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EEG features in depressive female adolescents with suicidal and non-suicidal auto-aggressive behavior

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Introduction: In adolescents, both non-suicidal self-injuries (NSSI) and previous suicidal attempts (SA) represent significant risk factors for future suicide. Thus, the search for EEG markers of these forms of auto-aggressive behavior seem to be an actual task.
Objectives: The aim of the study was to reveal the differences of baseline EEG features in depressive female adolescents with auto-aggressive behavior such as NSSI or SA.
Methods: The study included 45 depressive female in-patients aged 16–25 years. 21 of them showed only NSSI (NSSI subgroup), 24 patients had a history of SA (SA subgroup). Subgroups did not differ in clinical and social-demographic parameters. Baseline EEG spectral power (SP) and its asymmetry were measured.
Results: SA subgroup had higher parietal-occipital alpha-2 (9-11 Hz) SP than NSSI subgroup. Its focus was located in the right hemisphere, and alpha-3 (11-13 Hz) SP was higher than alpha-1 (8-9 Hz). In contrary, in NSSI subgroup alpha-1 SP was higher than alpha-3; and foci of alpha-2 and alpha-3 SP were localized in the left hemisphere.
Conclusions: Spatial distribution and the ratio of EEG alpha frequency components SP in the SA subgroup reflect greater activation of brain cortex, especially of the left hemisphere that is more typical for EEG of individuals with increased risk of suicide. In NSSI subgroup, the right hemisphere is relatively more activated that is more typical for EEG in depression without SA. The study supported by RBRF grant No.20-013-00129a.

Disclosure: No significant relationships.
Keywords: female adolescents; non-suicidal self-injury; suicidal attempts; Depression

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Sociodemographic, personality and symptomatologic profiles associated with an increased likelihood of suicidal risk in patients hospitalized for recurrent depressive disorders

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Introduction: According to WHO statistics, 800,000 suicides occur annually, representing the second leading cause of death in people aged 15 to 29. The contributing factors for suicidal risk are multifactorial and multileveled.
Objectives: We aimed to analyze the predictive value of distinct sociodemographic, personality and symptomatology characteristics in predicting the presence of suicidal risk in patients hospitalized for the analyzed mood disorder.
Methods: A longitudinal retrospective case-control study was performed on medical data records of 90 patients admitted in the Timisoara Psychiatric Clinic during 2018 – 2020. Besides the parametric and non-parametric statistical analyses, logistic binary regression analyses were done.
Results: Patients with suicide risk tended to be younger ($p = 0.039$), without intimate partnership ($p < 0.001$), current smoker ($p = 0.038$) and to present psychotic symptoms at some moments during the psychiatric disorder. 51 (56.7%) of the total patients have presented different degrees of suicidal risk (from suicidal ideation to suicide attempt). Patients with suicide risk tended to be younger ($p = 0.039$), without intimate partnership ($p < 0.001$), current smoker ($p = 0.038$) and to present psychotic symptoms at some moments during the psychiatric disorder. Personality traits has not influenced suicidal risk. Presence of intimate partner (OR = 0.135; $p < 0.001$) and the presence of psychotic symptoms during recurrent depression (OR = 7.309; $p = 0.004$) have presented predictive value on suicide risk.
Conclusions: Psychiatrist practitioners should be aware of the clinical and sociodemographic characteristics that put recurrent depressive patients at risk of suicidal behaviors.

Disclosure: No significant relationships.
Keywords: depression; suicidal risk; sociodemographic

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Factors associated with same-sex experience in people with non-psychotic mental disorders and suicidal ideation

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Introduction: People with mental disorders who had same-sex experience (SSE) are at increased risk of self-injurious behavior probably due to the double stigma phenomenon, which severity varies in different societies. So far, there is a knowledge gap on factors associated with SSE in Russian psychiatric patients.
Objectives: We aimed to investigate variables associated with homosexual experience in Russian patients with non-psychotic mental disorders (NPMD) and suicidal ideation (SI).
Methods: In a case-control study (1:1.5): 92 female patients with NPMD and SI with lifetime SSE were compared with 138 patients without homosexual experience. All patients underwent a psychiatric examination, Self-Injurious Thoughts and Behaviors Interview (Nock MK, 2007) and semi-structured interview to assess demographic, clinical, and behavioral features. Mann-Whitney, Fishers exact test and Pearson's chi-squared were used as statistical methods.
Results: Groups did not differ in education level, marital status, family history of suicidal behavior, traumatic events exposure and lifetime eating disorders (all:$p>0.05$). More patients with SSE had family history of non-suicidal self-injuries (NSSI), were dissatisfied

with their parenting style, had a higher number of unprotected sexual contacts with unfamiliar persons, practiced group sex, had a history of sexual abuse, illicit drug use experience, were smokers, had piercing and severe body modifications. Lifetime history of suicide plan, attempts and NSSI were significantly more common in people with SSE (all:<0.05).
Conclusions: A number of suicide risk factors were found to be more prevalent in people with SSE. Homosexual experience in people with mental disorders is associated with an increased risk of NSSI, suicide plan development and suicide attempts.

Disclosure: No significant relationships.
Keywords: Suicide; NSSI; LGBT; non-psychotic mental disorders

O301

Rational suicide: The paradigm of survival

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Introduction: Suicide is an intriguing act of the human being. The reasons behind the violation of an instinct for survival is far from being understood. Besides, the emergence of assisted dying is raising even more questions about the concept of rational suicide, defined as a well-thought-out decision to die by whom is mentally competent.
Objectives: Understand the concept of rational suicide, in parallel with suicide, by exploring the views on this debate over the years and elucidating the relationship with mental disorders, mental capacity and patient's rights.
Methods: Literature review performed on PubMed and Google Scholar databases, using the keywords "rational suicide", "assisted death", "suicide", "phenomenology", "mental capacity" and "responsibility for life".
Results: The theological condemnations of suicide – as sin or crime – were put aside with psychiatric development in the last century. Durkheim was the first important precursor of the contemporary view - suicide is a form of mental illness (psychosis or depression) not compatible with rational deliberation. With the increasingly open debate on assisted dying, this vision is being tested by cases of terminally ill patients subjected to experiences that many wouldn't choose to tolerate. Moral right to self-determination and needless suffering are examples of arguments in favor of rational suicide.
Conclusions: The need for an open discussion about rational suicide is raising, specifically in relation to psychiatric disorders, mainly to resolve the conflict between the duty of care of psychiatrists and the autonomy of patients.

Disclosure: No significant relationships.
Keywords: rational suicide; assisted death; suicide; phenomenology

O302

Effect of group psychotherapy on the annual incidence of self-harm and suicide attempts in borderline personality disorder: A pilot study

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Introduction: Borderline personality disorder (BPD) has been characterized by mood instability, impulsive behavior and eventual dissociative and psychotic symptoms. Around 70% of patients present repeated self-injury behavior which is associated with high risk of completed suicide.
Objectives: To investigate the effect of group psychotherapy on the annual incidence of self-harm behavior and suicide attempts in BPD.
Methods: We carried out a retrospective longitudinal study by selecting BPD patients who received group psychotherapy during 2016. Systems Training for Emotional Predictability and Problem Solving (STEPPS) or Mentalization-Based Treatment (MBT) psychotherapies were applied. Patients without any self-harm/suicidal attempt before the intervention, those with comorbid diagnosis and those who did not engage at least half of total sessions were excluded for final analyses. Number of self-harm events, suicide attempts and other clinical events were recorded and compared one-year before and one-year post-intervention. SPSS software version 21.0 (IBM) was used for statistical analyses. Nonparametric tests and Survival tests were performed.
Results: Eight women out of 35 fulfilled our inclusion criteria. After group psychotherapy, a significant reduction in the number of self-harm events and suicidal attempts was found (mean 1.9+/-1.4 vs 0.5 +/-1.1; p=0.042). Survival tests revealed significant differences in the occurrence of suicidal attempts. We did not find significant differences in the other clinical events.
Conclusions: Our results show a clear effectiveness of group psychotherapy in reducing self-harm events and/or suicidal attempts in BPD patients. If these findings are confirmed in future studies including larger samples, group psychotherapy could be indicated for diminishing suicide risks in BPD.

Disclosure: No significant relationships.
Keywords: Borderline personality disorder; psychotherapy; Suicide; Self-harm behavior

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Behavioural addictions as risk factors for incidence and reoccurrence of suicide ideation and attempts in a prospective cohort study among young swiss men

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Introduction: Substance use disorder, depression and sexual minority are well documented risk factors for suicidal behaviour, far less is known about behavioural addictions.
Objectives: First, to explore associations between behavioural addictions (gaming, gambling, cybersex, internet, smartphone, work) at