

Results: Epidemiology, risk and protective factors, preventive and treatment measures were described.

The Azores region has an ascending trend in the suicide mortality rate, opposing the Portuguese trend. The Azorean suicide mortality rate has a bimodal distribution and has higher values in every age group, except for the +75yo, when compared with the Portuguese rates.

Image:

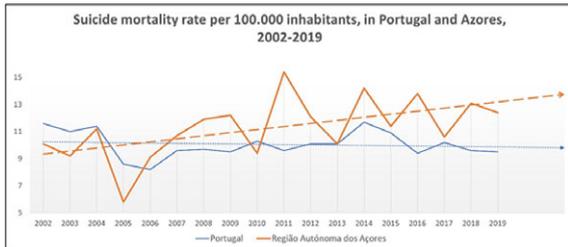
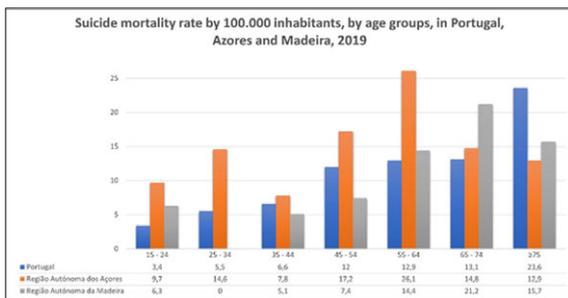


Image 2:



Conclusions: Multiple complex factors contribute to the suicide phenomenon. Suicide protective and risk factors mostly overlap with mental disorders' factors and those of other health and socio-economic conditions.

Azorean suicide rates are growing against the global and national descending trends.

Prevention and treatment strategies to be implemented regionally must be fine tailored, accounting for the most relevant factors in place, in order to be most effective.

Disclosure of Interest: None Declared

EPV1071

Suicide Prevention and Specialized Intervention: Structuring Actions in a Psychiatry and Chemical Dependency Service in Rio de Janeiro City

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Introduction: Suicide presents itself as a serious public health problem, with universal characteristics. Though world rates dropped between 2010 and 2016, they are still very high and in

regions like the Americas there has been a raise in the same period in Brazil, contrary to the world trend and surpassing the average of the Americas (6%), the rate of suicides in each 100 thousand inhabitants has raised in about 7% in the period (WHO, 2019).

Objectives: Considering the relevance of these aspects, this study presents the results of actions for treatment and prevention of suicidal behavior, developed by a psychiatry and chemical dependency inpatient service in the city of Rio de Janeiro.

Methods: This showed the necessity of the creation of a specific program of suicidal treatment and prevention and the Institution established the following actions of intervention to hospitalized patients: permanent watching, reduction of access to instruments and methods to commit suicide, strengthening of the Life Appreciation Group (LAG) and the Cognitive Behavioral Therapy group, art therapy and physical activities.

Results: It was observed that among the 370 patients hospitalized in the Institution in the period of the study, 137 presented suicidal behavior and only 2 died. From these two cases, one abandoned treatment and the other occurred during the period of treatment.

Conclusions: The developed program reached positive results in the intervention of the cases and the actions of prevention had expressive reach in the number of people, especially because the press promoted wide dissemination of information for immediate help.

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suicide among women, its clinical specificities and risk factors

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Introduction: In the general population, the authors have noted that most suicides are committed by men, this gender difference also includes the methods that suicidal people use to commit suicide; women tend to use less immediately lethal means such as drug ingestion in contrast to the methods that men adopt, which often include poisoning, hanging or the use of firearms. This is partly due to the fact that men verbalize their suffering less in the context of the hegemony of masculinity which delays the request for help.

Objectives: Our objective is to describe the profile of female patients admitted to the AR-RAZI hospital in Salé for suicide attempts and/or with a previous suicide attempts and their treatment and to identify the risk factors, which will allow us to develop preventive therapeutic strategies, taking into account their age, their reasons for hospitalization and clinical presentation on admission; their physiological characteristics, their somatic and psychiatric co-morbidities and their socio-cultural factors.

Methods: We have performed a cross-sectional study of 59 female patients admitted to Ar-Razi Psychiatric Hospital for suicide attempt or having already committed at least one suicide attempt, by means of a questionnaire specifying their age, marital status, occupation, socioeconomic level and residence.

The patients in question were recruited within a 2-year time frame, coming for the most part from the regions of the kingdom that our center covers.