

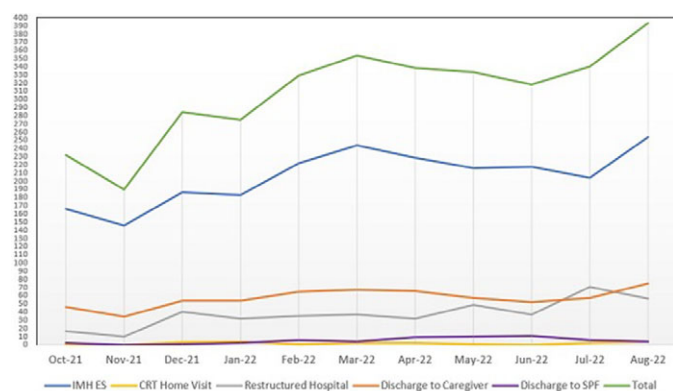
Image 2:

Figure 2. Total Number of Referred Cases and Outcome of These Cases

Conclusions: The CRT intervention could mitigate suicide risk and pressure on the mental health system (i.e., reduce unnecessary emergency room visits and hospital admissions), create greater mental health awareness, and facilitate individuals' connection to mental healthcare services (i.e., in hospitals and/or in the community) as evidenced by the increasing number of cases referred, and increased collaboration with the various stakeholders, ensuring timely intervention and necessary follow-ups thereafter.

Disclosure of Interest: None Declared

EPP0779

The assessment of the clinical usefulness of suicide-specific syndrome inventories – a retrospective study with psychiatric inpatients

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doi: 10.1192/j.eurpsy.2023.1065

Introduction: There is growing evidence on the existence and the clinical usefulness of the recently described Suicide-Specific Syndromes (SSS), such as the *Acute Suicidal Affective Disturbance (ASAD)* and the *Suicidal Crisis Syndrome (SCS)*. Many researchers and clinicians agree that Suicide-Specific Syndromes, as a distinct diagnostic category should be included in the major diagnostic and classification systems, such as the Diagnostic and Statistical Manual of Mental Disorder (DSM) or the International Classification of Diseases (ICD). In addition to their novelty in symptomatic and nosologic classification, the recently developed *Acute Suicidal Affective Disturbance Inventory (ASADI)* and the *Suicidal Crisis Inventory (SCI)* also provide an opportunity to objectively measure the current suicidal emotional and mental state by validated tools. **Objectives:** To assess the clinical usefulness of the ASADI and the SCI compared to each other and to traditional suicide risk assessment tools based on classical suicide risk factors.

Methods: A self-administered questionnaire battery and a semi-structured interview were completed with 100 psychiatric inpatients consecutively treated with depressive disorders and/or

suicidal behaviour in a university clinic in 2021. Besides the ASADI and the SCI, the self-administered battery included depression screening tools, such as the Beck Depression Inventory - Short Form (BDI-SF) and the Patient Health Questionnaire - 9 items (PHQ-9). Traditional suicide risk factors were assessed by clinical judgement and with the Brief Suicide Questionnaire (BSQ).

Results: According to our preliminary results, the ASADI and the SCI recognize Suicide-Specific Syndromes as distinct diagnostic entities. Furthermore, ASADI and SCI detect suicidal behaviour as effectively as traditional suicide risk assessment tools, and may be more effective in assessing imminent suicide risk. There were no significant differences in detecting suicidal behaviour and in assessing suicide risk between the ASADI and the SCI.

Conclusions: Suicide-Specific Syndromes (ASAD, SCS) use well-defined diagnostic criteria for suicidal behaviour. The recently developed different tools for assessing Suicide-Specific Syndromes, such as the ASADI and the SCI may be helpful tools for the clinicians to assess suicidal behaviour and imminent suicide risk in their clinical practice.

Disclosure of Interest: None Declared

Women, Gender and Mental Health 01

EPP0780

Antenatal depression, obstetric outcomes, and post-partum depression: results from a longitudinal, real-world study

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doi: 10.1192/j.eurpsy.2023.1066

Introduction: Changes in physiological and hormonal balance occurring during pregnancy and post-partum period can have relevant implications on woman's mental health. Up to 65% of pregnant women experience depressed mood, low self-esteem, cognitive impairment, fatigue, loss of appetite as well as suicidal ideation. Anxiety and depressive symptoms have been described as impactful on the newborn's health at the time of delivery. Despite this, few evidence exist on this topic.

Objectives: The present paper aimed at assessing: 1) prevalence and risk factors of antenatal depression (AD); 2) the impact of AD on adverse obstetric outcomes and the onset of post-partum depression.

Methods: Pregnant outpatients attending the Department of Gynecology and Obstetrics of University of Campania "Luigi Vanvitelli" in Naples were asked to complete the Italian version of Edinburgh Postnatal Depression Scale (EPDS), a 10-item self-reported questionnaire developed as screening tool of postnatal depression up to one year after delivery. Sociodemographic, clinical and gestational information was collected at baseline.

Results: A total of 268 pregnant women were recruited: 9.7% of them already suffered from depressive disorders and 22% from anxiety. EPDS mean total score was ≥ 10 in 36.2% of cases (97 out of 268). The presence of AD was longitudinally associated to a lower