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 ± 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±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

suicide behavior are related to an underlying psychopathology, mainly depression and substance abuse, especially alcohol. However, there are also numerous cases of impulsive attempts in the context of life stressors.
Objectives: To analyze sociodemographic and clinical characteristics of adult patients with suicidal behavior attended in the emergency department during a one-year period. To study the stability of the data obtained in the following annual period
Methods: A retrospective review of the population over 18 years attended in the emergency department during 2022 because of suicidal behavior, was carried out. Data collection for the year 2023 is in progress in order to be able to carry out a comparative study between both annual periods.
Results: 562 patients over 18 years were attended in the emergency department of our hospital due to suicide behavior during 2022. 383 of these patients were women (68.1%) and 179 men (31.9%). with an average age of 38.6 and 42.2 years respectively. The age range between 18 and 25 years accounted for 28.5% of the total cases. The most frequent suicidal behavior was medication overdose with a total of 307 (54.6%), being more frequent in women than in men (2.6:1). The second most frequent reason for attention was suicidal ideation without suicide attempt, with a total of 212 patients (37.7%). 371 patients were discharged home from the emergency department (66%) and 191 required a longer observation in hospital environment. We are awaiting to complete data collection for 2023 to establish a comparison with those described above.
Conclusions: According to our study, suicidal behavior in adult population is more frequent in women than in men. The most frequent age range in both genders was between 18 and 25 years old. The method most frequently used was medication overdose and suicidal ideation without a suicide attempt was the second most frequent reason of attention. Our patients mostly presented diagnoses of personality disorder, depression and substance use disorder.

Disclosure of Interest: None Declared

EPV1052

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: rationalising ssri antidepressants prescription in suicide prevention

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Introduction: We are facing increased suicide attempts and deliberate self-harm from persons with borderline personality disorder (BPD) who are also on antidepressants, multiple antidepressant prescriptions and antidepressant augmentations. Our previous observations suggest that antidepressants might increase suicide attempts in those on this medication and who have BPD. The absent response to antidepressants is due mainly to the comorbid dysthymia, cyclothymia, rumination, autism and ADHD in BPD.
Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service (NHS) in suicide prevention.
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com). The four parameters for stochastic predictions are, BPD (A), antidepressant No. 1 (B), antidepressant No. 2 (C), and suicide attempts (D). Boolean function metrics can help analyse the impact and truth of forecast modelling with truth density.
Results: The logic expression for suicide prediction due to liberal antidepressant prescribing is Ψ = A intersects B, intersects C, intersects D; that is,. $\Psi = A \cap B \cap C \cap D$, which yields a Boolean truth density of 6.25%. The truth table always has a positive outcome as long as any of the factors exist except when none is present.
Conclusions: The predictive Boolean function and truth table suggest that suicide presentation is predictable if there is a prescribing of one or more antidepressants in BPD and if there is an antidepressant augmentation or dose maximisation. We speculate that SSRI antidepressants block self-regulatory mechanisms of fear of death while triggering impulses to self-harm and suicide from overstimulation of SSRI receptors. Without fear mechanisms, death by suicide is felt as not terrifying.

Disclosure of Interest: None Declared

EPV1053

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: the dysthymia-suicide cycle

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Introduction: UK healthcare is undergoing significant challenges in facing borderline personality disorder (BPD) and accommodating the increased demand to allocate sufficient care and carers to deal with BPD's growing number and emotional and suicidal crises.
Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service in suicide prevention (NHS).
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com).
Results: Persons with BPD become suicidal because the team cannot comprehend and address the cycle of dysthymia, rumination and suicide. The BPD crises start from Stage 1 (α), assessing the comorbidity between BPD with dysthymia, cyclothymia, autism and ADHD. Teams shall avoid overmedication as ineffective. Stage 2 (β) is introspection and rumination, which do not respond to pharmacotherapy. The health carers establish if rumination is present and suggest distraction techniques. Stage 3 (γ) is when constant rumination with catastrophising leads to hopelessness. Stage 4 (δ) is when BPD starts feeling more anxious, depressed and