

discontinuation due to side effects. Several studies investigated the utility of PG tests for antidepressants in MDD with interesting but contrasting results. To date most of them are observational studies with no comparator group, and few are randomized controlled trials (RCTs). Several limitations concerning study design, generalization of results, duration of trials, patients group studied, and cost-effectiveness ratio were found, and a number of barriers have been noted in the adoption of PG tests into clinical practice. Despite some preliminary positive results, there is the need for larger and longer-term RCT studies, with the goal to capture the real impact of PG tests, also with stratified analysis concerning MDD features in terms of severity and antidepressant treatment failures in different ethnicity cohorts.

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Keywords: Pharmacogenetic test; antidepressant; major depressive disorder; Personalized medicine

What Impact has COVID-19 Had on Suicide?

S0085

Suicide Prevention in Patients with Severe Mental Disorders

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Until 2016, only few interventions were supposed to work in suicide prevention: restriction of access to lethal means, school-based universal prevention, treatment of depression and ensuring chain of care. Then, despite the multiplication of the therapeutic strategies for psychiatric disorders during the last decades, the incidence of suicide has not substantially decreased. Among several hypotheses, we proposed that suicidal depression is a specific form of depression, less responsive to antidepressants, carrying a high suicide risk, which deserves specific interventions. During the last decade, few controlled studies have been performed in at risk patients with short term reduction of the risk of suicide as a main objective, and the interest for old drugs such as lithium and clozapine remains. Recent data allow to propose that a new era is coming with evidence-based strategies of suicide prevention that should lead to change the way we deal with suicidal patients. Importantly, most efforts to develop interventions have moved to a perspective that suicide-specific treatments are necessary in addition to interventions for primary psychiatric disorders. By formulating the hypothesis that suicidal patients present a dysregulated response to social adversity based on specific brain areas associated with psychological pain, relying to opioidergic, immune and glutamatergic systems. Last, due to the difficult management of suicidal patients, innovative psychosocial interventions should be implemented for patients in suicidal crises and including safety planning, coordination of care, brief contact using phone calls. We have probably more solutions than ever to prevent suicide.

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Keywords: psychological pain;; immediate interventions; antidepressants;; suicide prevention

S0086

Suicide in the COVID-19 Pandemic

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A literature search using PubMed and Google Scholar identified 64 articles assessing suicidal thoughts, suicide attempts and suicide during the COVID-19 pandemic in comparison with the pre-pandemic period in the six WHO regions of the world. Most studies come from high- and middle-income countries. There is a scarcity of data from South America, and no studies from the African and East-Mediterranean Regions. Compared to trends in previous years, suicide rates remained largely unchanged globally or declined in the early phase of the pandemic. However, increased suicide rates were reported among non-white residents and Afro - American groups in the US, as well as among adolescents in China. Japan and India showed a statistically significant increase in suicide rates after an initial decline. Similarly in Peru, after an initial decline, suicide rates increased among men during the course of the pandemic. This is in line with previous findings in the context of natural disasters and other epidemics where a similar increased suicide trend can be expected in the post-pandemic period in other countries. Among adolescents, there were no significant changes in suicide rates during the period of school closure, but an increase has been observed in the period after coming back to schools. The assessment of suicidal thoughts and attempts during the pandemic was mostly conducted through online cross-sectional surveys and showed significant increases, particularly in females and the young. Suicide can be prevented if evidence-based methods that exist are implemented in a systematic way (Wasserman et al. 2020; <https://doi.org/10.1002/wps.20801>).

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S0087

Affective Temperaments and Suicidality in Patients with Bipolar Disorder

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Suicide is one of the leading causes of death in patients with Bipolar Disorder (BD). Several risk factors linked to suicide attempts in patients with BD have been identified, including a long duration of illness, untreated BD, female sex, positive history for suicide attempts, comorbidity with substance abuse or personality disorders, anxiety, depressive polarity and recent psychiatric inpatient care. Recently affective temperaments have been considered as possible factors for suicide in BD. While hyperthymic temperament is associated with a reduced risk of suicide attempts, cyclothymic, irritable, depressive and anxious temperaments are more represented in patients with a positive history of suicide attempts. Moreover, cyclothymic and irritable temperaments are highly connected with both aggression and impulsivity, which play a role in