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Introduction: Suppressor of cytokine signaling (SOCS) proteins are the critical negative regulators of immune responses that exert their effects by inhibiting the Jak/Stat signaling pathway.

Objectives: To investigate quantitative detection of methylated SOCS-1 in schizophrenia and bipolar disorder considering SOCS-1 -1478CA/del polymorphism and clinical parameters.

Methods: 114 patients with SCZ, 86 patients with BD, and 80 healthy volunteers were included in the case-control study. The patients were consecutively admitted to the outpatient clinic for three months and were evaluated with some scales for clinical parameters. To measure the methylation level of the SOCS-1 gene, bisulfite-converted DNA samples were analyzed using the real-time quantitative methylation-specific PCR method. SOCS-1 -1478CA/del gene polymorphism was evaluated by using the PCR-RFLP.

Results: The SOCS-1 promoter methylation levels of SCZ ($p = .001$) and BD ($p = .024$) were found to be significantly different from the control group. SOCS-1 methylation was significantly different between SCZ groups due to the age of onset ($p = .009$). Again, SOCS-1 methylation was significantly different between BD groups due to YMRS scale scores ($p = .027$). While the SOCS-1 genotype distributions of SCZ patients were not found to be statistically different from the control group, a significant difference in genotype distribution between BD patients and healthy controls was found ($p = .013$).

Conclusions: The methylated SOCS-1 quantity in DNA samples of both SCZ and BD patients was significantly lower than in control samples. Whereas the SOCS-1 -1478CA/del polymorphism was not related to SCZ, it may be associated with the BD.

Disclosure: No significant relationships.

Keywords: bipolar disorder; schizophrenia; SOCS-1; promoter methylation

Suicidology and Suicide Prevention

O0149

Covid-19 and impulsivity: an evaluation of self-harm admissions in emergency care.

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Introduction: Several studies highlighted how COVID-19-related isolation and quarantine deeply weighed on the mental health of both the general and psychiatric population. There has been limited investigation about self-harm and impulsivity during the COVID-19 pandemic.

Objectives: The aim of this study is to evaluate how COVID-19-related lockdown affected self-harm rates in an Italian hospital.

Methods: Data on 59 patients were retrospectively collected from the Emergency department of the Policlinico Tor Vergata, Rome, from March 11 to May 4, 2020 (Italian mass quarantine) and the same periods of 2019 and 2021. Demographics, psychiatric history, substance use/abuse, types of self-harm and admission in psychiatric acute unit (PAU) rates were recorded.

Results: No statistical difference was reported in self-harm rates [9.8%(26/266) in 2019 vs 13.2%(10/76) in 2020 vs 10.7%(23/215) in 2021; $p>0.05$]. In 2020 subjects were younger (31.9 ± 12.1 vs 39.2 ± 14.4 , $p=0.22$; vs 38.1 ± 14.4 ; $p=0.15$) and had higher incidence of psychiatric history [90%(9/10) vs 73.1%(19/26), $p=0.42$; vs 65.2% (15/23), $p=0.29$], than 2019 and 2021 respectively. Substance use/abuse rates were significantly lower in 2020 compared to 2019 and 2021 [10%(1/10) vs 53.8%(14/26), $p=0.04$; vs 60.9% (14/23), $p=0.02$]. In 2020, subjects committing self-harms were more frequently admitted to PAU compared to 2019 and 2021 [60%(6/10) vs 19.2%(5/26), $p=0.04$; vs 17.4% (4/23), $p=0.04$].

Conclusions: Consistent with the literature, lockdown-related measures negatively impacted on younger people, with higher rates of self-harm between March and May 2020. This, together with a higher rate of admissions to PAU, should warn the mental health system to target with specific programs to support adolescents and youngsters.

Disclosure: No significant relationships.

Keywords: emergency care; self-harm; Impulsivity; Covid-19

O0150

Psychiatric care following deliberate self-harm and prospective mortality: evidence from a national cohort of patients in routine care

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Introduction: Psychiatric care following self-harm treatment is pivotal in patients' life both in short- and long-terms.

Objectives: To examine follow-up psychiatric care received by patients treated for deliberate self-harm (DSH), and to assess the influence of psychiatric referral and treatment attendance on risk for subsequent mortality.

Methods: Nationwide registries were interlinked to follow all DSH patients for data on personal socioeconomic status, clinical features of DSH, psychiatric treatment and cause of death. Data were analyzed with Logistic regression and cause-specific survival analysis.

Results: The study identified 43153 patients involving 69569 DSH episodes. Of these patients 15.7% were referred or transferred to psychiatric services and 51.0% attended psychiatric treatment within subsequent 3 months. Evidently, prior psychiatric history and psychiatric comorbidities had strong influence on both referral and attendance to psychiatric healthcare, personal socioeconomic status also deviated the likelihoods. During the follow-up, 7041 patients died from suicide ($n=911$) or other causes ($n=6130$). While suicide risk was highly associated with male gender, middle age, and particularly, prior and coexisting psychopathologies, other cause mortality was strongly associated with old age and