elucidated. Finally, there is worldwide a greater prevalence of tobacco smoking, heavy smoking and high nicotine dependence; and the available date support a theory of shared vulnerability to both smoking and schizophrenia rather than a self-medication hypothesis. The authors, all of whom have been contributors in this area, will discuss each other presentations

W10.03

Who are the patients with schizophrenia who drink alcohol?

A. Dervaux. *Department of Substance Abuse, CH Sainte-Anneis, Paris, France*

Background: Alcohol use disorders (AUD) comorbidity has a high prevalence in schizophrenia: 21% to 51% of patients with schizophrenia had a lifetime history of alcohol abuse or dependence.

Methods: Systematic search of Medline from January 1966 to October 2006.

Results: Patients with AUD are more likely to be male and to present cannabis dependence. Conduct disorder, antisocial personality disorder, greater impulsivity and sensation seeking are established risk factors for AUD among patients with schizophrenia. Patients with schizophrenia reported greater euphoria and stimulatory effects in response to alcohol that may contribute to the increased risk for AUD (D'souza et al., 2006).

AUD have a negative impact on the course and outcome of schizophrenia, in particular, alcohol use may worsen the positive and cognitive symptoms of schizophrenia (Bowie et al., 2005). AUD are associated with depression and suicide behaviors in patients with schizophrenia. Patients with dual disorders have higher rates of medication nonadherence or number of hospitalizations. Despite lower alcohol exposure than in pure alcohol dependence, the comorbidity of schizophrenia with AUD compounds or accounts for brain volume abnormalities of schizophrenia in cortical prefrontal (Mathalon et al. 2003), cerebellar (Sullivan et al. 2000), pontine and thalamic (Sullivan et al. 2003) sites.

A number of theories have been proposed to explain the frequecy of the comorbidity. Dopamine-mediated mesocorticolimbic brain reward circuitry dysfunction in schizophrenia may explain the increased sensitivity to alcohol (Chambers et al. 2001, Green 2005). Atypical antipsychotics, particularly clozapine treatment, could be associated with reduced substance abuse.

S33. Symposium: MORTALITY AND MENTAL DISORDERS: SUICIDE AND BEYOND (Organised by the AEP section on Epidemiology and Social Psychiatry)

S33.01

Does duration of depression predict suicidality?

J. Spijker, M. ten Have, R. de Graaf. *Trimbos Institute, Utrecht, The Netherlands*

Background: To describe the associations between depression and suicidality in the general population.

Methods: Data were derived from the Netherlands Mental Health Survey and Incidence Study (NEMESIS), a prospective epidemiologic study of a representative sample of 7076 adults aged 18-64, interviewed in three waves (baseline, one year and three years after baseline) with the CIDI.

Results: 3% of the population reported suicidal thoughts and 1% a suicidal act in the past year. women were more at risk then men (RR=1.83). Suicidal thoughts were associated with mood disorders (RR= 12.09), especially dysthymia (RR = 26.42). The same associations were found for suicidal acts (mood disorders RR= 11.9; dysthyma = 45.6). Incident suicidal thoughts (in three years time) were reported by 2.7% of the population and new suicidal acts by 0.8%. Bipolar disorder was strongly related to new suicidal acts.

Suicidality is persistent for almost 30% of those affected over a period of one year.

Conclusions: From the mood disorders, dysthymia is mostly correlated with suicidality. This raises the question whether suicidality is more related to duration of the depressive disorder than severity.

S33.02

Transition probability form attempted to completed suicide: A thirty year follow-up study

H. Katschnig [1,2], M. Freidl [1]. [1] *Department of Psychiatry, Medical University of Vienna, Vienna, Austria* [2] *Ludwig Boltzmann Institute for Social Psychiatry, Vienna, Austria*

Background and Aims: Since suicide is a rare event, the much more frequent suicide attempts are often used as a "proxy measure" - in such diverse fields as the ongoing debate about the potential increase of "suicidality" by SSRIs and the public health challenge of suicide prevention. Most authors dealing with these topics implicitly assume that there is a continuity between suicidal ideation > first suicide attempt > repeated suicide attempt and > completed suicide. They obviously take no notice of an important literature casting doubt on this unitarian process model of "suicidality". The pooled findings of studies show that the risk of suicide is raised after an attempted suicide, but generally not very much – in fact most people who "attempt a suicide", never commit suicide.

Methods: A thirty year prospective population based actuarial follow up study of 261 persons who had attempted suicide in 1971.

Results: (1) the risk of suicide was 9 times higher than in a comparable sample of the general population, but with 8% rather small in absolute figures; (2) most of the suicides occurred in the 5 to 10 years immediately following the attempt; (3) general mortality was slightly increased in men but not in women.

Conclusion: Given the rather low transition probability from attempted to completed suicide, the above mentioned debates should become more differentiated. It will also be discussed, whether subtypes of suicide attempts have different prognostic implication with regard to completed suicide.

S33.03

Mortality and mental disorders

C. Lauber, V. Ajdacic-Gross, W. Rössler. *Psychiatric University Hospital, Zurich, Switzerland*

Background and Aims: People with mental illness are at a high suicide risk. About 5% of these suicides occur during psychiatric inpatient treatment. Few data are available on demographic and risk factors for this population. Therefore, we analysed all psychiatric inpatient suicides from 1992 – 2004 in a catchment area of about 1.2m population in Switzerland.

Methods: Charts review.

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