

Table 2 Loneliness^a as a mediator of the link between relationship quality^b, social networks^c and anxiety^d at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support with spouse						
- Total	0.043	-0.029-0.115		-0.061	-0.151-0.029	
- Direct						
- Indirect						
Social strain with spouse						
- Total	0.005	-0.074-0.085		0.009	-0.064-0.082	
- Direct						
- Indirect						
Social support with children						
- Total	-0.025	-0.108-0.058		-0.064	-0.127-0.002	
- Direct				-0.053	-0.115-0.010	
- Indirect				-0.012	-0.024-0.001	18.2
Social strain with children						
- Total	-0.017	-0.098-0.064		-0.013	-0.087-0.061	
- Direct						
- Indirect						
Social support with other family members						
- Total	0.006	-0.042-0.054		-0.044	-0.090-0.001	
- Direct						
- Indirect						
Social strain with other family members						
- Total	0.047	-0.030-0.124		-0.021	-0.104-0.062	
- Direct						
- Indirect						
Social support with friends						
- Total	0.019	-0.034-0.072		-0.041	-0.088-0.005	
- Direct						
- Indirect						
Social strain with friends						
- Total	-0.030	-0.118-0.058		0.013	-0.076-0.103	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.075	-0.219-0.069		0.013	-0.122-0.148	
- Direct						
- Indirect						

CI, confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 anxiety (HADS-A) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
^a The mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
^b The scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
^c The scale for social networks (SN) ranged from 1 (most isolated) to 4 (most integrated).
^d W2 Anxiety (HADS-A). The scale ranged from 0-21, with higher scores indicating more symptoms of anxiety.

Table 3 Loneliness^a as a mediator of the link between relationship quality^b, social networks^c and depressive worry^d at 2-year follow-up in older adults.

	Women			Men		
	Coefficient	95%CI	% mediated	Coefficient	95%CI	% mediated
Social support from spouse						
- Total	-0.074	-0.212-0.064		0.058	-0.103-0.219	
- Direct						
- Indirect						
Social strain from spouse						
- Total	0.090	-0.068-0.247		0.203	0.065-0.341	
- Direct				0.103	-0.035-0.242	
- Indirect				0.100	0.045-0.154	49.1
Social support from children						
- Total	-0.039	-0.188-0.110		-0.095	-0.218-0.029	
- Direct						
- Indirect						
Social strain from children						
- Total	0.186	0.009-0.363		0.328	0.185-0.471	
- Direct	0.135	-0.041-0.312		0.269	0.125-0.413	
- Indirect	0.051	-0.002-0.104	27.3	0.059	0.012-0.106	18.0
Social support from other family members						
- Total	0.012	-0.098-0.123		-0.018	-0.102-0.066	
- Direct						
- Indirect						
Social strain from other family members						
- Total	0.066	-0.084-0.217		0.147	-0.003-0.296	
- Direct						
- Indirect						
Social support from friends						
- Total	-0.038	-0.155-0.079		-0.044	-0.139-0.052	
- Direct						
- Indirect						
Social strain from friends						
- Total	0.122	-0.076-0.320		0.164	-0.015-0.344	
- Direct						
- Indirect						
Social Network Index						
- Total	-0.094	-0.428-0.241		0.236	-0.034-0.507	
- Direct						
- Indirect						

CI, confidence interval. Results in bold are statistically significant (p<0.05). All models were adjusted for age, education, place of residence, financial strain, chronic medical conditions, stressful life events, problem drinking, W1 worry (PSWQ-A) and W1 loneliness (UCLA). Mediation analysis was only performed when the total effect was significant.
^a The mediating variable was W2 loneliness (UCLA). The scale for loneliness ranged from 0 to 10 with higher scores indicating greater levels of loneliness. The scale was reversed in models where social support or social networks were the predictors.
^b The scales for social support and strain ranged from 0 to 10, with higher scores corresponding to higher levels of social support or strain, respectively.
^c The scale for social networks (SN) ranged from 1 (most isolated) to 4 (most integrated).
^d W2 worry (PSWQ-A). The scale ranged from 8-40, with higher scores indicating more symptoms of worry.

Conclusions High quality spousal relationships and social integration appear to play a more central role for mental health among men than for women. For both genders, poor social relationships increase feelings of loneliness, which in turn worsens mental health. Interventions to improve relationship quality and social networks, with a focus on reducing loneliness, may be beneficial for the prevention of mental disorders among older adults.

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Suicidal events due to overdose and medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4: A comparative overview of five studies in general hospital admissions

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Introduction General hospital-based studies may help towards improving the treatment of psychiatric disorders.

Objectives and aims Based on five representative studies in general hospital admissions, we will represent a comparative overview of suicidal events due to overdose and of the most common medical comorbidities in psychiatric disorders of ICD-10 classes F1–F4.

Methods In secondary analysis one-way Anova and Tukey HSD test were used for comparisons of interval variables. Suicidal events and medical comorbidities with prevalences > 10% were compared between studies using the OR and the 95% CI.

Results Individuals with psychiatric disorders of ICD-10 classes F1–F4 were young (44.7–50.0 years), had an extended length of hospital stay at initial hospitalization (3.8–8.1 vs. 2.9–3.4 days), and significantly more likely suffered of suicidal events due to overdose than controls, contributing from 4.1% (OR = 4,1) to 11,6% (OR = 25.2) to general hospital admissions. Additionally, individuals with schizophrenia (SCH) significantly more likely suffered of type-2 diabetes mellitus (OR = 2.3, 95% CI 1.5–3.6) than individuals with major depressive disorder (MDD), anxiety disorder (ANX), and alcohol dependence (AD), but equal likely as individuals with bipolar disorder (BD). Asthma and hypertension contributed significantly more to hospitalizations in the MDD and ANX samples compared to the SCH, BD, and AD samples. In the AD sample, alcoholic liver disease was more prevalent than in all other samples.

Conclusions In psychiatric disorders, the frequency of suicidal events due to overdose in general hospitals is significantly determined by the diagnostic class. Additionally, different medical comorbidities contribute more than other medical comorbidities to general hospital admissions in various psychiatric disorders.

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The projected number and prevalence of dementia in Japan: Results from the Toyama Dementia Survey

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Purposes The increasing number of dementia is of major public health concern. This study aims to calculate the projected number and prevalence of dementia in Japan, using data from the Toyama Dementia Survey.

Methods The Toyama Dementia Survey was conducted 6 times in 1983, 1985, 1990, 1996, 2001, and 2014. In the 2014 survey, the subjects were randomly chosen from residents aged 65 or more in Toyama prefecture, with a sampling rate of 0.5%. Of those, 1303 men and women agreed to participate (participation rate: 84.8%). An interview with a screening questionnaire was conducted by public health nurses. Psychiatrists and public health nurses further inves-