

Conclusions: Suicide ideation seems to be deeply connected with the vulnerable dimension of pathological narcissism and the relationship between the constructs is partially mediated by emotion dysregulation. Future directions and clinical implications are discussed.

Keywords: emotion dysregulation; Suicide ideation; narcissistic vulnerability; Narcissism

EPP1406

Suicide in narcissism: Can shame-proneness make a difference?

S. Beomonte Zobel^{1*}, V. Mirizio² and P. Velotti¹

¹Dynamical And Clinical Psychology, Sapienza Università di Roma, Rome, Italy and ²Prevention And Early Interventions In Mental Health, Asl Roma1, Rome, Italy

*Corresponding author.

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Introduction: Cluster B personality disorders are characterized by a higher prevalence of suicidal ideation and behavior than others, and Narcissistic Personality Disorder is no different. Very intense feelings of shame, intolerable for the individual, are often found in patients with Narcissistic Personality Disorder and may have a role in suicidal behavior.

Objectives: To offer preliminary empirical evidences concerning the relationship between narcissism, shame and suicide ideation.

Methods: We administered Pathological Narcissism Inventory (PNI), Test of Self Conscious Affects (TOSCA) and Beck Scale for Suicidal Ideation (BSI) to a sample of individuals with Suicide ideation (n= 65) and a sample of community participants (n=65).

Results: Controlling for age and gender, in the merged sample we found that BSI scores correlated significantly with the vulnerable dimension of narcissism and with TOSCA Interpersonal Shame subscale. In the clinical sample, Interpersonal shame partially mediates the relationship between vulnerable narcissism and suicidal ideation.

Conclusions: Shame seems to play a key role in the relationship between the vulnerable facet of narcissism and suicidal ideation, although the profound mechanism by which it works remains to be understood. Future directions and clinical implications are discussed.

Keywords: Suicide; Suicide ideation; shame-proneness; Narcissism

EPP1409

Addictive behavior and suicidality in patients followed by the department of psychiatry in the region of southern tunisia.

A. Kerkeni*, W. Abbes, A. Frikha, K. Medhaffer, M. Abbes, K. Zitoun and L. Ghanmi

The Department Of Psychiatry, Hospital of gabes, Gabes, Tunisia

*Corresponding author.

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Introduction: Addictive behaviors and suicide have important risks that need to be explored for any patient followed at the department of psychiatry, possibly endangering his vital and psychosocial prognosis.

Objectives: Our study aims to identify the link between addictive behavior and suicidal behavior in patients followed at the psychiatry department at the regional hospital of Gabes.

Methods: We conducted a cross-sectional, descriptive and analytical study carried out on a clinical population who consult in the psychiatry department in the Gabes's regional hospital during the period from January 1st, 2020 to September 30, 2020. Sociodemographic and clinical data of the patients as well as their personal and family history were assessed. The evaluation of psychopathological disorders was carried out according to the diagnostic criteria of DSM-5. Suicide Behaviors Questionnaire (SBQ) was used for suicide risk assessment. Fagerstrom questionnaire in its validated French version was used to assess the of nicotine dependence. The exploration of childhood physical and emotional trauma was carried out by the Childhood Trauma Questionnaire (CTQ) scale. Data were analysed using the software SPSS.

Results: 100patients were included. The mean age was 45.5years. TableI: Breakdown of addictive behavior and suicide attempts by gender. TableII: Common vulnerability factors between addictive behavior and suicidality

	Tobacco (cigarette, hookah, chewing tobacco)		Alcohol		Other psychoactive substances		Addictive behavior		History of suicide attempts	
	N	%	N	%	N	%	N	%	N	%
Male	43/60	71 %	7/60	11,6 %	8/60	13,3 %	44/60	73,33 %	12/60	20 %
Female	4/40	10 %	1/40	02,5%	6/40	15 %	10/40	25%	8/40	20 %
Total	47/100	47 %	8/100	8%	14/100	14 %	54/100	54%	20/100	20%

Table I: Breakdown of addictive behavior and suicide attempts by gender

	Addiction	Suicidality
Urban place of residence	68 %	75 %
Factors of socio-professional disintegration		
Low educational level	87 %	75 %
Irregular or absent professional activity	81 %	85 %
Psycho-traumatic factors during childhood		
Exposure to physical neglect in childhood	57 %	85 %
Exposure to emotional neglect in childhood	64 %	85 %
Exposure to emotional abuse in childhood	57 %	85 %
Exposure to physical abuse during childhood	40 % (20% in non-drug addicts)	60 %
Psychiatric factors		
Anxiety-depressive disorders	51 %	60%

Table II: Common vulnerability factors between addictive behavior and suicidality