

**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.

**Disclosure of Interest:** None Declared

## EPV1948

### 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 hypothyria, 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. Hyper-somnia. 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.

**Disclosure of Interest:** None Declared

## 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 urban / 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

diagnosis and seeking help. A significant relationship was found between compliance and first or repeated attempts and also between diagnosis and first or repeated attempts. The most frequently used type of attempted suicidal method was the use of medications in 41.3% of cases.

**Conclusions:** The pattern presented in the study group in relation to the characteristics of patients who commit suicide attempts, is close to the patterns presented by similar studies. Differences and non-correlations are attributed to local factors. Identification of suicide behaviors pave the way for treatment and assistance for anyone considering suicide. Further research is needed to examine outpatient and community samples.

**Disclosure of Interest:** None Declared

## EPV1950

### Assessing suicidality assessments in physician assisted death applications: Do they filter out traditional suicidality?

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**Introduction:** Physician Assisted Death (PAD) has been legalized or decriminalized in over a dozen jurisdictions around the world, and many other jurisdictions are considering assisted dying laws. Most jurisdictions only allow PAD in terminal conditions while a minority allow PAD outside end-of-life situations, with a small number allowing PAD for sole mental illness conditions. A key element in assessments of PAD requests is whether those assessments can filter out traditional suicidality, for which suicide prevention is provided, from other motivations for assisted death, for which PAD may be provided.

#### Objectives:

1. To recognize the range of factors that may motivate assisted dying requests.
2. To understand the factors that inform assisted dying assessments, specifically how the assessments attempt to identify suicidality.
3. To appreciate the degree of certainty or uncertainty that assisted dying assessments actually identify suicidality in different patient populations.

**Methods:** This presentation briefly reviews evidence related to motivations leading to assisted dying requests in different populations, and then focuses on reviewing guidelines PAD assessors use to attempt to identify traditional suicidality, and to distinguish that from other motivations leading to PAD requests. These guidelines are compared to established evidence and factors related to suicide risk and suicide prevention.

#### Results:

1. Different factors motivate different populations to seek assisted death, with those making PAD requests in terminal situations frequently seeking PAD in efforts to preserve dignity, and those seeking PAD outside terminal conditions or for sole mental illness citing feeling a burden, or an accumulation of multiple life stressors, as fueling their PAD requests.
2. Most of the factors presented in guidance on distinguishing and separating suicidality from PAD requests equally apply to traditionally suicidal individuals and to those requesting PAD.

3. Evidence shows that the few distinguishing factors used to attempt to separate suicidality from PAD requests, specifically impulsivity and acting on one's own, do not actually filter out suicidality.

**Conclusions:** While a key goal of physician assisted death assessments is to identify and separate traditionally suicidal individuals from those seeking and receiving assisted death, current assessment techniques are unable to filter out suicidal individuals in an unknown number of cases.

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## EPV1952

### ARSUIC Protocol: results in suicide prevention at a Mental Health Community Center

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**Introduction:** Suicide has a growing importance as a mental health problem, being now the first cause of not-natural death at Spain. Developing suicide prevention strategies is a priority goal at mental health care. In our community, ARSUIC protocol was developed as a way to provide specialized preferent care to people with suicide attempts.

#### Objectives:

- Measure results of ARSUIC protocol at suicide attempts prevention.
- Study level of satisfaction of patients assisted at ARSUIC protocol.

**Methods:** A qualitative ad-hoc phone interview has been made to patients attended at ARSUIC protocol of our community mental health center, in order to measure their level of satisfaction. Descriptive quantification of new suicide attempts, visits to Emergency Service and incomings at Psychiatry Hospitalization in the last 6 months has been performed, using clinical history data.

**Results:** Global level of satisfaction is high at the most of the sample, mainly because of the preferent attendance and the improvement it implies in the therapeutic bond. Indicators of relapse reflect global good evolution at the most of the sample.

**Conclusions:** Preferent attendance reveals as a proper way to improve clinical care and prevention at people with suicide attempts. Strategies to maintain that kind of frequent attendance along the main risk period of relapse are in develop (group therapy, etc.).

**Disclosure of Interest:** None Declared

## EPV1953

### Assessing the completeness of suicidal poisoning surveillance systems in Northwest Morocco: A capture-recapture method

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