suicide behavior are related to an underlying psychopathology, mainly depression and substance abuse, especially alcohol. However, there are also numerous cases of impulsive attempts in the context of life stressors.
Objectives: To analyze sociodemographic and clinical characteristics of adult patients with suicidal behavior attended in the emergency department during a one-year period. To study the stability of the data obtained in the following annual period
Methods: A retrospective review of the population over 18 years attended in the emergency department during 2022 because of suicidal behavior, was carried out. Data collection for the year 2023 is in progress in order to be able to carry out a comparative study between both annual periods.
Results: 562 patients over 18 years were attended in the emergency department of our hospital due to suicide behavior during 2022. 383 of these patients were women (68.1%) and 179 men (31.9%). with an average age of 38.6 and 42.2 years respectively. The age range between 18 and 25 years accounted for 28.5% of the total cases. The most frequent suicidal behavior was medication overdose with a total of 307 (54.6%), being more frequent in women than in men (2.6:1). The second most frequent reason for attention was suicidal ideation without suicide attempt, with a total of 212 patients (37.7%). 371 patients were discharged home from the emergency department (66%) and 191 required a longer observation in hospital environment. We are awaiting to complete data collection for 2023 to establish a comparison with those described above.
Conclusions: According to our study, suicidal behavior in adult population is more frequent in women than in men. The most frequent age range in both genders was between 18 and 25 years old. The method most frequently used was medication overdose and suicidal ideation without a suicide attempt was the second most frequent reason of attention. Our patients mostly presented diagnoses of personality disorder, depression and substance use disorder.

Disclosure of Interest: None Declared

EPV1052

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: rationalising ssri antidepressants prescription in suicide prevention

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doi: 10.1192/j.eurpsy.2024.1633

Introduction: We are facing increased suicide attempts and deliberate self-harm from persons with borderline personality disorder (BPD) who are also on antidepressants, multiple antidepressant prescriptions and antidepressant augmentations. Our previous observations suggest that antidepressants might increase suicide attempts in those on this medication and who have BPD. The absent response to antidepressants is due mainly to the comorbid dysthymia, cyclothymia, rumination, autism and ADHD in BPD.
Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service (NHS) in suicide prevention.
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com). The four parameters for stochastic predictions are, BPD (A), antidepressant No. 1 (B), antidepressant No. 2 (C), and suicide attempts (D). Boolean function metrics can help analyse the impact and truth of forecast modelling with truth density.
Results: The logic expression for suicide prediction due to liberal antidepressant prescribing is Ψ = A intersects B, intersects C, intersects D; that is,. $\Psi = A \cap B \cap C \cap D$, which yields a Boolean truth density of 6.25%. The truth table always has a positive outcome as long as any of the factors exist except when none is present.
Conclusions: The predictive Boolean function and truth table suggest that suicide presentation is predictable if there is a prescribing of one or more antidepressants in BPD and if there is an antidepressant augmentation or dose maximisation. We speculate that SSRI antidepressants block self-regulatory mechanisms of fear of death while triggering impulses to self-harm and suicide from overstimulation of SSRI receptors. Without fear mechanisms, death by suicide is felt as not terrifying.

Disclosure of Interest: None Declared

EPV1053

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: the dysthymia-suicide cycle

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doi: 10.1192/j.eurpsy.2024.1634

Introduction: UK healthcare is undergoing significant challenges in facing borderline personality disorder (BPD) and accommodating the increased demand to allocate sufficient care and carers to deal with BPD's growing number and emotional and suicidal crises.
Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service in suicide prevention (NHS).
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com).
Results: Persons with BPD become suicidal because the team cannot comprehend and address the cycle of dysthymia, rumination and suicide. The BPD crises start from Stage 1 (α), assessing the comorbidity between BPD with dysthymia, cyclothymia, autism and ADHD. Teams shall avoid overmedication as ineffective. Stage 2 (β) is introspection and rumination, which do not respond to pharmacotherapy. The health carers establish if rumination is present and suggest distraction techniques. Stage 3 (γ) is when constant rumination with catastrophising leads to hopelessness. Stage 4 (δ) is when BPD starts feeling more anxious, depressed and

unable to stop rumination. We suggest thought-stopping techniques and discourage social isolation, which triggers rumination. As BPDs use external locus of control and aim for higher dosages of antidepressants and anxiolytics with minimal effect, we explain that medication is not the only solution. Stage 5 (ε) is a crisis and panic attack because constant rumination brings back traumatic thoughts focused on the past, present and future. This is when BPDs self-refer to the hospital, attempt suicide, and feel that hospital admission is the only solution. The stages combined generated Model I. The Model II forecast Δ from this study is that we will observe a higher frequency (Δ) of hospital occupancy (Δbo = A), suicidal attempts (Δsa = B), and heavy service use (Δsu = C) by BPDs.

Conclusions: The predictive model algorithm has thus extracted (1) *Model I* (Analysis): $[\alpha \rightarrow (\beta \rightarrow (\gamma \rightarrow (\delta \rightarrow \varepsilon)))] = Z$; The truth density for Model I and its strength of prediction for stage progression is 96.87% in the dysthymia-rumination-suicide cycle; and (2) *Model II* (Prediction): Z implies (A And B And C), $Z \rightarrow A \cap B \cap C$; the truth density for the Model II is 56.25% for predicting a national shortage of healthcare resources. The combined models predict a truth of 73.81% in the outcomes of BPD crises in the UK NHS due to the dysthymia-suicide cycle.

Disclosure of Interest: None Declared

EPV1055

Esketamine and Hopelessness: Very Short-Term Effects

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doi: 10.1192/j.eurpsy.2024.1635

Introduction: Treatment Resistant Depression is a challenging condition with a poor outcome and limited therapeutic options. Esketamine is the enantiomer of Ketamine and has recently been approved and marketed for treating depression. Questions remain about its short- and long-term benefit, as well as its usefulness in suicide risk. Hopelessness is one of the symptoms most closely associated with suicide risk.

Objectives: The aim of this paper is to evaluate the effect of this drug on hopelessness after one month of treatment with Esketamine.

Methods: The Beck Hopelessness Scale (BHS) was administered to patients receiving Esketamine at the Doctor Negrín University Hospital of Gran Canaria, who provided informed consent and exhibited suicidal ideations and depressive symptoms at the beginning of treatment. This scale was administered before the intranasal administration of Esketamine and after one month of treatment.

Results: Participants (n=5) had an average age of 54,4 years (median 56). We observed variability in the results among the evaluated patients, although the overall trend was a decrease in scores. On average, the patients' scores decreased from 14,6 to 7,4 points (with a median change from 14 to 8 points).

Conclusions: Hopelessness improved in the BHS after one month of treatment with Esketamine. These results could be of clinical significance. Hopelessness is associated with suicide risk, so we hypothesize that the improvement could have an impact on it. Nevertheless, we must exercise caution with these results: the sample size is small, patients were taking different medications, and they have diverse medical histories.

Disclosure of Interest: None Declared

EPV1057

Atypical suicide attempt facilitated by levodopa in a patient with impending Parkinson's Disease masquerading as a mood disorder: a case report

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doi: 10.1192/j.eurpsy.2024.1636

Introduction: Parkinson's Disease (PD) is a neuropsychiatric disorder whose diagnosis is mainly based on motor impairment. However, increasing evidence suggests that neurodegeneration precedes the appearance of motor disturbances to manifest itself with hyposmia, sleep, and affective disorders. The disease's insidious onset and comorbidity with psychiatric symptoms require specialized knowledge and delicate pharmacological maneuvers to provide the patient with the best possible treatment at the most precise moment. Studies have also highlighted the potential increase in impulsivity patients may experience upon initiation with levodopa.

Objectives: To raise awareness of the complexity of treating patients with PD that also face psychiatric comorbidities that appeared before the motor symptoms, including preoccupation with death, and highlight the need for intensive interdisciplinary medical follow-up of such patients.

Methods: We report a clinical case of a 54-year-old man who was admitted to the psychiatric emergency department after a suicide attempt by self-inflicting severe bilateral neck, wrists, and femoral triangles injuries, as well as self-cutting his Achilles tendon. The patient had a history of a one-year mixed anxiety and depressive disorder and was treated on an outpatient basis with amitriptyline/perphenazine (10+2)mg, sulpiride 50mg, and clonazepam 2mg. One month before his attempt, the patient started experiencing unilateral upper and lower limb rigidity with bradykinesia and "pill-rolling" resting tremor of the same hand and was prescribed levodopa/benserazide (200+50)mg three times per day. After two days of starting the new medication, the patient attempted suicide by the method mentioned above.

Results: After surgical assessment and care, the patient recovered at the psychiatric department for 21 days and was treated with sertraline 50mg, which was later increased to 100mg. As an adjunctive treatment, the patient also received mirtazapine 15mg/day, quetiapine 200mg/day, and lorazepam 3mg/day. On the 15th day of his hospitalization and after a neurological assessment, the patient was started on levodopa/benserazide (200+50)mg one-quarter three times per day. At discharge, he presented significant clinical improvement regarding both his mental health and neurologic somatic symptoms.