EW0305

Exploring the complex association between affective temperaments and suicidal behaviour

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Introduction Suicidal behaviour is one of the most relevant public health problems and it is associated with a significant disability and psychosocial impairment. Affective temperaments, hopelessness, suicidal ideation, and suicide intent may be significantly involved in suicidal behaviour.

Objectives The present study explored the complex relation between these clinical variables and suicide.

Aims We aimed to evaluate the specific role of affective temperaments and other risk factors as potential predictors of suicide risk.

Methods The sample included 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD:16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants have been evaluated using the Temperament Evaluation of Memphis, Pisa and San Diego Auto-questionnaire (TEMPS-a), Beck Hopelessness scale (BHS), Scale for Suicide Ideation (SSI), and Intent Score Scale (ISS).

Results Patients with anxious temperament significantly differ in terms of residual interepisodic symptoms, substances abuse, adherence to treatment, and current episode duration when compared with those having other affective temperaments. Only suicidal ideation and irritable temperament resulted significant predictors of suicide preparation. In addition, suicidal ideation and prior suicide attempts represent significant predictors of suicide intent.

Conclusions The present findings suggest the importance of systematic evaluation for suicidal behaviour that may allow clinicians to identify patients at higher suicide risk. As these data may be influenced by the severity of the psychopathological conditions and psychiatric medications, which were used during admission by our patients, further additional studies are needed to test these preliminary findings.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2175

EW0306

Childhood traumatic experiences and coping strategies: Correlations with quality of life

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Introduction Individuals with a history of childhood traumatic experiences may exert maladaptive coping strategies and impaired adult quality of life.

Objectives The present study explored the association between childhood traumatic experiences, coping strategies, and quality of life.

Aims We aimed to evaluate whether childhood traumatic experiences or specific coping strategies may significantly predict quality of life.

Methods This is a cross-sectional study including 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were recruited at the psychiatric unit of the university of Genoa (Italy). All participants were assessed using the Childhood Trauma Questionnaire (CTQ), Coping Orientation to Problems Experienced (Cope), and Short Form 12 Health Survey version 2 (SF-12).

Results Subjects with a history of emotional abuse were more likely to have an earlier age of onset of their psychiatric conditions, an earlier age of their first treatment/hospitalization, higher recurrent episodes and days of hospitalization, longer illness duration and non-psychiatric treatments at intake when compared with those who did not present any history of abuse. Based on regression analyses, only positive reinterpretation and growth, focus on and venting of emotions, and substance abuse, but not childhood traumatic experiences, resulted positive predictors of physical quality of life. Moreover, focus on and venting of emotions was able to predict mental quality of life.

Conclusions While traumatic experiences did not predict quality of life, specific coping strategies were significant predictors of quality of life. Further studies are requested to test these preliminary results.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2176

EW0307

Platelet and plasmatic lipidic profile as potential marker of bipolar disorders: Preliminary findings

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Introduction Although the diagnosis of bipolar disorder is currently based on clinical criteria, preliminary studies showed that palmitic and arachidonic acid levels are able to discriminate adult patients with major depressive disorder (MDD) from those with bipolar disorder (BD).

Objectives To replicate and to expand previous findings by investigating the relation between mood disorders and platelet and plasmatic fatty levels.

Aims To compare the lipidic profile of individuals with different mood disorder (MDD vs. BD) and to investigate the relation with specific clinical features (duration of illness, attempted suicide, psychotic symptoms).

Methods Potential participants were recruited from the outpatient and inpatient psychiatric units of the university hospital of Palermo (Italy). Diagnosis of DSM IV mood disorders was made using the MINI. Symptom severity was assessed using the HAM-D rating scale and the YMRS. Fatty acid profile was analyzed using mass spectrometry.

Results Preliminary analyses were performed on 8 patients with MDD and 6 with BD. Groups were similar in terms of demographic variables. Patients with MDD showed highest levels of platelet palmitic acid, stearic acid, and arachidonic acid. Furthermore, plasmatic docosahexaenoic acid was negatively related with manic symptoms severity (Rho = –0.697; $P = 0.025$) and platelet alpha linolenic acid was positively related with illness duration (Rho = 0.845; $P = 0.040$).