

EPP1400

Mental health, suicidal behavior and sexual orientation in PortugalH. Pereira^{1,2,3}

¹Ubi, Research Centre in Sports Sciences, Health Sciences and Human Development, Covilha, Portugal; ²Psychology And Education, University of Beira Interior, Covilha, Portugal and ³Cics-ubi, Centre for Research in Health Sciences, Covilha, Portugal
doi: 10.1192/j.eurpsy.2021.1555

Introduction: Sexual minority individuals consistently report higher rates of mental disorders and suicidal behavior than heterosexuals. However, much of this research is limited to Anglo-Saxon studies and no information on Portuguese reality is available.

Objectives: The purpose of this study is to compare levels of mental functioning and suicidal behavior among heterosexual, bisexual, and homosexual individuals in Portugal.

Methods: Using online surveys, 1140 individuals (62.40% women, Mage = 36.83, SDage = 13.39, 76.4% heterosexual, 9.4% bisexual, and 14.2% gay or lesbian) completed the BSI subscales for depression and anxiety symptoms, as well as the Suicide Behaviors Questionnaire-Revised.

Results: Self-identified bisexual participants presented higher levels of depressive and anxiety symptoms and higher levels of suicidal ideation and likelihood of suicidal behavior than homosexual and heterosexual participants (who scored the lowest); yet, homosexual participants showed higher levels of suicide attempts. Also, depression and anxiety symptoms were strongly and positively correlated with all dimensions of suicidal behavior. Finally, hierarchical multiple regression analysis showed that higher levels of depression and non-heterosexual sexual orientations were significant predictors of suicidal ideation and the likelihood of suicidal behavior.

Conclusions: The present study adds to the evidence that sexual minority individuals are at risk of increased mental health problems and suicidal behavior, compared to heterosexuals, and reiterates the need for local political and legislative efforts to normalize LGB identities, fighting continued institutional heterosexism, interpersonal intolerance. Mental health providers and mental health policymakers need to consider these results if they want to address inequalities in mental health and in suicidality among these minority groups.

Keywords: Suicide Behavior; Depression; Anxiety; Sexual orientation

EPP1399

The mediating role of impulsivity in the relationship between suicidal behaviour and early traumatic experiences in depressed subjects

F. Dal Santo^{1*}, J.J. Carballo², Á. Velasco¹, L. Jiménez-Treviño¹, J. Rodríguez-Revuelta¹, C. Martínez-Cao¹, I. Irene Caro-Cañizares³, L. De La Fuente-Tomás¹, I. Menéndez-Miranda¹, L. González-Blanco¹, M.P. García-Portilla¹, J. Bobes⁴ and P.A. Saiz¹

¹Department Of Psychiatry, University of Oviedo, Oviedo, Spain; ²Department Of Psychiatry, Hospital General Universitario Gregorio Marañón, Madrid, Spain; ³Department Of Psychiatry, Fundación Jiménez Díaz Hospital, Madrid, Spain and ⁴Psychiatry, University of Oviedo, Oviedo, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1556

Introduction: Depressed patients with early traumatic experiences may represent a clinically distinct subtype with worse clinical outcome. Since early traumatic experiences alter the development of systems that regulate the stress response, certain personality features may influence coping strategies, putting individuals with depression and a history of early traumatic experiences at greater risk of suicidal behaviour.

Objectives: To determine whether impulsivity mediates the relationship between early traumatic experiences and suicidal behaviour in patients with major depressive disorder (MDD).

Methods: The sample included 190 patients [mean age (SD)=53.71 (10.37); females: 66.3%], with current MDD. The Childhood Trauma Questionnaire-Short Form (CTQ-SF), the List of Threatening Experiences (LTE), and the Barratt Impulsiveness Scale-11 (BIS-11) were used to assess childhood and adulthood adverse life events and impulsivity. We developed mediation models by bootstrap sampling methods.

Results: 81 (42.6%) patients had previous suicide attempts (SA). CTQ-SF-Total and BIS-11-Total scores were higher in MDD patients with previous SA. Correlation analyses revealed significant correlations between the CTQ-SF-Total and BIS-11-Total, CTQ-SF-Total and HDRS-Total, and BIS-11-Total and HDRS-Total scores. Regression models found that CTQ-SF-Total, BIS-11-Total, and HDRS-Total scores were associated with SA. Mediation analyses further revealed the association between CTQ-SF-Total and SA was mediated by the indirect effect of the BIS-11-Total score (b=0.007, 95% CI=0.001, 0.015), after controlling for sex, HDRS-Total, and LTE-Total.

Conclusions: Impulsivity could mediate the influence of childhood trauma on suicidal behaviour. This will help understand the role of risk factors in suicidal behaviour and aid in the development of prevention interventions focused on modifiable mediators when risk factors are non-modifiable.

Keywords: Stressful Life Events; childhood trauma; suicidal behaviour; Impulsivity

EPP1400

Suicidal behaviors in the elderly. About a case.

M. Valverde Barea*, M.O. Solis, C. Mata Castro and F. Cartas Moreno

Unit Mental Health, Complejo Hospitalario Jaén, Jaén, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1557

Introduction: Suicide is a global health problem. The elderly is the range with the highest suicide rate and suicidal behaviors are more lethal, with greater planning and less possibility of rescue. In the elderly, Major Depressive Disorder is the diagnosis most frequently associated with suicidal behavior. 15% of the elderly with a depressive picture commit suicide. Loneliness, the main cause of suicides in the elderly population.

Objectives: The objective of the clinical case presented is to address the risk factors for suicide in the elderly.

Methods: 80-year-old patient, widower who makes a suicide attempt by ingesting glyphosate. Personal history: Acute myocardial infarction 1 month ago. Not mental illness. Family stressors: illness of his granddaughter, loss of his son's job. Personal stressors: Loss of autonomy due to ischemic heart disease. The patient was admitted to the Intensive Care Unit with acute pulmonary edema