## P-265 - SUICIDE ATTEMPT AND SUICIDAL IDEATION - DIFFERENT AGE, DIFFERENT DIAGNOSIS

Y.Bloch<sup>1</sup>, S.Aviram<sup>2</sup>, J.Govezensky<sup>3</sup>, A.Ben-Yehuda<sup>2</sup>

<sup>1</sup>Child and Adolescent Out-Patient Clinic and the Emotion-Cognition Research Center, Shalvata and Tel Aviv University, <sup>2</sup>The Emotion-Cognition Research Center, <sup>3</sup>Child and Adolescent Out-Patient Clinic, Shalvata, Hod Hashron, Israel

**Introduction:** The study of suicidal behavior among minors has to date focused on the age group in which it is more prevalent: adolescents.

**Aims:** We hypothesized that suicidal behavior in children stems from a different diagnosis than suicidal behavior in adolescents and thus merits its own investigation.

**Method:** We studied all minors who were referred to a psychiatric emergency department (ED) due to a suicide attempt or suicidal ideation (266 referrals) over a three year period.

**Result:** There was an age- related difference in diagnostic distribution among minors who were referred to the ED due to suicidal behavior ( $\chi^2$  (7) = 24.297, p< 0.01). Attention deficit hyperactive disorder (ADHD) was more prevalent among children (under 12y old), whereas Mood disorders were more prevalent among adolescents (12-18y old).

**Conclusion:** The findings of this study highlight the need for a separate approach to suicidal behavior in children as distinct from adolescents.