pmol/L vs. 5.42 (0.71), p=0.029) and significantly lower than male-attempters (5.61 (0.61), p<0.001). We not found any significant differences with regard to FT3 levels between male SA and non-attempters and controls.
Conclusions: Lower FT3 concentrations, even within the normal reference range, were related to SA in female gender, but not male. This finding supports the importance of evaluating FT3 levels in clinical decision-making on suicide risk of patients with AMD.

Disclosure of Interest: None Declared

EPP454

Euthanasia and assisted suicide of patients with psychiatric disorders in the Netherlands between 2021 and 2023

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Introduction: Medical-assistance in dying, either by euthanasia or assisted suicide (EAS), for mental disorders as the main reason is a complex and controversial practice. owing to the inevitable tension between the seriousness of the mental disorder and the requirement that the patient can make a well-reasoned decision. Systematic investigations of the characteristics of the patients (disorders, previous treatment, comorbidities) and the procedures of granting EAS for mental disorders have been limited.
Objectives: To describe the characteristics of patients receiving EAS for psychiatric conditions in the Netherlands between 2021 and 2023.
Methods: We reviewed psychiatric EAS case summaries made available publicly online by the Dutch regional euthanasia review committees between 2021 and 2023. All summaries were translated with ChatGPT and those with mental disorders as the main reason were selected. We extracted information about the patients' clinical and social characteristics, type of treatments previously administered, how physicians handled patients' requests and the euthanasia review committees' assessments of the physicians' actions.
Results: Thirty-six cases were identified. Of these, 86% (n = 31) were women. Regarding age, 30.5% (n = 11) were 70 years or older, 36% (n = 13) were 50 to 70 years old, 16.6% (n = 6) were 30 to 50 years old and 16.6% (n = 6) were less than 30 years old. Most had chronic conditions, with histories of attempted suicides (39%; n=14) and psychiatric hospitalizations (69%; n=25). One third (n = 12) of patients were described as socially isolated. Depressive disorders were the primary psychiatric diagnosis in 27.7% (n = 10) of cases. Other conditions included personality disorders (19.4%; n=7), particularly borderline (11%; n=4), somatoform disorders (17%; n=6) and posttraumatic stress disorder (11%; n=4). Comorbidities with medical conditions or physical symptoms were present in 27.7% (n = 10) of cases. Most frequent treatments previously administered were medications and psychotherapy, particularly cognitive behavioral (19.4%; n=7) therapy and EMDR (14%; n=5). Fifty percent (n = 18) of patients received EAS from Euthanasia Expertise Center physicians, 17% (n=6) from their general practitioner. In 11% (n = 4) of the cases there was disagreement among consultants.
Conclusions: Individuals who received EAS for psychiatric reasons in the Netherlands between 2021 and 2023 were mostly women, with complex and chronic psychiatric conditions, often with medical comorbidities. Despite the fact that EAS requires agreement from two independent physicians, there were instances where it was performed without it.

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EPP455

Monocyte-to-lymphocyte ratio and further inflammatory parameters as potential biomarkers of suicide risk in bipolar affective disorder

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Introduction: Suicide is an unresolved issue in psychiatry to this day. Suicide risk (SR) is highest for psychiatric patients with bipolar affective disorder (BD). Recent studies suggest an immunological dysregulation in the background of suicidality, and in accord with former results, our research group has previously found monocyte-to-lymphocyte ratio (MLR) and further inflammatory parameters to be reliable indicators of SR in patients with major depressive disorder.
Objectives: Determining SR remains a challenge for clinicians. Alterations in the number and ratio of inflammatory cells have been proposed as potential biomarkers of SR, therefore our aim was to investigate changes of these parameters in relation to acute and long-term SR in BD patients.
Methods: In our restrospective study, we investigated laboratory parameters of psychiatric inpatients diagnosed with BD between January 2020 and June 2024. Data was collected regarding the following parameters: white blood cell, neutrophil, lymphocyte, monocyte and platelet count, MLR, neutrophil-to-lymphocyte (NLR) and platelet-to-lymphocyte ratio (PLR), C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), red blood cell distribution width (RDW) and mean platelet volume (MPV). Individuals with recent (≤ 48 hours prior) suicide attempt (SA) (n = 21) and with past (> 48 hours prior) SA (n = 16) represented the high SR group (n = 37). BD patients with no history of SA (n = 79) composed the intermediate SR group. Statistical analyses were carried out using the GraphPad Prism 10.3.1 programme.
Results: We found a significant increase in MLR (p = 0.0021, Fig. 1), monocyte count (p = 0.0045), CRP (p = 0.0036), ESR ($p \leq 0.0001$) and MPV ($p \leq 0.0001$) in patients with recent SA compared to those with no history of SA. Comparing high and intermediate risk patients, MLR (p = 0.012, Fig. 2), monocyte count (p = 0.0293), CRP (p = 0.0499, Fig. 3), ESR (p = 0.0009) and MPV (p = 0.008) remained elevated in the former group. We found no significant differences regarding the rest of the parameters. According to ROC analysis, the probability of the significant results was outstanding in case of ESR and acceptable for the rest of the parameters.