

Obsessive-Compulsive Disorder

Abstract

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Dissecting the phenomenon of suicidality in patients with obsessive-compulsive disorder: A descriptive psychopathological study

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Introduction: There are conflicting and inconclusive results regarding suicidality in patients with obsessive-compulsive disorder (OCD).

Objectives: To describe the different psychopathological aspects of suicidality (suicidal ideation, suicide attempts, completed suicide, family history, etc.) in OCD.

Methods: In this case-control study we compared 114 patients with OCD and 127 controls (no OCD general hospital inpatients). The psychopathological aspects of suicidality were obtained through a 24 questions specific suicidality inventory (DETEC-S). Other instruments/data (Beck Depression and Anxiety Inventories, family history of psychiatric disorders, symptom severity scale, and psychiatric comorbidities) will be described in another study.

Results: Patients with OCD reported: less will to live ($p=0.005$); greater will to die ($p<0.001$); more reasons to die ($p=0.022$); greater lifetime history of suicidal ideation (SI) ($p<0.001$); accept the idea of dying ($p<0.001$); admit death as an escape from problems ($p<0.001$); suicidal plan in the past ($p=0.019$); admit courage and ability to commit suicide ($p=0.003$); no organization for the afterlife ($p=0.021$); have already talked to other people about SI ($p<0.001$); access to a lethal method ($p=0.047$); higher rates of family members, close people or friends who have already attempted suicide ($p=0.008$). They did not differ from the controls: would save themselves in case of an accident; current intention to commit suicide; able to control suicidal desire; would not commit suicide because of family, friends or religion; absence of current suicidal plan; suicidal desire or plan in the near future; writing a suicide note; prevalence of lifetime suicide attempt (SA); when they had SA, there was no need for medical care; and suicide success rates of family members, close people or friends. There was no significant difference in the total DETECT-S score ($p=0.086$). There was a moderate and direct correlation of suicidality scores with: the current severity of OCD and ($r=0.32$; $p=0.001$), especially at the expense of the severity of compulsions ($r=0.35$; $p<0.001$); and with the severity of depressive symptoms ($r=0.43$; $p<0.001$); average rate of lifetime improvement of symptoms ($r=0.36$; $p=0.007$). We found a moderate and indirect correlation with total quality of life scores ($r=-0.47$; $p<0.001$), especially at the expense of aspects related to the physical ($r=-0.47$), psychological (-0.47) and environmental ($r=-0.42$) domains (all with $p<0.001$).

Conclusions: Suicidality appears to be markedly present in patients with OCD (of the 24 psychopathological aspects of the DETECT-S questionnaire, patients had higher scores in 13 items) even when compared to patients admitted to a general hospital. A detailed approach to suicidality in patients with OCD may help in therapeutic planning and reduce patient suffering.

Disclosure of Interest: None Declared