

## EV1257

**Suicide attempters: Clinical characteristics and management**

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**Background** Suicide attempts, defined as self-inflicted, potentially injurious behaviors with a nonfatal outcome, and with evidence of intent to die are extremely prevalent. Literature suggests that suicide is more common among males, while attempted suicide is more frequent among females. Depression, mental disorders, substance use disorders and history of suicidal behavior are important risk factors for suicide: the risk of suicide attempt is 3 to 12 times higher in psychiatric patients than in the general population.

**Aim** The aim of our study was to compare severity of depressive symptoms in a sample of suicide attempters with a diagnosis of bipolar and related disorders or depressive disorders and in a sample of sex- and diagnosis-matched patients who do not commit a suicide attempt. The severity of attempted suicide and the suicidal risk in the hospital will be assessed as well.

**Material and methods** We collected a sample of inpatients who committed a suicide attempt during 2015. For each attempter, we selected another sex- and diagnosis-matched patient with no history of attempted suicide. Socio-demographic and clinical characteristics of the sample were gathered. Assessment included: Montgomery-Asberg Depression Rating Scale (MADRS) for severity of depressive symptoms in both groups, Suicide Intent Scale (SIS) for the severity of attempted suicide and the suicidal risk with a nurse assessment for suicide.

**Results** Data collecting is still ongoing. We expected to find more severe symptoms in patients who attempted suicide. Clinical implication will be discussed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1258

**Who is a survivor of suicide loss? A systematic review**

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**Introduction** Death by suicide stuns with soul-crushing surprise, leaving family and friends not only grieving the unexpected death, but confused and lost by this haunting loss. The underlying structure of grief for survivors of suicide loss appears complicated.

**Aims** The purpose of this study consists in reviewing literature data about survivors of suicide, especially exploring the few informations emerged by researches on the role of psychiatrist as “survivor”.

**Methods** A PubMed search was conducted using combinations of the following keywords: survivors suicide or bereavement suicide or suicide psychiatrists and randomized.

The search was conducted through September 10, 2015, and no conference proceedings were included.

**Results** Bereavement following suicide is complicated by the psychological impact of the act on those close to the victim. It is further complicated by the societal perception that the act of suicide is a failure by the victim and the family to deal with some emotional issue and ultimately society affixes blame for the loss on the sur-

vivors. This individual or societal stigma introduces a unique stress on the bereavement process that in some cases requires clinical intervention.

**Conclusions** Suicide bereavement seems to be different from natural loss. Clinicians may react to a patient’s suicide both on a personal and professional level, with emotions such as loss of self-esteem or blame. This grief somehow nullifies the core of a helping relationship and may imply a more conservative management of future patients or even avoiding to accept suicidal patients for treatment. Support interventions have been proposed.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1260

**Who gains from suicide risk assessment: Health inspectorate and health insurances, or also psychiatrist and patient?**

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**Introduction** The number of suicides rises in the Netherlands. In 2008, 1435 suicides were recorded; in 2012: 1753 (CBS). Adequate risk assessment with suicidal behaviour (SRA) is essential for prevention. The Health Inspectorate and Insurances seek to have a stronger grip on the way suicide risk is assessed and insist on using questionnaires. This runs counter to the multidisciplinary guidelines in the Netherlands for diagnosis and treatment of suicidal behaviour, which state that “questionnaires or observation instruments cannot replace clinical diagnostic examination.”

**Objective** Do questionnaires rather than ‘care as usual’ (CAU) in SRA lead to different treatment policies?

**Aim** To determine whether the use of questionnaires rather than CAU in SRA leads to different treatment policies.

**Methods** Patients who were seen by staff at the department of Psychiatry at the ETS Hospital, either for in-house consultation or at the MPU, in connection with attempted suicide, auto-intoxication, or psychological distress with suicidal statements. Patients were examined by conducting a questionnaire, resulting in treatment policy (admission, discharge with an appointment with patient’s own practitioner, discharge with referral to a practitioner, discharge without aftercare). Then, the same patient was again examined by another colleague in a free interview (CAU). The colleague was not informed about the outcome of the first assessment. Again, treatment policy was determined as a result. The two outcomes were then compared.

**Results** Data collection still continues.

**Conclusions** There are signs that there are no differences in the determined treatment policies following SRA based on the use of questionnaires or CAU.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1262

**Suicide: A major public health problem**

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**Introduction** Suicide is the deliberate act of take off life to itself. According to WHO, more than one million people commit suicide every year.

**Goals** Compare data of suicide attempts between 1996 and 2014 in the University Hospital of Valladolid. Influence of the economic crisis on suicide data. Expose the risk factors. Provide prevention strategies.

**Material and methods** We have performed a study of epidemiological surveillance collecting descriptive data of suicide attempts; using the same methodology as in 1996. The variables studied were: sex, age, day, month, residence, method, personal status, education, employment status, religious believes, family history of suicide, psychiatric history and family and personal psychiatric history.

**Results** Increase in the rate of suicide attempts 27%. Distribution by sex is similar, but in 2014, a higher proportion was observed in males. The percentage of women is significantly higher than that of men in the group of teenagers (10–19 years old) (20% women vs. 4.5% of men;  $P=0.005$ ); 83.5% have a psychiatric diagnosis (54.2% of them have a depressive disorder). Unemployment and economic problems stand out as environmental stressors in 2014. The main suicide method used in Valladolid is the hanging, and the second method used is the precipitation.

**Conclusions** The primary, secondary and tertiary prevention strategies are very important. Suicide is the major cause of mortality in the young age group (15–24 years old). Mortality in the general population has been on a downward trend; but suicide rates per 100,000 population has remained stable over the last decade.

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## EV1263

### Autolytic behavior in acute psychiatric hospitalization

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The aim of the study was to identify inpatients due to autolytic behavior in the acute psychiatric hospitalization of Dr. R. Lafora Hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. The results were analyzed by SPSS software; 53.3% of patients diagnosed with schizophrenia spectrum and other psychotic disorders were hospitalized for acute exacerbation of paranoid schizophrenia; 57.1% of personality disorders for suicide attempts, 28.6% autolytic ideation; 28.6% of bipolar disorders due to mania, 28.6% depression, 28.6% mixed clinical and 14.29% suicide attempts; 60% of alcohol use disorders for autolytic ideation, 20% intoxication; 100% of substance-related and addictive disorders due to autolytic ideation; 100% of feeding and eating disorders for autolytic ideation; 50% of obsessive-compulsive and related disorders due to autolytic ideation; 100% of adjustment disorders with depressed mood due to drug over-eating; 100% of adjustment disorders with mixed anxiety and depressed mood for mixed clinic; 16.7% of depressive disorders due to dysthymia, 16.7% due to major depressive episode, 16.7% for moderate depressive episode, 16.7% for mild depressive episode with mixed nature, 16.7% for drug over-eating, 16.7% for autolytic ideation. It would be important to focus on patients with

a diagnosis of adjustment disorders, personality disorders, alcohol use disorders, obsessive-compulsive and related disorders and bipolar disorders, providing community care and avoiding the risks associated psychiatric hospitalization.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1264

### Autism and suicidality: Review of risk factors in literature

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**Introduction** There is emerging evidence that suicide and suicidal behavior frequently occur in people with autistic spectrum disorders (ASD), although this topic is largely understudied. We have little understanding of suicidal behavior among individuals with ASD and there are no empirical data to guide practitioners in the treatment of suicidality in persons with ASD. There is a need to investigate risk factors associated with suicidal behavior in persons with ASD, to improve prevention strategies and interventions.

**Objectives** To get an overview from literature of risk factors for suicidality in individuals with ASD.

**Methods** Review of the literature using Cochrane Collaboration Centre, Embase, Medline, PsychINFO, PubMed, and Web of Science.

**Results** In the literature, we found that, among already known risk factors like comorbid depression, an underlying vulnerability in personality may be a risk factor for suicidal behavior. Several studies showed that a high score on the temperament factor 'novelty seeking' and 'harm avoidance' is associated with suicidality. In other studies, where suicidality was not an object of study, adults with ASD showed high scores on 'harm avoidance' and low scores on 'novelty seeking'. This suggests that personality profiles may be of predictive value for suicidality in adults with ASD. A study proposal focused on this possible association be presented.

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## EV1266

### Optimizing the assessment of suicide attempters with a decision tree

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**Background** Optimizing psychiatric assessments could help to standardize the use of structured instruments in clinical practice. In recent years, several research groups have applied Computerized Adaptive Tests (CATs) to simplify assessments in depression, anxiety and also suicidal behaviors. We aimed to construct a shortened test to classify suicide attempters using a decision tree methodology that allows the integration of relevant clinical information, namely the history of past suicide attempts, in the construction of the test.

**Methods** The sample was composed of 902 adult participants in three subsamples: first-time suicide attempters, psychiatric inpatients that never attempted suicide and healthy controls. The