

## EV1272

**Physician suicide prevention**A. Poças<sup>1,\*</sup>, S. Pinto Almeida<sup>2</sup><sup>1</sup> Braga, Portugal<sup>2</sup> Centro Hospitalar de Leiria, Psiquiatria e Saúde Mental, Leiria, Portugal

\* Corresponding author.

Every year there is a medical school full of physicians who commit suicide. Depression is a major risk factor and physicians frequently fail to recognize their own depression and that of their colleagues. Even when they do, many of them avoid treatment. The greater knowledge of lethality of drugs and easy access to means can contribute to the higher suicide rate among physicians.

Some studies say that training physicians are at particularly high risk of suicide, with suicidal ideation increasing more than 4-fold during the first three months of internship year. In Portugal, there are no reliable statistics about resident's suicide. We do not even talk a lot about it and the collective silence only compounds the problem – the refusal to speak perpetuates the stigma that mental health problems are signs of weakness or failure. Assess existing resources and best practices should be the next step to establish training programs to suicide prevention in these professionals, addressing response programs. As primary prevention, we should act in order to prevent healthy medical students or physicians from developing a condition that would lead to suicide. A randomized clinical trial in US with 199 residents from multiple specialties found that a free, easily accessible, brief web-based cognitive behavioural therapy program is associated with reduced likelihood of suicidal ideation among medical residents.

It is also essential to early diagnose and treat after the illness onset. Moreover, it should exist a rehabilitation of suicidal physicians and their return to maximal function with minimal risk for recurrence.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2257>

## EV1273

**Suicidal behavior in old age: Special considerations**

M.D.L.C. Ramirez Dominguez\*, A. Ramirez Dominguez, I. Prieto Sánchez, C. Gonzalez Macias

Complejo Hospitalario de Huelva, Psiquiatria, Huelva, Spain

\* Corresponding author.

*Introduction* Suicide in the elderly is a growing problem in Western society, despite which there are no large studies examining this issue, nor specific protocols to address them.

*Objective* To raise awareness of the importance of suicidal behavior in elderly both its prevalence and special features that presents need a different performance plan from other fractions old.

*Methods* Comprehensive literature review of all published in the last two years, as well as the specific features.

*Conclusion* Suicidal behavior in the elderly has very specific characteristics that we must know in order to develop therapeutic strategies adapted to the present conditions.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2258>

## EV1274

**Immigration and suicide in Spain: Literature review**

S. Rodríguez Vargas

Almería, Spain

*Objectives and method* Although it is increasingly an immigrant country, we can not forget that for years has been a world leader as a meeting place of many nationalities. It has carried out a review of the literature about the number of suicides that occur in the immigrant population of our country.

*Results* Cultural factors that influence suicidal behavior are religion, socio-demographic factors (inverse relationship between socioeconomic status and suicide attempts), conflicts, alcohol/drugs, and social and family support as emigration entails fostering emotional and cultural rootlessness isolation and increased risk. Stresses in young Filipinos (20%) and American Indians (19%) than for any other ethnic group. Among the immigrants, I returned to their country of origin, the Germans have a 30% rate of suicides. And if we consider the length of stay, a clear decrease in rates seen since the frequent change of residence results in an increased risk. In the comparison of nationality and gender, it shows that the rate for suicides is very high among Moroccan women aged between 10 and 24 years.

*Conclusions and discussion* Migration can alter the development and adaptation of people and sometimes increase the risk of suicide especially when migration occurs alone. Attempted suicide is an exceptional crisis that requires special attention. Progress in research will deepen the psychological effects of migration in adults and in children migrated.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2259>

## EV1276

**Over, but not out-recognition and preventing aircraft-assisted murder-suicide by Aircrew**A. Saxena<sup>1,\*</sup>, V. Sharma (Chief Research Officer)<sup>2</sup>, A. Walia<sup>3</sup>, P. Sharma<sup>4</sup><sup>1</sup> Indian Armed Forces, Department of Psychiatry, Jorhat, India<sup>2</sup> Institute of Aerospace Medicine, Indian Air Force, Bangalore, India<sup>3</sup> Indian Armed Forces, Department of Aerospace Medicine, Jalandhar, India<sup>4</sup> Indian Armed Forces, Department of Psychiatry, Bangalore, India

\* Corresponding author.

*Context and introduction* The recent crash of Germanwings Flight 4U9525 appears to be the latest act of aircraft-assisted murder-suicide. The psychiatric preventive aspects of the murder-suicide need to be discussed, and effective measures for recognition and prevention of this murder-suicide are needed. Aircrew health is biased towards the physical ailments, and evaluation manuals have not discussed the mental health aspects, especially preventive strategies. These strategies involve multifactorial interventions, their applicability and usefulness are not globally validated.

*Objectives and methods* Thanatology has since long, focused on early detection of mental distress and elucidating behavioural and psychological factors that predispose towards attempts at self-harm. Aircrew forms a different group from the general population. The recognition and preventive strategies in this special group, must, therefore, be tailored to this group with its special characteristics.

Data sources, study selection and data synthesis publications were identified via electronic searches using multiple search terms related to suicide prevention. The available effective preventive measures were juxtaposed on the current concepts in aerospace psychiatry.

*Conclusions* Murder-suicide by aircrew is an event that is the culmination of undetected, ignored or even condoned discrete events that gradually progress and insidiously escalate. The importance of psychological factors in this catastrophic event needs to be disseminated amongst psychiatrists, and aircrew medical examiners. Ascertaining which components of suicide prevention programmes

are effective in early recognition of aircrew who may attempt or complete the murder-suicide and putting into practice these to optimize the use of limited resources, is therefore essential and necessary.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2261>

#### EV1277

### Clinical morbidity at pregnancy: The role of previous suicidal attempts and repetition

M.J. Soares<sup>1,\*</sup>, S. Bos<sup>1</sup>, A.T. Pereira<sup>1</sup>, M. Marques<sup>1</sup>, B. Maia<sup>2</sup>, A. Macedo<sup>1</sup>

<sup>1</sup> Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

<sup>2</sup> The Catholic University of Portugal, Braga Regional Centre, Faculty of Philosophy, Braga, Portugal

\* Corresponding author.

**Introduction** Previous suicide attempts are a consistent risk factor for suicide. Repetition has been associated with higher future morbidity and suicidality.

**Aim** To examine the relationship between psychological variables at pregnancy and previous repetition of suicidal attempts, first attempts and absence of attempts.

**Methods** The sample comprise 568 third trimester pregnant women, mean aged 29.82 years (SD = 4.55; variance = 17–44). Previous suicidal behaviors were assessed with diagnostic interview for genetic studies, depression with PDSS and BDI-II, and affect with POMS. Current suicidal thoughts were assessed with PDSS dimension: hopelessness and helplessness by summing the scores of the POMS items hopeless/gloomy; and lonely/helpless, respectively.

**Results** Repeaters (R;  $n=11$ , 1.9%) scored higher than non-repeaters (NR;  $n=20$ , 3.5%) in most of the clinical variables, but only significantly in sleeping/eating disturbances (PDSS).

R and NR when compared to women who never attempted suicide (NA;  $n=535$ , 94.5%) both revealed significant higher levels of depressive/hostility affect (POMS), BDI-II total score, suicide ideation, guilt/shame (PDSS) and anxiety/insecurity or anxiety/somatic (PSDD or BDI-II).

In comparison with NA, R also revealed significant higher levels of negative affect (POMS), PDSS total score, loss of self, mental confusion (PDSS), cognitive and affective symptoms, fatigue (BDI-II), hopelessness and helplessness. NR also differs from NA in their higher emotional lability (PDSS).

**Conclusion** Women with previous suicide attempts are at elevated risk for high depressive symptoms, negative affect and suicide ideation at pregnancy. Compared to never attempters, repeaters revealed high morbidity than first attempters. The intervention in pregnancy must carefully assess previous history of suicide attempts.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2262>

#### EV1280

### Suicide risk assessment and prevention interventions in military veterans

A. Teo

VA Portland Health Care System, HSR&D, Portland, USA

**Introduction** Concerns over suicide among military veterans has been as issue of major public and policy concern, particularly by the Veterans Health Administration (VHA), which is the largest integrated health care system in the United States.

**Objectives and aims** The reasons for suicide risk and means to reduce risk in this population have been under active investigation and implementation. The aim of this presentation is to review recent trends in suicide risk assessment and suicide prevention interventions within the VHA in the United States.

**Methods** A literature review consisting of an electronic database search of PubMed, “gray literature” search, and manual search for articles related to suicide in military personnel and veterans was conducted.

**Results** In recent years, annual VHA rates of completed suicide have ranged from approximately 34 to 40 suicides per 100,000 person-years, rates significantly higher than the general US population. Risk assessment methods examined in military veteran populations have primarily included self-report instruments, scales, and checklists. Recently, “big data” approaches to analysis of electronic medical records have shown promise in stratifying veterans into high- and low-risk groups. VHA suicide prevention initiatives have included extensive staff hiring, development of research centers and data-sharing agreements focused on suicide, a national telephone crisis line, routine suicide risk assessment and screening, and suicide safety plans.

**Conclusions** Military veterans in the US receiving care in the VHA have a variety of risk factors for suicide and continue to be at elevated risk despite implementation of numerous suicide prevention initiatives.

**Disclosure of interest** The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2265>

#### EV1281

### A new evidence-based neuropsychological model of suicidal propensity and suicide based in depression

L.-H. Thorell

Linköping University, Linköping, Sweden

**Introduction** Objectively validated models of the depressed suicide are lacking. Early observations that electrodermal hyporeactivity was strongly related to suicide in depression required an untraditional statistical approach that was applied on materials from published materials with between themselves totally confirming results.

**Objectives** A plausible explanation model of the relationship had to be developed.

**Aims** The aims were to investigate the nature of electrodermal hyporeactivity and its possible causes and connections to other suicide relevant factors and to formulate a coherent model of the depressed suicide.

**Methods** Published materials with in- and outpatients (in total > 900 patients) comprising follow-up of suicide and tests of habituation of the electrodermal response were analysed. Symptomatology, gender, age and other variables were considered and so were knowledge and theories from other scientists.

**Results** The apparent loss of or considerably reduced specific electrodermal orienting (curiosity) responses in future depressed suicide victims showed clear relationships to and clear independence of considered important suicidal factors.

**Conclusions** Loss of specific orienting responses indicates loss of hippocampal CA3 plasticity. CA3 areas are early and centrally positioned in the information processing of neocortical sensory input supporting the hypothesis of a particular neuropsychological dysfunction disabling normal cognitive and emotional curiosity reactions to everyday events. It is proposed that this dysfunction may make the depressed person ready to leave the everyday life and fearless of imminent pain – a loss of two important barriers against suicide.