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environments and equipping them with essential skills, we can foster independence and enhance their overall well-being. Additionally, community resources offer ongoing support beyond the school setting, further facilitating their transition into adulthood. Central to our discussion is the importance of fostering an inclusive society that embraces neurodiversity. When individuals with autism and intellectual disability are valued for their unique perspectives and talents, they can contribute meaningfully to society. Through acceptance and understanding, we can pave the way for a more equitable future for all.

Disclosure of Interest: None Declared

SP031

Digital phenotyping of stress responsive suicidal ideation in healthy individuals: an opportunity for prevention

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Abstract: Background: Decedents without known mental disorders constitute 5%-40% of suicides and epidemiologic studies show that 20% of those with a history of suicidal behavior (SB) may be free of psychiatric disorders. This implies that suicide ideation (SI) may occur in the psychiatrically healthy volunteers (HVs), providing an opportunity for preventing suicide and SB. Yet, studies of HVs have not focused on the occurrence of SI, nor has SI in HVs been characterized, especially in relation to the occurrence of stress. If SI is not rare in HVs, current approaches to managing suicide risk in medical settings may be too limited to identify psychiatrically healthy individuals at risk for suicide.

Aims & Objectives: We recruited HVs and major depressive disorder (MDD) patients to test two hypotheses: (1) some HVs, screened to exclude those meeting lifetime criteria for Axis I or II disorders and with no personal or family history of SB, would endorse SI on Ecological Momentary Assessment (EMA); and (2) HVs' SI scores would be lower than those of MDD patients. In addition, we investigated whether HV and MDD groups had different responses to stressors in terms of SI.

Method: HVs and MDD patients were recruited through advertisements: some patients were recruited in the emergency department. Participants provided 7 days of ecological momentary assessment (EMA) data about SI and stressors. EMA data was collected in six 2-hour epochs during a 12-hour period selected to match participant wake hours. Longitudinal mixed effects logistic regression models compared HV and patient SI scores and frequency of stressors. Mixed effects linear regression models compared HVs' and patients' SI score change from the previous epoch's SI score when each stressor occurred.

Results: HVs (n=42) reported less frequent (p<0.001) and less intense SI (p<0.003) than patients (n=80). HVs did endorse SI and/or SI-related items in 44% of EMA epochs, endorsing actual SI items, as opposed to SI related items (lack of wish to live) in 25% of epochs with non-zero SI scores. For 7 of 8 stressors, patients reported stressors more often than HVs (all p<0.001) and responded to them with greater SI (0.0001</br>

neglect (p<0.0147), indicating HVs were relatively resilient to other stressors.

Discussion & Conclusion: The occurrence of SI and SB among psychiatrically healthy individuals has been relatively neglected. However, SI does occur in this population. Although HVs demonstrated more modest SI increases than patients in response to stressors, the reports of SI in 44% of epochs by HVs suggest that focusing solely on individuals with mental disorders when screening for suicide risk may be too narrow an approach.

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SP032

Phenotyping suicidal behaviour: what could we learn from digital and experimental studies

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Abstract: Digital studies based on the continuous monitoring of patients in their natural environment help to refine the suicidal phenotypes. Studies using ecological momentary assessment revealed the existence of different patterns of suicidal ideation (SI) based on both their severity and variability. Specifically, variable SI may be a frequent pattern of suicidal ideation that appears to be related to some clinical features (social withdrawal, impulsive aggression, suicide attempts), rooted in childhood trauma and serotonergic dysfunction and associated with the reactivity to stressful life events. Some individuals, in response to stress could experience both psychological pain and decision-making impairment in social contexts, leading to suicide risk. Then, the description of the suicidal pattern may help to define clinically and biologically homogeneous groups of at-risk patients.

In this sense, experimental studies where patients are submitted to a social stress task reported that patients who were more sensitive to a social stress, as measured with a higher salivary cortisol response, were less depressed, more impulsive, and made suicide attempts with a higher intent. Investigating the regulation of the immune inflammatory response to the social stress task, we recently reported that suicide attempters and ideators showed less dynamic inflammatory stress responses in comparison to psychiatric controls, and that platelet activation responses to stress were blunted in individuals with suicidal ideation. Last, we will present new data of cardiovascular and emotional responses to the virtual Trier Social Stress Test in women with a history of depression and with or without a history of suicide attempt. Combining digital and experimental studies could help to refine the suicidal phenotypes and reduce the heterogeneity of suicidal behaviors that are led by different processes, in order to develop specific therapeutic approaches for a better suicide prevention.

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