

## EPP0195

## Suicidality and social cognition: the association between hypomentalizing and suicide lethality

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**Introduction:** Suicide attempts (SA) leading to highly lethal consequences have been associated with heightened suicide planning (Barker et al., 2022), along with deficits in social cognition (Levi-Belz et al., 2022). Hypomentalizing, characterized by excessive uncertainty regarding mental states, may contribute to heightened social withdrawal and an increased risk of SA (Nestor & Sutherland, 2022). Although certain studies have identified a connection between hypomentalizing profiles and self-harm (Badoud et al., 2015), research into the lethality of SA remains limited.

**Objectives:** This study aimed to explore the association between hypomentalizing and SA lethality.

**Methods:** Our study encompassed a cohort of 1,371 patients who committed a SA. We conducted assessments of mentalizing using the RFQ-8 instrument, and evaluations of suicidal ideation and behavior employing the CSRSS questionnaire. Demographic and clinical characteristics were compared using the T-student and Chi-square tests. To investigate the relationship between hypomentalizing and the SA lethality, we employed logistic regression models.

**Results:** Descriptive data are presented in Table 1. Our results show that hypomentalizing do not predict a higher SA lethality. Additionally, hypomentalizing increased the risk of SA planning ( $p \leq 0.001$ ,  $B = -0.182$ ), and SA planning predicted a higher SA lethality (see Table 2).

**Table 1.** Means Comparison for low and high lethality (N=1371)

	Low lethality N=539	High lethality N=832	p value	Effect size
Age, mean (SD)	38.65 (15.65)	41.91 (15.37)	<b>≤0.001</b>	-0.209 <sup>a</sup>
Female sex, N (%)	392 (72.7)	571 (68.6)	0.116	0.044 <sup>b</sup>
Educational years, mean (SD)	12.45 (2.99)	12.43 (3.41)	0.890	0.0076 <sup>a</sup>
Employed, N (%)	220 (41.2)	332 (40)	0.692	0.012 <sup>b</sup>
Suicide Ideation, N (%)	475 (88.1)	742 (89.2)	0.541	0.016 <sup>b</sup>
Suicide Planning, N (%)	159 (39.2)	400 (58.1)	<b>≤0.001</b>	0.183 <sup>b</sup>
Number of attempts, mean (SD)	3.28 (5.48)	3.63 (5.74)	0.269	-0.169 <sup>a</sup>
RFQ, mean (SD)	4.68 (1.27)	4.56 (1.32)	0.087	0.095 <sup>a</sup>

**Table 2.** Logistic regression analyses for high SA lethality (N=1371).

	Univariate analysis		Multivariate analysis	
	OR	p value	OR	p value
Age	1.014 (1.007-1.021)	<b>≤0.001</b>	1.014 (1.005-1.022)	<b>0.001</b>
Female sex	0.820 (0.646-1.042)	0.105		
Educational years	0.998 (0.965-1.031)	0.890		
Employed	0.952 (0.763-1.187)	0.660		
Suicide ideation	1.111 (0.790-1.562)	0.545		
Suicide planning	2.150 (1.674-2.761)	<b>≤0.001</b>	2.183 (1.697-2.808)	<b>≤0.001</b>
Number SA	1.012 (0.990-1.034)	0.277		
RFQ	0.929 (0.854-1.011)	0.088		

**Conclusions:** While the association between hypomentalizing and high SA lethality was not significant, a discernible trend toward such relationship can be noted. Further studies examining the moderating effects of planning in the association between hypomentalizing and SA lethality are required.

**Disclosure of Interest:** None Declared

## EPP0198

## Frequency of early childhood trauma in psychiatric patients: an investigation with the Early Trauma Inventory–Self Report

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**Introduction:** Childhood trauma is an important public health problem but there are limitations in our ability to measure childhood trauma. Early Trauma Inventory is a self-report instrument for the assessment of childhood trauma that is valid but simple to administer.

**Objectives:** We aimed to assess the frequency of childhood trauma in patients of a large sample of the Crisis Intervention and Psychiatric Ward in Budapest, Hungary.

**Methods:** Data from 279 patients referred to Péterfy Alexander Hospital, Crisis Intervention and Psychiatric Ward, Budapest, Hungary, were analyzed. Most participants were female ( $n = 202$ , 72.4%) between the ages of 17 and 86 ( $M = 38.37$  yrs). Half of the participants were diagnosed with major depressive disorder ( $n = 138$ , 49.5%) or anxiety disorder ( $n = 149$ , 53.4%), while 47 of the participants suffered from bipolar disorder (16.8%). One hundred thirty-eight participants had at least one suicide attempt in

their life (49.5%). Childhood traumas were assessed by the Early Trauma Inventory– Self Report (ETI-SR), an instrument for the assessment of physical, emotional, and sexual abuse, as well as general traumas, which measures frequency, onset, emotional impact, and other variables. We assessed the most frequent traumas in the physical, emotional, and sexual abuse, as well as general trauma domains.

**Results:** Family mental illness ( $n = 136, 58.1\%$ ), witnessing violence ( $n = 129, 54.7\%$ ), divorce/separation of parents ( $n = 114, 48.3\%$ ), and observing death/serious injury of others ( $n = 112, 47.5\%$ ), were the most frequently experienced general traumas. Out of physical traumas, most of the participants experienced being slapped in the face ( $n = 169, 73.2\%$ ), being spanked with a hand ( $n = 152, 65.5\%$ ), being hit or spanked with an object ( $n = 93, 40.3\%$ ), and being pushed or shoved ( $n = 81, 33.4\%$ ). Among emotional traumas, being often put down or ridiculed ( $n = 170, 74.2\%$ ), the needs being failed to be understood by parents ( $n = 164, 72.7\%$ ), often shouted at or yelled at ( $n = 154, 67.5\%$ ), and being often ignored or made feel like they do not count ( $n = 109, 46.2\%$ ) were the most frequent. From the sexual abuse domain, being exposed to flashing ( $n = 72, 32.9\%$ ), being touched in intimate parts in an uncomfortable way ( $n = 63, 29.2\%$ ), being exposed to inappropriate comments about sex ( $n = 61, 28.5\%$ ), and being rubbed by someone's genitals ( $n = 44, 20.3\%$ ) were the most common. Further results will be presented at the conference.

**Conclusions:** It is already recognized and our study also confirms that childhood maltreatment, especially sexual abuse can lead to suicidal behaviour. The precise role of particular types of childhood maltreatment and the mediators of the relationship between childhood maltreatment and suicide is yet to be investigated in more details.

**Disclosure of Interest:** None Declared

## Addictive Disorders

### EPP0200

#### Comparison of Smartphone and internet addiction and Optical Coherence Tomography findings among University students

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**Introduction:** Internet and smartphone use that reaches the level of addiction often leads to deterioration in the quality of life and functionality of individuals.

**Objectives:** In our study, we aimed to investigate possible differences in retinal nerve fiber layer (RNFL) thickness and central macular thickness obtained by optical coherence tomography in internet and smartphone addiction.

**Methods:** A total of 212 volunteer university students participated in our study. All participants were administered the Sociodemographic Information Form, Chen Internet Addiction Scale, Smartphone Addiction Scale-Short Form. Participants who completed the scales underwent routine eye examinations by experienced physicians in the ophthalmology outpatient clinic. Retinal nerve

fiber layer (RNFL) thickness and central macular thickness were measured by optical coherence tomography (OCT).

**Results:** In our study, internet addiction rate was 17% and smartphone addiction rate was 38.2%. RNFL thickness was found to be statistically significantly increased in the temporal superior and temporal inferior quadrants in those with internet addiction compared to healthy subjects ( $p < 0.05$ ). In smartphone addiction, RNFL thickness was found to be statistically significantly increased in the temporal inferior quadrant compared to healthy subjects ( $p < 0.05$ ). In the analyses comparing OCT measurements according to sex, it was found that nasal inferior ( $p < 0.01$ ) and global ( $p < 0.05$ ) quadrants in women and central macular thickness ( $p < 0.01$ ) in men were statistically significantly increased.

The correlation analyses in our study revealed statistically significant positive correlations between internet addiction scale scores ( $p < 0.01$ ) and smartphone addiction scale scores ( $p < 0.01$ ), RNFL temporal superior quadrant thickness ( $p < 0.01$ ); smartphone addiction scale scores and RNFL temporal superior quadrant thickness ( $p < 0.05$ ).

**Conclusions:** Internet and smartphone addiction are seen considerable rates among university students. In OCT measurements, RNFL thickness was found to be increased in various quadrants in patients with addiction. In addition, RNFL thickness was found to be increased in all quadrants in female gender and central macular thickness was found to be increased in male gender. Correlation analysis revealed that internet addiction scale scores, smartphone addiction scale scores, and RNFL temporal superior quadrant thickness were positively correlated. In addition, there was a positive correlation between smartphone addiction scale scores, and RNFL temporal superior quadrant thickness

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### EPP0201

#### Alcoholism is the mental health issue that best predicts the mortality of individuals experiencing homelessness.

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**Introduction:** The mortality rate among individuals experiencing homelessness tends to be premature and is linked to mental disorders and chronic diseases. In Spain, there is a significant gap in the study of mortality among individuals in situations of residential exclusion with real clinical data.

**Objectives:** This study aims to analyze mortality among individuals experiencing homelessness and its relationship with mental disorders and chronic diseases.

**Methods:** An observational and prospective longitudinal study was conducted on a cohort of 855 homeless individuals in the province of Girona over a 15-year period. Sociodemographic variables, mental health conditions, chronic diseases, and infections were analyzed, employing descriptive and inferential analyses. A binary