

**Conclusions** The conclusion explains how the findings will be fed into knowledge translation processes, to provide future programs of suicide prevention research and changes to practice.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0553

### **Socio-demographic and clinical features of patients referred to emergency room psychiatric consultation between 2006 and 2015. A comparison between migrants and natives**

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In recent decades, Italy has become a desirable destination for immigrants. It should be noted that the organization of mental health services in Italy strongly relies on outpatient services, while the psychiatric wards usually accommodate patients in acute phases of their disorder. Nonetheless, migrants' first contact often happen in a psychiatry ward when they are in a severe and acute psychopathological condition. The research was performed in the Emergency Department (ED) of the Maggiore della Carità Hospital, Novara, Italy. We collected data about 3781 consecutive patients, 3247 Italian natives and 421 migrants, assessed in the ER of the Maggiore della Carità Hospital, and referred to psychiatric assessment after ER triage. From 1st January 2006 to 31st December 2007, only data for migrant patients were available. From 1st January 2008 to 31st December 2015, data were available for all consecutive patients assessed in the ER. An experienced psychiatrist assessed patients with a clinical interview, including the assessment of suicidal intent, suicidal behaviors and attempts. The psychiatrist filled in for each patient a data sheet, reporting demographic data and clinical features. The high frequency of substance use disorders was higher in the migrant population than in the native one. The request for psychiatric consultation for self-injury behaviors was more frequent in migrants and also suicide attempts were more common. Nonetheless, being a migrant was not a predictor of suicide attempt in our sample.

Several differences were found between migrants and natives in socio-demographic, clinical and treatment variables. Clinical implications will be discussed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0554

### **Clinical features of ADHD: An assessment of suicide risk and substance abuse**

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**Introduction** Several studies show that attention-deficit/hyperactivity disorder (ADHD) may persist into adulthood, increasing the risk of antisocial behaviour, drug abuse, psychiatric comorbidities, aggressive behaviour, social impairment and suicide risk.

**Objectives** Analyze correlations among ADHD, substances abuse, alcoholism and suicide risk.

**Aim** The aim of our study is to better understand the clinical features of ADHD during adulthood.

**Methods** We analyzed the presence of ADHD symptoms, suicide risk and levels of hopelessness, alcoholism and substance abuse in a sample of 50 (40% males) in/outpatients of S. Andrea Hospital in Rome, between February and May 2016. We administered the following scales: Adult-Self Report Scale (ASRS), Columbia Suicide Severity Rating Scale (C-SSRS), Beck Hopelessness Scale (BHS), Michigan Alcoholism Screening Test (MAST), Drug Abuse Screening Test (DAST).

**Results** In our sample of 50 adult patients, 20% had ADHD symptoms (10 subjects). We found that those with ADHD showed more frequently death desires (85.7%;  $\chi^2 = 1.31$ ;  $P = 0.25$ ) and higher levels of hopelessness (66.7%;  $\chi^2 = 0.83$ ;  $P = 0.36$ ) if compared to subjects without ADHD symptoms (respectively 63% and 45.8%). In the overall group of ADHD patients, 10% showed severe alcoholism, 20% ( $\chi^2 = 1.39$ ;  $P = 0.49$ ) had a borderline behavior, whereas 40% presented a substance abuse ( $\chi^2 = 1.75$ ;  $P = 0.18$ ).

**Conclusions** ADHD may represent a psychiatric disorder with an increased suicide risk. It would be important to screen for suicidality and comorbid symptoms routinely in ADHD in order to improve the treatment of the patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0555

### **Impulsivity as a risk factor for suicidality in depressed patients**

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**Introduction** Suicide behavior is an important and preventable cause of injury, disability and death in the world, and, at the same time, a major economic and social burden for modern societies. The majority of suicide attempts and completions are associated with psychiatric disorders, especially major depressive episode. Impulsivity has been associated with suicidality in major depressive disorder patients.

**Aim** The current study aims to evaluate impulsivity in major depressive disorder patients with a history of suicide attempts as compared to major depressive disorder patients without a history of suicide attempts.

**Methods** One hundred and twelve patients with major depressive disorder, aged  $51.91 \pm 10.72$  (70% females) were included through convenient sampling procedure from the patient population of the 3rd Psychiatry Clinic of the Cluj County Emergency Hospital. Impulsivity was assessed through Barratt Impulsiveness Scale (BIS-11).

**Results** In total, 27.8% of the patients had a history of suicide attempts. Significant differences between the two groups were obtained only for the Perseverance subscale of the BIS-11. ( $12.7 \pm 1.8$  vs.  $7.13 \pm 2.1$ ,  $P = 0.005$ –Mann Whitney U-test).