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## EPV1966

### Depression symptom profile in a nationally-representative cohort of older adults: Relationships with suicide-related outcomes

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**Introduction:** Depression among older adults is a significant public health issue that often goes underrecognized, despite its profound impact on their quality of life and mental well-being. With advancing age, many individuals encounter challenges such as loneliness, chronic illness, and bereavement, which heighten their vulnerability to depressive symptoms. These symptoms are not only detrimental to overall health but are also strongly associated with an increased risk of suicidal behaviours. Although these suicidal behaviours are preventable, much research should be done to disentangle development pathways in older adults.

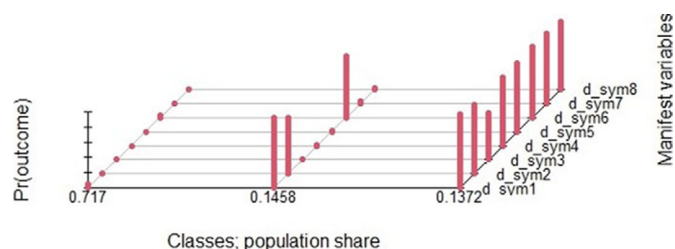
**Objectives:** The aim of this research is to identify the symptomatic profiles of depression in the elderly population and to relate this profile to suicidal outcomes.

**Methods:** We utilized data from the “*Edad con Salud*” cohort study, a longitudinal household survey conducted on a nationally representative sample in Spain (aged 18+ years). Participants who could not be personally interviewed and those under 50 years old were excluded, resulting in a final sample of 3,533 participants (54.31% female, age = 66.42(10.27)). Suicidal behaviours and depressive symptoms were assessed using the Composite International Diagnostic Interview (CIDI 3.0). A Latent Class Analysis (LCA) was performed at base level to identify participant profiles based on 8 depressive symptoms. We followed this with a survival analysis to assess differences between profiles in the progression of suicidal ideation and attempts in the different waves. Finally, Cox regression was used to examine the impact of sociodemographic and clinical covariates on suicidal behaviours.

**Results:** The three-cluster model provided the best fit. The first class (72.52%) included most participants without depressive

symptoms; the second class (13.67%) included participants with three symptoms (depressive mood, diminished interest or pleasure and fatigue); and the third class (13.81%) included participants with all eight symptoms (see Image 1). Survival analysis revealed significant differences between the groups over time for both suicidal ideation ( $\chi^2=1332$ ,  $p < .01$ ) and suicide attempts ( $\chi^2=215$ ,  $p < .01$ ), with the third group having the highest number of cases. Cox regression indicated that suicidal ideation was associated with the second ( $HR = 5.38$ ) and third classes ( $HR = 59.8$ ), age ( $HR = 0.97$ ), and loneliness ( $HR = 0.91$ ), among other variables. Suicide attempts were associated with the second ( $HR = 6.08$ ) and third classes ( $HR = 25.3$ ), age ( $HR = 0.92$ ), and loneliness ( $HR = 1.02$ ).

**Image 1:**



**Conclusions:** Participants with depressive symptoms, even at a subclinical level, have an increased risk of suicidal behaviours, especially when other risk factors such as loneliness are present.

**Disclosure of Interest:** None Declared

## EPV1967

### Shifting Perspectives: The Importance of Assessing Suicide Risk in Medically Ill Patients Without Psychiatric History

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**Introduction:** Chronic medical conditions are increasingly recognized as significant contributors to suicide risk, especially in patients without prior psychiatric diagnoses (Østergaard *et al.* JAMA Psychiatry 2024). This case examines the psychiatric impact in a 65-year-old male admitted to general surgery for abdominal pain, who subsequently underwent an ileocelectomy for suspected gastrointestinal malignancy.

**Objectives:** To explore the psychiatric impact of medical morbidity on suicide risk, emphasizing recent findings suggesting heightened attention for patients without a psychiatric history.

**Methods:** The patient, with no prior psychiatric history, was observed by liaison psychiatry after verbalizing suicide ideation

without intent or plan. The ideation was associated with worsening mood, particularly over the past week. Emotional distress escalated after perceived medical setbacks and was compounded by familial dynamics, particularly the wife's expressed anxiety. A diagnosis of adjustment disorder with depressive symptoms was considered, with initial treatment involving mirtazapine and psychosocial support.

**Results:** The case reflects evidence supporting the idea that suicide risk may follow a dose-response pattern based on the disability burden in patients without prior psychiatric history (Østergaard *et al.* JAMA Psychiatry 2024). This suggests clinicians may need to be particularly vigilant in medically ill patients without a psychiatric background, as their suicide risk may increase as disability burdens mount – contrary to the understandable and maybe more intuitive focus on those with established psychiatric diagnoses.

**Conclusions:** This case highlights the importance of thorough suicide risk evaluation in patients without psychiatric histories, particularly following a major medical diagnosis. While suicide risk remains high in psychiatric patients, clinicians must be equally or even more vigilant with medically ill patients without psychiatric histories. Psychiatric care should be integrated early, with attention to the timing of suicide risk, the disability burden, and psychosocial stressors. This highlights the need for careful monitoring and early intervention, particularly in the acute phase following medical complications, where risk evaluation may be more nuanced.

**Disclosure of Interest:** None Declared

## EPV1969

### An online forum for psychiatric patients: Sexual life and self-harm

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**Introduction:** The significance of intimate life in a person's personal and social experience cannot be overstated. This aspect is intricately woven into the clinical and internal picture of intentional (suicidal or non-suicidal) self-harm (SX), making it a crucial area of study.

**Objectives:** Study of position on the issue of sexual problems and SX among participants of an open forum.

**Methods:** We conducted interviews with forty participants (90% women) with a mean age of 27 (range 17-43) years, using an original semi-structured questionnaire. This approach allowed us to delve into the issue of sexual problems and SX among participants of an open forum.

**Results:** Ten thousand people were interested in the survey during two months of posting on the site, but < 0.5% participated. All questions were answered by 95%. The sample comprised young women, like most of our online polls. For almost 70% of respondents, issues of sexual life are burning and pressing questions, but only ¼ discuss «this» with a psychiatrist and only in terms of drug side effects. During routine visits, the doctors were not interested in

the sexual life of about 80% of patients; ¾ of the women were not interviewed about the menstrual cycle or (all men) about erections or galactorrhea. Only ¼ of doctors are interested in the intent of SX. >70% indicate that forced abstinence «worsens» their mental state (makes them irritable), >¾ of singles and ½ family people masturbated 1-3 times a week («to feel alive»). >½ of married women are afraid of pregnancy, but refuse birth control as «harmful». >80% of family problems were associated with apathy and irritability and are considered the main obstacle to regular sex. > ½ report «habitual» weakness, lack of interests (including sexual), and suicidal thoughts for more than three months. <½ respondents link treatment to impotence and frigidity. ½ had SX experience (indistinguishable from suicide attempts) due to the loss of a loved one during their life. Patients considered SX to be a «natural» reaction to shame and mental pain and allowed repetition in a similar situation. Doctors do not regularly assess a patient's risk of suicide.

**Conclusions:** The findings of this study underscore the need to bring sex and SX topics into the focus of routine psychiatric practice. The passive role of psychiatrists in clarifying patients' problems that influence treatment adherence, well-being, and undertreatment of depression is a significant issue that needs to be addressed. The survey highlights two subtopics of greatest interest to patients: indestructible sex drive and micro social problems as 'reasons' for depression and SX. The 'gray zone' of therapeutic contact and satisfaction with care is an area that warrants further exploration.

**Disclosure of Interest:** None Declared

## EPV1972

### Progress in the Implementation of the secondary risk of suicide prevention program: a descriptive study at 12-month follow-up

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**Introduction:** Suicide is one of the leading causes of preventable death.

The PRISURE program is developed with a series of objectives and actions aligned with the Mental Health Strategy of the