S25.02

Treating depression in children and adolescents

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Abstract not available at the time of printing.

S25.03

Treating depression in victims of disasters

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Abstract not available at the time of printing.

S25.04

Treating depression in patients with organic brain disorders

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FC02.01

Birth during autumn is a risk for adolescent self-mutilative behaviour

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Background and Aims: A season of birth tendency has been shown for psychiatric disorders and suicidal behaviour. This study aimed to examine the association between season of birth and self-mutilative behaviour (SMB).

Methods: The study sample consisted of 508 (40.9% males) 12- to 17-year-old adolescents consecutively admitted to the Department of Psychiatry of Oulu University Hospital, Finland. The birth month of each adolescent was categorized into one of the four seasons: spring (March-May), summer (June-August), autumn (September-November) or winter (December-February). The information of SMB was based on K-SADS-PL-interview, which included an item on non-suicidal physical self-damaging acts without intent to die. A total of 142 adolescents (27 males, 115 females) met the criteria for SMB. The association between season of birth and SMB was assessed with a logistic regression analysis after controlling for adolescent's age, previous suicide attempts and DSM-IV diagnosed psychiatric disorders.

Results: The monthly distribution of births of adolescents with SMB differed statistically significantly from that observed in the general population of the same age ($c2=8.29$, $df=3$, $p=0.043$). An association between season and birth with SMB was seen in girls (Wald=8.46, df=3, p=0.037), but not in boys. Among girls born in autumn, the likelihood for SMB was significantly increased (adj. OR 2.9; 95% CI 1.4-6.2) as compared to girls born in winter.

Conclusions: Birth during autumn may predispose girls to SMB via dysfunctional neurotransmitter systems. These findings may also be related to seasonal rhythms in parental mood and poor early caregiving of the offspring.

FC02.02

Smoking predicts suicidality: findings from a prospective community study

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Background and Aims: The temporal relationship between smoking and suicidality is not yet clear. In order to clarify this relationship, we examined prospectively bi-directional associations between smoking and suicidality and their temporal ordering of onset.

Methods: A representative community sample of 2548 young adults aged 14-26 years at baseline was folllowed up over a period of 4 years. Smoking (occasional and regular), nicotine dependence, suicidal ideation and suicide attempts were assessed using the standardized Munich-Composite International Diagnostic Interview (M-CIDI).

Results: Suicide ideation and suicide attempts were strongly associated with occasional and regular smoking and nicotine dependence at baseline (Odds ratios [OR] range from 1.4 to 16.4). In the prospective analyses, prior occasional, regular smoking and nicotine dependence increased the risk for new onset of suicide ideation (OR range from 1.5 to 2.7) and prior regular smoking and nicotine dependence increased also the risk for onset of suicide attempt(s) (OR range between 3.1 and 4.5). Pre-existing suicidality could not be shown to be associated with subsequent smoking or nicotine dependence. Associations remained stable when participants who fulfilled DSM-IV-criteria for major depression were excluded.

Conclusions: The presence of associations between prior smoking and subsequent suicidality, in concert with the lack of associations between prior suicidality and subsequent smoking suggests the existence of a specific, causal pathway from smoking to suicidality.

FC02.03

Why is there an association between eczema and common mental disorders?

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Aims: The objective of the study is to explore suggested explanatory models for the association between eczema, anxiety and depression, and examine the extent of impairment resulting from eczema by comparing it to impairment from mental disorders and asthma.

Methods: Data were gathered from the Health Study of Hordaland County (HUSK) in Norway including 18777 participants aged 41-48 years. Anxiety and depression were assessed with the Hospital Anxiety and Depression Scale (HADS), while information on eczema, asthma, socio-economical factors, somatic diagnoses and psychosomatic health variables was obtained by self-report. Immunoglobuline-E (IgE) concentration was measured in a female sub-sample (N=374). Impairment from eczema and asthma was assessed by registry information on long-term sick-leave during four years follow-up. Statistical methods included uni- and multivariate regression models, and Population Attributable Fractions (PAFs) were calculated.

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