Mental Health II

**OP90** THE ASSOCIATION OF PARENTAL FATAL AND NON-FATAL SUICIDAL BEHAVIOUR WITH OFFSPRING SUICIDAL BEHAVIOUR AND DEPRESSION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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**Background** Children whose parents die by, or attempt, suicide are believed to be at greater risk of suicidal behaviours and affective disorders. We systematically reviewed the literature on the association of parental fatal and non-fatal suicidal behaviours with offspring suicidal behaviour and depression and, using meta-analysis, estimated the strength of these associations. We further investigated the role of parental and offspring gender, and offspring age at exposure as potential effect modifiers.

**Methods** We carried out a comprehensive literature search using Medline (1950-April 2011), PsycINFO (1870-April 2011), EMBASE (1980-April 2011) and Web of Science. Twenty eight articles met our inclusion criteria, 14 of which contributed to the meta-analysis. Crude odds ratio (OR) and adjusted odds ratio (AOR) were pooled using fixed-effects models.

**Results** Controlling for relevant confounders, offspring whose parents died by suicide were more likely than offspring of living parents to die by suicide [AOR 1.94, 95% confidence interval (CI) 1.54–2.45] but there were heterogeneous findings in the two studies investigating the impact of parental suicide on offspring suicide attempt [AOR 1.51, 95% CI 0.73–2.53]. Children whose parents attempted suicide were more likely than unexposed children to attempt suicide [AOR 1.95, 95% CI 1.48–2.57]. However, compared with offspring of parents who died by other causes, the risk of suicidal behaviour was only slightly elevated for offspring of suicide decedents (suicide: OR 1.51, 95% CI 1.56–2.10; suicide attempt: OR 1.73, 95% CI 1.63–1.83); no adjusted analyses were available. Limited published research indicated that offspring exposure to parental death by suicide is associated with subsequent increased risk of affective disorders compared to offspring of two living parents. Maternal suicidal behaviour was associated with larger effect estimates compared to paternal suicidal behaviours. There was some evidence that younger age at exposure to parental suicidal behaviours was associated with greater risk than exposure in later childhood/adolescence. There was no evidence that the association differed in sons versus daughters.

**Conclusion** Parental suicidal behaviour is associated with increased risk of offspring suicidal behaviour, above and beyond the risk associated with a loss of a parent to a cause other than suicide. Findings suggest that maternal suicidal behaviour is a more potent risk factor than paternal suicidal behaviour. Limited evidence suggests that children are more vulnerable than adolescents and adults. However, there is no evidence of a stronger association in either male or female offspring.

**OP91** DOES ANONYMITY INCREASE THE REPORTING OF MENTAL HEALTH SYMPTOMS?

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**Background** There is no doubt that the perceived stigma of having a mental disorder acts as a barrier to help seeking. It is possible that individuals may be reluctant to admit to symptoms suggestive of...
poor mental health when data can be linked to them, even if their personal details are only used to help them access care. This may be particularly relevant because individuals who have a mental health problem are more likely to experience barriers to care and hold stigmatising beliefs. If that is the case, then mental health screening programmes where personal details are required may not be effective in detecting those most in need of care. We aimed to compare mental health symptom reporting when using an anonymous versus identifiable questionnaire among UK military personnel on deployment in Iraq (early 2009).

**Methods** This was a survey among UK military personnel using two questionnaires, one anonymous (n=315) and one identifiable (n=296). Questionnaires were distributed by alternative allocation. The questionnaire included the 12-item General Health Questionnaire (measuring symptoms of common mental disorder, CMD), the Post-Traumatic Stress Disorder (PTSD) Checklist Civilian Version (measuring probable PTSD) and 11 stigma statements relating to barriers of care and perceived social stigma.

**Results** Of 612 personnel approached to take part, 99.8% completed the survey. The overall prevalence of probable PTSD was 5.3% and 20.5% for symptoms of CMD. No significant difference in the reporting of symptoms of CMD was found (18.1% identifiable vs. 22.9% anonymous, P=0.150). Personnel were more likely to report borderline and probable PTSD when completing questionnaires anonymously (borderline PTSD: 2.4% identifiable vs. 5.8% anonymous; probable PTSD: 1.7% identifiable vs. 4.5% anonymous, P=0.022). Of the 11 barriers to care and perceived social stigma statements considered, those completing the anonymous questionnaire were more likely to endorse: “leaders discourage the use of mental health services” (9.3% vs. 4.6%, P=0.029), “it would be too embarrassing” (41.6% vs. 32.5%, P=0.025) and “I would be seen as weak” (46.6% vs. 34.2%, P=0.003).

**Conclusion** We found a significant effect on the reporting of PTSD and certain stigmatising beliefs (but not CMD) when using an anonymous compared to identifiable questionnaire. Our findings have implications for the current post-deployment screening policy used in the US military in which identifiable data are collected. These results suggest that researchers need to weigh up the balance between full anonymisation against the use of non-anonymised but confidential survey methods, which permit future follow up.

**FSR: Evaluation of Health Care Interventions**

**OP93 ORLISTAT AND THE RISK OF ACUTE LIVER INJURY: A SELF-CONTROLLED CASE-SERIES STUDY IN UNITED KINGDOM GENERAL PRACTICE RESEARCH DATABASE**


**Background** In 2009, based on spontaneous reports of serious liver injury the US Food and Drug Administration announced Orlistat may be linked to an increased risk of hepatic events. However, no causal association has been established. The aim of this study was to investigate the association between Orlistat and the incidence of acute liver injury.

**Methods** This was a self-controlled case-series design using the United Kingdom General Practice Research Database (GPRD) and linked Hospital Episode statistics (HES). People were eligible if they had an incident occurrence of idiopathic acute liver injury with a diagnoses recorded (in GPRD or HES) and were exposed to Orlistat at any time in the observation period. If there was evidence of a known cause for liver disease, such as alcoholism, patients were excluded. Observation time for each patient was divided into strata determined by Orlistat exposure status (30 day strata) and current age. Within-person rate ratios (with 95% confidence intervals) for liver injury were estimated using conditional Poisson regression (Stata 12), comparing exposed with unexposed periods.

**Results** In the GPRD, between 1999 and 2010, 94,695 people had received at least one prescription for Orlistat, of whom 1,741 had an eligible diagnosis recorded. Of these, 408 people fulfilled eligibility criteria for a definite event (including abnormal liver function test results and a referral). We found a higher incidence of events in the first 30 days of exposure, (compared to unexposed) RR 2.27 (95% CI 1.12 to 4.69) and in the 90 day pre-exposure period RR 1.96 (98% CI 1.35 to 2.85). There was no difference in the incidence of events between 90 days prior and 0–90 days post prescribing, RR 0.79 (95% CI 0.42 to 1.42).

**Conclusion** This is the first study we are aware of to explore the risk of incident liver injury associated with Orlistat. We found an
Does Anonymity Increase the Reporting of Mental Health Symptoms?

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