

Disorder Type 1 is characterized by extreme mood fluctuations that can contribute to a heightened risk of suicidal ideation, attempts, and completions in affected individuals.

#### Objectives:

- To examine the socio-demographic and clinical profiles of Bipolar Type 1 patients admitted to the “C” psychiatry department at Hedi Chaker Hospital in Sfax, Tunisia.
- To identify and understand the factors associated with suicidal behavior in this population.

**Methods:** We conducted a retrospective descriptive and analytic study of hospitalized patients suffering from bipolar disorder type 1 in the psychiatry department “C”, Hedi Chaker Hospital, Sfax Tunisia from 2021 to 2023. Socioeconomic data and clinical profiles of patients were collected from archived files.

**Results:** The total number of patients was 98, with an average age of  $36.74 \pm 12.3$  years. The majority were single (67%), living with their families (76.5%), jobless (45.9%), and receiving family support (94.9%). In terms of psychoactive substance use, 81.6% have used tobacco, 46.9% have used alcohol, and 34.7% have used cannabis. Concerning family history, 55% of patients had at least one family member being treated for a mood disorder. Among them, 7.1% had attempted suicide, and 6.1% had died by suicide.

Concerning the clinical profile of the study population, 28.6% had a personal somatic history. The diagnosis of bipolar disorder was made at the age of  $27.52 \pm 8.6$  years. 11.2% had a comorbid personality disorder with bipolar disorder.

The majority of patients were on antipsychotics (95.9%), 84.7% were using mood stabilizers, 33.7% were prescribed anxiolytics, and only 4.1% were on antidepressants. Treatment compliance was poor in 61.2% of cases and 63.3% of patients had a poor insight.

Ten percent of these patients had attempted suicide, 50% during a depressive episode, 50% occurring during a depressive episode, 30% during a manic episode, and 40% of attempts were related to discontinuation of treatment. 3.1% had used hanging, and 3.1% had engaged in voluntary drug ingestion as a method of self-harm. None of the suicide attempts necessitated intensive care hospitalization, but 60% of the individuals were admitted to psychiatric care. There was a statistically significant correlation between suicide attempts and a family history of suicide ( $p=0.049$ ).

**Conclusions:** Bipolar patients face a heightened risk of suicide, which is closely tied to the distinctive attributes of the disorder, including biological factors, thymic decompensation, and psychological aspects. Consequently, managing their condition necessitates a tailored approach, demanding ongoing vigilance for individuals diagnosed with bipolar disorder.

**Disclosure of Interest:** None Declared

## EPV1050

### Can high-sensitivity C-reactive protein be a routine trans-diagnostic biomarker for thoughts of death and suicidal attempts?

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**Introduction:** Several studies have shown an association between suicidal behavior and increased C-reactive-protein (CRP) levels (Ghayour-Mobarhan M. *et al.* Comb Chem High Throughput Screen 2022; 25 1047-1057) although most studies evaluated the association between CRP levels and suicidal ideation in depressed patients (Olié E. *et al.* Eur Neuropsychopharmacol 2015; 25 1824-31).

**Objectives:** Our study assessed baseline high-sensitivity CRP (hsCRP) levels in a cohort of adult inpatients affected by severe mental illness (SMI) and their association with Mini-International Neuropsychiatric Interview-5 subscale suicidality (MINI-5-s).

**Methods:** A naturalistic, observational, cross-sectional study was carried out by retrospectively recruiting 127 adult SMI inpatients, excluding patients with an organic pathology. HsCRP levels were assessed at the ward admission. To assess the suicidal behaviour all patients filled the same day the MINI-5-s.

**Results:** The number of patients with  $hsCRP > 3mg/l$  were significantly higher among those with thoughts of death ( $p=0.002$ ) and suicidal attempt ( $p=0.026$ ). No statistically significant associations were observed between hsCRP levels and other suicidality dimensions. Limitations: Small sample size, heterogeneous diagnoses, lack of diagnostic sub-analysis, cross-sectional design, and lack of a healthy control group.

**Conclusions:** The study reveals a transdiagnostic association between inflammation, thoughts of death and suicidal attempt in SMI inpatients. Our preliminary findings could support a routine introduction of hsCRP measurement, due to its relatively low cost, possible utility in trans-diagnostically suicide risk assessment. Large-scale clinical trials would be recommended to evaluate the effects of early anti-inflammatory therapy in patients with death ideation and/or suicidal attempt and concomitant low-grade hsCRP elevation. HsCRP could potentially represent an early biomarker for suicidal risk.

**Disclosure of Interest:** None Declared

## EPV1051

### Descriptive study of suicidal behavior in adult population attended in an emergency department during a one-year period and comparative study with the following annual period

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**Introduction:** Suicide is the most frequent psychiatric emergency. About 1% of all deaths are due to suicide so around 700,000 people commit suicide each year. Suicide attempt is more frequent in women (3:1) while completed suicide is more frequent in men (4:1). Most suicides occur in the 35-64 age range. The severity of a suicide attempt is assessed in terms of method, potential lethality, rescuability and impulsivity. A previous suicide attempt is the main risk factor for suicide behavior. The majority (more than 90%) of