

socioeconomic disadvantages. Meanwhile, a referral to psychiatric services was associated with suicide risk, and the risk was particularly high for patients who received the referral but did not attend psychiatric treatment. The observed effect was more pronounced during the early years, and in patients of young or middle age and those with a clear intent of self-harm.

**Conclusions:** The insightful findings highlight the importance of patients' attendance and engagement in follow-up psychiatric care on risk for subsequent mortality.

**Disclosure:** No significant relationships.

**Keywords:** deliberate self-harm; prospective outcome; mental healthcare; treatment engagement

## O0151

### Estimation of future suicide risk in psychiatric inpatients with 6-item questionnaire

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**Introduction:** Estimation of suicide risk is difficult task, and the clinical utility of different suicide risk scales is far from ideal.

**Objectives:** Previously we developed a 6-item clinician rated (yes/no) questionnaire (score range:0-28) that is able to detect current and past suicide risk with high sensitivity and specificity among acutely admitted psychiatric inpatients (Rihmer et al, 2017).

**Methods:** The 151 (75 suicidal and 76 non-suicidal) psychiatric inpatients, admitted between 1 November 2016 and 31 March 2017 were followed till 31 August 2021. Cases of completed suicides and suicide attempters receiving medical attention were recorded.

**Results:** During the 53-month follow-up 3 patients (2%) completed suicide (a 46 year old male with bipolar II disorder, a 57 year old female with schizoaffective disorder, a 55 year old male with schizoaffective disorder). Both of them were at baseline among the 75 suicidal inpatients and belonged to the group of "Marked suicide risk" (range:16-28 points) and scored 28,26 and 25 points, respectively. Suicide attempts have been made by 6 patients, all of them belonged to initially "Marked suicide risk" group (one initially non-suicidal, 16 points; 5 initially suicidal 22,26,26,26 and 28 points, respectively). 141 from the 151 patients received regular personal and/or on-line psychiatric care (including patients who died by suicide).

**Conclusions:** Despite the small number of suicidal cases, our results suggest that this short, simple questionnaire might be helpful not only in detecting current and past suicidality, but also predicting future risk among discharged psychiatric inpatients.

**Disclosure:** No significant relationships.

**Keywords:** suicide; questionnaire; prediction; risk

## O0152

### Does country of resettlement influence the risk of suicide in refugees? A case-control study in Sweden and Norway

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**Introduction:** Little is known regarding how the risk of suicide in refugees relates to their host country. Specifically, to what extent, inter-country differences in structural factors between the host countries may explain the association between refugee status and subsequent suicide is lacking in previous literature.

**Objectives:** We aimed to investigate the risk of suicide among refugees in Sweden and Norway according to their sex, age, region/country of birth and duration of residence.

**Methods:** Each suicide case between the age of 18-64 years during 1998 and 2018 (17,572 and 9,443 cases in Sweden and Norway, respectively) was matched with up to 20 population-based controls, by sex and age. Multivariate-adjusted conditional logistic regression models yielding adjusted odds ratios (aORs) with 95% confidence intervals (95% CI) were used to test the association between refugee status and suicide.

**Results:** The aORs for suicide in refugees in Sweden and Norway were 0.5 (95% CI: 0.5-0.6) and 0.3 (95% CI: 0.3-0.4), compared with the Swedish-born and Norwegian-born individuals, respectively. Stratification by region/country of birth showed similar statistically significant lower odds for most refugee groups in both host countries except for refugees from Eritrea (aOR 1.0, 95% CI: 0.7-1.6) in Sweden. The risk of suicide did not vary much across refugee groups by their duration of residence, sex and age.

**Conclusions:** The findings of almost similar suicide mortality advantages among refugees in two host countries may suggest that resiliency and culture/religion-bound attitudes could be more influential for suicide risk among refugees than other post-migration environmental and structural factors in the host country.

**Disclosure:** No significant relationships.

**Keywords:** Suicide; Country of birth; Duration of residence; Refugee

## O0153

### Use of hormonal contraception and attempted suicide: a nested case-control study

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**Introduction:** In Finland more than 40% of fertile aged women used some type of hormonal contraception (HC) in the period 2010-2013. A proportion of women using HC complains of side effects, including mood symptoms. The relationship between the use of HC and the risk of attempted suicide (AS) is still a matter of debate.

**Objectives:** To assess the association of the use of HC with the risk of AS during 2017-2019.

**Methods:** Data were retrieved from the Prescription Centre, Care Register of Health Care, Register of Primary Health Care Visits and Statistics Finland. A total of 587 823 women, aged 15-49 years, using and not using HC in 2017 were analysed in the initial incidence study. All incident AS cases during 2018-2019, and their 4:1 age-matched controls (1 174 346 person-years) were analysed in a nested case-control setting via conditional logistic regression models.

**Results:** Altogether 818 AS cases occurred during the follow-up (incidence rate: 0.70/1000 person-years, 95% CI 0.65-0.75), with an IRR of HC vs. no-HC use of 0.73 (0.63-0.83). Current use (in the 180 days before the event) of estradiol- or ethinylestradiol-containing HC was associated with a lower risk of AS (0.53, 0.33-0.87; 0.49, 0.37-0.64, respectively) compared to non-use of HC. After controlling for covariates (marital and socioeconomic status, education level, use of psychotropic medications), only current use of HC containing ethinylestradiol remained significant (0.39, 0.23-0.65).

**Conclusions:** A lower risk of AS is associated with the use of HC, and specifically of ethinylestradiol-containing HC.

**Disclosure:** No significant relationships.

**Keywords:** hormonal contraception; nested-case control; women; attempted suicide

## 00155

### Poverty, agency, and suicide: Men and women

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**Introduction:** Assumptions linking poverty with sex, associating poverty with agency, as well as connecting agency with suicide, are widespread. Women are often seen as being affected more by poverty than men. Men are frequently considered to possess more agency than women, and men are also more prone to suicide than women.  
**Objectives:** The research aims to assess if poverty, agency and suicide differences occur across sexual lines. The study will attempt to establish if a poverty-agency-suicide relationship is supported by data, and how the poverty-agency and the agency-suicide relationships are in turn influenced by sex.

**Methods:** A cross-sectional survey design was used and interviews were conducted with 3 531 respondents. Chi-squared tests were used to calculate whether differences on poverty, agency and

suicide ideation exist across sexual lines. Correlation analysis was implemented to test for the poverty-agency-suicide relationship, and regression analyses were used to test the moderating effects of sex on the poverty-agency and the agency-suicide relationships.

**Results:** Men and women did not differ significantly on levels of poverty, agency, nor suicide ideation. Poverty did relate to agency (a negligible effect), but agency did not have an effect on suicide ideation. Sex did not moderate the poverty-agency nor the agency-suicide relationship.

**Conclusions:** The data do not support established stereotypes nor empirical findings regarding sex differences across the poverty, agency and suicide ideation spectrums. The data also do not support the poverty-agency-suicide relationship and sex does not influence this relationship. Healthcare professionals should be aware that (well-founded) stereotypes do not necessarily materialize in all populations.

**Disclosure:** No significant relationships.

**Keywords:** suicide ideation; agency; poverty; sex

## 00156

### Association of hospital-diagnosed sleep disorders with suicide: a nationwide cohort study

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**Introduction:** Sleep disorders and psychiatric disease are closely related, and psychiatric diseases are associated with elevated suicide risks. Yet, the association between sleep disorders and suicide remains to be assessed using a consistent measure of sleep disorders.

**Objectives:** The aim of this study was to examine whether people with a hospital-diagnosis of sleep disorders had higher suicide rates than people with no diagnosis.

**Methods:** In a cohort study, nationwide data on all persons aged 15+ years living in Denmark during 1980-2016 were analysed. Sleep disorders were identified through diagnoses recorded during contacts to somatic hospitals. Incidence Rate Ratios (IRR) were estimated using Poisson regression models and adjusted for relevant covariates.

**Results:** In all, 3,674,563 males and 3,688,164 females were included, of whom 82,223 (2.2%, mean age: 50.2, SD: 17.5) males and 40,003 (1.1%, mean age: 50.6, SD: 19.9) females had sleep disorder diagnoses. Compared to those with no sleep disorders, the adjusted IRRs for suicide were 1.6 (95% CI, 1.4-1.7) and 2.2 (95% CI, 1.8-2.6) for males and females with sleep disorders, respectively. Excess rates for narcolepsy were found for males (IRR:1.2, 95% CI, 1.0-1.5) and females (IRR:3.3, 95% CI, 3.0-4.1), and for sleep apnea in males (IRR:1.8, 95% CI, 1.5-2.2). Males and