

## EPV1072

**Association Study of Suicidal Behavior, Early Trauma, and Psychological Pain in Depressed Women**V. L. De-Melo-Neto<sup>1\*</sup>, J. F. Melo<sup>1</sup> and L. M. Silva<sup>2</sup><sup>1</sup>Federal University of Alagoas (UFAL) and <sup>2</sup>CESMAC, Maceió, Brazil  
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**Introduction:** The stress-diathesis model, which indicates an interaction between vulnerability and stress factors is the most acceptable paradigm to explain suicide.**Objectives:** To assess the association between suicidal behavior, early trauma, and psychological pain among women undergoing psychiatric treatment for a major depression episode.**Methods:** It was a cross-sectional study approved by the Research Ethics Committee of the State University of Health Sciences of Alagoas (UNCISAL) - Brazil (approval number: 14689219.1.0000.5011). The final sample of 48 women was obtained through non-probabilistic, convenience, and consecutive sampling. Data were collected from depressed adult women undergoing outpatient psychiatric treatment in public services in the State of Alagoas, Brazil. The instruments used included a sociodemographic questionnaire prepared exclusively for this research, modules A, B, and C of the Mini International Neuropsychiatric Interview (M.I.N.I. 7.0.2), the Beck Depression Inventory II (BDI-II), the Psychache Scale (PAS); and the Childhood Trauma Questionnaire (CTQ). Data were analyzed using SPSS 22. After performing the Kolmogorov-Smirnov test, Student's t tests were conducted for parametric analyses. Statistical significance was established at a p-value less than 0.05**Results:** The mean age of the total sample was 42.5 years old. 89.6% presented suicidal behavior. 62.5% of the women had major depression and 37.5% had bipolar disorder diagnosis. BDI-II scores were significantly higher among depressed women with suicidal behavior ( $27.9 \pm 13.4$  vs.  $16.6 \pm 6.9$ ; p value:0.04). BDI-II scores were also significantly higher in both passive ( $29.4 \pm 12.6$  vs.  $13.4 \pm 8.5$ ; p value:0.01) and active ( $31.4 \pm 12.2$  vs.  $18.0 \pm 11.3$ ; p value<.01) suicide ideation groups compared to depressed women who did not report these thoughts. Psychological pain scores were also higher in both passive ( $46.0 \pm 12.8$  vs.  $34.8 \pm 14.6$ ; p value:0.03) and active ( $47.7 \pm 12.4$  vs.  $38.1 \pm 12.7$ ; p value:0.02) suicide ideation groups. Women with active suicide ideation were also more prone to report a history of childhood physical neglect compared to those women who did not report active suicide ideation in the last 30 days ( $12.5 \pm 4.6$  vs.  $9.2 \pm 4.0$ ; p value:0.02).**Conclusions:** The present study aimed to investigate the association between suicidal behavior, childhood trauma, and psychological pain in depressed women undergoing treatment in outpatient psychiatric public services. The results indicated that suicidal ideation (both passive and active) was associated with a more severe depressive episode and higher scores of psychological pain, demonstrating that psychological pain is an indicator of acute suicide risk in depressed women even when they are undergoing psychiatric treatment. Effectively identifying and addressing psychological pain can play a pivotal role in reducing or mitigating the risk of suicidal behavior.**Disclosure of Interest:** None Declared

## EPV1073

**Understanding the role of mental pain in suicidal individuals: from clinical to neuroimaging perspective.**

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**Introduction:** In the attempt to shed light on the phenomenology of suicide, this contribution focuses on the role of mental pain as a main ingredient of suicide.**Objectives:** Previous studies have shown that mental pain, childhood negative experiences, and maltreatment are associated with suicide risk. Neuroimaging studies demonstrated that such emotional pain shares the same neuroanatomical circuit of somatic pain. Furthermore, concepts related to death, failure, or other unfortunate circumstances activate specific cerebral areas in a suicidal individual compared to a non-suicidal subject.**Methods:** The author, through a multicenter investigation, conducted a sizeable clinical study on mental pain related to psychiatric disorders and suicide risk. With this aim, a dataset of more than 2200 psychiatric patients is explored to investigate suicide risk, mental pain, childhood trauma, and the role of depressive symptomatology. Implications emerging from neuroimaging studies are investigated.**Results:** A framework emerges about the role of childhood traumatization in mediating between suicide risk and mental pain; furthermore, when individuals experience high mental pain and high depressive symptomatology, regardless of the diagnoses, they are exposed to higher suicide risk.**Conclusions:** Such results are presented in light of neuroimaging studies' role in identifying how mental pain and brain activation are detected in suicidal individuals. Therefore, this contribution aims to understand better mental pain's role in clinical practice and research activities.**Disclosure of Interest:** None Declared

## EPV1074

**Statistical model of the dynamics of suicides in Ukraine before a full-scale war**

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**Introduction:** The problem of suicides is one of the most critical problems of the public health care system. In Ukraine, official data on the number of deaths and their causes were released by the State Statistics Service only in 2021, on the eve of a full-scale military invasion. This made it possible to conduct statistical analysis and build a mathematical model of the seasonal dynamics of suicidal activity in Ukraine.