

intra-psychoic distress, and irresistible suicidality. AD symptoms overlapped with SSRI presentations. Eighty-one percent of the AD sample reported no ideation; however, 96% made an attempt. For the SSRI group, 52% reported no ideation; however, 95% made an attempt. Sensitivity 80.3%, specificity 98.1%. Internal consistency 0.75 to 0.92. Test-retest scores 0.78 to 0.98, and neurodiagnostic correlations 0.70 to 0.98. Some scores correlated significantly with the “gold standard” Barnes Akathisia Rating Scale.

Conclusion NIS is associated with alarmingly high rates of youth suicide attempt. The new neuropsychological measure demonstrates practical screening value in unobvious NIS proposed to represent a heretofore unrecognized neural mechanism.

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EV1464

This paper discusses the relationship between alcohol consumption and suicidal behavior in Belarus

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Introduction Suicide is one of the main causes of premature mortality in Belarus. It is well recognized that drinking is among the major risk factors that are associated with suicidal behavior.

Aims This study was design to extend our understanding the relationship between alcohol and suicidal behavior.

Methods Risk factors for suicidal behavior (completed suicide and parasuicide) among residents of Minsk city and Gomel city were studied.

Results Among the residents of Minsk the maximum suicides risk was in the age of 46–60 years, and parasuicide at age 20–39 years. The ratio of men to women - 4:1; they were often BAC-positive (from 38.8% in 2015 to 42% in 2008). Among parasuicides sex ratio of about 1:1; 30% of men aged 20–39 years, were BAC-positive. Studies in the city of Gomel, has shown maximum number of parasuicides in the ages of 18–29 years (39.3% in women and 30.7% men). Among parasuicides the majority of men (57.8%) and a significant proportion of women (34.2%) were BAC-positive. Maximum number of those attempted suicide and dependent on alcohol were among men ages 30–39 years (66.15%) and 50–59 years (65.22%), among women in the age 30–39 years (45.45%).

Conclusions Acute alcohol intoxication is characteristic of young people who commit parasuicide. Chronic alcohol intoxication is a risk factor in middle-aged persons who commit suicide. Prolonged use of alcohol contributes to the development of comorbid mental disorders, during the crisis of middle age is manifested as an increased risk of suicides.

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EV1465

Physician suicide

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Introduction Physician Suicide is a potential health risks resulting from strains and burden associated with medical education and profession. Suicide is an occupational hazard. Each year in the United States, 300 to 400 physicians take their own lives.

Objective To provide a summary about physician suicide and its risk factors and mental health issues associated.

Methods The search was conducted using PubMed with terms: “suicide in physicians”, “physician suicide”, “suicide in doctors”, “physician depression”, by using a review of literature with documents in English.

Discussion Suicide is a major health problem. Suicide death is a self-inflicted with evidence that the person aims die. Mental disorders represent a large burden of disease worldwide and can also damage to physical health. The most common psychiatric diagnoses among physicians who complete suicide are affective disorders, alcoholism, and substance use disorders. In physicians, the female suicide rates are higher than that in males. The most common means of suicide by physicians are lethal medication overdoses and firearms. There are common risk factors, such as work-related stress, depression, negative life events, alcohol and isolation. In addition, there is a physicians’ tendency not to recognize depression in themselves and not to seek help.

Conclusions Prioritize to physician mental health, change professional attitudes and institutional policies, learn to recognize depression and suicidality, educate medical students, residents, routinely screen all primary care patients for depression that can help physicians recognize depression in themselves and to seek treatment for depression and suicidality because there is “no health without mental health”.

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EV1466

Suicide by jumping at beachy head in East Sussex – The impact of a suicide prevention patrol scheme

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Introduction Suicide is a major public health issue. It is the leading cause of death among younger adults in the UK. Suicide by jumping is an uncommon method. About 23 people die each year by jumping from the cliffs at beachy head, Sussex. The beachy head chaplaincy established a suicide-prevention patrol at beachy head in August 2004. To date there have been no studies evaluating the impact of a suicide patrol as a prevention strategy. This study aimed to assess the impact of this suicide-prevention patrol.

Methods Data from local and national official statistics was gathered to examine the overall suicide numbers and rates of suicide by jumping vs. other methods. This included an in-depth scrutiny of coroners’ data and reports from the beachy head chaplaincy. A qualitative, phenomenological approach using in-depth interviews was used to evaluate the “lived experiences” of members of the suicide-prevention patrol.

Results The statistics reveal unexpected and at times, conflicting, results which will be offered for discussion.

The thematic analysis of the interviews reveals insights into the motivations for volunteering; how a faith-based patrol works; the physical and psycho-social impact of the work; volunteers’ stories; the centrality of God within their work and motivation.

For copyright reasons full details of the analyses cannot be made available before the conference.

Discussion We welcome an interactive discussion of the results.

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EV1467

Sociodemographic and clinical profile in elderly suicide victims: 34 autopsy case studies

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Introduction The elderly suicide is a major public health problem that is gaining more and more ground, given the aging population problem. This has rarely been the subject of forensic studies in Tunisia.

Objectives To identify the sociodemographic and clinical characteristics of elderly suicide victims over 60 years and to determine what factors might increase suicide risk in this population.

Methods We conducted a retrospective study on suicide victims aged 60 and over, autopsied in forensic medicine department of the Habib Bourguiba university hospital in Sfax (Tunisia), on a 10-year period (January 2006–December 2015).

Results We identified 34 cases with an average age of 66 years. The sex ratio was 2.77. Suicide victims were alone in 38.2% of cases. They were inactive professionally in 32.4% of cases. Almost half of them (44.1%) had a psychiatric history, 40% of depressed pace, 26.7% of bipolar disorder and 13.3% of schizophrenia.

Three main factors were identified as precipitating the passage to suicidal act: family conflicts (26.5%), financial difficulties (11.8%) and loss of autonomy (5.9%).

Suicide methods were hanging (50%), immolation and drug intoxication (11.8%), hit by train and poisoning (8.8%), jumping from height (5.9%) and drowning (2.9%). In 55.8% of cases, suicide took place at home.

Conclusion Elderly suicide seems to be a huge but largely preventable public health problem. Its prevention is essentially based on the identification of risk situations and the detection and treatment of depression: major suicide risk factor in this population.

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EV1468

Resilience and attempted suicide in depressed patients

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Introduction Among the patients, 6.6% with past-year major depressive disorders attempt suicide in their life. Resilience (the ability to respond positively to adversity) and coping strategies (the ability to manage living stresses) may be protective factors against suicide ideation and behavior. A study conducted on 100 abstinent substance dependent patients suggested that suicide attempters had significantly lower resilience scale scores. Other authors demonstrated that intrinsic religiosity, resilience, quality of life were associated with previous suicide attempts in depressed patients [1,2].

Aim To examine the correlation among resilience, coping strategies and sociodemographic and clinical characteristics in depressed patients.

Methods From December 1st 2014 to December 31st 2015 we recruited inpatients and outpatients aged >18 years with a diagnosis of depression (current or past). At baseline, patients were assessed with Montgomery Asberg Depression Rating Scale, Resilience Scale for Adult and Brief-Coping with problems experienced; sociodemographic and clinical characteristics were gathered. Follow-up was conducted after 1 year in order to assess the possible presence of further depressive episodes and suicide attempts. Analysis was performed with SPSS.

Results and discussion Data collection are still ongoing; results and implications will be discussed. We expect to find higher attempted suicide rates in patients with lower resilience and less coping strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1469

Observational study of suicide attempts in a community mental health unit

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Introduction Concurrent with the recent global economic crisis there is a rising concern about the effect of recession on suicide mortality rates.

Aim To record patients treated urgently in community mental health unit of Motril, Granada (Spain) by attempted suicide.

Methods Descriptive study recording patients treated urgently in Motril community mental health unit who have done any suicide gesture from February 2015 until December of that year.

Results In total, 39 urgent assessments were recorded during the observational period.

The month of highest incidence was November, with 6 visits followed by August and October (5).

The most common method was voluntary drug intake.

Origin:

- 59% were remitted from the general hospital emergency department;
- critical care and emergency ambulatory devices: 1;
- primary care: 10;
- another specialist: 2;
- own initiative: 2.

Discharge diagnosis:

- 35.8% individuals did not meet criteria for any mental disorder, although some of them were classified with V or Z diagnosis according to ICD-10 for making a reactive gesture to an emotional crisis, couple breakups or economic problems;
- 11 of them meet criteria for various anxiety disorders, obsessive compulsive and adaptative crisis.

Discussion Knowing some peculiar characteristics in suicidal populations as well as the most prevalent pathologies, it could be adapted both the profile of nurse attendance and the type of resources needed to ensure effective patient care.

Conclusion Profile of patients attended for suicide attempt in an outpatient setting in a semi-rural coastal area is varied. It is worth