

discontinuation due to side effects. Several studies investigated the utility of PG tests for antidepressants in MDD with interesting but contrasting results. To date most of them are observational studies with no comparator group, and few are randomized controlled trials (RCTs). Several limitations concerning study design, generalization of results, duration of trials, patients group studied, and cost-effectiveness ratio were found, and a number of barriers have been noted in the adoption of PG tests into clinical practice. Despite some preliminary positive results, there is the need for larger and longer-term RCT studies, with the goal to capture the real impact of PG tests, also with stratified analysis concerning MDD features in terms of severity and antidepressant treatment failures in different ethnicity cohorts.

Disclosure: No significant relationships.

Keywords: Pharmacogenetic test; antidepressant; major depressive disorder; Personalized medicine

What Impact has COVID-19 Had on Suicide?

S0085

Suicide Prevention in Patients with Severe Mental Disorders

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Until 2016, only few interventions were supposed to work in suicide prevention: restriction of access to lethal means, school-based universal prevention, treatment of depression and ensuring chain of care. Then, despite the multiplication of the therapeutic strategies for psychiatric disorders during the last decades, the incidence of suicide has not substantially decreased. Among several hypotheses, we proposed that suicidal depression is a specific form of depression, less responsive to antidepressants, carrying a high suicide risk, which deserves specific interventions. During the last decade, few controlled studies have been performed in at risk patients with short term reduction of the risk of suicide as a main objective, and the interest for old drugs such as lithium and clozapine remains. Recent data allow to propose that a new era is coming with evidence-based strategies of suicide prevention that should lead to change the way we deal with suicidal patients. Importantly, most efforts to develop interventions have moved to a perspective that suicide-specific treatments are necessary in addition to interventions for primary psychiatric disorders. By formulating the hypothesis that suicidal patients present a dysregulated response to social adversity based on specific brain areas associated with psychological pain, relying to opioidergic, immune and glutamatergic systems. Last, due to the difficult management of suicidal patients, innovative psychosocial interventions should be implemented for patients in suicidal crises and including safety planning, coordination of care, brief contact using phone calls. We have probably more solutions than ever to prevent suicide.

Disclosure: No significant relationships.

Keywords: psychological pain;; immediate interventions; antidepressants;; suicide prevention

S0086

Suicide in the COVID-19 Pandemic

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A literature search using PubMed and Google Scholar identified 64 articles assessing suicidal thoughts, suicide attempts and suicide during the COVID-19 pandemic in comparison with the pre-pandemic period in the six WHO regions of the world. Most studies come from high- and middle-income countries. There is a scarcity of data from South America, and no studies from the African and East-Mediterranean Regions. Compared to trends in previous years, suicide rates remained largely unchanged globally or declined in the early phase of the pandemic. However, increased suicide rates were reported among non-white residents and Afro - American groups in the US, as well as among adolescents in China. Japan and India showed a statistically significant increase in suicide rates after an initial decline. Similarly in Peru, after an initial decline, suicide rates increased among men during the course of the pandemic. This is in line with previous findings in the context of natural disasters and other epidemics where a similar increased suicide trend can be expected in the post-pandemic period in other countries. Among adolescents, there were no significant changes in suicide rates during the period of school closure, but an increase has been observed in the period after coming back to schools. The assessment of suicidal thoughts and attempts during the pandemic was mostly conducted through online cross-sectional surveys and showed significant increases, particularly in females and the young. Suicide can be prevented if evidence-based methods that exist are implemented in a systematic way (Wasserman et al. 2020; <https://doi.org/10.1002/wps.20801>).

Disclosure: No significant relationships.

Keywords: suicide prevention; Suicidal ideation and behaviours; Covid-19

S0087

Affective Temperaments and Suicidality in Patients with Bipolar Disorder

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Suicide is one of the leading causes of death in patients with Bipolar Disorder (BD). Several risk factors linked to suicide attempts in patients with BD have been identified, including a long duration of illness, untreated BD, female sex, positive history for suicide attempts, comorbidity with substance abuse or personality disorders, anxiety, depressive polarity and recent psychiatric inpatient care. Recently affective temperaments have been considered as possible factors for suicide in BD. While hyperthymic temperament is associated with a reduced risk of suicide attempts, cyclothymic, irritable, depressive and anxious temperaments are more represented in patients with a positive history of suicide attempts. Moreover, cyclothymic and irritable temperaments are highly connected with both aggression and impulsivity, which play a role in

suicidal behaviours. Despite this evidence, the predictive role of affective temperaments on suicide behaviours is still poorly studied. In this contribution, we will report results of a study aiming at assessing the relationship between affective temperaments and personal history of violent suicide attempts, in 74 patients with BD. Violent suicide attempts were positively associated with cyclothymic temperament and inversely to hyperthymic one. BD-I patients and patients with a clinical history of rapid cycling were significantly more represented in the group of patients with a history of violent suicide attempts. Our results suggest the role of affective temperaments in the suicidality of patients with BD.

Disclosure: No significant relationships.

Keywords: affective temperament; BIPOLAR; violent suicide; Suicide

Treatment-Resistant Depression: The Real World Evidence

S0088

Clinical characteristics of treatment-resistant depression in adults in Hungary: Real-world evidence from a 7-year-longz retrospective data analysis

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Treatment-resistant depression (TRD) is associated with poor quality of life, elevated morbidity and mortality and high economic burden. Our observational retrospective epidemiological study have estimated the rate of patients with TRD within a cohort of major depressive disorder (MDD) patients in Hungary and examine the comorbidities and mortality of patients with and without TRD. Our study included patients with MDD who experienced new onset of depressive episode and received antidepressant prescription between 01 January 2009 and 31 August 2015, using data from nationwide, longitudinal database. A patient was considered to have TRD if two different antidepressant treatments had failed during a given pharmacologically treated periode. Overall, 99,531 MDD patients were included, of which 8,268 (8,3%) met the criteria of TRD. Patients with TRD had significantly higher rate of having "Neurotic, stress-related and somatoform disorders", autoimmune disorders, cardio-or cerebrovascular diseases, thyroid disorders and suicide attempts than non-TRD patients (for all comparisons, $p < 0,005$). This first study to assess the frequency of TRD in Hungary have found that the proportion of TRD is in the same range as in studies with similar methodology reported from other countries. The majority of our other main findings are also in line with previous studies from other countries.

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Keywords: Antidepressants; Hungary; Treatment-resistant depression; Mortality

Pharmacology

Psychotropic Drug Approvals Were Not Based on ICD-11: How to Treat Disorders Newly Defined in ICD-11?

S0089

ICD-11 Primary Psychotic Disorders: What is New and May be Relevant for Treatment Selection and Outcome?

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ICD-11 was released by WHO in 2018 and approved by the World Health Assembly (WHA) in 2019. The revision for all chapters was guided by the principles of global applicability, scientific validity and clinical utility. The new chapter for mental health is termed 06 Mental, Behavioural or Neurodevelopmental Disorders (MBND). The ICD-11 with its chapter on Mental, Behavioural or Neurodevelopmental Disorders, its Mortality and Morbidity Statistics (MMS), Coding Tool and Reference Guide, Clinical Descriptions and Diagnostic Guidelines (CDDG), and other tools for translation and implementation offers an innovative approach for individualised diagnosis, treatment and care of people with mental disorders. For supporting the international process of implementation, WHO has installed an International Advisory Group for Training and Implementation of ICD-11 MBND. Development, Concept and Structure of ICD-11 will be presented. Selected changes from ICD-10 to ICD-11 like new diagnostic categories, revision of diagnostic criteria, introduction of dimensional symptom qualifiers or course descriptors, and options for complex coding with regard to their innovative strength, controversial potential and impact on diagnostics, treatment and care will be briefly discussed. National challenges for implementation - partly informed by international field trials, administrative, organisational, educational and training requirements - will be outlined. The new ICD-11 chapter on Schizophrenia or other primary psychotic disorders will serve as an example to discuss potential impact on treatment selection and outcome.

Disclosure: No significant relationships.

Keywords: ICD-11; psychotic disorders; treatment

S0090

Treating Catatonia: a Blind Spot of Psychiatry?

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Catatonia is a syndrome of primarily psychomotor disturbances associated with typical abnormalities of muscle tone. It is characterized by the co-occurrence of several symptoms of decreased, increased, or abnormal psychomotor activity. Catatonia is a neuropsychiatric syndrome, not an independent nosological entity.