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Introduction: Suicide is one of the leading causes of unnatural death worldwide. There might be meaningful differences between those individuals that attempt suicide once in their lifespan and those who make multiple attempts in terms of sociodemographic and clinical characteristics. There are no previous meta-analysis addressing this topic in the adult population.

Objectives: We aimed to examine the factors that differentiate single and multiple suicide attempters in adult population.

Methods: We followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines to conduct this review and meta-analysis. The review protocol was registered in PROSPERO. We carried out a systematic literature search in three databases to identify original studies that explored the differences between single and multiple suicide attempters among adult population. A total of 75 studies were included in the review and 69 were included in the meta-analysis.

Results: Multiple attempters were more likely to present certain disorders such as mood and psychotic disorders, as well as personality or substance use disorders. Higher suicide ideation and suicide intent scores also characterized this group. Childhood trauma experiences, stressful life events, and higher rates of hopelessness were statistically significant in multiple attempters.

Conclusions: Identifying the factors predicting multiple suicide attempts helps to delineate a high-risk suicidal profile that should be taken into account in the clinical and suicide prevention scenario.

Disclosure of Interest: None Declared

EPV1066

Risk factors for suicidal ideations and suicide attempts among medical students

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Introduction: Medical students are a high-risk population for having suicidal thoughts and behaviors. However, few studies have been fulfilled on this subject.

Objectives: The objective of this study was to provide a systematic overview of risk factors for suicidal ideations (SI) and suicide attempts (SA) among medical students.

Methods: We set out to summarize the literature on the MEDLINE (via PUBMED) and Science Direct databases, regarding risk factors for SI and SA in medical students, using the key words : « medical student» ; « suicide attempt» ; « suicidal ideation », « risk ».

Results: Recent studies showed that poor mental health outcomes including depression, anxiety, burnout, comorbid mental illness, and stress presented the strongest risk for SI among medical students. In addition, SI was statistically significantly associated with alcohol use, Tobacco consumption, personal history of suicide attempt, female gender and poor social support.

On the other hand, SA were significantly associated with the presence of a long-term illness, anxiety and depression. Conversely, stress, female gender, and alcohol use were not significant risk factors for SA among medical students.

Conclusions: Medical students face a number of personal, environmental, and academic challenges that may put them at risk for SI and SA. Additional research on individual risk factors is needed to construct effective suicide prevention programs in medical schools.

Disclosure of Interest: None Declared

EPV1067

Experiences of the first two pandemic years (2020 and 2021) in regards of the alteration of violent suicide attempts compared to 2016-2021. Presenting demographic features. Research made at Dr. Manninger Jenő National Traumatology Center, Hungary

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Introduction: During the pandemic years in Hungary the completed suicide rates hasrisen significantly. Suicide rates had been decreasing until 2019 since 1986. In 2019, 1550 people dead by completed suicide, in 2020 this number increased to 1705, in 2021,1561 cases were registered. Violent suicide attempts represent the majority of completed suicides.

Objectives: In our study we were analysing the number of alteration of violent suicide attempts between 2016-2021, focusing on the trend in the first two years of the pandemic outbreak. 228 inpatients (65,4% male, 34,6% female) gone under medical treatment due to violent suicide attempts between 2016-2021 at Dr. Manninger Jenő National Traumatology Center, Budapest, Hungary.

Methods: We used an interrupted time-series analysis with Prais-Winsten regression, controlling autoagressive and seasonal effects, to estimate the effect of the pandemic years on the violent suicide attempt rates in our sample. Demographic features, risk factors for suicidal behaviours, motivation and methods were analysed by Chi-square test and cross tabulation.

Results: Comparing to the previous years, in the first two pandemic years significantly has risen the number of inpatients treated because of violent suicide attempts. After the rapid change in 2020, decreasing numbers could be observed in 2021.

Conclusions: Analyzing the numbers of violent suicide attempts between 2016 and 2021, an increase inthe number of attempts was

observed during the first two pandemic years. Detailed demographic data and potential risk factors are also to be presented in the lecture.

Disclosure of Interest: None Declared

EPV1069

A Pilot Predictive Model for Indirect Assessment of Suicidal Ideation

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Introduction: In recent years, there has been a concerning increase in suicidal thoughts and, in some countries, completed suicides, amplified by the COVID-19 pandemic. Screening for suicidal ideation (SI) in the general population is limited due to ethical, effectiveness, and feasibility concerns. Identifying individuals at risk of suicide remains a complex challenge. Our study aimed to develop a predictive model using COVID-19 data, gathering psychometric information from 1790 respondents in Slovenia via an online survey conducted between July 2020 and December 2020, with a second wave of data (ne=1200) collected from January 2022 to February 2022.

Objectives: With 9.7% of respondents reporting recent SI in the first wave of data, our primary goal was to estimate SI indirectly using SIDAS. We examined changes in habits, demographics, coping strategies, and satisfaction in key life aspects to discreetly identify potential risk factors.

Methods: We employed four machine learning algorithms (logistic regression, random forest, XGBoost, and support vector machines) and assessed model performance using the area under the receiver operating characteristic curve (AUC). Initial assessment used a held-out dataset, followed by validation with a new cohort of 1,200 users from the late COVID-19 period.

Results: Logistic regression, random forest, and XGBoost achieved comparable AUCs, reaching 0.83 on unseen data. Our analysis revealed significant associations between Brief-COPE subscales and SI. Self-Blame emerged as a strong SI indicator, followed by increased Substance Use, reduced Positive Reframing, Behavioral Disengagement, dissatisfaction with relationships, and younger age, in both 2020 and 2022 models. The model consistently performed well, even with varying population characteristics.

Conclusions: These results suggest that SI presence can be reasonably estimated using selected indicators, offering promise for developing an indirect screening tool without explicit questioning about suicidal thoughts. However, individuals flagged as at-risk should undergo clinical examination, as this model serves as an initial step in identifying SI risk factors in the context of the stressful event's (COVID-19 pandemic) impact on mental health.

Disclosure of Interest: None Declared

EPV1070

The Epidemic of Non-Suicidal Self-Harm in Adolescents and Young Adults in the Kyrgyz Republic

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Introduction: During the last two years, many young people and adolescents in the Kyrgyz Republic started to visit specialists due to Non-suicidal self-harm. A significant rise in the amount of such cases allowed specialists from the Republican Center of Psychiatry in Bishkek to think about an "epidemic "of self-harming behavior. Non-suicidal self-harm (NSSH) is defined as repeated, deliberate, direct injury to the body without suicidal intent that is not socially acceptable (Nixon et al., 2002) to reduce psychological discomfort in the absence of a conscious intention to take one's life (ICD-10 codes X60-X84, and ICD-11 codes PB80-PD3Z).

Objectives: To determine the causes of NSSH among adolescents and young adults who approached specialists in mental health sphere at Institute of Behavioral Health at the American University of Central Asia.

Methods: Over two years, forty-five adolescents and young adults under twenty-five who had committed self-harm visited specialists from the Behavioral Health Institute at the American University of Central Asia.

All the patients received either dialectical behavioral treatment or cognitive processing treatment, medication (paroxetine) was used in three cases.

Results: Thirty patients were girls under twenty-one, and fifteen were boys and young male adults. The overwhelming majority (40 people) had self-inflicted cuts, two had imposed burns with matches and cigarettes, and one had used self-suffocation without a bond. Reasons for self-harm were the following: releasing internal tension and anxiety, getting some rest from intrusive thoughts, relieving the inner pain, and a desire to "feel as a whole person." All the patients underlined that they did not want to attract attention from their family members; moreover, they tried to hide the consequences of self-harm.

Teens and young adults (twelve patients) from Kyrgyz traditional families visited a consultant or psychiatrist after a long drive through conventional or religious healers. All of the patients knew that they were addicted to self-harm, wanted to stop a problematic behavior, and could not stop it on their own. Ten patients have been diagnosed with borderline personality disorder. Two of them also had eating disorders. Five patients had PTSD, and five had social phobia. The others had recognizable anxiety symptoms.

Conclusions: The enormous rise of non-suicidal self-harm is a phenomenon that needs further research. Those cases often resist treatment due to the "addictive" component in the pathogenesis.

Disclosure of Interest: None Declared