

Conclusions: The conclusion will be presented when results have been analysed.

Disclosure: No significant relationships.

Keywords: suicide attempt; self-harm; Prevalence; Definition

EPV1593

Suicidal risks in state of alcoholic drunkenness

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Introduction: The last two decades have seen the timeliness of studying the connection between suicides and drunkenness

Objectives: To evaluate the significance of suicidal risk factors in patients who had committed suicides while being under the effect of alcohol so as to be able to forecast suicidal risks and prevent suicides within this group

Methods: The authors have carried out an analysis of medical documentation of suicides committed in the Sverdlovsk region. The data on suicides has been taken from forensic expertise acts. The following factors have been taken into account: age, gender, social status of suicide victim, supplementary somatic pathology, and concentration of alcohol in the victim's blood

Results: Alcoholic addiction is a behavioral indicator of suicidal risk. The level of suicidal activity in persons with the syndrome of alcoholic addiction is much higher than within the general population. The age of 25-49 is the peak of suicidal attempts among patients with chronic alcoholism. Genuine suicides prevail during the first stage of chronic alcoholism. The patients are inclined to demonstrate pathological suicidal reactions to social misplacement that show themselves in the form of conflicts within the family and at work. In addition to genuine suicidal attempts made by males in the state of abstinence

Conclusions: The results received confirm the role of the alcoholic factor in the formation of suicidal behavior and have the aim of elaborating new forms and methods to help prevent suicides committed in the state of alcoholic drunkenness

Disclosure: No significant relationships.

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Testosterona and suicide

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Introduction: Testosterone is an anabolic androgenic steroid hormone involved in brain development, reproduction, and social behavior. Several studies have shown that testosterone can cause impulsivity in humans. This impulsivity could modify the mood and increase the risk of suicidal behaviour.

Objectives: Testosterone is an anabolic androgenic steroid hormone involved in brain development, reproduction, and social behavior. Several studies have shown that testosterone can cause impulsivity in humans. This impulsivity could modify the mood and increase the risk of suicidal behaviour.

Methods: Clinical case and literature review.

Results: A 33-years male (biological female), single, gypsy ethnicity, with an 11-years daughter. Psychiatric history of one admission in a hospitalization unit. Diagnosed of depressive disorder and personality disorder NOS. Intermittent follow-up in Mental Health consultations. 8 years later, he consulted due to gender dysphoria. He referred not to be feeling identified with his body for a long time. He rejected his sexual characteristics. After his mental evaluation, he was referred to Endocrinology Service. He had been prescribed with testosterone. Three days after starting the treatment, he made an attempt of suicide with medication. The patient had not presented previous suicide attempts or ideation. With the withdrawal of the testosterone, the suicidal behaviour disappeared.

Conclusions: Due to the association of testosterone and suicidal behaviour, we consider that is important to pay attention to people who have just started the androgenic treatment in order to avoid a high risk of suicide. In the same way, we should focus on evaluating the hostility, impulsivity and irritability in patients strongly related to suicidal behaviour.

Disclosure: No significant relationships.

Keywords: Suicide; Impulsivity; Transgender; Testosterone

EPV1595

Psicosis and suicide risk: who, when and why

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Introduction: Suicide rates in people diagnosed with a psychotic disorder can be up to 50 times higher than in the general population, with the lethality of attempts being significantly higher in this group, compared to people diagnosed with other psychiatric disorders. Furthermore, it is known that being male is associated with more serious suicide attempts and higher rates of completed suicides.

Objectives: To reflect on the increased risk of suicide associated with psychotic disorders.

Methods: Case report and literature review.

Results: Case report 40-year-old male, recently diagnosed with Schizophreniform Disorder and currently with persistent positive symptoms. He was admitted to our psychiatric hospitalization unit due to a voluntary overdose of almost 100 tablets (antihypertensives, antiarrhythmics, and benzodiazepines) and alcohol. He admits taking the pills with the aim of committing suicide. Literature review: - Around 10% of people diagnosed with schizophrenia commit suicide. - In young patients diagnosed with schizophrenia, suicide is the leading cause of death. - Between 15 and 65% of

patients diagnosed with schizophrenia have depressive symptoms such as hopelessness. - Depressive symptoms in these patients seem to be directly proportionally with awareness of the disease (stigma, awareness of its severity and a sudden decrease in quality of life and social integration). - The risk of suicide increases especially in the first 10 years of the disease.

Conclusions: Psychosis is an important risk factor of suicide and active preventive measures should be carried out in these patients.

Disclosure: No significant relationships.

Keywords: Psychosis; Suicide

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Structuring of specialized treatment applied to people with suicide attempt in an academic psychiatric service in Rio de Janeiro city

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Introduction: Description of a specialized treatment program for people attempting suicide in an academic health service focused on psychiatry and drug addiction in the city of Rio de Janeiro.

Objectives: Describe actions developed to treat suicidal behavior.

Methods: Based on a survey of the prevalence of suicidal behavior in the Brazilian population over a lifetime, reaching a total of 12,000 cases per year of the Brazilian population, this academic service of psychiatry and drug addiction established the following actions for hospitalized patients: 24-hour surveillance, reduced access to methods of committing suicide (forks and knives removal, shoelaces and ropes removal), strengthening the GVV (Life Valuation Group), strengthening the Cognitive Behavior Therapy application groups, conducting group dynamics, lectures, art therapy and physical activities.

Results: Of 370 patients admitted to this service from January 1st, 2019 to September 1st, 2019, 137 had suicidal behavior and only 2 died.

Conclusions: Of these two cases, one abandoned treatment and the other occurred during the treatment period.

Disclosure: No significant relationships.

EPV1597

Suicide in the medical community

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Introduction: Like in the general population, in the medical community the most common mental disorders reported are depression and anxiety. Suicide risk was increased, especially in medical-related professions.

Objectives: To evaluate male and female physician suicide risk.

Methods: Review all studies involving suicides, suicide attempts or suicidal ideation in health-care workers published in the last five years.

Results: Suicide decreased over time, especially in Europe. Some specialties might be at higher risk such as psychiatrists, general surgeons and anesthesiologists.

Conclusions: Physicians are an at-risk profession of suicide, with women particularly at risk.

Disclosure: No significant relationships.

Keywords: suicidal ideation; doctors; Suicide; physicians

EPV1598

The association between melatonin and suicide: a nationwide cohort study

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Introduction: Melatonin is often prescribed to patients experiencing sleep disturbances, which has been linked to elevated risks of suicide. However, it remains to be assessed whether melatonin is associated with suicide and suicide attempts.

Objectives: We aimed to investigate whether individuals in treatment with melatonin had higher rates of suicide and suicide attempt when compared to individuals not in treatment.

Methods: Using longitudinal data on all persons aged 10+ years living in Denmark between 2007-2016 were obtained. Data from the National Prescription Register was used to identify periods of being in treatment with melatonin based on number of tablets and daily defined dose. Suicide and suicide attempt were identified in hospital and cause of death registries.

Results: Among 5,798,923 included individuals, 10,577 (0.18%) were in treatment with melatonin (mean treatment length 50 days). Out of 5,952 individuals who died by suicide, 22 (0.37%) were in melatonin treatment, while 134 (0.53%) out of 25,136 had a first suicide attempt. After adjustment for sex and age-group, people in treatment with melatonin were found to have a higher rate of suicide (IRR: 4.2; 95% CI, 2.7-6.4) and suicide attempt (IRR: 6.7-fold (95% CI, 5.7-7.9) when compared to those not in treatment.

Conclusions: Treatment with melatonin was associated with higher rates of suicide and suicide attempt. The association might be explained through mediators, such as psychiatric comorbidity and sleep disorders. Our findings indicate that attention towards these issues might be warranted.

Disclosure: No significant relationships.

Keywords: sleep medicine; melatonin; Pharmacology; Suicide