

are effective in early recognition of aircrew who may attempt or complete the murder-suicide and putting into practice these to optimize the use of limited resources, is therefore essential and necessary.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2261>

EV1277

Clinical morbidity at pregnancy: The role of previous suicidal attempts and repetition

M.J. Soares^{1,*}, S. Bos¹, A.T. Pereira¹, M. Marques¹, B. Maia², A. Macedo¹

¹ Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

² The Catholic University of Portugal, Braga Regional Centre, Faculty of Philosophy, Braga, Portugal

* Corresponding author.

Introduction Previous suicide attempts are a consistent risk factor for suicide. Repetition has been associated with higher future morbidity and suicidality.

Aim To examine the relationship between psychological variables at pregnancy and previous repetition of suicidal attempts, first attempts and absence of attempts.

Methods The sample comprise 568 third trimester pregnant women, mean aged 29.82 years (SD = 4.55; variance = 17–44). Previous suicidal behaviors were assessed with diagnostic interview for genetic studies, depression with PDSS and BDI-II, and affect with POMS. Current suicidal thoughts were assessed with PDSS dimension: hopelessness and helplessness by summing the scores of the POMS items hopeless/gloomy; and lonely/helpless, respectively.

Results Repeaters (R; $n=11$, 1.9%) scored higher than non-repeaters (NR; $n=20$, 3.5%) in most of the clinical variables, but only significantly in sleeping/eating disturbances (PDSS).

R and NR when compared to women who never attempted suicide (NA; $n=535$, 94.5%) both revealed significant higher levels of depressive/hostility affect (POMS), BDI-II total score, suicide ideation, guilt/shame (PDSS) and anxiety/insecurity or anxiety/somatic (PSDD or BDI-II).

In comparison with NA, R also revealed significant higher levels of negative affect (POMS), PDSS total score, loss of self, mental confusion (PDSS), cognitive and affective symptoms, fatigue (BDI-II), hopelessness and helplessness. NR also differs from NA in their higher emotional lability (PDSS).

Conclusion Women with previous suicide attempts are at elevated risk for high depressive symptoms, negative affect and suicide ideation at pregnancy. Compared to never attempters, repeaters revealed high morbidity than first attempters. The intervention in pregnancy must carefully assess previous history of suicide attempts.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2262>

EV1280

Suicide risk assessment and prevention interventions in military veterans

A. Teo

VA Portland Health Care System, HSR&D, Portland, USA

Introduction Concerns over suicide among military veterans has been as issue of major public and policy concern, particularly by the Veterans Health Administration (VHA), which is the largest integrated health care system in the United States.

Objectives and aims The reasons for suicide risk and means to reduce risk in this population have been under active investigation and implementation. The aim of this presentation is to review recent trends in suicide risk assessment and suicide prevention interventions within the VHA in the United States.

Methods A literature review consisting of an electronic database search of PubMed, “gray literature” search, and manual search for articles related to suicide in military personnel and veterans was conducted.

Results In recent years, annual VHA rates of completed suicide have ranged from approximately 34 to 40 suicides per 100,000 person-years, rates significantly higher than the general US population. Risk assessment methods examined in military veteran populations have primarily included self-report instruments, scales, and checklists. Recently, “big data” approaches to analysis of electronic medical records have shown promise in stratifying veterans into high- and low-risk groups. VHA suicide prevention initiatives have included extensive staff hiring, development of research centers and data-sharing agreements focused on suicide, a national telephone crisis line, routine suicide risk assessment and screening, and suicide safety plans.

Conclusions Military veterans in the US receiving care in the VHA have a variety of risk factors for suicide and continue to be at elevated risk despite implementation of numerous suicide prevention initiatives.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2265>

EV1281

A new evidence-based neuropsychological model of suicidal propensity and suicide based in depression

L.-H. Thorell

Linköping University, Linköping, Sweden

Introduction Objectively validated models of the depressed suicide are lacking. Early observations that electrodermal hyporeactivity was strongly related to suicide in depression required an untraditional statistical approach that was applied on materials from published materials with between themselves totally confirming results.

Objectives A plausible explanation model of the relationship had to be developed.

Aims The aims were to investigate the nature of electrodermal hyporeactivity and its possible causes and connections to other suicide relevant factors and to formulate a coherent model of the depressed suicide.

Methods Published materials with in- and outpatients (in total > 900 patients) comprising follow-up of suicide and tests of habituation of the electrodermal response were analysed. Symptomatology, gender, age and other variables were considered and so were knowledge and theories from other scientists.

Results The apparent loss of or considerably reduced specific electrodermal orienting (curiosity) responses in future depressed suicide victims showed clear relationships to and clear independence of considered important suicidal factors.

Conclusions Loss of specific orienting responses indicates loss of hippocampal CA3 plasticity. CA3 areas are early and centrally positioned in the information processing of neocortical sensory input supporting the hypothesis of a particular neuropsychological dysfunction disabling normal cognitive and emotional curiosity reactions to everyday events. It is proposed that this dysfunction may make the depressed person ready to leave the everyday life and fearless of imminent pain – a loss of two important barriers against suicide.