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.

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EPV1055

Esketamine and Hopelessness: Very Short-Term Effects

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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.

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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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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.