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Difficulties of describing suicide statistics in an international environment: The example of Luxembourg

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Introduction: Suicide is a major public health issue and different metrics have been put into place in order to compare suicide rates and adapt prevention strategies to local contexts. Two numbers often cited are the number of suicides in a given country in a given year and the rate of suicides per 100.000 people in this country.
As straightforward as those two indicators may seem, they may nevertheless be subject to considerable caveats in specific national contexts. As an example, we will outline the case of Luxembourg.
Luxembourg is a high-income European Union member state and benefits greatly of its multilinguality and close ties to its neighboring countries. Although other European countries also have considerable populations of foreign nationals working in, but not residing in their country, the Luxembourgish context is unique for its proportions: For a population shy of 680.000, there are about 200.000 foreign workers that cross the boarder every day.
Those frontalier-workers, as they are called, might however die by suicide in both their country of residence as well as in Luxembourg. Moreover, the Luxembourgish health care system offers considerable opportunities for patients to be treated in neighboring countries.
Those patients also might die by suicide abroad, thus not being counted into the Luxembourgish statistics.
Objectives: To investigate the influence of a considerable foreign commuters demographic as well as of treatment of Luxembourgish nationals in boardering countries on the number of suicides reported for Luxembourg and its suicide rate.
Methods: Analysis of data by the Ministery of Health (Ministère de la Santé et de la Sécurité sociale), the National Statistics Insitute (Institut national de la statistique et des études économiques du Grand-Duché de Luxembourg) as well as the National Health Fund (Caisse Nationale de Santé)
Results: Different figures are reported for suicide cases, which cannot easily be converted into one another:
One counts the number of suicides taking place in the territory of Luxembourg, an other one describes the causes of death for Luxembourgers who died outside of the country.
Although a considerable demographic, no data exists on the proportion of frontalier-workers among suicide victims in Luxembourg.
Conclusions: The study of suicide rates in Luxembourg highlights how a seemingly simple metric can prompt researchers to reconsider what exactly they aim to measure, enabling them to better design targeted prevention strategies for groups at higher risk.

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Relationship between Psychological Pain and Social Cognition with the risk of suicidal behavior in depressed patients in remission: a pilot study

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Introduction: Suicide is a major public health problem. Psychological Pain (Psychache) and Social Cognition (SC) may have potential clinical significance. The aim of this study is to determine whether they are clinically relevant in patients with a history of suicide attempts and Major Depression (MD) in remission.
Objectives:
1.- To investigate the severity of Psychache in patients with MD who have attempted suicide.
2.- To identify changes in SC associated with an increased risk of suicidal behavior.
3.- To identify clinical subgroups of patients according to the SC and Psychache typology.
Methods: A controlled cross-sectional observational study is being conducted comparing two groups assessed with a clinical diagnostic interview and a psychological assessment including measures of SC and Psychache: 1) 60 patients with a history of suicide attempts (more than 6 months prior to the study), diagnosed with MD (DSM-5) at the time of their last attempt, and in remission when evaluated (HRDS<15). 2) 60 age/gender matched healthy case controls.
Results: Preliminary results from a group of 23 patients matched with 23 healthy controls:
1.- Psychache: a) Patients vs. Controls: Patients, despite being in remission of depression, have a higher level of Psychache than controls ($p<0.001$). b) Patients: The level of current Psychache is significantly lower than at the time of the suicide attempt ($p<0.001$). c) The level of current Psychache correlates significantly with the depression severity (HDRS) ($r=0.77$). This correlation is significant in the patient group ($p<0.001$) but not in the control group. d) The results obtained on the Total Psychache Scale do not differ from those obtained on the Unbearable Psychache subscale.
2.- Social Cognition: Overall scores on two of the Social Cognition measures (RMET and Hitting Task) were not significantly different between the patient and control groups. In the case of the MASC test, the global scores of the group of patients (with a history of suicide attempts) are significantly lower than those of the control group ($p<0.05$).

Table 1

	CONTROLS	PATIENTS	P-value
Psychache Total	Mean14.7 SD (2.88)	31.3 (14.0)	<0.001
Subtest Unbearable	3.0 (0)	6.3 (3.70)	<0.001
RME (SC)	26.0 (3.02)	23.8 (3.76)	0.062
Hitting (SC)	8.7 (1.14)	8.6 (0.99)	0.424
MASC Total (SC)	31.1 (3.92)	28.3 (4.78)	<0.05

Conclusions: a) Patients with stable depression and a history of suicide risk maintain a significant level of Psychache, which is higher than in the control group. b) The use of the Unbearable Psychache subscale -with only 3 items- discriminate clearly between the patient (suicide attempters) and the control groups: its use in primary care should be considered. c) Differences between patients and controls in SC were not significant in two of the three scales used, but were significant in one (MASC). This should be confirmed and analyzed in the full sample.

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Management of serious autolytic attempt in the Emergency Room

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Introduction: Every year, 726,000 people take their own lives and many more attempt it. Suicides can occur at any age and were the third most common cause of death in people aged 15 to 29 worldwide in 2021.
Objectives: Presentation of a clinical case.
Methods: We analyze the case of a 17-year-old patient who came to the ED after ingesting sodium hypochlorite with self-lytic intent. She says that, being accompanied by a friend, she begins to hear "a voice, which is my own voice, telling me to kill myself." With a pretext, he enters the kitchen and overeats. She says that, although she was induced by "the voice," she thinks that "if I continue like this all my life, it would be better to die." She discusses it with her brother and her friend, who inform her mother.
She is the youngest of three brothers. He resides with his mother and her partner, parents divorced at 11 years old. He is in 4th ESO, with poor performance. Pregnancy, childbirth and maturation milestones within normality. Four years ago he began to experience behavioral alterations in the family environment characterized by drug abuse reactive to family arguments. These ingestions are becoming more frequent and for anxiolytic purposes, requiring attention in the ED. Throughout evolution, the attitude has become increasingly regressive, with demands for attention to which the family responds by reinforcing them. He has had several hospital admissions. On current treatment with olanzapine 5 mg/24h, fluoxetine 20 mg/24h and tranxilium 5 mg/8h.
Results: Analysis with blood count, basic biochemistry, arterial blood gases, SO and toxic substances in urine; without significant alterations.
Gastroscopy: Esophagus: Mucosa, distensibility and peristalsis without alterations. Esophago-gastric junction 36 cm from the dental arch with competent cardia at the level. Stomach: isolated antral areas of circumscribed erythema. Centered and permeable pylorus. Duodenum: Bulb and second portion without alterations. Psychopathological examination: COC. Regressive, character traits in the foreground. No alterations in psychomotor skills. Attentive, without memory errors. Discourse with an infantilized tone, spontaneous, fluid and coherent, structured, focused on feelings of vital failure. Referred hypothymia, without apathy or hypohedonia. Referred anxiety, not evidenced. Active autolytic ideation, without criticism, manifesting intentionality of repetition. Low tolerance for frustration with impulsive responses. Preserved appetite. Hypersomnia. Preserved reality judgment. Partial awareness of illness.
Conclusions: Suicidal behavior should never be considered a call for attention but rather for help. In the intervention we must not blame and reconnect the minor with the family. We must talk openly about the circumstances in which it occurred, facilitating emotional expression. We must guarantee the safety of the minor, open dialogue between parent-child and provide support from parents.

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EPV1949

Suicidal Attempts in Psychiatric Patients admitted to "Xhavit Gjata" Hospital, Albania: A 2-year Retrospective Descriptive Study

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Introduction: Suicide represents one of the most discussed mental health issues in the world today and health challenges for the future. The burden of suicide is calculated in very high numbers (720.000 people per year) ranking it among the most frequent causes of death (World Health Organization. Suicide. WHO Fact Sheet. 2024 https://www.who.int/news-room/fact-sheets/detail/suicide). In the context of patients hospitalized in psychiatric services, the incidence of suicide attempts is particularly high, representing a major challenge for mental health professionals and the health care system.
Objectives: This study aims to analyze the socio-demographic and clinical factors influencing suicide attempts in a sample of psychiatric patients in Albania and looks for statistically significant relationships between them.
Methods: A retrospective study was conducted on 138 psychiatric patients admitted after a suicide attempt and data from August 2022 to July 2024 were obtained. Socio-demographic and clinical data were collected and analyzed. The relationship between these variables were explored. A total of 28 different demographic, clinical and behavioral variables were sampled and pooled with the help of statistical software.
Results: From the data it was found that suicide attempts were more frequent among women with a woman/man ratio of 1.42:1, age 25-44 years and among unemployed persons during the working age. It was more frequent in urban areas, with an uban / rural ratio of 2.85:1. The education level most frequent was primary (8-years of education) in 44.2% of the cases. Our data showed that 86.2% of cases did not live alone, which can be explained by the traditional Albanian family structure. However, only 28.3% of cases had good family support. Suicide attempts were most common in summer. The most frequent discharge diagnosis was a mood disorder in 69.6% of the cases, while a co-diagnosis was present in only 22.5% of cases. 59.1% were hospitalized for a first attempt. The attempt was reported as premeditated in 64.5% of cases, with prior preparation in 21.7% of cases and without asking for help in 62.3% of cases. There is a significant relationship ($p<0.05$) between the