

secondary to the suicide attempt. Psychopathological exploration: Conscious, oriented and collaborative. Depressive mood in relation to the stressors presented. Makes partial criticism of the suicide attempt, recognizes its seriousness and planning.

Results: Diagnosis: Moderate depressive episode. SAD PERSONS scale: 9 High risk.

Conclusions: The risk factors for suicide in older people can be medical, psychiatric, psychological, family environment and social - environmental factors. There are hardly any specific action protocols that allow early intervention and suicide prevention in the elderly. As social health professionals, we must work on the elaboration and application of these, since consummated suicide represents a major public health problem throughout the world.

Keywords: Suicidal Behaviors; major depressive disorder; the elderly; Suicide

EPP1401

Suicidal behaviour and cognition: A systematic review with special focus on prefrontal deficits

J. Fernández-Sevillano^{1,2,3}, A. González-Pinto^{2,4,5*}, J. Rodríguez-Revuelta^{6,7,8}, S. Alberich-Mesa^{2,3}, L. González-Blanco^{2,6,7,8}, I. Zorrilla-Martínez^{1,2,3}, Á. Velasco^{6,7,8}, P. López-Pena^{1,2,3}, I. Abad-Acebedo⁶ and P.A. Saiz^{6,7,8,9}

¹Medicine Department, Neuroscience, University of the Basque Country, LEIOA, Spain; ²Bipolar Disorder Research Group, CIBERSAM, Madrid, Spain; ³Department Of Psychiatry, Araba University Hospital, BIOARABA RESEARCH INSTITUTE Osakidetza Basque Health Service, Araba University Hospital, Vitoria-Gasteiz, Spain; ⁴Medicine Department, Neuroscience, University of the Basque Country, LEIOA, Spain; ⁵Departamentn Of Psychiatry, Araba University Hospital, BIOARABA RESEARCH INSTITUTE Osakidetza Basque Health Service, Araba University Hospital, Vitoria-Gasteiz, Spain; ⁶Department Of Psychiatry, University of Oviedo, Oviedo, Spain; ⁷Neuroscience And Sense Organs, ISPA HEALTH RESEARCH INSTITUTE OF THE PRINCIPALITY OF ASTURIAS, Oviedo, Spain; ⁸Psychiatry, SESPA Mental Health Services of Principado de Asturias, OVIEDO, Spain and ⁹Psychiatry, CIBERSAM, Madrid, Spain

*Corresponding author.

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Introduction: Suicidal behaviour and cognition: A systematic review with special focus on prefrontal deficits Introduction: Suicide is a major health concern worldwide, thus, identifying risk factors would enable a more comprehensive understanding and prevention of this behaviour. Neuropsychological alterations could lead to difficulties in interpreting and managing life events resulting in a higher risk of suicide.

Objectives: Objective: Bibliographic review about the influence of neuropsychological deficits on suicidal behaviour.

Methods: Method: A systematic literature search from 2000 to 2020 was performed in Medline (Pubmed), Web of Science, SciELO Citation Index, PsycInfo, PsycArticles and Cochrane Library databases regarding studies comparing cognition of attempters versus non-attempters that share same psychiatric diagnosis. Results: 1.885 patients diagnosed with an Affective Disorder (n = 1512) and Schizophrenia/ Schizoaffective Disorder (n = 373) were included.

Results: In general comparison, attention was found to be clearly dysfunctional. Regarding diagnosis, patients with Schizophrenia and previous history of suicidal behaviour showed a poorer performance in executive function. Patients with current symptoms of an Affective Disorder and a previous history of suicidal attempt had poorer performance in attention and executive function. Similarly, euthymic affective patients with history of suicidal behaviour had worse decision-making, attention and executive function performance compared to euthymic non-attempters.

Conclusions: Patients who have attempted suicide have a poorer neuropsychological functioning than non-attempters with a similar psychiatric disorder in attention and executive function. These alterations increase vulnerability for suicide.

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Keywords: Suicide; cognition; Neuropsychological functioning

EPP1402

Italian validation of the interpersonal needs questionnaire (INQ-15-I) in a sample of university students

S. Magliocca¹, F. Dolenz², A. Silva³, F. Madeddu⁴ and R. Calati^{4,5*}

¹Psychology, University of Milano-Bicocca, Barlassina, Italy; ²Psychology, University of Milano-Bicocca, Rapallo (GE), Italy; ³Psychology, University of Milano-Bicocca, Romanengo, Italy; ⁴Psychology, University of Milano-Bicocca, Milan, Italy and ⁵Psychiatry, Nimes University Hospital, Nimes, France

*Corresponding author.

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Introduction: The Interpersonal Theory of Suicide posits that thwarted belongingness (TB) and perceived burdensomeness (PB) are proximal causes of current suicidal desire, while the acquired capability predicts suicide attempts (Joiner, 2005).

Objectives: This study examined the psychometric properties of the Interpersonal Needs Questionnaire (INQ-15-I), as a measure of the two constructs, on a sample of 458 Italian university students.

Methods: After examining the socio-demographic, clinical and psychosocial characteristics of the sample, we tested the differences in current suicidal ideation and lifetime suicide risk among students. We conducted a confirmatory factor analyses to identify the latent structure of the INQ-15-I and we tested the reliability, criterion concurrent validity and convergent/discriminant validity.

Results: The socio-demographic, clinical and psychosocial features of the sample are in line with the literature on the topic. A two-factor related model with 15 item, showed a good fit to the data and subscales showed excellent internal consistencies ($\alpha \geq 0.84$). TB, but mostly PB, were mainly correlated with concurrent suicidal ideation and less with suicidal risk. Divergent validity has emerged with the constructs of the acquired capability. Convergent validity is supported for similar constructs such as depression, low reasons for living, anxiety, interoceptive awareness, psychological pain, loneliness, absence of social support and low self-esteem.

Conclusions: INQ-15-I provides a valid measure of the interpersonal needs among Italian university students by indirectly investigating suicidal risk factors. It also suggest specific clinical intervention areas in suicide prevention. Thus it may be included in suicide risk assessment protocols in Italy.

Keywords: Thwarted belongingness; Suicide; Interpersonal-psychological theory; Perceived burdensomeness

EPP1403

Suicidal behaviour in huntington disease

R. Mota Freitas^{1*} and M.T. Valadas²

¹Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and ²Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal

*Corresponding author.

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Introduction: Huntington Disease (HD) is a genetic, progressive neurodegenerative disorder. Its clinical features include motor dysfunction, cognitive impairments, and psychiatric symptoms. The association between HD and suicide is well documented, and the risk of suicide in HD is higher than in patients with other neurological diseases.

Objectives: We aim to review the literature regarding suicidal behaviour in HD.

Methods: We performed an updated review in the PubMed database using the terms “suicide”, “suicidal behaviour” and “Huntington Disease”. The included articles were selected by title and abstract.

Results: The most relevant risk factors associated with suicidality in HD are depression, anxiety, and aggression, so the presence of psychiatric diagnoses should be closely monitored. No consistent results have been found regarding gender. Evidence for periods of elevated risk of suicidal behaviour in HD is mixed and the data on specific pharmacological interventions for alleviating suicidal ideation in HD is scarce.

Conclusions: Patients with HD are at a high risk for suicide. This risk is further increased when a comorbid psychiatric disorder is present. It is important for the practicing psychiatrist to be aware of this association to correctly manage patients with HD, thus helping prevent suicidal behaviour.

Keywords: Huntington Disease; Suicide

EPP1404

Factors for suicide attempt recurrence among patients with borderline personality disorder

S. Brahim^{1*}, M.H. Aoun¹, O. Charaa², M. Henia³, A. Abid⁴ and L. Zarrouk³

¹Psychiatry, University Hospital of Mahdia, Tunisia., chebba, Tunisia;

²Psychiatry, University Hospital Of Mahdia., Mahdia, Tunisia;

³Department Of Psychiatry, University Hospital Of Mahdia, Tunisia., Psychiatry, Mahdia, Tunisia and ⁴Anesthesia, University Hospital of Mahdia, Tunisia., mahdia, Tunisia

*Corresponding author.

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Introduction: The prevalence of borderline personality disorder (BPD) is significant, ranging from 0.5% to 5.9% in the general population. This personality disorder is associated with high rates of suicide attempt and for suicide attempt recurrence.

Objectives: Review recent studies of predictors of suicide attempt and for suicide attempt recurrence in patients with borderline personality disorder.

Methods: This is a literature review via Medline and Sciences Direct. The database was searched using the combination of the keywords “borderline” with “suicide”, “borderline personality disorder” with “suicide”, “borderline personality disorder” with “suicide attempts” “borderline personality disorder” with “suicide recurrence”.

Results: Recently it has been shown that BPD has a greater correlation with suicidal behavior than that of characterized depressive disorders. Several studies have shown that suicidal behavior in patients with BPD was associated with the coexistence of antisocial personality disorder, depression, hostility, impulsivity, a high number of suicide attempts and a first suicide attempt at a young age. Recently it has been established that the predictors of suicidal recidivism are the high number of suicide attempts, the female sex and single life status.

Conclusions: Special attention should be paid to predictive factors for suicide attempt and for suicide attempt recurrence in the clinical evaluation of patients with borderline personality disorder, especially in suicidal crisis.

Keywords: Borderline personality disorder; Suicide; prevalence; predictive factors

EPP1405

The role of emotion dysregulation in the relationship between narcissism and suicide

S. Beomonte Zobel^{1*} and A. Sciarretta²

¹Dynamical And Clinical Psychology, Sapienza Università di Roma, Rome, Italy and ²Mental Health, Asl Roma 5, Tivoli, Italy

*Corresponding author.

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Introduction: Suicide attempts and suicidal ideation are peculiar aspects of several cluster b disorders, including Narcissistic Personality Disorder. Similarly, difficulty in regulating negative affects can play a role in the relationship between narcissist features and suicidal ideation. To date, it is still unclear which facet of narcissism is more related to the desire to die and which other factors are involved in this relationship.

Objectives: To offer preliminary empirical evidences concerning the relationship between narcissism, emotion regulation and suicide ideation.

Methods: We administered Pathological Narcissism Inventory (PNI), Difficulties in Emotion Regulation Scale (DERS) and Beck Scale for Suicidal Ideation (BSI) to a sample of individuals with Suicide ideation (n= 68) and a sample of community participants (n=140).

Results: Controlling for age and gender, we found that BSI scores correlated significantly with the vulnerable dimension of narcissism, but not with the grandiose one, and with all DERS dimensions. Nevertheless, emotion dysregulation moderates the relationship between vulnerable narcissism and suicidal ideation.