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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

O0155

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

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

O0156

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