

EPV1945

Difficulties of describing suicide statistics in an international environment: The example of Luxembourg

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doi: 10.1192/j.eurpsy.2025.2349

Introduction: Suicide is a major public health issue and different metrics have been put into place in order to compare suicide rates and adapt prevention strategies to local contexts. Two numbers often cited are the number of suicides in a given country in a given year and the rate of suicides per 100.000 people in this country.

As straightforward as those two indicators may seem, they may nevertheless be subject to considerable caveats in specific national contexts. As an example, we will outline the case of Luxembourg. Luxembourg is a high-income European Union member state and benefits greatly of its multilinguality and close ties to its neighboring countries. Although other European countries also have considerable populations of foreign nationals working in, but not residing in their country, the Luxembourgish context is unique for its proportions: For a population shy of 680.000, there are about 200.000 foreign workers that cross the boarder every day.

Those frontier-workers, as they are called, might however die by suicide in both their country of residence as well as in Luxembourg. Moreover, the Luxembourgish health care system offers considerable opportunities for patients to be treated in neighboring countries.

Those patients also might die by suicide abroad, thus not being counted into the Luxembourgish statistics.

Objectives: To investigate the influence of a considerable foreign commuters demographic as well as of treatment of Luxembourgish nationals in bordering countries on the number of suicides reported for Luxembourg and its suicide rate.

Methods: Analysis of data by the Ministry of Health (Ministère de la Santé et de la Sécurité sociale), the National Statistics Institute (Institut national de la statistique et des études économiques du Grand-Duché de Luxembourg) as well as the National Health Fund (Caisse Nationale de Santé)

Results: Different figures are reported for suicide cases, which cannot easily be converted into one another:

One counts the number of suicides taking place in the territory of Luxembourg, an other one describes the causes of death for Luxembourgish who died outside of the country.

Although a considerable demographic, no data exists on the proportion of frontier-workers among suicide victims in Luxembourg.

Conclusions: The study of suicide rates in Luxembourg highlights how a seemingly simple metric can prompt researchers to reconsider what exactly they aim to measure, enabling them to better design targeted prevention strategies for groups at higher risk.

Disclosure of Interest: None Declared

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Relationship between Psychological Pain and Social Cognition with the risk of suicidal behavior in depressed patients in remission: a pilot study

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doi: 10.1192/j.eurpsy.2025.2350

Introduction: Suicide is a major public health problem. Psychological Pain (Psychache) and Social Cognition (SC) may have potential clinical significance. The aim of this study is to determine whether they are clinically relevant in patients with a history of suicide attempts and Major Depression (MD) in remission.

Objectives:

- 1.- To investigate the severity of Psychache in patients with MD who have attempted suicide.
- 2.- To identify changes in SC associated with an increased risk of suicidal behavior.
- 3.- To identify clinical subgroups of patients according to the SC and Psychache typology.

Methods: A controlled cross-sectional observational study is being conducted comparing two groups assessed with a clinical diagnostic interview and a psychological assessment including measures of SC and Psychache: 1) 60 patients with a history of suicide attempts (more than 6 months prior to the study), diagnosed with MD (DSM-5) at the time of their last attempt, and in remission when evaluated (HRDS<15). 2) 60 age/gender matched healthy case controls.

Results: Preliminary results from a group of 23 patients matched with 23 healthy controls:

- 1.- Psychache: a) Patients vs. Controls: Patients, despite being in remission of depression, have a higher level of Psychache than controls ($p<0.001$). b) Patients: The level of current Psychache is significantly lower than at the time of the suicide attempt ($p<0.001$). c) The level of current Psychache correlates significantly with the depression severity (HDRS) ($r=0.77$). This correlation is significant in the patient group ($p<0.001$) but not in the control group. d) The results obtained on the Total Psychache Scale do not differ from those obtained on the Unbearable Psychache subscale.
- 2.- Social Cognition: Overall scores on two of the Social Cognition measures (RMET and Hitting Task) were not significantly different between the patient and control groups. In the case of the MASC test, the global scores of the group of patients (with a history of suicide attempts) are significantly lower than those of the control group ($p<0.05$).

Table 1

	CONTROLS	PATIENTS	P-value
Psychache Total	Mean14.7 SD (2.88)	31.3 (14.0)	<0.001
Subtest Unbearable	3.0 (0)	6.3 (3.70)	<0.001
RME (SC)	26.0 (3.02)	23.8 (3.76)	0.062
Hitting (SC)	8.7 (1.14)	8.6 (0.99)	0.424
MASC Total (SC)	31.1 (3.92)	28.3 (4.78)	<0.05