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Introduction: In Finland more than 40% of fertile aged women used some type of hormonal contraception (HC) in the period 2010–2013. A proportion of women using HC complains of side effects, including mood symptoms. The relationship between the use of HC and the risk of attempted suicide (AS) is still a matter of debate.

Objectives: To assess the association of the use of HC with the risk of AS during 2017–2019.

Methods: Data were retrieved from the Prescription Centre, Care Register of Health Care, Register of Primary Health Care Visits and Statistics Finland. A total of 587 823 women, aged 15–49 years, using and not using HC in 2017 were analysed in the initial incidence study. All incident AS cases during 2018–2019, and their 4:1 age-matched controls (1 174 346 person-years) were analysed in a nested case-control setting via conditional logistic regression models.

Results: Altogether 818 AS cases occurred during the follow-up (incidence rate: 0.70/1000 person-years, 95% CI 0.65–0.75), with an IRR of HC vs. no-HC use of 0.73 (0.63–0.83). Current use (in the 180 days before the event) of estradiol- or ethinylestradiol-containing HC was associated with a lower risk of AS (0.53, 0.33–0.87; 0.49, 0.37–0.64, respectively) compared to non-use of HC. After controlling for covariates (marital and socioeconomic status, education level, use of psychotropic medications), only current use of HC containing ethinylestradiol remained significant (0.39, 0.23–0.65).

Conclusions: A lower risk of AS is associated with the use of HC, and specifically of ethinylestradiol-containing HC.

Disclosure: No significant relationships.

Keywords: hormonal contraception; nested-case control; women; attempted suicide

O0155

Poverty, agency, and suicide: Men and women

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Introduction: Assumptions linking poverty with sex, associating poverty with agency, as well as connecting agency with suicide, are widespread. Women are often seen as being affected more by poverty than men. Men are frequently considered to possess more agency than women, and men are also more prone to suicide than women. **Objectives:** The research aims to assess if poverty, agency and suicide differences occur across sexual lines. The study will attempt to establish if a poverty-agency-suicide relationship is supported by data, and how the poverty-agency and the agency-suicide relationships are in turn influenced by sex.

Methods: A cross-sectional survey design was used and interviews were conducted with 3 531 respondents. Chi-squared tests were used to calculate whether differences on poverty, agency and

suicide ideation exist across sexual lines. Correlation analysis was implemented to test for the poverty-agency-suicide relationship, and regression analyses were used to test the moderating effects of sex on the poverty-agency and the agency-suicide relationships.

Results: Men and women did not differ significantly on levels of poverty, agency, nor suicide ideation. Poverty did relate to agency (a negligible effect), but agency did not have an effect on suicide ideation. Sex did not moderate the poverty-agency nor the agency-suicide relationship.

Conclusions: The data do not support established stereotypes nor empirical findings regarding sex differences across the poverty, agency and suicide ideation spectrums. The data also do not support the poverty-agency-suicide relationship and sex does not influence this relationship. Healthcare professionals should be aware that (well-founded) stereotypes do not necessarily materialize in all populations.

Disclosure: No significant relationships.

Keywords: suicide ideation; agency; poverty; sex

O0156

Association of hospital-diagnosed sleep disorders with suicide: a nationwide cohort study

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Introduction: Sleep disorders and psychiatric disease are closely related, and psychiatric diseases are associated with elevated suicide risks. Yet, the association between sleep disorders and suicide remains to be assessed using a consistent measure of sleep disorders.

Objectives: The aim of this study was to examine whether people with a hospital-diagnosis of sleep disorders had higher suicide rates than people with no diagnosis.

Methods: In a cohort study, nationwide data on all persons aged 15+ years living in Denmark during 1980–2016 were analysed. Sleep disorders were identified through diagnoses recorded during contacts to somatic hospitals. Incidence Rate Ratios (IRR) were estimated using Poisson regression models and adjusted for relevant covariates.

Results: In all, 3,674,563 males and 3,688,164 females were included, of whom 82,223 (2.2%, mean age: 50.2, SD: 17.5) males and 40,003 (1.1%, mean age: 50.6, SD: 19.9) females had sleep disorder diagnoses. Compared to those with no sleep disorders, the adjusted IRRs for suicide were 1.6 (95% CI, 1.4–1.7) and 2.2 (95% CI, 1.8–2.6) for males and females with sleep disorders, respectively. Excess rates for narcolepsy were found for males (IRR:1.2, 95% CI, 1.0–1.5) and females (IRR:3.3, 95% CI, 3.0–4.1), and for sleep apnea in males (IRR:1.8, 95% CI, 1.5–2.2). Males and

females had IRRs of 4.1 (95% CI, 3.1-5.5) and 7.0 (95% CI, 4.8-10.1), respectively, 6 months after being diagnosed with a sleep disorder.

Conclusions: Sleep disorders were associated with higher suicide rates even after adjusting for pre-existing mental disorders. Our findings suggest attention towards suicidal ideation in patients suffering from sleep disorders is warranted.

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Keywords: Suicide; suicide prevention; Suicidology; sleep disorder

O0157

Decreasing suicide mortality in Hungary – What are the main causes?

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Introduction: Depression and suicidal behaviour are major public health problems everywhere but particularly in Hungary where until 2000 the suicide rate was among the highest in the world.

Objectives: To analyse the possible causes of declining national suicide rate of Hungary.

Methods: Review of the scientific literature on Hungarian suicide scene published in the last 40 years.

Results: The peak of Hungarian national suicide rate was in 1985 (46/100.000) but due to a steady and continuous, year by year decline, in 2019 it was only 16/100.000, which represents a more than 65% decrease. Rate of unrecognised/untreated mood disorders, availability of health/psychiatric care, antidepressant and lithium prescription, unemployment, smoking and alcohol consumption as well as lithium and arsenic contents of drinking water were the most investigated possible determinants of suicide mortality of the country. More widespread and effective treatment of psychiatric/mood disorder patients, decreased rate of unemployment and smoking as well as the continuously improving living standards were the most important contributors to the great decline of the national suicide rate. However, in 2020 – the first year of the COVID-19 pandemic – the national suicide rate rose by 16%, which was almost totally accounted for by the increase of suicides among males.

Conclusions: Suicidal behaviour is preventable in many cases, but as it is a complex, multicausal phenomenon, its prevention should involve several medical/psychiatric, psychosocial and community interventions.

Disclosure: No significant relationships.

Keywords: Hungary; suicide; mortality

O0158

Altered Executive Function in Suicide Attempts

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Introduction: Executive function organizes and directs behaviour but alterations in this cognitive domain can lead to inaccurate perception, interpretation and response to environmental information, which could be a risk factor for suicide.

Objectives: To explore executive function performance of depressed recent suicide attempters in comparison to depressed past suicide attempters, depressed non-attempters and healthy controls.

Methods: 96 participants from the Psychiatry Department of the Araba University Hospital-Santiago were recruited as follows: 20 patients with a recent suicide attempt (<30days) diagnosed with a Major Depressive Disorder (MDD), 33 MDD patients with history of attempted suicide, 23 non-attempter MDD patients and 20 healthy controls. All participants underwent a clinical interview and neuropsychological assessment on executive function with the Wisconsin Sorting Card Test. Backward multiple regressions were performed adjusting for significant confounding variables. For group comparisons ANOVA test and Bonferroni post hoc test were performed with $p < 0.05$ significance level.

Results: Patient groups did not differ regarding severity of depression. All patient groups performed significantly worse than healthy controls on executive function. Adjusted comparisons between patient groups indicated that recent suicide attempters had a poorer performance in this cognitive domain in comparison to both depressed lifetime attempters and depressed non-attempters ($B = 0.296$, $p = 0.019$ and $B = 0.301$, $p = 0.028$ respectively).

Conclusions: Executive function performance is altered in recent suicide attempts. As impaired executive function can be a risk factor for suicide, preventive interventions on suicide should focus on its assessment and rehabilitation.

Disclosure: No significant relationships.

Keywords: Executive function; cognition; major depressive disorder; Suicide