performance of a decision tree built using the items of a previously developed scale for suicidal risk was examined. The history of past suicide attempts was used to separate patients in the decision tree. The data was randomly divided in a training set and a test set. The test set, that contained 25% of the data, was used to determine the accuracy of the decision tree. Twenty-five cross-validations of this set up were conducted.
Results The first four items of the decision tree classified correctly 81.4% of the patients.
Conclusion As a result of a methodology based on decision trees that, contrary to CATs, can incorporate relevant information in building the test we were able to create a shortened test capable of separating suicidal and non-suicidal patients. Using all the information that is available improves the precision and utility of instruments adapted for psychiatric assessments.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1267

Attempted suicide attention at an emergency room: A hospital-based descriptive approach

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Introduction Suicide causes 1.4% of deaths worldwide. Twenty times more frequent, suicide attempts entail an important source of disability and of psychosocial and medical resources use.
Objective To describe main socio-demographical and psychiatric risk factors of suicide attempters treated in a general hospital's emergency room basis.
Aims To identify individual features potentially useful to improve both emergency treatments and resource investment.
Methods A descriptive study including data from 2894 patients treated in a general hospital's emergency room after a suicidal attempt between years 2006 and 2014.
Results Sixty-nine percent of the population treated after an attempted suicide were women. Mean age was 38 years old. Sixty-six percent had familiar support; 48.5% had previously attempted a suicide (13% did not answer this point); 72.6% showed a personal history of psychiatric illness. Drug use was present in 38.3% of the patients (20.3% did not answer this question); 23.5% were admitted to an inpatient psychiatric unit. Medium cost of a psychiatric hospitalization was found to be 4900 euros.
Conclusion This study results agree with previously reported data. Further observational studies are needed in order to bear out these findings, rule out potential confounders and thus infer and quantify causality related to each risk factor.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Suicide attempts: Results from data collected in a psychiatric emergency ward in a general hospital

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Introduction Suicide behavior constitutes a public health problem worldwide. It deserves epidemiological investigation regarding "best clinical practices", and it is fundamental since the patient's first observation at psychiatric emergencies services. These are the ideal practices to start suicide prevention, and prevent further suicidal behavior. The improvement of healthcare quality includes the adoption of clinical guidelines, which support medical care since the emergencies services. The lack of specific instruments to evaluate suicidal risk urges the scientific community to create them.
Aims The authors aim to discuss the advantages and limitations of the application of these kinds of instruments, and the creation of models based in scientific evidence available.
Discussion From multiple available studies, the Modified Sad-Persons Scale (MSPS) seems to be one of the most scientifically used in literature, as well as in epidemiological studies of suicide attempts and their repetition, either by nonfatal or fatal attempts. However, even this scale has been questioned by experts, and the lack of specific and sensible tests towards suicide behavior and risk of suicide attempts raises the importance of the need of further investigation towards this area. This evidence would then help the clinician in his work at emergencies wards and provide better healthcare towards preventing new suicide attempts.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Economic impact of suicidality in manic patients with depressive features

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Introduction There is limited information published on the specific financial costs of completed and/or attempted suicide in bipolar patients. In the last 15 years, only 6 studies were published. Their results vary considerably due to differences in methods used. Also, information on cost for pure manic versus mixed episodes is lacking. This is surprising, since studies have shown that suicidal behaviour is more common among patients with depressive symptoms than with pure mania, and this difference increases considerably when the mixed-features specifier is applied.
Objectives We conducted a registry study with the aim to expand the epidemiological information on suicidal behaviour by episode type in bipolar disorder, and its associated costs.
Methods Health data were retrieved from the Swedish Patient Register. Data covered the period 1990–2014 and included the number of discharged patients with bipolar diagnosis, hospital re-admissions, and attempted and/or completed suicides. Moreover, we retrieved data on suicide and cause of death from the Swedish Cause of Death register. Analyses were done for the whole sample and stratified by subtypes (mania, depression and mixed forms).
Results First results will be presented at the EPA meeting.
Conclusions This is a nation-wide Swedish study of completed and attempted suicide in bipolar patients. The hypothesis we will test is that there is a substantial variation between different bipolar disorder subtypes, and that most of the expenditures due to suicidal behaviour in bipolar disorder are linked to mixed forms, mania in combination with depression.
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