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EEG features in depressive female adolescents with suicidal and non-suicidal auto-aggressive behaviorE. Iznak^{1*}, E. Damyanovich¹, I. Oleichik² and N. Levchenko²¹Laboratory Of Neurophysiology, Mental Health Research Centre, Moscow, Russian Federation and ²Clinical Department Of Endogenous Mental Disorders And Affective States, Mental Health Research Centre, Moscow, Russian Federation

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Introduction: In adolescents, both non-suicidal self-injuries (NSSI) and previous suicidal attempts (SA) represent significant risk factors for future suicide. Thus, the search for EEG markers of these forms of auto-aggressive behavior seem to be an actual task.

Objectives: The aim of the study was to reveal the differences of baseline EEG features in depressive female adolescents with auto-aggressive behavior such as NSSI or SA.

Methods: The study included 45 depressive female in-patients aged 16–25 years. 21 of them showed only NSSI (NSSI subgroup), 24 patients had a history of SA (SA subgroup). Subgroups did not differ in clinical and social-demographic parameters. Baseline EEG spectral power (SP) and its asymmetry were measured.

Results: SA subgroup had higher parietal-occipital alpha-2 (9-11 Hz) SP than NSSI subgroup. Its focus was located in the right hemisphere, and alpha-3 (11-13 Hz) SP was higher than alpha-1 (8-9 Hz). In contrary, in NSSI subgroup alpha-1 SP was higher than alpha-3; and foci of alpha-2 and alpha-3 SP were localized in the left hemisphere.

Conclusions: Spatial distribution and the ratio of EEG alpha frequency components SP in the SA subgroup reflect greater activation of brain cortex, especially of the left hemisphere that is more typical for EEG of individuals with increased risk of suicide. In NSSI subgroup, the right hemisphere is relatively more activated that is more typical for EEG in depression without SA. The study supported by RBRF grant No.20-013-00129a.

Disclosure: No significant relationships.

Keywords: female adolescents; non-suicidal self-injury; suicidal attempts; Depression

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Sociodemographic, personality and symptomatologic profiles associated with an increased likelihood of suicidal risk in patients hospitalized for recurrent depressive disordersR. Kalinovic^{1*}, G. Vlad², O. Neda-Stepan², M. Dinescu², C. Giurgi-Onu³, I. Enatescu⁴ and V.R. Enatescu³¹Biochemistry, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania; ²Psychiatry I, “Pius Brinzeu” Emergency County Hospital-Psychiatric Clinic, Timisoara, Romania; ³Psychiatry, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania and ⁴Neonatology And Childcare, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania

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Introduction: According to WHO statistics, 800,000 suicides occur annually, representing the second leading cause of death in people aged 15 to 29. The contributing factors for suicidal risk are multifactorial and multileveled.

Objectives: We aimed to analyze the predictive value of distinct sociodemographic, personality and symptomatology characteristics in predicting the presence of suicidal risk in patients hospitalized for the analyzed mood disorder.

Methods: A longitudinal retrospective case-control study was performed on medical data records of 90 patients admitted in the Timisoara Psychiatric Clinic during 2018 – 2020. Besides the parametric and non-parametric statistical analyses, logistic binary regression analyses were done.

Results: Patients with suicide risk tended to be younger ($p = 0.039$), without intimate partnership ($p < 0.001$), current smoker ($p = 0.038$) and to present psychotic symptoms at some moments during the psychiatric disorder. 51 (56.7%) of the total patients have presented different degrees of suicidal risk (from suicidal ideation to suicide attempt). Patients with suicide risk tended to be younger ($p = 0.039$), without intimate partnership ($p < 0.001$), current smoker ($p = 0.038$) and to present psychotic symptoms at some moments during the psychiatric disorder. Personality traits has not influenced suicidal risk. Presence of intimate partner (OR = 0.135; $p < 0.001$) and the presence of psychotic symptoms during recurrent depression (OR = 7.309; $p = 0.004$) have presented predictive value on suicide risk.

Conclusions: Psychiatrist practitioners should be aware of the clinical and sociodemographic characteristics that put recurrent depressive patients at risk of suicidal behaviors.

Disclosure: No significant relationships.

Keywords: depression; suicidal risk; sociodemographic

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Factors associated with same-sex experience in people with non-psychotic mental disorders and suicidal ideationM. Zinchuk^{1*}, M. Beghi², E. Beghi³, G. Kustov¹, E. Pashnin¹, N. Voinova¹, A. Avedisova¹ and A. Guekht¹¹Suicide Research And Prevention, Moscow Research and Clinical Center for Neuropsychiatry, Moscow, Russian Federation;²Department Of Mental Health, AUSL Romagna, Cesena, Italy and³Laboratory Of Neurological Disorders, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Italy

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Introduction: People with mental disorders who had same-sex experience (SSE) are at increased risk of self-injurious behavior probably due to the double stigma phenomenon, which severity varies in different societies. So far, there is a knowledge gap on factors associated with SSE in Russian psychiatric patients.

Objectives: We aimed to investigate variables associated with homosexual experience in Russian patients with non-psychotic mental disorders (NPMD) and suicidal ideation (SI).

Methods: In a case-control study (1:1.5): 92 female patients with NPMD and SI with lifetime SSE were compared with 138 patients without homosexual experience. All patients underwent a psychiatric examination, Self-Injurious Thoughts and Behaviors Interview (Nock MK, 2007) and semi-structured interview to assess demographic, clinical, and behavioral features. Mann-Whitney, Fishers exact test and Pearson's chi-squared were used as statistical methods.

Results: Groups did not differ in education level, marital status, family history of suicidal behavior, traumatic events exposure and lifetime eating disorders (all $p > 0.05$). More patients with SSE had family history of non-suicidal self-injuries (NSSI), were dissatisfied