

EW0858

Neurocognitive functions in inpatient suicide attempters and non-attempters: A comparison

R.P. Sant'Angelo^{1,*}, F. Ambrosini², M. Pacetti³, R. Raggini¹, G. Piraccini¹

¹ S.P.D.C., Ospedale Bufalini, Cesena, Italy

² Dipartimento di Psicologia, Università di Bologna, Bologna, Italy

³ C.S.M. di Forlì, AUSL ROMAGNA, Forlì, Italy

* Corresponding author.

Introduction According to many studies, suicide attempters, compared to healthy general population, exhibit some neurocognitive deficits, which are considered promising endophenotype of suicidal behavior disorder. A similar pattern of impairment is widespread in individuals affected by psychiatric disorders.

Objectives To compare neurocognitive functions of hospitalized suicide attempters (A) with those of an inpatient group without history of suicidal behavior (NA), likewise affected by psychiatric disorders.

Aims The purpose of the study is to evaluate if neurocognitive impairment is associated to suicidal behaviors, regardless of underlying psychiatric diagnosis.

Methods The whole sample is composed of 70 adult psychiatric inpatients (34 males, 36 females), divided into two groups (A and NA) of 35 patients with diagnosis of Psychotic, affective and personality disorders. Neurocognitive functions were assessed using Tower of London Test (TOL), Modified Wisconsin Card Sorting Test (MCST), Stroop Test (ST) and Attentional Matrices (AM). Differences between A and NA groups were analyzed using U-test of Mann–Whitney and cross tabulations, taking into account the three diagnostic areas.

Results Statistically significant differences were found between A and NA with regard to the ability of categorization (MCST), planning, problem solving and inhibition of automatic response (TOL), which proved to be more preserved in A individuals. No significant differences were found on selective attention tasks (ST and AM).

Conclusions These preliminary findings show statistically significant differences on executive functions between suicide attempters and psychiatric non-attempter individuals. Further research on larger samples is needed to investigate these associations.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.472>

EW0859

Zero suicide southwest UK initiative – Steps to mitigate suicide risk in local populations using quality improvement methodology and a whole life approach

R. Shankar^{1,*}, E. Wilkinson², S. Roberts³, O. Rebecca⁴

¹ Cornwall Foundation NHS Trust, ID Neuropsychiatry, Truro, United Kingdom

² Cornwall Foundation NHS Trust, Psychiatry, Truro, United Kingdom

³ Cornwall Council, Public Health, Truro, United Kingdom

⁴ Kernow Clinical Commissioning, Mental Health, St Austell, United Kingdom

* Corresponding author.

Background Only 25% of people who die by suicide see mental health services. Suicide is not just a health issue. Its causation and consequences lie within all of society. Many erroneously believe that suicide is inevitable and not preventable, because its cau-

sation is too complex. Underlying associations with suicide are largely social. There are programmes in the USA, which have combined interventions to reduce suicides. The 2014 UK suicide rate per 100,000 was 10.8 but 11.1 in South West (SW) England (pop: 5 million). A whole system approach is necessary. Zero Suicides SW is a project to address this.

Aim (1) To develop a regional strategy to reduce and prevent suicide. (2) To make whole populations suicide risk aware. (3) Reduce regional suicide rates.

Method A collaborative involving national and local 60 organisations including charities and voluntary sector was formed. Five collaborative meetings used narratives of suicide survivors, national experts led themed workshops, etc. to come up with a regional strategy. Quality Improvement (QI) Methodology was used to develop and examine the success of all projects.

Outputs Initiatives such as using local radio stations for mental health promotion, collaboration via a poster campaign with local breweries and pubs to make men more self-aware of risk, suicide risk counselling for relatives/carers of patients admitted to psychiatric care, improving scrutiny to access to medication for recently discharged psychiatric patients have developed from the project. The QI model demonstrated how localised changes at person and organisation level could combine and have a powerful role in suicide prevention.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.473>

EW0860

Suicide risk assessment in the elderly

N. Smaoui, I. Baati, T. Dorsaf, S. Mkaouer, I. Abida, J. Masmoudi*

Hédi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

* Corresponding author.

Objectives To assess suicide risk in elderly psychiatric outpatients and to identify potential suicide risk factors in this population.

Methods This was a cross-sectional, descriptive and analytical study, including 50 psychiatric outpatients, aged 65 years or more and attending the Hédi Chaker University Hospital, in Sfax (Tunisia), between November and December 2015. We used a hetero questionnaire including epidemiological and clinical data and three scales: the Suicidal Risk Assessment Scale of Ducher (RSD), the Hospital Anxiety and Depression Scale (HADS) and the Mini Mental State Examination (MMSE).

Results The sex ratio (M/F) was 1. The average age of patients was 68.62 years. The majority of them were married (68%), unemployed (98%), living in urban area (58%) and within their family (88%); they had at most a primary degree (80%) and a low socioeconomic level (74%).

The prevalence of patients at risk of suicide (RSD ≥ 3) was 26%. This risk was high (RSD ≥ 7) in 18% of cases.

The presence of suicidal ideation (RSD ≥ 3) was correlated with: a family history of suicide attempt (58.3% vs. 15.8%; $P=0.003$), a personal history of suicide attempt (80% vs. 12.5%; $P<0.001$), depressive symptoms (HAD-D ≥ 11) (36.7% vs. 10%; $P=0.05$) and anxiety (HAD-A ≥ 11) (52.4% vs. 6.9%; $P=0.001$).

Conclusion Our study showed that among older psychiatric outpatients, one in four had suicidal thoughts. This high rate encourages us to search systematically these suicidal thoughts in this population, especially in patients with risk factors such as a family history of suicide attempt, depressive or anxious symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.474>