

EV1272

Physician suicide preventionA. Poças^{1,*}, S. Pinto Almeida²¹ Braga, Portugal² 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.

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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.

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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.

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EV1276

Over, but not out-recognition and preventing aircraft-assisted murder-suicide by AircrewA. Saxena^{1,*}, V. Sharma (Chief Research Officer)², A. Walia³, P. Sharma⁴¹ Indian Armed Forces, Department of Psychiatry, Jorhat, India² Institute of Aerospace Medicine, Indian Air Force, Bangalore, India³ Indian Armed Forces, Department of Aerospace Medicine, Jalandhar, India⁴ 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