

**Methods:** A retrospective, observational study was conducted by collecting and analyzing data from July 2024 in the Emergency Department of the Clinical Hospital of Salamanca.

**Results:** Out of a total of 201 patients treated by on-call psychiatry in the Emergency Department, 64 patients (31.8%) presented suicidal ideation or suicide attempts. Of these, 43 were women (67%) and 21 were men (33%). By age group, among the women, 5 were under 18 years old, 11 were between 18 and 35 years old, 16 were between 36 and 55 years old, and 11 were over 55 years old. Among the men, 1 was under 18 years old, 7 were between 18 and 35 years old, 8 were between 36 and 55 years old, and 5 were over 55 years old.

**Conclusions:** Regarding the profile of patients with suicidal behavior, there is a higher presence of women with suicidal tendencies, as reported in the literature and other studies. No clear relationship was observed between age ranges and suicide attempts. It is important to note that the sample size is not statistically significant to determine representativeness.

**Disclosure of Interest:** None Declared

## EPV1941

### Mentalizing and suicide reattempt: a 12-months follow-up study

J. Andreo-Jover<sup>1,2\*</sup>, B. Orgaz Alvarez<sup>3</sup>, E. Suárez-Soto<sup>4</sup>, P. Saiz Martínez<sup>5</sup>, A. González Pinto<sup>6</sup>, M. Ruiz Vega<sup>7</sup>, A. Cebria<sup>8</sup>, N. Roberto<sup>9</sup>, M. Diaz Marsa<sup>10</sup>, M. F. Bravo Ortiz<sup>1,2,11</sup>, A. Palao-Tarrero<sup>1,2,3</sup> and V. Perez-Sola<sup>12</sup>

<sup>1</sup>Department of Psychiatry, Universidad Autónoma de Madrid (UAM); <sup>2</sup>Hospital La Paz Institute for Health Research (IdiPAZ); <sup>3</sup>Department of Psychiatry, Clinical Psychology and Mental Health, La Paz University Hospital; <sup>4</sup>Departamento de Medicina Legal, Psiquiatría y Patología, Universidad Complutense de Madrid, Madrid; <sup>5</sup>Department of Psychiatry, Universidad de Oviedo, Oviedo; <sup>6</sup>Hospital Santiago de Araba, Alava; <sup>7</sup>Hospital Virgen del Rocío, Sevilla; <sup>8</sup>Hospital Parc Tauli; <sup>9</sup>Bipolar Disorders Unit, Hospital Clinic, Institute of Neurosciences, University of Barcelona, IDIBAPS, Barcelona; <sup>10</sup>Hospital Clinico San Carlos; <sup>11</sup>Department of Psychiatry, Clinical Psychology and Mental Health, La Paz University Hospital, Madrid and <sup>12</sup>Institut de Neuropsiquiatria i Addiccions (INAD), Parc de Salut Mar, Barcelona, Spain

\*Corresponding author.

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**Introduction:** Hypomentalizing may contribute to heightened social withdrawal and it has been related with an increased risk of and suicide attempt (SA). Although certain studies have identified a relationship between hypomentalizing and suicidal behavior, research on follow-up remains limited.

**Objectives:** This study aims to examine the relationship between suicide reattempt and the progression of mentalizing within 12-months.

**Methods:** Our study included a cohort of 1,374 patients who committed a SA. We conducted assessments at the baseline and at a 12-months follow-up. We measured mentalizing using the RFQ-8, and evaluations of suicidal ideation and behavior employing the CSRSS. Demographics, clinical characteristics, and mentalizing were subjected to comparative analysis using the T-student and Chi-square tests.

**Results:** A total of 310 participants committed a suicide reattempt in the follow-up period. Our results showed that reattempt group were significantly younger, more presence of female gender, suicidal ideation and planning, more previous SA, and higher hypomentalizing means.

**Image 1:**

**Table 1.** Mean comparison of socio-demographic, clinical information related to suicidality, and mentalizing in of suicide reattempt for the entire sample (N=1374).

|  | New Suicide Attempt |               | p value       | Effect size               |
|--|---------------------|---------------|---------------|---------------------------|
|  | No<br>N=1064        | Yes<br>N=310  |               |                           |
| <b>Demographics</b>                            |                     |               |               |                           |
| Age, mean (SD)                                 | 41.47 (16.11)       | 38.91 (13.86) | <b>.011</b>   | 0.170 <sup>a</sup>        |
| Female sex, N (%)                              | 734 (68.9)          | 232 (74.8)    | <b>.047</b>   | 0.054 <sup>b</sup>        |
| Educational years, mean (SD)                   | 11.72 (3.92)        | 12.06 (3.67)  | .166          | 0.089 <sup>a</sup>        |
| Married, N (%)                                 | 234 (21.9)          | 70 (22.5)     | .956          | 0.001 <sup>b</sup>        |
| Employed, N (%)                                | 422 (39.6)          | 125 (40.3)    | .858          | 0.005 <sup>b</sup>        |
| <b>Clinical Information</b>                    |                     |               |               |                           |
| Follow-up Suicidal Ideation, N (%)             | 191 (35.4)          | 91 (59.0)     | <b>≤0.001</b> | 0.201 <sup>b</sup>        |
| Follow-up Suicidal Planning, N (%)             | 50 (9.2)            | 51 (33.1)     | <b>≤0.001</b> | 0.281 <sup>b</sup>        |
| Follow-up Number of Reattempts, mean (SD)      | -                   | 2.23 (2.73)   | -             | -                         |
| Number of Lifetime Suicide Attempts, mean (SD) | 2.84 (4.50)         | 5.06 (8.14)   | <b>≤0.001</b> | 0.351 <sup>a</sup>        |
| Baseline RFQ-8, mean (SD)                      | 4.55 (1.30)         | 4.80 (1.28)   | <b>0.003</b>  | 0.193 <sup>a</sup>        |
| Follow-up RFQ-8, mean (SD)                     | 4.15 (1.31)         | 4.81 (1.23)   | <b>≤0.001</b> | <b>0.519 <sup>a</sup></b> |

Bold font indicates significant level (p<0.05), standard deviation (SD), number of participants (N), proportion in percentages (%) from each group total. Missing data for: Married= 34; Employed= 7; Follow-up suicide ideation and planning= 680; Number of follow-up suicide attempts= 33; Number of lifetime suicide attempts= 6; Baseline RFQ-8= 12; Follow-up RFQ-8= 818; <sup>a</sup> d-Cohen's; <sup>b</sup> V-Cramers.

**Conclusions:** Social cognition may play a crucial role in the suicide reattempt risk. Future research on the association between social cognition and suicidal behavior could help elucidate the associated factors and identify potential therapeutic actions.

**Disclosure of Interest:** None Declared

## EPV1942

### Prevalence of Suicide-Related Consultations in Relation to the Total Number of Emergency Visits Attended by the Psychiatry Service at the University Hospital of Salamanca in 2023

P. Andres-Olivera<sup>1,2\*</sup>, E. Dominguez-Alvarez<sup>1</sup>, C. P. Rodriguez<sup>3</sup>, C. Munaiz-Cossio<sup>3</sup>, R. K. Gonzalez-Bolaños<sup>3</sup>, R. Brito-Rey<sup>3</sup>, C. Marín-Lorenzo<sup>3</sup> and B. Arribas-Simon<sup>4</sup>

<sup>1</sup>Psiquiatria, CAUSA; <sup>2</sup>Medicine, Usal; <sup>3</sup>CAUSA, Salamanca and <sup>4</sup>Psiquiatria, HCUV, Valladolid, Spain

\*Corresponding author.

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**Introduction:** Suicide is a significant public health issue, and its study has been approached from various perspectives. This work focuses on analyzing consultations related to suicide attended by the Psychiatry Service at the University Hospital of Salamanca during 2023. Suicide is defined as an intentional act with a fatal outcome, and its prevention is considered a priority in mental health.

**Objectives: General Objective:** To assess the prevalence of suicide-related consultations within the total psychiatric emergencies attended in 2023.

**Specific Objectives:**

1. To identify demographic and temporal patterns in suicide-related consultations.
2. To compare the prevalence of suicide-related consultations with other types of psychiatric emergencies attended during the same period.

**Methods:** The study is observational and retrospective, based on the analysis of psychiatric emergency records from 2023. Demographic variables such as gender and age were analyzed, as well as the cause of the consultations, classified as "suicide-related" or "other psychiatric causes." Statistical tools were used to identify significant patterns and relationships.

**Results:**

1. **Gender distribution:** 55.2% of the patients were women, and 44.8% were men.
2. **Age distribution:** Most consultations involved adults (74.4%), followed by older adults (16.7%) and minors (8.9%).
3. **Cause of the consultation:** 36.15% of the cases were related to suicidal behavior, while 63.85% were due to other psychiatric emergencies.
4. **Temporal pattern:** There was an increase in consultations during the autumn months, particularly in September and November.

**Conclusions:** The study reveals that over one-third of psychiatric emergency consultations were related to suicide, underscoring the need to enhance prevention strategies and early intervention. The results also show significant differences by gender and age, as well as seasonal patterns that may be linked to emotional and social factors. The findings emphasize the importance of identifying specific risk factors associated with gender and age, as well as reinforcing the training of emergency personnel to effectively intervene in cases of suicidal behavior. Moreover, attention should be given to months with higher incidence of suicide-related consultations, such as the autumn season.

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## EPV1943

### A Suicide Attempt Multicomponent Intervention Treatment (SAMIT Program): Study Protocol for a Multicentric Randomised Controlled Trial

A. Beneria<sup>1,2,3,4,\*</sup>, A. Motger-Albertí<sup>2,5</sup>, M. Quesada-Franco<sup>1,2,3,4</sup>, G. Arteaga<sup>1,2</sup>, O. Santesteban-Echarri<sup>6</sup>, G. Parramon-Puig<sup>1,2,4</sup>, P. Sanz-Correcher<sup>7</sup>, I. Galyner<sup>8</sup>, L. Pintor<sup>9</sup>, J. A. Ramos-Quiroga<sup>1,2,3,4</sup>, P. Bruguera<sup>10</sup> and M. D. Braquehais<sup>2,4,11</sup>

<sup>1</sup>Department of Mental Health, Vall d'Hebron Hospital Universitari; <sup>2</sup>Psychiatry, Mental Health and Addictions Group, Vall d'Hebron Research Institute (VHIR); <sup>3</sup>Biomedical Network Research Centre on Mental Health (CIBERSAM); <sup>4</sup>Department of Psychiatry and Forensic Medicine, Universitat Autònoma de Barcelona; <sup>5</sup>Servei de Psiquiatria, Hospital Clínic, Health and Addictions Research Group, Barcelona, Spain; <sup>6</sup>Mood Disorders Program, Foothills Medical Center, Calgary, Canada; <sup>7</sup>AGC Psiquiatria y Salud Mental, Hospital Universitario 12 de Octubre, Madrid; <sup>8</sup>Department of Psychiatry, Carl Icahn School of Medicine at Mount Sinai; <sup>9</sup>Consultation-Liaison Psychiatry Unit, Hospital Clínic, University of Barcelona, IDIBAPS; <sup>10</sup>Health and Addictions Research Group, IDIBAPS, Servei de Psiquiatria, Hospital Clínic and <sup>11</sup>School of Medicine, Universitat Internacional de

Catalunya, Barcelona, Spain

\*Corresponding author.

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**Introduction:** Suicide has become a first-order public health concern, especially following the negative impact of COVID-19 on the mental health of the general population. Few studies analysed the effects of early psychotherapeutic interventions on subjects who have attempted suicide (SA), and even fewer have focused on those hospitalized in non-psychiatric units after a medically serious suicide attempt (MSSA).

**Objectives:** The main aim of this study is to describe the protocol designed to evaluate the effectiveness of individual psychological treatment for patients hospitalized after an MSSA. The secondary objectives of the study are: 1) to evaluate the impact on quality of life and other psychosocial variables of patients with a recent MSSA who receive early psychological intervention; 2) to analyse the biological, psychological, and clinical impact of early psychotherapeutic treatment on subjects hospitalized after an MSSA.

**Methods:** An experimental, controlled, and randomized trial will be conducted with patients over 16 years of age admitted to two general hospitals. The case intervention group will enrol for 8-sessions of individual psychotherapy, Suicide Attempts Multicomponent Intervention Treatment (SAMIT), combining Dialectical Behaviour Therapy (DBT), Mentalization-Based Therapy (MBT), and Narrative approach. In contrast, the control group will receive a treatment-as-usual intervention (TAU). Longitudinal assessment will be conducted at baseline (before treatment), post-treatment, and 3, 6, and 12 months after. The main outcome variable will be re-attempting suicide during follow-up.

**Results:** Results from the interim analysis will be presented at the congress. We are in the recruitment and data-gathering phase.

**Conclusions:** Some psychotherapeutic interventions, usually implemented in outpatient, have proven to be effective in preventing suicidal behaviours. Early intervention, combining powerful components of main treatments focused on suicidal behaviour can prevent future SA in patients hospitalized after an MSSA. Moreover, assessment of the biological, clinical, and psychometric impact of this new intervention on patients during the first year after the attempt may help understand some of the multi-level factors associated with the effectiveness of psychotherapeutic interventions in MSSAs. The prevalence of high suicide rates requires the design of effective psychological interventions for their prevention, and also in order to design new pharmacological and psychological treatments.

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