

**Methods** Participants underwent clinical interviews for BS, psychosocial functioning and current mental disorder on the telephone.

**Results** BS were reported by 18% of participants, mainly cognitive BS (15%). Age seemed to affect perceptive and cognitive BS differently, indicating an age threshold for perceptive BS in late adolescence (around age 18) and for cognitive BS in young adulthood (early twenties) – with higher prevalence, but a lesser association with functional deficits and the presence of mental disorder in the below-threshold groups. Thereby, effects of the interaction between age and BS on functioning and mental disorder were commonly stronger than individual effects of age and BS.

**Conclusion** Differential age effects of perceptual and cognitive BS seem to follow normal brain maturation processes, in which they might occur as infrequent and temporary nonpathological disturbances. Their persistence or occurrence after the conclusion of main brain maturation processes, however, might signify aberrant maturation processes. Thus, BS might provide important insight into the pathogenesis of psychosis and into potential neuroprotective targets.

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#### 0046

### Risk factors for suicide attempt: A retrospective study

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**Introduction** Suicide is a leading cause of death among adolescents.

**Objectives** To investigate suicidal behaviors among Italian adolescents.

**Aims** To assess the rates of suicidal ideation (SI) and suicide attempts (SA) and the associated risk factors in patients admitted to emergency department (ED) of the Bambino Gesù Children's Hospital.

**Methods** Retrospective study based on data of patients admitted to the ED from 1 January 2011 to 30 May 2016 who required a neuropsychiatric (NPI) consultation. We analyzed:

- outcome of the NPI consultation (hospitalization or discharge);
- risk factors for SA and SI;
- methods employed for SA.

**Results** The number of NPI consultations for SI and SA increased from 6.45% in 2011 to 13.3% in 2015. More than 90% of consultations recommended hospitalization in the psychiatric unit (137 patient [66% female]; mean age of  $15.5 \pm 1.6$  years) with average length of stay of  $13.64 \pm 10.63$  days. Risk factors for SI and SA were non-suicidal self-injury, family conflicts and previous suicide attempts. Subjects evaluated for a SA reported a significantly higher frequency of family history of mood disorder ( $\chi^2 = 5.94$ ;  $P = 0.02$ ) and a comorbid substance abuse ( $\chi^2 = 4.49$ ;  $P = 0.03$ ) when compared with SI group. The method most frequently used to attempt suicide was ingestion of medications (52.83%).

**Conclusions** There was an increasing demand of NPI consultation of SA and SI in the last years. A family history of mood disorder and a history of substance abuse are risk factors able to differentiate between SI and SA.

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

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### Oral communications: E-mental health; bipolar disorders; child and adolescent psychiatry; eating disorders; intellectual disability and women, gender and mental health

#### 0047

### A mediation analysis of childhood maltreatment and suicidal behavior among patients with depressive or bipolar disorders



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**Introduction** Substantial evidence supports association between childhood maltreatment and suicidal behaviour, however, a limited number of studies have examined psychological mechanisms mediating the relationship among patients with mood disorders.

**Objective** To investigate directly the potential intermediating mechanisms between childhood maltreatment and suicidal behaviour among patients with mood disorders.

**Aims** We examine by formal mediation analyses, if:

- the effect of childhood maltreatment on suicidal behaviour is mediated through borderline personality disorder traits;
- the mediation effect differs between lifetime suicidal ideation and lifetime suicide attempts.

**Methods** Depressive disorder and bipolar disorder (ICD-10-DCR) patients ( $n = 287$ ) from the Helsinki university psychiatric consortium (HUPC) Study were surveyed on self-reported childhood experiences, current depressive symptoms, borderline personality disorder traits and lifetime suicidal behaviour. Psychiatric records served to complement the information on suicide attempts.

**Results** The influence of childhood maltreatment on lifetime suicidal ideation and lifetime suicide attempts showed comparable total effects. In formal mediation analyses, borderline personality disorder traits mediated all of the total effect of childhood maltreatment on lifetime suicide attempts, but only 21% of the total effect on lifetime suicide ideation. The mediation effect was stronger for lifetime suicide attempts compared to ideation ( $P = 0.002$ ) and independent of current depressive symptoms.

**Conclusions** The mechanisms of the effect of childhood maltreatment on suicidal ideation and attempts may diverge among psychiatric patients with mood disorders. Borderline personality disorder traits may contribute to these mechanisms, although the influence appears considerably stronger for suicide attempts than for suicide ideation.

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