Results: We identified 142 patients who committed suicide while in the hospital wherefrom 125 charts could be reviewed. 52% were male. 52% were diagnosed with an affective and 26% with a psychotic disorder, respectively. 59% were admitted due to suicidal ideations. 58% had a history of suicide attempt(s). 74% reported serious life events previous to the index hospitalisation. 74% committed suicide outside the hospital. Most suicides occurred in month 3-6 after admission. In the last assessment before the suicide, 88% had affective symptoms, 66% anxiety, 63% hopelessness, 42% psychotic symptoms and 36% agitation/restlessness. Of those with affective symptoms, 79% received antidepressive medication. 77% with psychotic medication had antipsychotics and 42% of those with anxiety received anxiolytics. 64% denied in their last interview before committing suicide suicidal ideations, 42% had a ''non-suicide agreement'' with their clinicians. According to a clinical assessment, 80% of those who committed suicide were at low or at no suicide risk.

Conclusions: Most inpatients suicide occurred unexpectedly. A more rigorous treatment of anxiety, but also affective and antipsychotic symptoms could lead to decrease suicide in inpatient settings. ''Non-suicide agreements'' could not prevent suicides.

S33.04

General mortality from anxiety and depression (the HUNT study)

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Background and Aims: Depression is reported to be associated with increased mortality, but underlying mechanisms are uncertain. Associations between anxiety and mortality are also uncertain. In a large population study, we investigated associations between anxiety, depression and mortality over a 3-6 year period. We utilized a unique link between a large regional community survey and a comprehensive national mortality database.

Methods: Baseline information on mental and physical health was collected in a population-based health study (n=61,349) (the HUNT-2 study) of adults aged 20 years and over. Anxiety and depressive symptoms were ascertained using the Hospital Anxiety and Depression Scale (HADS). Records were linked with the Norwegian national mortality database.

Results: Case-level depression was a risk-factor for mortality, but case-level anxiety was not (having adjusted for confounding factors). The association between anxiety symptoms and mortality was U-shaped, and anxiety comorbid with depression was associated with lower mortality compared to depression alone. Associations between depression and mortality were partly but not entirely explained by somatic symptoms and conditions, and also physical impairment, but not by smoking, obesity, cholesterol level or blood pressure.

Conclusions: Depression predicted general mortality after adjustment for multiple potential confounding factors. Associations between anxiety symptoms and mortality were U-shaped. Lower mortality was found in comorbid anxiety and depression than in depression alone.

S33.05

Anxiety, depression and cause - specific mortality. The HUNT historical cohort study

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Objective: Depression is reported to increase general mortality. For cause-specific mortality, there is evidence for the effect of depression on cardiac mortality and suicide. Less is known as to other mortality diagnoses. The literature on anxiety in relation to mortality is scarce and conflicting. This study investigates empirically the association between anxiety/depression and cause-specific mortality with particular attention to underlying mechanisms and causes of death.

Methods: Employing a historical cohort design we utilized a unique link between a large epidemiological cohort study and a comprehensive national mortality database. Baseline information on physical and mental health (HADS) was gathered from the population based health study (N=61349). Causes of death were registered with ICD-10 diagnoses during 4.4 year follow-up.

Results: Case-level depression increased mortality for all major disease-related causes of death, whereas case-level anxiety and comorbid anxiety/depression did not. The effect of depression was equal in cardiac mortality compared to all other causes combined, and confounding factors were also markedly similar. Accidents and suicide was predicted by comorbid anxiety depression.

Conclusions: Depression is a risk factor for all major disease-related causes of death, and is not limited to cardiac mortality or suicide. Case-level anxiety imposes no increased disease-related mortality, but comorbid anxiety depression predicts external causes of death. As the association between depression and cardiac mortality was comparable to the other causes of death combined, and confounding and mediating factors are markedly similar, future investigation as to mechanisms underlying the effect of depression on mortality should not be limited to CVD mortality.

S34. Symposium: LONG TERM TREATMENT OF SCHIZOPHRENIA

S34.01

The role of adherence to medication in the effectiveness of long-term treatment of schizophrenia

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https://doi.org/10.1016/j.eurpsy.2007.01.211 Published online by Cambridge University Press