

unable to stop rumination. We suggest thought-stopping techniques and discourage social isolation, which triggers rumination. As BPDs use external locus of control and aim for higher dosages of antidepressants and anxiolytics with minimal effect, we explain that medication is not the only solution. Stage 5 (ε) is a crisis and panic attack because constant rumination brings back traumatic thoughts focused on the past, present and future. This is when BPDs self-refer to the hospital, attempt suicide, and feel that hospital admission is the only solution. The stages combined generated Model I. The Model II forecast Δ from this study is that we will observe a higher frequency (Δ) of hospital occupancy ($\Delta b_0 = A$), suicidal attempts ($\Delta s_a = B$), and heavy service use ($\Delta s_u = C$) by BPDs.

Conclusions: The predictive model algorithm has thus extracted (1) *Model I* (Analysis): $[\alpha \rightarrow (\beta \rightarrow (\gamma \rightarrow (\delta \rightarrow \varepsilon)))] = Z$; The truth density for Model I and its strength of prediction for stage progression is 96.87% in the dysthymia-rumination-suicide cycle; and (2) *Model II* (Prediction): Z implies $(A \text{ And } B \text{ And } C)$, $Z \rightarrow A \cap B \cap C$; the truth density for the Model II is 56.25% for predicting a national shortage of healthcare resources. The combined models predict a truth of 73.81% in the outcomes of BPD crises in the UK NHS due to the dysthymia-suicide cycle.

Disclosure of Interest: None Declared

EPV1055

Esketamine and Hopelessness: Very Short-Term Effects

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Introduction: Treatment Resistant Depression is a challenging condition with a poor outcome and limited therapeutic options. Esketamine is the enantiomer of Ketamine and has recently been approved and marketed for treating depression. Questions remain about its short- and long-term benefit, as well as its usefulness in suicide risk. Hopelessness is one of the symptoms most closely associated with suicide risk.

Objectives: The aim of this paper is to evaluate the effect of this drug on hopelessness after one month of treatment with Esketamine.

Methods: The Beck Hopelessness Scale (BHS) was administered to patients receiving Esketamine at the Doctor Negrín University Hospital of Gran Canaria, who provided informed consent and exhibited suicidal ideations and depressive symptoms at the beginning of treatment. This scale was administered before the intranasal administration of Esketamine and after one month of treatment.

Results: Participants ($n=5$) had an average age of 54.4 years (median 56). We observed variability in the results among the evaluated patients, although the overall trend was a decrease in scores. On average, the patients' scores decreased from 14.6 to 7.4 points (with a median change from 14 to 8 points).

Conclusions: Hopelessness improved in the BHS after one month of treatment with Esketamine. These results could be of clinical significance. Hopelessness is associated with suicide risk, so we hypothesize that the improvement could have an impact on it. Nevertheless, we must exercise caution with these results: the sample size is small, patients were taking different medications, and they have diverse medical histories.

Disclosure of Interest: None Declared

EPV1057

Atypical suicide attempt facilitated by levodopa in a patient with impending Parkinson's Disease masquerading as a mood disorder: a case report

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Introduction: Parkinson's Disease (PD) is a neuropsychiatric disorder whose diagnosis is mainly based on motor impairment. However, increasing evidence suggests that neurodegeneration precedes the appearance of motor disturbances to manifest itself with hyposmia, sleep, and affective disorders. The disease's insidious onset and comorbidity with psychiatric symptoms require specialized knowledge and delicate pharmacological maneuvers to provide the patient with the best possible treatment at the most precise moment. Studies have also highlighted the potential increase in impulsivity patients may experience upon initiation with levodopa.

Objectives: To raise awareness of the complexity of treating patients with PD that also face psychiatric comorbidities that appeared before the motor symptoms, including preoccupation with death, and highlight the need for intensive interdisciplinary medical follow-up of such patients.

Methods: We report a clinical case of a 54-year-old man who was admitted to the psychiatric emergency department after a suicide attempt by self-inflicting severe bilateral neck, wrists, and femoral triangles injuries, as well as self-cutting his Achilles tendon. The patient had a history of a one-year mixed anxiety and depressive disorder and was treated on an outpatient basis with amitriptyline/perphenazine (10+2)mg, sulpiride 50mg, and clonazepam 2mg. One month before his attempt, the patient started experiencing unilateral upper and lower limb rigidity with bradykinesia and "pill-rolling" resting tremor of the same hand and was prescribed levodopa/benserazide (200+50)mg three times per day. After two days of starting the new medication, the patient attempted suicide by the method mentioned above.

Results: After surgical assessment and care, the patient recovered at the psychiatric department for 21 days and was treated with sertraline 50mg, which was later increased to 100mg. As an adjunctive treatment, the patient also received mirtazapine 15mg/day, quetiapine 200mg/day, and lorazepam 3mg/day. On the 15th day of his hospitalization and after a neurological assessment, the patient was started on levodopa/benserazide (200+50)mg one-quarter three times per day. At discharge, he presented significant clinical improvement regarding both his mental health and neurologic somatic symptoms.

Conclusions: Patients with PD require a multidisciplinary approach by a trained medical team. Clinicians should titrate dopamine replacement agents with caution, especially for those experiencing mood disorders, because they might increase the patient's impulsivity, "assisting" a depressive patient with suicidal ideation to finally commit suicide.

Disclosure of Interest: None Declared

EPV1058

When sleep disorders in patients with bipolar disorder indicate a risk of suicidal behavior

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Introduction: Sleep disturbances and suicidal behaviors are common among patients with type II bipolar disorder (BDII), but the relationship between the two is unclear. Investigating this connection is important to identify interventions that can improve the quality of life and reduce the risk of suicide in this population.

Objectives: Our study's objective is to examine the association between sleep disorders and suicidal behavior in patients with type II bipolar disorder (BDII).

Methods: In order to comprehensively investigate the association between sleep disturbances and suicidal behaviors among individuals diagnosed with type II bipolar disorder (TBI), we conducted a cross-sectional, descriptive, and analytical study over a duration of one month, specifically from the 1st to the 31st of October 2022. Our research was conducted within the follow-up unit of the mental health department at Nabeul Hospital, Tunisia, with the aim of capturing a diverse range of participants representative of the population of interest.

To ensure the integrity and accuracy of our findings, we meticulously selected participants who met specific eligibility criteria. This included individuals aged between 18 and 60 years, who had a confirmed diagnosis of type II bipolar disorder according to the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM V). Furthermore, we sought to include participants who were psychiatrically stable, meaning they had not required hospitalization in the six months preceding the study.

The Pittsburgh Sleep Quality Index (PSQI) was used to evaluate the participants' sleep quality over a one-month period, while the Suicidal Behavior Questionnaire-Revised (SBQ-R) was used to assess suicidal behavior. The data was gathered through a questionnaire that prioritized ethical concerns, including obtaining informed consent from participants and maintaining confidentiality and anonymity throughout the study.

Results: In this study, we enrolled 40 male patients with a mean age of 36 ± 13.2 years and evaluated their sleep quality and suicidal behaviors. The results showed that the participants had a mean PSQI score of 7.28 ± 3.35 , indicating that the overall sleep quality was not optimal. Specifically, 65% of the participants had poor sleep

quality (> 5), and 45% reported poor sleep ($PSQI \geq 8$). The mean SBQ-R score was 10.3 ± 3.6 , indicating a moderate level of suicidal behavior. Interestingly, we found a statistically significant correlation between PSQI and SBQ-R subscales, particularly with regard to suicidal thoughts ($p=0.003$) and suicide attempts ($p=0.002$).

Conclusions: Our study found a strong link between sleep problems and suicidal behavior in people with type II bipolar disorder. This highlights the need to address sleep issues to reduce suicide risk in these patients.

Disclosure of Interest: None Declared

EPV1059

Anhedonia and suicidal ideation in young people with early psychosis: findings from a 2-year Italian follow-up study.

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Introduction: Hedonic deficits have been extensively studied in schizophrenia, but little is known about their association with suicidal ideation in early psychosis. Along the clinical staging of psychosis, also Ultra-High Risk (UHR) individuals are characterized by hedonic deficits, which are currently considered as putative predictors of both psychosis conversion and poor social/role functioning.

Objectives: The aim of this research was to examine the relationship between anhedonia and suicidal thoughts across a 2-year follow-up period in people with First Episode Psychosis (FEP) and at Ultra High Risk (UHR) of psychosis.

Methods: Ninety-six UHR and 146 FEP, aged 13–35 years, completed the Comprehensive Assessment of At-Risk Mental States (CAARMS) and the Beck Depression Inventory-II (BDI-II). The BDI-II "Anhedonia" subscale score to assess anhedonia and the CAARMS "Depression" item 7.2 subscore to measure depression were used across the 2 years of follow-up. Hierarchical regression analyses were performed.

Results: No difference in anhedonia scores between FEP and UHR individuals was found. In the FEP group, a significant enduring association between anhedonia and suicidal ideation was found at baseline and across the follow-up, independent of clinical depression. In the UHR subgroup, the enduring relationship between anhedonia and suicidal thoughts were not completely independent from depression severity.

Conclusions: Anhedonia is relevant in predicting suicidal ideation in early psychosis. Specific pharmacological and/or psychosocial interventions on anhedonia within specialized EIP program could reduce suicide risk overtime.

Disclosure of Interest: None Declared