Waern/2002	82	96.47	122.0238
Almansi/2009	134	69.07	6.432
Appleby/1999	76	90.48	26.2647
Hawton/2002	38	90.47	123.5
Boardman/1999	151	71.23	3.1074
Foster/1999	101	86.32	21.0417
Thoresen/2006	31	72.09	9.1852
Preville/2005	40	42.10	6.1818
Lesage/1994	66	88	12.3095
Overholser/2011	125	84.46	8.1258
Shafii/1988	20	95.23	18.1818
Shaffer/1996	59	59	4.8404
Brent/1999	115	82.15	14.2313

	Estimation	Signif.	95% confidence interval	
			Lower	Upper
M-H combined OR	9.4603	0.000000	8.0168	11.1638
SE(lnOR)	0.0845			
Homogeneity Chi-squared	88.6904	0.000000		

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.716>

## EW602

### Suicidal ideation during pregnancy in British Pakistani women

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**Introduction** Suicide is a major public health problem and one of the common causes of maternal mortality. Rates of suicide and self-harm are higher in British South Asian women compared to the majority white population. Suicidal Ideation (SI) is a significant risk factor associated with self-harm and suicide.

**Objective** To explore the prevalence and risk factors of SI in British Pakistani women.

**Aim** To identify risk factors associated with SI, in order to inform future preventive strategies.

**Method** This is a secondary analysis of a larger study which looked at depression during pregnancy and infant outcomes. Par-