

Methods We retrospectively reviewed medical charts from 2005 to 2014. A total of 334 patients diagnosed with bipolar disorder using the DSM-IV TR were enrolled. Subjects were categorized into two groups according to their history of suicidal behavior and the demographic and clinical characteristics of the groups were compared, including the mixed features specifier. We re-evaluated the index episode using DSM-5 criteria and classified subjects into an index episode with mixed features group and an index episode without mixed features group. Logistic regression was performed to evaluate significant risk factors associated with suicidal behavior.

Results Suicidal behavior had an independent relationship with mixed features at the index episode using DSM-5 criteria (OR = 3.39; 95% CI: 1.57–7.34) and number of previous depressive episodes (OR = 1.62; 95% CI: 1.34–1.95) in Korean bipolar patients. The mixed feature specifier was the strongest risk factor for suicidal behavior in the present study. Limitations: this was a retrospective study and structured psychiatric interviews were not conducted.

Conclusions This study may help clinicians understand potential risk factors and manage bipolar disorders with suicidal behaviors. Clinicians should carefully monitor patients with bipolar disorder who exhibit numerous depressive episodes or mixed features for suicidal behavior.

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Outpatient treatment engagement after suicidal attempt: A multicentre prospective study

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Introduction Most suicide attempters are referred to community health professionals (CHP) after discharge from emergency department (ED). Thereafter, outpatient treatment engagement (OTE) is often poor. Strengthening it seems likely to reduce the risk of repeat suicidal behaviour.

Objectives To identify the predictive factors of OTE.

Methods Multicentre prospective study in true life conducted in adult patients (≥ 18) in 4 EDs of the Southern Paris region. Patients were referred to CHP. OTE was assessed by telephone calls at 1 and 3 months. OTE at 1 month was defined as having booked 1 appointment; OTE at 3 months as having attended 2 appointments and booked another one.

Results One hundred and fifty-five patients were assessed at 1 month and 144 at 3 months. OTE at 1 and 3 months was observed in 58% and 51% respectively. A multivariate analysis showed factors significantly predictive of OTE at 1 month: a psychiatric follow-up before the suicide attempt (SA), ≥ 2 psychiatric interviews during the stay at ED, appointment with CHP booked before discharge from the ED; and at 3 months: college or university education, absence of alcohol intake during the SA, psychiatric follow-up before the SA, appointment with CHP booked before discharge from the ED.

Conclusions This multicentre prospective study highlights the benefit of booking outpatient appointment before discharge from ED; of allowing patient to benefit from at least two psychiatric interviews; of being particularly cautious with patients who took alcohol concomitantly to their SA, patients with low level of academic achievement and patients without psychiatric follow-up.

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Psychiatric follow up after a suicide attempt

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Introduction Suicide is a global public health problem. More than 800,000 people die due to suicide every year according to the WHOM. In Spain, about 9 people die due to suicide every day, and the rates increase every year. The presence of previous suicide attempts is one of the strongest risk factors for suicide consumption. Nevertheless, patients sometimes do not receive a correct assistance after a suicide attempt.

Objective To study the follow-up of patients, without previous psychiatric history, who commit a first suicide attempt in the area of Huelva (Spain).

Method Retrospective review of the electronic clinical histories of patients attended in the Emergency service of Juan Ramón Jiménez Hospital after a first suicide attempt during the first six months of 2015.

Results From January to June of 2015 we collected a total of 159 patients who committed a first suicide attempt in our area. A total of 69.18% were women and 30.82 were men. In both sex the mean age was 39 years. Out of the 159 attended after a first suicide attempt, only 54% were referred to the Psychiatry service to be followed up. Out of those referred, only 62% actually attended and only half of them really staying treatment.

Conclusions An adequate psychiatric follow up after a suicide attempt is needed to reduce the risk of more suicide attempts or consumption. A minority (30.8%) of the patients attended in our area after a first suicide attempt received an adequate attention.

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Suicide and body mass index

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Introduction It has been suggested that there is a relationship between BMI and suicide. Thus, BMI of subjects who commit suicide would be lower than the BMI of other unnatural deaths (Flaig 2013). **Objectives** Explore the possible relationship between BMI and suicide.

Material and methods A total of 1197 suicides and 473 unnatural deaths (not by suicide) were collected systematically for 60 months at the Institute of Legal Medicine of Seville. Age, sex, weight, height and cause of death were recorded. Statistical analysis was performed using SPSS v19.0.

Results (Table 1)

Discussion In our study we found that suicide (of all age groups and both sexes) have a lower BMI than controls. However, the rela-