Table 2 Loneliness[a] as a mediator of the link between relationship quality[b], social networks[c] and anxiety[d] at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support with spouse						
- Total	0.043	-0.029-0.115		-0.061	-0.151-0.029	
- Direct						
- Indirect						
Social strain with spouse						
- Total	0.005	-0.074-0.085		0.009	-0.064-0.082	
- Direct						
- Indirect						
Social support with children						
- Total	-0.025	-0.108-0.058		**-0.064**	**-0.127--0.002**	
- Direct				-0.053	-0.115-0.010	
- Indirect				-0.012	-0.024-0.001	18.2
Social strain with children						
- Total	-0.017	-0.098-0.064		-0.013	-0.087-0.061	
- Direct						
- Indirect						
Social support with other family members						
- Total	0.006	-0.042-0.054		-0.044	-0.090-0.001	
- Direct						
- Indirect						
Social strain with other family members						
- Total	0.047	-0.030-0.124		-0.021	-0.104-0.062	
- Direct						
- Indirect						
Social support with friends						
- Total	0.019	-0.034-0.072		-0.041	-0.088-0.005	
- Direct						
- Indirect						
Social strain with friends						
- Total	-0.030	-0.118-0.058		0.013	-0.076-0.103	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.075	-0.219-0.069		0.013	-0.122-0.148	
- Direct						
- Indirect						

CI confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 anxiety (HADS-A) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
[a] The mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
[b] The scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
[c] The scale for social networks (SNI) ranged from 1 (most isolated) to 4 (most integrated).
[d] W2 Anxiety (HADS-A). The scale ranged from 0-21, with higher scores indicating more symptoms of anxiety.

Table 3 Loneliness[a] as a mediator of the link between relationship quality[b], social networks[c] and depressive worry[d] at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support from spouse						
- Total	-0.074	-0.212-0.064		0.058	-0.103-0.219	
- Direct						
- Indirect						
Social strain from spouse						
- Total	0.090	-0.068-0.247		**0.203**	**0.065-0.341**	
- Direct				0.103	-0.035-0.242	
- Indirect				**0.100**	**0.045-0.154**	49.1
Social support from children						
- Total	-0.039	-0.188-0.110		-0.095	-0.218-0.029	
- Direct						
- Indirect						
Social strain from children						
- Total	**0.186**	**0.009-0.363**		**0.328**	**0.185-0.471**	
- Direct	0.135	-0.041-0.312		**0.269**	**0.125-0.413**	
- Indirect	0.051	-0.002-0.104	27.3	**0.059**	**0.012-0.106**	18.0
Social support from other family members						
- Total	0.012	-0.098-0.123		-0.018	-0.102-0.066	
- Direct						
- Indirect						
Social strain from other family members						
- Total	0.066	-0.084-0.217		0.147	-0.003-0.296	
- Direct						
- Indirect						
Social support from friends						
- Total	-0.038	-0.155-0.079		-0.044	-0.139-0.052	
- Direct						
- Indirect						
Social strain from friends						
- Total	0.122	-0.076-0.320		0.164	-0.015-0.344	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.094	-0.428-0.241		0.236	-0.034-0.507	
- Direct						
- Indirect						

CI confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 worry (PSWQ-A) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
[a] The mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
[b] The scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
[c] The scale for social networks (SNI) ranged from 1 (most isolated) to 4 (most integrated).
[d] W2 worry (PSWQ-A). The scale ranged from 8-40, with higher scores indicating more symptoms of worry.

Conclusions High quality spousal relationships and social integration appear to play a more central role for mental health among men than for women. For both genders, poor social relationships increase feelings of loneliness, which in turn worsens mental health. Interventions to improve relationship quality and social networks, with a focus on reducing loneliness, may be beneficial for the prevention of mental disorders among older adults.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.381

EW264

Suicidal events due to overdose and medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4: A comparative overview of five studies in general hospital admissions

D. Schoepf[1,*], R. Heun[2]
[1] University Hospital of Bonn, Psychiatry, Bonn, Germany
[2] Royal Derby Hospital, Radbourne Unit, Derby, United Kingdom
* Corresponding author.

Introduction General hospital-based studies may help towards improving the treatment of psychiatric disorders.

Objectives and aims Based on five representative studies in general hospital admissions, we will represent a comparative overview of suicidal events due to overdose and of the most common medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4.

Methods In secondary analysis one-way Anova and Tukey HSD test were used for comparisons of interval variables. Suicidal events and medical comorbidities with prevalences > 10% were compared between studies using the OR and the 95% CI.

Results Individuals with psychiatric disorders of ICD-10 classes F1–F4 were young (44.7–50.0 years), had an extended length of hospital stay at initial hospitalization (3.8–8.1 vs. 2.9–3.4 days), and significantly more likely suffered of suicidal events due to overdose than controls, contributing from 4.1% (OR = 4,1) to 11,6% (OR = 25.2) to general hospital admissions. Additionally, individuals with schizophrenia (SCH) significantly more likely suffered of type-2 diabetes mellitus (OR = 2.3, 95% CI 1.5–3.6) than individuals with major depressive disorder (MDD), anxiety disorder (ANX), and alcohol dependence (AD), but equal likely as individuals with bipolar disorder (BD). Asthma and hypertension contributed significantly more to hospitalizations in the MDD and ANX samples compared to the SCH, BD, and AD samples. In the AD sample, alcoholic liver disease was more prevalent than in all other samples.

Conclusions In psychiatric disorders, the frequency of suicidal events due to overdose in general hospitals is significantly determined by the diagnostic class. Additionally, different medical comorbidities contribute more than other medical comorbidities to general hospital admissions in various psychiatric disorders.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.382

EW265

The projected number and prevalence of dementia in Japan: Results from the Toyama Dementia Survey

M. Sekine[1,*], M. Suzuki[2], H. Kido[3], M. Yamada[1], T. Tatsuse[1]
[1] University of Toyama, Department of Epidemiology and Health Policy, Toyama, Japan
[2] University of Toyama, Department of Neuropsychiatry, Toyama, Japan
[3] Kido Clinic, Department of Psychiatry, Imizu, Japan
* Corresponding author.

Purposes The increasing number of dementia is of major public health concern. This study aims to calculate the projected number and prevalence of dementia in Japan, using data from the Toyama Dementia Survey.

Methods The Toyama Dementia Survey was conducted 6 times in 1983, 1985, 1990, 1996, 2001, and 2014. In the 2014 survey, the subjects were randomly chosen from residents aged 65 or more in Toyama prefecture, with a sampling rate of 0.5%. Of those, 1303 men and women agreed to participate (participation rate: 84.8%). An interview with a screening questionnaire was conducted by public health nurses. Psychiatrists and public health nurses further inves-

tigated for the suspected cases of dementia and diagnosed whether the cases had dementia. The 1985–2001 surveys were conducted in a similar way, and, therefore, data from the 1985–2014 surveys were used in the analysis.

Results The prevalence of dementia in Toyama prefecture increased from 4.7% in 1985 to 15.7% in 2014. Using the age and sex-specific prevalence of dementia in the 2014 survey, the projected number of dementia is approximately 4.8 million (prevalence rate: 14.1%) in 2015, 6.1 million (16.7%) in 2025, and 7.2 million (19.2%) in 2035. Using the age and sex-specific prevalence of dementia as estimated by linear regression models, the projected number of dementia is approximately 4.7 million (13.9%) in 2015, 7.1 million (19.5%) in 2025, and 9.7 million (25.8%) in 2035.

Conclusions The number of dementia in Japan could double in the next 20 years, which corresponds to 1 in 4 elderly people.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.383

Forensic psychiatry

EW267

Long-stay in high and medium secure forensic psychiatric care – Prevalence, patient characteristics and pathways in England

R. Edworthy[*], B. Vollm
University of Nottingham, School of Medicine Division of Psychiatry and Applied Psychology, Nottingham, United Kingdom
[*] *Corresponding author.*

Introduction Forensic psychiatric services are costly and highly restrictive for patients. Clinical experience and the limited research available indicate some patients stay for too long in these settings. A proportion of patients may, however, require long-term (potentially life-long) secure forensic psychiatric care but their needs may not be met by existing service provision designed for faster throughput.

Objectives We conducted a national, multi-centre, cross sectional study exploring the prevalence of long-stay and characteristics of long-stayers in high and medium secure forensic psychiatric care in England.

Aims (1) Estimate the prevalence of long-stay in secure settings in England (length of stay over 5 years in medium secure care or 10 years in high secure care); (2) describe the characteristics, needs and care pathways of long-stay patients. Develop recommendations following the exploration of international models for this patient group.

Methods We employed a mixed-methods approach including the analysis of administrative data, case file reviews, patient interviews, consultant questionnaires, interviews with clinicians and commissioners and a Delphi survey.

Results Twenty-five percent ($n = 401$) of our sample were experiencing long-stay. This patient group has a heterogeneous set of characteristics and needs relating to their diagnosis, offending history, risk and therapeutic need and have experienced a variety of care pathways through secure care.

Conclusions We found a greater number of long-stay patients than originally estimated with a set of characteristics and needs that are arguably different to that of the general forensic population, therefore calling for a specific care pathway and service provision for this patient group with a greater focus on autonomy and quality of life.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.385

EW268

Legal problems and substance use among HIV-infected patients

C. Parro Torres[1,*], D. Hernández Huerta[2], E. Ochoa Mangado[3], A. Madoz Gúrpide[3], A.M. Moreno Zamora[4]
[1] *Hospital Gregorio Marañón, Psiquiatria, Madrid, Spain*
[2] *Hospital Provincial de Toledo, Psiquiatría, Toledo, Spain*
[3] *Hospital Ramón y Cajal, Psiquiatría, Madrid, Spain*
[4] *Hospital Ramón y Cajal, Enfermedades Infecciosas, Madrid, Spain*
[*] *Corresponding author.*

Introduction There are many studies of HIV-infected patients where have found higher prevalence of substance use disorders than in general population. Moreover some factors, like presence of legal problems, substance abuse and HIV are also frequently related with poorer clinical results.

Objectives/aims The aim of this study is to analyze the relationship between substance consumption and presence of legal problems among HIV-infected patients.

Methods Our study is a cross-sectional case-control survey. Cases were defined as HIV-infected patients who referred presence of legal problems in a sociodemographic questionnaire. Controls were defined as HIV-infected patients who denied presence of legal problems. Both groups were interrogated about illegal substance use (cocaine, heroin, cannabis, stimulants or benzodiazepines) and alcohol problematic use during previous year. Logistic regression was employed as statistical analysis. Results were adjusted for age, gender and race.

Results Our sample was compound by 63 patients: 44 controls and 19 cases. A statistical signification was found between illegal substance use variable and presence of legal problems ($P = 0.003$) but not with alcohol problematic use. The condition of illegal substance use during previous year increased the risk to have legal problems 5.353 times. Another important result was found in gender, the condition of male increased the risk to have legal problems 2.32 times than female condition.

Conclusions In our sample, substance use (cocaine, heroin, cannabis, stimulants or benzodiazepines) during previous year was related to have more legal problems. Gender, specifically male condition, also was linked with more risk to have legal problems.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.386

EW269

When residents are assaulted

N. Nuria[1,*], A. San Román[2], N. Gómez-Coronado[3], I. Sevillano[4], P. Hervias[5], V. Prieto[6], C. Llanes[7], S. Puertas[8], A. González-Pinto[1]
[1] *Hospital Universitario de Alava, Psychiatry, Vitoria-Gasteiz, Spain*
[2] *Complejo Hospitalario de Zamora, Psychiatry, Zamora, Spain*
[3] *Hospital Universitario Virgen del Rocío, Psychiatry, Sevilla, Spain*
[4] *Hospital Clínico de Valladolid, Psychiatry, Valladolid, Spain*
[5] *Hospital Dr R. Lafora, Psychiatry, Madrid, Spain*
[6] *Complejo Hospitalario de Zamora, General Medicine, Zamora, Spain*
[7] *Complejo Asistencial de Zamora, Psychiatry, Zamora, Spain*
[8] *Hospital 12 de Octubre, Psychiatry, Madrid, Spain*
[*] *Corresponding author.*

Introduction and objective Description through a survey of physical aggressions suffered by Spanish Medical Trainees of all specialties.

Methods We developed a survey through an online platform that was distributed to all Spanish trainees of all medical specialties.