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Introduction Suicide is the deliberate act of take off life to itself. According to WHO, more than one million people commit suicide every year.

Goals Compare data of suicide attempts between 1996 and 2014 in the University Hospital of Valladolid. Influence of the economic crisis on suicide data. Expose the risk factors. Provide prevention strategies.

Material and methods We have performed a study of epidemiological surveillance collecting descriptive data of suicide attempts; using the same methodology as in 1996. The variables studied were: sex, age, day, month, residence, method, personal status, education, employment status, religious believes, family history of suicide, psychiatric history and family and personal psychiatric history.

Results Increase in the rate of suicide attempts 27%. Distribution by sex is similar, but in 2014, a higher proportion was observed in males. The percentage of women is significantly higher than that of men in the group of teenagers (10–19 years old) (20% women vs. 4.5% of men; $P=0.005$); 83.5% have a psychiatric diagnosis (54.2% of them have a depressive disorder). Unemployment and economic problems stand out as environmental stressors in 2014. The main suicide method used in Valladolid is the hanging, and the second method used is the precipitation.

Conclusions The primary, secondary and tertiary prevention strategies are very important. Suicide is the major cause of mortality in the young age group (15–24 years old). Mortality in the general population has been on a downward trend; but suicide rates per 100,000 population has remained stable over the last decade.

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EV1263

Autolytic behavior in acute psychiatric hospitalization

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The aim of the study was to identify inpatients due to autolytic behavior in the acute psychiatric hospitalization of Dr. R. Lafora Hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. The results were analyzed by SPSS software; 53.3% of patients diagnosed with schizophrenia spectrum and other psychotic disorders were hospitalized for acute exacerbation of paranoid schizophrenia; 57.1% of personality disorders for suicide attempts, 28.6% autolytic ideation; 28.6% of bipolar disorders due to mania, 28.6% depression, 28.6% mixed clinical and 14.29% suicide attempts; 60% of alcohol use disorders for autolytic ideation, 20% intoxication; 100% of substance-related and addictive disorders due to autolytic ideation; 100% of feeding and eating disorders for autolytic ideation; 50% of obsessive-compulsive and related disorders due to autolytic ideation; 100% of adjustment disorders with depressed mood due to drug over-eating; 100% of adjustment disorders with mixed anxiety and depressed mood for mixed clinic; 16.7% of depressive disorders due to dysthymia, 16.7% due to major depressive episode, 16.7% for moderate depressive episode, 16.7% for mild depressive episode with mixed nature, 16.7% for drug over-eating, 16.7% for autolytic ideation. It would be important to focus on patients with

a diagnosis of adjustment disorders, personality disorders, alcohol use disorders, obsessive-compulsive and related disorders and bipolar disorders, providing community care and avoiding the risks associated psychiatric hospitalization.

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EV1264

Autism and suicidality: Review of risk factors in literature

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Introduction There is emerging evidence that suicide and suicidal behavior frequently occur in people with autistic spectrum disorders (ASD), although this topic is largely understudied. We have little understanding of suicidal behavior among individuals with ASD and there are no empirical data to guide practitioners in the treatment of suicidality in persons with ASD. There is a need to investigate risk factors associated with suicidal behavior in persons with ASD, to improve prevention strategies and interventions.

Objectives To get an overview from literature of risk factors for suicidality in individuals with ASD.

Methods Review of the literature using Cochrane Collaboration Centre, Embase, Medline, PsychINFO, PubMed, and Web of Science.

Results In the literature, we found that, among already known risk factors like comorbid depression, an underlying vulnerability in personality may be a risk factor for suicidal behavior. Several studies showed that a high score on the temperament factor 'novelty seeking' and 'harm avoidance' is associated with suicidality. In other studies, where suicidality was not an object of study, adults with ASD showed high scores on 'harm avoidance' and low scores on 'novelty seeking'. This suggests that personality profiles may be of predictive value for suicidality in adults with ASD. A study proposal focused on this possible association be presented.

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EV1266

Optimizing the assessment of suicide attempters with a decision tree

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Background Optimizing psychiatric assessments could help to standardize the use of structured instruments in clinical practice. In recent years, several research groups have applied Computerized Adaptive Tests (CATs) to simplify assessments in depression, anxiety and also suicidal behaviors. We aimed to construct a shortened test to classify suicide attempters using a decision tree methodology that allows the integration of relevant clinical information, namely the history of past suicide attempts, in the construction of the test.

Methods The sample was composed of 902 adult participants in three subsamples: first-time suicide attempters, psychiatric inpatients that never attempted suicide and healthy controls. The

performance of a decision tree built using the items of a previously developed scale for suicidal risk was examined. The history of past suicide attempts was used to separate patients in the decision tree. The data was randomly divided in a training set and a test set. The test set, that contained 25% of the data, was used to determine the accuracy of the decision tree. Twenty-five cross-validations of this set up were conducted.

Results The first four items of the decision tree classified correctly 81.4% of the patients.

Conclusion As a result of a methodology based on decision trees that, contrary to CATs, can incorporate relevant information in building the test we were able to create a shortened test capable of separating suicidal and non-suicidal patients. Using all the information that is available improves the precision and utility of instruments adapted for psychiatric assessments.

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Attempted suicide attention at an emergency room: A hospital-based descriptive approach

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Introduction Suicide causes 1.4% of deaths worldwide. Twenty times more frequent, suicide attempts entail an important source of disability and of psychosocial and medical resources use.

Objective To describe main socio-demographical and psychiatric risk factors of suicide attempters treated in a general hospital's emergency room basis.

Aims To identify individual features potentially useful to improve both emergency treatments and resource investment.

Methods A descriptive study including data from 2894 patients treated in a general hospital's emergency room after a suicidal attempt between years 2006 and 2014.

Results Sixty-nine percent of the population treated after an attempted suicide were women. Mean age was 38 years old. Sixty-six percent had familiar support; 48.5% had previously attempted a suicide (13% did not answer this point); 72.6% showed a personal history of psychiatric illness. Drug use was present in 38.3% of the patients (20.3% did not answer this question); 23.5% were admitted to an inpatient psychiatric unit. Medium cost of a psychiatric hospitalization was found to be 4900 euros.

Conclusion This study results agree with previously reported data. Further observational studies are needed in order to bear out these findings, rule out potential confounders and thus infer and quantify causality related to each risk factor.

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EV1268

Suicide attempts: Results from data collected in a psychiatric emergency ward in a general hospital

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Introduction Suicide behavior constitutes a public health problem worldwide. It deserves epidemiological investigation regarding "best clinical practices", and it is fundamental since the patient's first observation at psychiatric emergencies services. These are the ideal practices to start suicide prevention, and prevent further suicidal behavior. The improvement of healthcare quality includes the adoption of clinical guidelines, which support medical care since the emergencies services. The lack of specific instruments to evaluate suicidal risk urges the scientific community to create them.

Aims The authors aim to discuss the advantages and limitations of the application of these kinds of instruments, and the creation of models based in scientific evidence available.

Discussion From multiple available studies, the Modified Sad-Persons Scale (MSPS) seems to be one of the most scientifically used in literature, as well as in epidemiological studies of suicide attempts and their repetition, either by nonfatal or fatal attempts. However, even this scale has been questioned by experts, and the lack of specific and sensible tests towards suicide behavior and risk of suicide attempts raises the importance of the need of further investigation towards this area. This evidence would then help the clinician in his work at emergencies wards and provide better healthcare towards preventing new suicide attempts.

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Economic impact of suicidality in manic patients with depressive features

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Introduction There is limited information published on the specific financial costs of completed and/or attempted suicide in bipolar patients. In the last 15 years, only 6 studies were published. Their results vary considerably due to differences in methods used. Also, information on cost for pure manic versus mixed episodes is lacking. This is surprising, since studies have shown that suicidal behaviour is more common among patients with depressive symptoms than with pure mania, and this difference increases considerably when the mixed-features specifier is applied.

Objectives We conducted a registry study with the aim to expand the epidemiological information on suicidal behaviour by episode type in bipolar disorder, and its associated costs.

Methods Health data were retrieved from the Swedish Patient Register. Data covered the period 1990–2014 and included the number of discharged patients with bipolar diagnosis, hospital re-admissions, and attempted and/or completed suicides. Moreover, we retrieved data on suicide and cause of death from the Swedish Cause of Death register. Analyses were done for the whole sample and stratified by subtypes (mania, depression and mixed forms).

Results First results will be presented at the EPA meeting.

Conclusions This is a nation-wide Swedish study of completed and attempted suicide in bipolar patients. The hypothesis we will test is that there is a substantial variation between different bipolar disorder subtypes, and that most of the expenditures due to suicidal behaviour in bipolar disorder are linked to mixed forms, mania in combination with depression.

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