females had IRRs of 4.1 (95% CI, 3.1-5.5) and 7.0 (95% CI, 4.8-10.1), respectively, 6 months after being diagnosed with a sleep disorder.
Conclusions: Sleep disorders were associated with higher suicide rates even after adjusting for pre-existing mental disorders. Our findings suggest attention towards suicidal ideation in patients suffering from sleep disorders is warranted.

Disclosure: Disclosures and Acknowledgements: Adam Spira has received honoraria for serving as a consultant to Merck and from Springer Nature Switzerland AG for guest editing special issues of Current Sleep Medicine Reports. The other authors report no conflict of in
Keywords: Suicide; suicide prevention; Suicidology; sleep disorder

O0157

Decreasing suicide mortality in Hungary – What are the main causes?

Z. Rihmer[1]*, P. Dome[1], X. Gonda[1], Z. Bélteczki[2], A. Németh[3], S. Szilágyi[4] and J. Balazs[5]

[1]Semmelweis University, Department Of Psychiatry And Psychotherapy, Budapest, Hungary; [2]Sántha Kálmán Psychiatric Hospital, I. Department, Nagykálló, Hungary; [3]National Institute of Mental Health, Neurology and Neurosurgery, Nyírő Gyula National Institute Of Psychiatry And Addictions, Budapest, Hungary; [4]Peterfy Sándor Hospital, Department Of Crisis Intervention And Psychiatry, Budapest, Hungary and [5]Eotvos Lorant University, Department Of Developmental And Clinical Child Psychology, Budapest, Hungary
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.342

Introduction: Depression and suicidal behaviour are major public health problems everywhere but particularly in Hungary where until 2000 the suicide rate was among the highest in the world.
Objectives: To analyse the possible causes of declining national suicide rate of Hungary.
Methods: Review of the scientific literature on Hungarian suicide scene published in the last 40 years.
Results: The peak of Hungarian national suicide rate was in 1985 (46/100.000) but due to a steady and continuous, year by year decline, in 2019 it was only 16/100.000, which represents a more than 65% decrease. Rate of unrecognised/untreated mood disorders, availability of health/psychiatric care, antidepressant and lithium prescription, unemployment, smoking and alcohol consumption as well as lithium and arsenic contents of drinking water were the most investigated possible determinants of suicide mortality of the country. More widespread and effective treatment of psychiatric/mood disorder patients, decreased rate of unemployment and smoking as well as the continuously improving living standards were the most important contributors to the great decline of the national suicide rate. However, in 2020 – the first year of the COVID-19 pandemic – the national suicide rate rose by 16%, which was almost totally accounted for by the increase of suicides among males.
Conclusions: Suicidal behaviour is preventable in many cases, but as it is a complex, multicausal phenomenon, its prevention should involve several medical/psychiatric, psychosocial and community interventions.

Disclosure: No significant relationships.
Keywords: Hungary; suicide; mortality

O0158

Altered Executive Function in Suicide Attempts

J. Fernández[1]*, S. Alberich[2], I. Zorrilla[1], I. González-Ortega[2], M. P. López[1], V. Pérez-Solà[3], E. Vieta[4], A.M. González-Pinto[1] and P. A. Saiz[5]

[1]Asociación Instituto de Investigación Sanitaria BIOARABA. Universidad del País Vasco, Departamento de Neurociencias, Psychiatry, Vitoria-Gasteiz, Spain; [2]Asociación Instituto de Investigación Sanitaria BIOARABA, Psychiatry, Vitoria-Gasteiz, Spain; [3]Parc de Salut Mar, Institut De Neuropsiquiatria I Addiccions, Barcelona, Spain; [4]Hospital Clínic de Barcelona, Bipolar And Depressive Disorders Unit, Institute Of Neuroscience, Barcelona, Spain and [5]University of Oviedo, Department Of Psychiatry, oviedo, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.343

Introduction: Executive function organizes and directs behaviour but alterations in this cognitive domain can lead to inaccurate perception, interpretation and response to environmental information, which could be a risk factor for suicide.
Objectives: To explore executive function performance of depressed recent suicide attempters in comparison to depressed past suicide attempters, depressed non-attempters and healthy controls.
Methods: 96 participants from the Psychiatry Department of the Araba University Hospital-Santiago were recruited as follows: 20 patients with a recent suicide attempt (<30days) diagnosed with a Major Depressive Disorder (MDD), 33 MDD patients with history of attempted suicide, 23 non-attempter MDD patients and 20 healthy controls. All participants underwent a clinical interview and neuropsychological assessment on executive function with the Wisconsin Sorting Card Test. Backward multiple regressions were performed adjusting for significant confounding variables. For group comparisons ANOVA test and Bonferroni post hoc test were performed with $p<0.05$ significance level.
Results: Patient groups did not differ regarding severity of depression. All patient groups performed significantly worse than healthy controls on executive function. Adjusted comparisons between patient groups indicated that recent suicide attempters had a poorer performance in this cognitive domain in comparison to both depressed lifetime attempters and depressed non-attempters ($B=0.296$, $p=0.019$ and $B=0.301$, $p=0.028$ respectively).
Conclusions: Executive function performance is altered in recent suicide attempts. As impaired executive function can be a risk factor for suicide, preventive interventions on suicide should focus on its assessment and rehabilitation.

Disclosure: No significant relationships.
Keywords: Executive function; cognition; major depressive disorder; Suicide