Table 1: Comparación de los valores medios y desvíos estándares la conducta prosocial según sexo.

Variable	Femenino		Masculino		Valores Estadísticos	
	Media	Desvio	Media	Desvio	*t*	*P*
Conducta prosocial	49,62	7,70	49,93	7,90	4,45	0,909

Note: **p < .01; *p < .05

Conclusions: It was concluded that the higher the optimal levels of empathy, the lower the aggressive behavior presented by teenagers.

Disclosure: No significant relationships.
Keywords: violent contexts; Prosocial behavior; Adolescents

Suicidology and Suicide Prevention 03 / Precision Psychiatry

EPP0165

The association between benzodiazepine and non-benzodiazepine and suicide: a nationwide cohort study

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Introduction: Benzodiazepines and non-benzodiazepines have been linked to a variety of adverse effects including addiction. Long term use of these drugs has been associated with an increased risk of suicide.
Objectives: We assessed if individuals in treatment with non-benzodiazepine (n-BZD) and benzodiazepine (BZD) had higher rates of suicide when compared to individuals not in treatment with these drugs.
Methods: We utilized a cohort design and national longitudinal data on all individuals aged 10 or above who lived in Denmark between 1995 and 2018. Treatment with either n-BZD or BZD was identified via the Danish National Prescription Registry and suicide deaths were identified in the national cause of death registries.
Results: In a total of 6,494,206 individuals, 10,862 males and 4,214 females died by suicide. Of these, 1,220 (11.2%) males and 792 (18.8%) females had been in treatment with n-BZD, resulting in adjusted IRR for suicide of 4.2 (95% CI, 4.0 – 4.5) and 3.4 (95% CI, 3.1 – 3.7) for males and females, respectively, when compared to those not in treatment. In all, 529 (4.8%) males and 395 (9.3%) females who died by suicide had been in treatment with BZD. The IRRs for suicide were 2.4 (95% CI, 2.2 – 2.6) and 2.5 (95% CI, 2.3 – 2.8) for males and females, respectively, and compared to those not in treatment.
Conclusions: In this study we find that those in treatment experienced higher suicide rates than those not in treatment, this persisted when also adjusting for a large variety of covariates.

Disclosure: No significant relationships.
Keywords: Suicide; sleep medicine; Pharmacology; benzodiazepine

EPP0166

The effects of a computerized clinical decision aid on clinical decision-making and guideline implementation in psychosis care

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Introduction: Clinicians in mental healthcare have few objective tools to identify and analyse their patient's care needs. Clinical decision aids are tools that can support this process.
Objectives: This study examines whether 1) clinicians working with a clinical decision aid (TREAT) discuss more of their patient's care needs compared to usual treatment, and 2) agree on more evidence-based treatment decisions.
Methods: Clinicians participated in consultations (n=166) with patients diagnosed with psychotic disorders from four Dutch mental healthcare institutions. Primary outcomes were measured with the modified Clinical Decision-making in Routine Care questionnaire and combined with psychiatric, physical and social wellbeing related care needs. A multilevel analysis compared discussed care needs and evidence-based treatment decisions between treatment as usual (TAU) before, TAU after and the TREAT-condition.
Results: First, a significant increase in discussed care needs for TREAT compared to both TAU conditions (b = 20.2, SE = 5.2, p = 0.00 and b = 15.8, SE = 5.4, p = 0.01) was found. Next, a significant increase in evidence-based treatments decisions for care needs was observed for TREAT compared to both TAU conditions (b = 16.7, SE = 4.8, p = 0.00 and b = 16.0, SE = 5.1, p = 0.01).
Conclusions: TREAT improved the discussion about physical health issues and social wellbeing related topics. It also increased evidence-based treatment decisions for care needs which are sometimes overlooked and difficult to treat. Our findings suggest that TREAT makes sense of ROM data and improves guideline-informed care.

Disclosure: No significant relationships.