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A MODEL FOR THE MANAGEMENT OF SUICIDAL BEHAVIOUR IN PRIMARY CARE

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Introduction: Although suicide rates are decreasing in most European countries, suicide is still a major health concern. Despite of the fact, that the vast majority of suicidal patients contacted with health care services before the suicidal act, the doctor-patient meeting is a necessary, but sometimes not sufficient way enough to prevent suicide. Most patients, who commit or attempt suicide, are not regarded as being at high immediate risk at their final contact with health care services.

Aims and methods: Based on reviewing the relevant literature and on our previous studies we developed a brief, practical, clinical guideline, which may aid general practitioners and primary care professionals to assess suicide risk and also to manage these patients.

Results: We introduce a model for an integrated, regional suicide prevention strategy, which includes recognition, risk assessment and also intervention. The main steps of our model are to recognize warning signs, explore crisis situation and/or psychopathologic symptoms, assess protective and risk factors, estimate suicide risk, plan intervention strategies, and finally manage suicidal patients through the different levels of intervention.

Conclusion: In the management of suicidal behaviour the complex stress-diathesis model has to be adjusted by considering biological markers (mental disorders, personality traits) and psycho-social factors (crisis, negative life events, interpersonal conflicts). Only after the assessment of these factors primary care professionals, as 'gatekeepers' can manage suicidal patients effectively by using adequate psychopharmacotherapeutic and psychotherapeutic facilities in the recognition, treatment and prevention of suicidal behaviour.