

Objectives: The aim of our study is to describe and evaluate the several methods of SA in our Tunisian community and to compare our results to those all over the world.

Methods: It's a descriptive study of 40 bipolar disorder patients. All of the patients reported at least one suicidal behavior in their life. Sociodemographic data, family and personal history were collected directly from patients and their medical files. Semi structured interviews were conducted to investigate closely about the suicidal attempts.

Results: our sample contained 40 BD patients. The mean age of our sample was 41,8+10,6 years. 57,5% were male, 55% were single. 82,5% attempted suicide at least once in their lifetime and 17,5% self-destructive behavior (suicidal equivalent). Drug overdose was the mostly reported method in 47,5% of cases, caustic products in 20%, hanging and wrist-cutting in 10% both, self-strangulation in 7,5%, immolation in 5%, drowning and jumping from height in 2,5% both. We see that we didn't find the use of firearms, a way mostly reported in the USA. Our results are different from countries in which we do not share the same culture and laws.

Conclusions: the knowledge of these methods helps us prevent suicide even with the cultural differences.

Conflict of interest: No

Keywords: Bipolar Disorders; Transcultural; SUICIDE ATTEMPTS; methods

EPV1422

Self-reported measures vs. clinical scales to assess the effectiveness of dialectical behavioral therapy in adolescents at high risk of suicide

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Introduction: The efficacy of dialectical behavior therapy (DBT) in adolescents with non-suicidal self-injury (NSSI) or suicide attempts (SA) has been supported by two randomized clinical trials (RCT). These studies could not be generalizable to the daily clinical routine and self-reported measures used may be unresponsive to the change compared to the measures assessed by clinicians.

Objectives: This study evaluates the effectiveness of DBT compared with treatment as usual plus group sessions (TAU + GS) in adolescents with suicidal risk in a mental health center, using self-reported measures and those evaluated by the clinician.

Methods: 35 adolescents with repetitive NSSI and/or SA during the last 12 months were recruited and randomly assigned to DBT (n = 18) or TAU + GS (n = 17), to receive both group and individual sessions for 16 weeks. The Columbia Suicide Severity Rating Scale (C-SSRS); the Beck Depression Inventory (BDI-II) and the Suicidal Ideation Questionnaire (SIQ) as self-report measures and the Clinical Global Impressions (CGI) and Children's Global Assessment Scale (CGAS) evaluated by clinicians, were included pre and post-treatment. Generalized linear models were constructed.

Results: The adolescents in DBT improved significantly in the CGAS (p <0.001) and in the CGI (p <0.049) compared to TAU + SG. The self-reported measures showed no significant differences. Both the CGAS and the SIQ-JR improved significantly at the end of the treatment regardless of the treatment.

Conclusions: These results confirm the effectiveness of DBT in adolescents with suicidal risk in the daily routine. Clinical judgment could potentially be more sensitive than self-report measures.

Conflict of interest: No

Keywords: dialectical behavior therapy; suicidal behavior; DBT; adolescents

EPV1423

Suicide risk among multiple suicide attempters

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Introduction: A history of suicide attempts represents the strongest predictor of completed suicide. Studies suggested that multiple suicide attempters (MSAs) might present a higher risk of suicide than those who attempted once (SSAs). To date, only a few studies examined the characteristics of MSAs compared to SSAs.

Objectives: To assess the socio-demographic and clinical characteristics of SSAs, MSAs, and suicidal ideators (SIs) and compare the risk of reattempt. We hypothesized that MSAs might be at higher risk of reattempt compared to the other groups.

Methods: The study sample consisted of 153 adult inpatients admitted to the emergency psychiatric unit at Sant'Andrea Hospital in Rome. Patients with suicidal ideation or attempted suicide were included. We divided them into three groups using the Columbia Suicide Severity Rating Scale (58 SSAs, 65 MSAs, 30 SIs). Socio-demographic and clinical features were collected through interviews and the Beck Hopelessness Scale (BHS). Continuous variables were compared using Student's t-test and Kruskal Wallis test, categorical variables through χ^2 -test.

Results: The components "future expectations" and "loss of motivation" at the BHS were significantly higher in SAs than in SIs (p=0,021; 0,006). MSAs, compared to SSAs, presented more lethal than suicide attempts (2.3±0.9 vs. 1.5±1.1, p<0.001).

Conclusions: According to our preliminary findings, having attempted suicide is associated with lower hope and motivation towards the future and increased lethality of the subsequent attempts. Our results confirmed that MSAs are at higher risk of reattempting suicide using a more lethal method than SSAs.

Conflict of interest: No

Keywords: multiple suicide attempts; lethality; Suicide prevention; suicide risk

EPV1424

Epidemiological aspects of self-harm hospital cases in panama from 2009-2017

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Introduction: In Central-America, hospital-based self-harm surveillance systems are scarce

Objectives: To describe sociodemographic and clinical characteristics of admitted patients with non-fatal self-harm and self-harm repetition in urban Panama from 2009 to 2017, and to investigate their association with severity of the intent-to-die

Methods: Data were derived from self-harm clinical files of a public hospital at Western Panama (population 576,322). Logistic regression models were used to estimate the association between sociodemographic-clinical variables and severity of the intent to die, expressed as odds ratios (ORs) and 95% confidence-intervals (CIs). The median survival time for self-harm-repetition was calculated using Kaplan-Meier method.

Results: A total of 962 subjects with non-fatal self-harm were recorded, whose 90.8% were index events. The prevalence of self-harm was higher in women (67.9%) and among those below 19 years of age (40.1%). In women, medication overdose was the most common method of self-harm (58.7%) whereas in men, self-poisoning/cutting (28.3%) were the most frequent. Psychiatric disorders were present in 36.3% of the cases, with mood disorders accounting for 63.1% of the conditions. Lifetime self-harm prevalence was 39.6% and the median time of self-harm repetition was 1.1 years. Mental health comorbidities (OR2.1; 95% CI 1.5-3.1), medical comorbidities (OR1.6; 95% CI 1.1-2.4), family history of suicide (OR1.6; 95% CI 1.0-2.3) were associated with severity of the intent-to-die.

Conclusions: Studies at the national level are warranted to investigate main self-harm risk factors, particularly across younger ages. Our findings highlight the need of implementing hospital-based self-harm surveillance systems and suicide prevention programs tailored at population at risk.

Conflict of interest: No

Keywords: Self-harm; Suicide; Panama

EPV1425

The risk factors of self-directed violence in severe mental illness. A scoping review.

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Introduction: The knowledge of risk factors associated with self-directed violence behaviour in people with severe mental illness (SMI) is important in clinical practice.

Objectives: To identify the risk factors of self-directed violence behaviour in people with SMI.

Methods: This scoping review considered systematic reviews and meta-analysis that included studies of risk factors for completed suicide, suicide attempts or self-harm in adults with SMI. No language or publication period restrictions. The databases Pubmed/Medline, Cochrane Library, Pubmed, PsycINFO, and WOS were searched until August 2019.

Results: 1297 articles were examined and 6 reviews were included. Some of the risk factors found were a family history of suicide, comorbid substance use disorder or alcohol use disorder (Table 1).

Citation	Studies	Design	Population	Risk factors
Hor et al. (2010)	51	Case-control, cohort or follow-up studies	Schizophrenia, psychosis, Schizoaffective disorder	Young age, male gender, single, unemployment, higher levels of education, daily alcohol consumption, rural, later age of onset, physical illness, hopelessness, negative self-thoughts, depression, positive symptoms, insight, family history, COMT Del Allele, "C" alleles and 5-HT2A receptor, history of suicidal ideation.
Large et al. (2011)	29	Controlled studies	Schizophrenia, depressive psychosis etc.	Schizophrenia and depressed mood, history of deliberate self-harm, hopelessness, feelings of guilt or inadequacy, depressed mood, suicidal ideas, family history.
Carrà et al. (2014)	29	Cross-sectional, case-control studies	Bipolar disorder	Comorbid alcohol/ substance use disorder
Popovic et al. (2014)	77	Case-control, nested case-control or cohort control design.	Schizophrenia	History of a suicide attempt, depressed mood/depression, number of psychiatric admissions, hopelessness, young age, close to illness onset, older age at illness onset, male sex, hospital admission, substance misuse or dependence.
Sankaranarayanan et al. (2015)	13	Case-control, cohort, cross-sectional	Serious mental illness	Smoking
Schaffer et al. (2015)	34	Prospective/retrospective studies	Bipolar disorder	Female gender, young age at illness onset, depressive polarity of first illness episode, depressive polarity of current or most recent episode, comorbid anxiety disorder, comorbid substance/alcohol use disorder, comorbid cluster B/borderline personality disorder, family history.

Conclusions: There are some modifiable risk factors, and strategies to improve them may lead to a reduction in self-directed violence behaviours in people with SMI.

Conflict of interest: No

Keywords: Severe mental illness; Self-harm; risk factor; Suicide

EPV1426

Study of revenues in psychiatric unit in relation to suicidal behaviors

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Introduction: Suicidal behavior includes a heterogeneous set of ideas or acts done voluntarily for the apparent purpose of ending one's life. The psychiatrist must carry out a complete psychopathological examination to establish the severity between cases of: suicidal ideation, autolytic gesture and suicide attempt. Depending on the clinic, the best treatment area will be decided: home discharge or admission (voluntary or involuntary) in the psychiatric hospitalization unit.

Objectives: To study which autolytic behaviors are subsidiary of hospital admissions most frequently

Methods: Retrospective descriptive study. Data obtained from the SESCO computer base. The clinical data of patients of legal age admitted during the year 2018 were collected.

Results: 211 patients were studied, of which 39% were male. The average age was 47 years. Regarding suicidal behaviors, the diagnoses that led to income were: • 11% Suicide attempt (n = 23) • 8% Suicidal ideation (n = 16) • 3% autolytic gesture (n = 7)

Conclusions: Of the total of patients admitted during the year 2018 in the psychiatric hospitalization plant, 22% was due to suicidal behaviors, there being a higher prevalence of income from autolytic attempts than by ideation or autolytic gesture. The study reflects how autolytic attempts, due to the clinical severity they entail, are the suicidal behaviors that require the most income. Although autolytic gestures and the presence of autolytic ideation can be considered less