

## EPP1215

**Suicidal risk in a first episode of psychosis**D. Martins<sup>1\*</sup>, S. Rodrigues<sup>2</sup>, M. Pinho<sup>3</sup>, L. Gomes<sup>3</sup> and P. Martins<sup>1</sup><sup>1</sup>Hospital de Magalhães Lemos, Hospital De Magalhães Lemos, Porto, Portugal; <sup>2</sup>Centro Hospitalar e Universitário do Porto, Child and Adolescent Psychiatry, Porto, Portugal and <sup>3</sup>Hospital de Magalhães Lemos, Hospital De Magalhães Lemos, Porto, Portugal

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**Introduction:** Depressive symptoms and suicidal behavior are common among patients that suffer a first-episode psychosis.**Objectives:** Presenting a short review of the suicidal risk in a first psychotic episode.**Methods:** Search on Pubmed database with combination of the following keywords were used: "first psychotic episode", "suicide" "depression". We focused on data from systematic reviews and meta-analysis published between 2015 and 2019 in English, Spanish and Portuguese. The articles were selected by the author according to their relevance.**Results:** Depression symptoms are common in first psychotic episode and show prevalence from 17% to 83%. These symptoms are related with suicidal behavior. The first 12 months after the first episode are a period of highest risk for completed suicide. However, this risk may extend up to 5 years. Suicide is an important cause of premature death in patients with psychotic disorders. The prevalence of death by suicide is from 2 to 5%. The rate of attempted suicide ranges between 10% and 50%. A multitude of factors are associated with suicidal behavior such as previous suicide attempt, sexual abuse, polysubstance use, lower baseline functioning, longer time in treatment, recent negative events, older patients, higher positive and negative psychotic symptoms scores, family history of mental disorder.**Conclusions:** Suicidal risk is higher in the first years after first-episode psychosis. In order to improve prognosis, optimal clinical management is key. Identifying factors associated with depressive symptoms and suicidal behavior will allow the development of preventive and treatment interventions.**Conflict of interest:** No**Keywords:** Suicidal Risk; psychosis; First episode; Dépression

## EPP1216

**Clinical-psychopathologic mechanisms of formation of suicidal behavior in dementia**N. Maruta<sup>1\*</sup> and I. Mudrenko<sup>2</sup><sup>1</sup>Institute of Neurology, Psychiatry, and Narcology of the NAMS of Ukraine, Department of Borderline Psychiatry, Kharkiv, Ukraine and <sup>2</sup>Medical Institute of Sumy State University, Department of Neurosurgery and Neurology, Sumy, Ukraine

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**Introduction:** Suicidal behavior (SB) is one of the main problem of the public health. Along with a cognitive deficiency, nonadaptive forms of behavior, including SB, are registered in more than 50% of patients with dementia.**Objectives:** To study clinical-pathopsychological SB mechanisms in dementia resulted from Alzheimer's disease (AD), vascular disease (VD), mixed disease (MD). 105 patients were examined, including 36 with AD, 39 with VD, 30 with MD.**Methods:** Clinical-amamnestic, psychopathological (MMSE, HDRS) and mathematical statistical methods.**Results:** Influence of cognitive deficiency and additional symptoms of dementia on the formation of various SB forms was studied. Additional depressive symptoms contributed to formation of SB ideational forms in AD and MD ( $r = 0.500$ ;  $r = 0.316$ ). Additional hallucinatory ( $r = 0.897$ ) and mixed symptoms ( $r = 0.495$ ) affected the external SB behavior component in MD. A mild dementia was connected with the SB ideational component ( $r = 0.482$  in AD;  $r = 0.645$  in VD;  $r = 0.316$  in MD), a moderate dementia was connected with external SB behavior forms ( $r = 0.507$  in AD;  $r = 0.707$  in VD;  $r = 0.447$  in MD). In dementia due to AD, SB is formed on depressive and cognitive mechanisms (38.89% and 47.22%, respectively); due to VD on psychotic and cognitive mechanisms (35.90% and 41.03%, respectively); in MD all SB mechanisms (cognitive, affective and psychotic) were realized (33.33%, 36.67% and 30.00%, respectively).**Conclusions:** Mechanisms of SB formation should be taken into account to develop a program of medical and social rehabilitation for persons with SB in dementia.**Conflict of interest:** No**Keywords:** dementia; suicidal behavior; mechanisms of formation

## EPP1217

**Models for the level of suicides among the population of the russian federation**V. Mitikhin<sup>1\*</sup> and T. Solokhina<sup>2</sup><sup>1</sup>Mental Health Research Centre, Department of Mental Health Support Systems Research Centre, Moscow, Russian Federation and <sup>2</sup>FSBSI Mental Health Research Center, Moscow, Russia, Department of Mental Health Services, Moscow, Russian Federation

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**Introduction:** The article [1] presents regression models of the relationship between the main indicators of mental health of the Russian population with medical, demographic and socio-economic factors based on statistical data in the period 1992-2014.**Objectives:** This paper develops a technique [1], which allows to obtain estimates of the impact of these factors on the suicide rate of the Russian population in the period 1992-2017.**Methods:** Correlation and regression analysis was used to assess the relationship between the suicide rate and the above factors.**Results:** Significant jumps in the variation of the suicide rate were observed in the periods associated with the unfavorable social and economic situation in Russia: 1992 - 1993 (changes +22.9%) and 1998 (+10.2%) For example, the model linking the rate of suicide (Su) indicator of life expectancy of population (Le) and population in millions (Po):  $Su = 99,408 - 2,941 * Ey + 0,892 * Po$ . This model was obtained with high reliability  $R^2 = 0.959$  (i.e., explaining 95.9% variation in the suicide rate). Indicators Le and Po are the integral medical and demographic characteristics closely related to the quality of life of society.**Conclusions:** Models have been developed that link the level of suicides of the population Russia to indicators of quality of life. References [1] Mitikhin, V., Yastrebov, V., Mitikhina, I., Solokhina, T. (2018). Models of the influence of socio-economic factors on the indicators of mental health among the population of the Russian Federation. International Journal of Culture and Mental Health, v. 11, issue 1, p. 10-16. doi.org/10.1080/17542863.2017.1394655