

without intent or plan. The ideation was associated with worsening mood, particularly over the past week. Emotional distress escalated after perceived medical setbacks and was compounded by familial dynamics, particularly the wife's expressed anxiety. A diagnosis of adjustment disorder with depressive symptoms was considered, with initial treatment involving mirtazapine and psychosocial support.

Results: The case reflects evidence supporting the idea that suicide risk may follow a dose-response pattern based on the disability burden in patients without prior psychiatric history (Østergaard *et al.* JAMA Psychiatry 2024). This suggests clinicians may need to be particularly vigilant in medically ill patients without a psychiatric background, as their suicide risk may increase as disability burdens mount – contrary to the understandable and maybe more intuitive focus on those with established psychiatric diagnoses.

Conclusions: This case highlights the importance of thorough suicide risk evaluation in patients without psychiatric histories, particularly following a major medical diagnosis. While suicide risk remains high in psychiatric patients, clinicians must be equally or even more vigilant with medically ill patients without psychiatric histories. Psychiatric care should be integrated early, with attention to the timing of suicide risk, the disability burden, and psychosocial stressors. This highlights the need for careful monitoring and early intervention, particularly in the acute phase following medical complications, where risk evaluation may be more nuanced.

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EPV1969

An online forum for psychiatric patients: Sexual life and self-harm

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Introduction: The significance of intimate life in a person's personal and social experience cannot be overstated. This aspect is intricately woven into the clinical and internal picture of intentional (suicidal or non-suicidal) self-harm (SX), making it a crucial area of study.

Objectives: Study of position on the issue of sexual problems and SX among participants of an open forum.

Methods: We conducted interviews with forty participants (90% women) with a mean age of 27 (range 17-43) years, using an original semi-structured questionnaire. This approach allowed us to delve into the issue of sexual problems and SX among participants of an open forum.

Results: Ten thousand people were interested in the survey during two months of posting on the site, but < 0.5% participated. All questions were answered by 95%. The sample comprised young women, like most of our online polls. For almost 70% of respondents, issues of sexual life are burning and pressing questions, but only ¼ discuss «this» with a psychiatrist and only in terms of drug side effects. During routine visits, the doctors were not interested in

the sexual life of about 80% of patients; ¾ of the women were not interviewed about the menstrual cycle or (all men) about erections or galactorrhea. Only ¼ of doctors are interested in the intent of SX. >70% indicate that forced abstinence «worsens» their mental state (makes them irritable), >¾ of singles and ½ family people masturbated 1-3 times a week («to feel alive»). >½ of married women are afraid of pregnancy, but refuse birth control as «harmful». >80% of family problems were associated with apathy and irritability and are considered the main obstacle to regular sex. > ½ report «habitual» weakness, lack of interests (including sexual), and suicidal thoughts for more than three months. <½ respondents link treatment to impotence and frigidity. ½ had SX experience (indistinguishable from suicide attempts) due to the loss of a loved one during their life. Patients considered SX to be a «natural» reaction to shame and mental pain and allowed repetition in a similar situation. Doctors do not regularly assess a patient's risk of suicide.

Conclusions: The findings of this study underscore the need to bring sex and SX topics into the focus of routine psychiatric practice. The passive role of psychiatrists in clarifying patients' problems that influence treatment adherence, well-being, and undertreatment of depression is a significant issue that needs to be addressed. The survey highlights two subtopics of greatest interest to patients: indestructible sex drive and micro social problems as 'reasons' for depression and SX. The 'gray zone' of therapeutic contact and satisfaction with care is an area that warrants further exploration.

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EPV1972

Progress in the Implementation of the secondary risk of suicide prevention program: a descriptive study at 12-month follow-up

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Introduction: Suicide is one of the leading causes of preventable death.

The PRISURE program is developed with a series of objectives and actions aligned with the Mental Health Strategy of the

National Health System - (Spain), Strategic Plan for Mental Health and Addictions of the Community of Madrid 2022-2024 and the Prevention Plan suicide in the community of Madrid 2022-2026, based on the experience of the suicide risk prevention program developed between 2014 and 2023 at the Retiro Mental Health Center (CSM) of the Institute of Psychiatry and Mental Health of the General University Hospital Gregorio Marañón.

Objectives: Presentation of a secondary suicide prevention program in the Community of Madrid with 10 years of implementation and reinforcement of the therapeutic team in the last year.

Treatment outcomes, assessment of patients' suicide risk progression during follow-up, referral to patient discharge, and outcome indicators in the past year are measured.

Methods: Description of the functioning of the PRISURE program and descriptive study of sociodemographic and clinical characteristics, suicidal crises, evolution and discharge referrals, of all patients treated in PRISURE. The program's performance indicators, as well as its results, are evaluated over one year from its implementation.

Results: Sociodemographic and clinical characteristics are analyzed, including psychometric evaluation at baseline, 3, 6, 9, and 12 months after referral to PRISURE from August/2023 to August/2024. The suicide risk profile, treatment adherence, program implementation indicators and initial results are evaluated.

Conclusions: PRISURE is a comprehensive care process that includes the prevention, intervention and postvention of suicidal behavior.

It includes interventions indicated for the prevention of suicidal behavior aimed at people in whom relevant signs or symptoms that anticipate the development of a mental disorder, or biological or psychological markers that indicate a high suicidal risk, have been identified.

PRISURE encompasses a set of activities aimed at early detection and indicated prevention, support and care of suicidal behavior, as well as research and promotion of mental health.

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EPV1973

Hyperfrequent use and suicidal behavior in hospital psychiatric emergency services

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Introduction: One of the great challenges for Mental Health Services is dealing with users who repeatedly use the facilities. This phenomenon, beyond representing an increase in the economic cost and in terms of human resources, generates high levels of frustration and dissatisfaction, both in professionals and in the consultants themselves. These users have been called "hyperfrequent users". Users can frequent different services, including the Emergency service. The phenomenon of hyperfrequent use can lead to an inappropriate use of the Emergency services and gives rise to substantial costs for the health system, as well as a decrease in the efficiency of the service.

Objectives: The objective of our work is to describe those factors associated with the hyper-frequent use of Mental Health Hospital Emergency Services by users who engage in suicidal behavior.

Methods: A descriptive, observational study was carried out. The population included all users of the Hospital Emergency Department treated by the Mental Health Service in one year who consulted for suicidal behaviour (self-harming ideas, suicidal attempts or self-harm). Patients who consulted on 4 or more occasions in the hospital psychiatric emergency departments for consultations related to suicidal behaviour were considered as frequent users.

Results: 860 consultations were attended to, corresponding to 546 users who consulted in the psychiatric hospital emergency departments for suicidal behaviour (self-harming ideas, suicidal attempts or self-harm). Of these users, 314 consulted on more than one occasion. Taking as a frequent user ≥ 4 consultations, we have 14 users in one year. Regarding sex, the female sex stands out 86% over the male sex 14%. One user is considered a great frequent user, attending on 17 occasions. The most frequent reasons for suicidal consultation among frequent users are consultations for self-harm ideation (33%) and self-harm attempts (60%) and self-harm (7%). Anxiety and alcohol consumption are the most frequent comorbid diagnoses among frequent users. By sex, self-harm behavior stands out in both women and men and self-harm is more frequent in women. Regarding discharge after assessment, referrals to a community mental health specialist stand out in 45% after consultation and 28% of frequent users required hospital admission after care for suicidal behavior.

Conclusions: In our work, it is observed that the profile of frequent users with suicidal behavior is adult women who consult for self-harm attempts in their majority. These hyper-frequent users continue to demand attention from the health network devices, so knowing their needs would help to improve health care and use resources more efficiently and effectively for these users who engage in suicidal behavior.

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EPV1974

Suicide attempt during a dissociative fugue: additional challenges in assessing self-harm risk

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Introduction: Suicide attempts during dissociative fugue states pose distinct challenges in assessing self-harm risk. Dissociative fugue is characterized by sudden, unplanned travel away from familiar surroundings, coupled with amnesia for personal identity and significant changes in behavior. This case report describes a 31-year-old male who attempted suicide during a dissociative fugue episode.

Objectives: To present a case of a suicide attempt during a dissociative fugue state, highlighting the unique challenges in assessing self-harm risk, and examining the role of substance use and prior psychological trauma in influencing patient behavior.