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Suicidality and social cognition: the association between hypomentalizing and suicide lethality

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Introduction: Suicide attempts (SA) leading to highly lethal consequences have been associated with heightened suicide planning (Barker et al., 2022), along with deficits in social cognition (Levi-Belz et al., 2022). Hypomentalizing, characterized by excessive uncertainty regarding mental states, may contribute to heightened social withdrawal and an increased risk of SA (Nestor & Sutherland, 2022). Although certain studies have identified a connection between hypomentalizing profiles and self-harm (Badoud et al., 2015), research into the lethality of SA remains limited.

Objectives: This study aimed to explore the association between hypomentalizing and SA lethality.

Methods: Our study encompassed a cohort of 1,371 patients who committed a SA. We conducted assessments of mentalizing using the RFQ-8 instrument, and evaluations of suicidal ideation and behavior employing the CSRSS questionnaire. Demographic and clinical characteristics were compared using the T-student and Chi-square tests. To investigate the relationship between hypomentalizing and the SA lethality, we employed logistic regression models.

Results: Descriptive date are presented in Table 1. Our results show that hypomentalizing do not predict a higher SA lethality. Additionally, hypomentalizing increased the risk of SA planning (p≤0.001, B=-0.182), and SA planning predicted a higher SA lethality (see Table 2).

Table 1. Means Comparison for low and high lethality (N=1371)

	Low lethality N=539	High lethality N=832	p value	Effect size
Age, mean (SD)	38.65 (15.65)	41.91 (15.37)	≤0.001	-0.209[a]
Female sex, N (%)	392 (72.7)	571 (68.6)	0.116	0.044[b]
Educational years, mean (SD)	12.45 (2.99)	12.43 (3.41)	0.890	0.0076[a]
Employed, N (%)	220 (41.2)	332 (40)	0.692	0.012[b]
Suicide Ideation, N (%)	475 (88.1)	742 (89.2)	0.541	0.016[b]
Suicide Planning, N (%)	159 (39.2)	400 (58.1)	≤0.001	0.183[b]
Number of attempts, mean (SD)	3.28 (5.48)	3.63 (5.74)	0.269	-0.169[a]
RFQ, mean (SD)	4.68 (1.27)	4.56 (1.32)	0.087	0.095[a]

Table 2. Logistic regression analyses for high SA lethality (N=1371).

	Univariate analysis		Multivariate analysis	
	OR	p value	OR	p value
Age	1.014 (1.007-1.021)	≤0.001	1.014 (1.005-1.022)	**0.001**
Female sex	0.820 (0.646-1.042)	0.105		
Educational years	0.998 (0.965-1.031)	0.890		
Employed	0.952 (0.763-1.187)	0.660		
Suicide ideation	1.111 (0.790-1.562)	0.545		
Suicide planning	2.150 (1.674-2.761)	≤0.001	2.183 (1.697-2.808)	≤0.001
Number SA	1.012 (0.990-1.034)	0.277		
RFQ	0.929 (0.854-1.011)	0.088		

Conclusions: While the association between hypomentalizing and high SA lethality was not significant, a discernible trend toward such relationship can be noted. Further studies examining the moderating effects of planning in the association between hypomentalizing and SA lethality are required.

Disclosure of Interest: None Declared

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Frequency of early childhood trauma in psychiatric patients: an investigation with the Early Trauma Inventory–Self Report

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Introduction: Childhood trauma is an important public health problem but there are limitations in our ability to measure childhood trauma. Early Trauma Inventory is a self-report instrument for the assessment of childhood trauma that is valid but simple to administer.

Objectives: We aimed to assess the frequency of childhood trauma in patients of a large sample of the Crisis Intervention and Psychiatric Ward in Budapest, Hungary.

Methods: Data from 279 patients referred to Péterfy Alexander Hospital, Crisis Intervention and Psychiatric Ward, Budapest, Hungary, were analyzed. Most participants were female (n = 202, 72.4%) between the ages of 17 and 86 (M = 38.37 yrs). Half of the participants were diagnosed with major depressive disorder (n = 138, 49.5%) or anxiety disorder (n = 149, 53.4%), while 47 of the participants suffered from bipolar disorder (16.8%). One hundred thirty-eight participants had at least one suicide attempt in