

Forest (RF), Naïve Bayes (NB) and Logistic regression (LR) were used to establish prediction models with area under the curve (AUC) assessed for prediction performance. 10-fold cross-validation was used to evaluate the algorithms on unseen data.

Results: In the prediction models, the CART yielded the best performance for suicidal behavior within 5 years after PND diagnosis (AUC 0.78, 95% CI 0.76-0.81). The population that scored highest (17%) in CART model had 84% risk of suicidal behavior. LR also had a comparable performance (AUC 0.78, 95% CI 0.76-0.81), whereas RF (AUC 0.74, 95% CI 0.72-0.76) and NB (AUC 0.70, 95% CI 0.68-0.72) had relatively poor performance. Notably, suicide history was a main contributor in all four models. Other predictors like household income, gestational age and education level were also important indicators of suicidal behavior risk.

Conclusions: The machine learning models have promising prediction performance for suicidal behavior after PND. Yet, further improvement is needed before clinical implementation.

Disclosure of Interest: None Declared

O081

Suicidality Calls to National Helpline After a Terror Attack and War

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Introduction: IMPORTANCE Changes in suicide rates after a nationwide trauma may be different from changes in psychiatric symptoms or general distress after such events. However, very few studies have examined short-term suicide-related reactions after such an event.

Objectives: To evaluate the short-term outcome of the events in Israel on October 7, 2023, a large-scale terror attack and unfolding war, on changes in suicidality as reflected in percentages of suicide-related calls in relation to all calls to a national mental health first aid helpline, the Israeli Association for Emotional First Aid (ERAN).

Methods: DESIGN, SETTING, AND PARTICIPANTS The data included all interactions via the various ERAN helpline services between January 1, 2022, and December 31, 2023.

EXPOSURES The October 7, 2023, terror attack on Israel.

MEAN OUTCOMES AND MEASURES Changes in the numbers of overall calls and suicide-related calls to the ERAN helpline using an interrupted time-series analysis.

Results: RESULTS. Analysis indicated that overall calls increased significantly on October 7. However, the number of suicide-related calls in the 3 months before October 7 was 1,887, whereas 1,663 suicide-related calls were registered in the 3 months after. The percentage of suicide-related calls decreased significantly on October 7 and gradually increased in the following period.

Conclusions: CONCLUSIONS AND RELEVANCE The findings suggest that although short-term emotional distress increased after

national trauma, the percentage of suicide-related calls decreased. These results support previous studies suggesting that suicidality is not one of the immediate reactions to such traumas

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

O082

Prevalence of suicide in adolescents and youth at Ultra High Risk for Psychosis - A Systematic Review and Meta-Analysis

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Introduction: Suicide remains a major risk factor for individuals suffering from Schizophrenia. Recent studies have established that patients in the prodromal Schizophrenia state (i.e. Ultra High Risk for Psychosis) also experience significant rates of suicidal ideation and behaviour. However, less is known about the prevalence of suicidality among the adolescent and youth UHR population, a demographic particularly vulnerable to the psychosocial and environmental risk factors of psychosis.

Objectives: This review aims to synthesise the existing literature on the prevalence of suicidal ideation and behaviour in the adolescent and youth at Ultra High Risk for Psychosis (UHR), and the relevant associations between suicidality and its correlates.

Methods: The databases PsycINFO, PubMed, Embase, Cochrane Library, Web of Science and Scopus were accessed up to July 2024. References within selected journals were further hand-searched for eligible articles. Keywords and controlled vocabulary used consisted of: ('Ultra High Risk' OR 'At Risk Mental State' OR 'Clinical High Risk') AND ('Schizophrenia' OR 'Psychosis') AND ('Self-Harm' OR 'Suicide' OR 'NSSI') AND ('Adolescent' OR 'Youth'). Articles that included participants with an established diagnosis of schizophrenia or intellectual disability, history of frank psychotic episodes and extended use of antipsychotics were excluded. A meta-analysis of prevalence was subsequently performed for lifetime suicidal ideation, lifetime non-suicidal self-injury, lifetime suicidal attempt and current suicidal ideation. A narrative review was also carried out for the correlates of suicidality amongst the adolescent and youth UHR population.

Results: Fourteen studies were included in this meta-analysis. Meta-analysis revealed a high prevalence of lifetime suicidal ideation (56%), lifetime non-suicidal self-injury (37%), lifetime suicidal attempt (25%) and current (2-week) suicidal ideation (58%).

Narrative review revealed that personal transition to psychosis and positive family history of psychosis was strongly associated with suicidal attempt, while CAARMS (Comprehensive Assessment of At Risk Mental States) severity score was associated with suicidal ideation. Depression was strongly associated with both suicidal attempt and suicidal ideation, whereas positive symptoms and self-disturbance were associated with self-injury.

Conclusions: The prevalence of suicidal ideation and behaviour among UHR adolescent and youth is high and comparable to the general UHR population. Effective detection and management of suicide risk will be especially crucial in the adolescent UHR population. Existing measures that mitigate suicide risk in the general UHR population should be adopted for the youth and adolescent context.

Disclosure of Interest: None Declared

O084

Trends in antipsychotic polypharmacy and potential overtreatment with antipsychotics- We are not there yet!

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Introduction: Due to the potentially severe side effects of antipsychotics, overtreatment is an important concern. Previous research focussed on antipsychotic polypharmacy and excessively high doses.

Objectives: In this study, the aim is to map trends in potential overtreatment, antipsychotic polypharmacy, total antipsychotic dose and the subjective side effect burden. Moreover, the association of the total antipsychotic dose and antipsychotic polypharmacy with the subjective side effect burden will be investigated.

Methods: Data from a large (n>5000) naturalistic longitudinal cohort was used (PHAMOUS, 2013-2021). Potential overtreatment was defined as a total antipsychotic dose equivalent to >5mg risperidone, in combination with a high subjective side effect burden. Mixed effect models were used to investigate trends in potential overtreatment, antipsychotic polypharmacy, total antipsychotic dose and the subjective side effect burden. A mixed effect model was used to assess the association of total antipsychotic dose and antipsychotic polypharmacy with total subjective side effect burden.

Results: Overall, 15,717 observations nested in 5,107 patients were used. About one-third of patients were potentially overtreated, with no change over time. The prevalence of a dose above the equivalent of 5 mg risperidone decreased over time, while antipsychotic polypharmacy prevalence increased. The total subjective side effect burden slightly decreased. A higher dose and antipsychotic

polypharmacy was associated with a higher subjective side effect burden.

Conclusions: The subjective side effect burden did decrease the last decade. This might be caused by lower doses and more adequate use of polypharmacy. Still, the overtreatment rate is about one-third and the subjective side effect burden is still high. To reduce the subjective side effect burden and overtreatment, addressing inappropriate antipsychotic polypharmacy remains prudent.

Disclosure of Interest: None Declared

O086

Functional outcome in psychotic and affective inpatients: role of cognitive function

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Introduction: Functional outcome is a central clinical concern in inpatient psychiatry. Neurocognition is known to be an important factor in achieving a good functional outcome.

Objectives: We have previously investigated whether cognitive dysfunction improves over the course of inpatient treatment, where acutely admitted patients are offered a combination of pharmacological treatment and cognitive remediation (Maihofer et al. J Clin Med 2024, 13, 4843). We now investigate the extent to which the functional outcome of patients with psychotic and affective disorders is associated with cognitive function over time.

Methods: Adult inpatients aged 18-66 years (female = 57.9%, male = 42.1%) were assessed with the Screen for Cognitive Impairment in Psychiatry (German version, SCIP-G: Sachs et al. Schiz Res Cogn 2021, 25, 100197; Sachs et al. Schiz Res Cogn 2022, 29, 100259). According to ICD-10 research criteria, 83 patients received an F2 diagnosis (schizophrenia, schizoaffective and delusional disorders), 61 patients met the criteria for bipolar disorder or mania (F30/F31) and 90 for depression (F32/F33). All patients received state-of-the-art pharmacotherapy and cognitive remediation using the COGPACK® software package version 6.06. Functioning was assessed using the Global Assessment of Function (GAF).

Results: SCIP scores at baseline correlate significantly with SCIP scores at time point two ($r=.74$, $p<.001$). The SCIP at baseline is significantly correlated with patients' functional level ($r=.32$, $p=.01$). The higher the baseline SCIP score, the higher the GAF score ($r=.33$, $p=.01$). The higher the GAF score at baseline, the higher the SCIP score at time 2 ($r=.26$, $p=.039$). The higher the SCIP score at time 2, the higher the GAF score at time 2 ($r=.42$, $p<.001$).

Conclusions: During their stay in hospital, acutely admitted patients improved in function and neurocognition, regardless of their diagnostic classification. Functionality as measured by the GAF correlates significantly with cognitive ability as assessed by the SCIP-G.

Disclosure of Interest: None Declared