Image 3:



Quadro 1 – Fichamento dos artigos incluídos na revisão.

ARTIGO	LOCAL	PERÍODO	OBJETIVO	DADOS EXTRAÍDOS	PERIÓDICO
(Pattussi; Lafaw; Bassani; Oliato, 2008)	(2) regiões administrativas do DF	2002	**Investigar** o papel dos fatores psicossociais, comportamentais e emocionais nas lesões autoreferidas em adolescentes.	Sexo, faixa etária, Raça/cor, Classe social, Métodos de lesão autoinfligida utilizados.	Injury, Int. J. Care Injured
(Fonseca; Silva; Araújo; Botti, 2018)	Divinópolis, MG	2016	**Avaliar** a frequência de autolesão entre escolares de 10 a 14 anos de idade; e as características inerentes, a saber, o nível de gravidade da autolesão, as variáveis psicossociais, e as funções ou motivos que levam a tal comportamento.	Sexo, Idade média, faixa etária, escolaridade, Prevalência de cinco ou mais autolesões no último ano, Idade na primeira autolesão, Autolesão com intenção suicida, Motivos para o comportamento de autolesão.	Arquivos Brasileiros de Psicologia
(Santo; Bedin; Dell'Aglio, 2022)	(1) região metropolitana do sul do Brasil	Jan/2016-Jun/2019	**Investigar** o perfil de adolescentes com comportamento autolesivo e variáveis de risco e proteção relacionadas à intenção suicida relatada em um Centro de Atenção Psicossocial Infantojuvenil de uma região metropolitana do sul do Brasil.	Sexo, Idade média, faixa etária, escolaridade, Orientação sexual, Autolesão com intenção suicida.	Psico-USF
(Costa *et al.*, 2021)	Maceió, AL	2017	**Avaliar** o perfil e a prevalência da autolesão não suicida em adolescentes e sua associação com impulsividade e solidão.	Sexo, Idade média, Faixa etária, Escolaridade, Raça/cor, Prevalência de cinco ou mais autolesões no último ano, Quantidade de métodos/tipos de lesão autoinfligida, Motivos para a autolesão, Mora com, Atividade, Salário mínimo.	Jornal de Pediatria
(Babio; Avanci; Pinto; Minayo, 2020)	Brasil	2011-2014	**Descrever** o suicídio envolvendo adolescentes no Brasil mediante dois de seus aspectos: (i) as notificações realizadas no período de 2011 a 2014 e (ii) as internações hospitalares por lesões autoprovocadas, de 2007 a 2016.	% de notificação de lesão autoprovocada por adolescentes, Sexo, Faixa etária, Raça/Cor, Presença de deficiência, Uso de álcool, Ocorrência anterior, Meio utilizado, Taxas de internação.	Epidemiol. Serv. Saúde
(Aragão; Mascarenhas, 2022)	Brasil	2011-2018	**Analisar** a tendência de notificações de lesão autoprovocada em adolescentes no ambiente escolar no Brasil, entre 2011 e 2018.	% de notificação de lesão autoprovocada por adolescentes, Sexo, Faixa etária, Raça/Cor, Zona de residência.	Epidemiol. Serv. Saúde

Conclusions: The study pointed to a diversity of clinical and sociodemographic characteristics; however further research is needed on this topic on Brazilian adolescents. In addition, a broader standardization of data is necessary for more specific statistical analyses.

Disclosure of Interest: None Declared

EPP0618

Comparison of lithium levels between suicide and non-suicide fatalities: cross-sectional study

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Introduction: Ecological studies have suggested the protective effect of micro-dose lithium in drinking water against suicide, however, the association between body lithium level and suicide is unknown.
Objectives: We aimed to compare body lithium levels between suicide and non-suicide fatalities.
Methods: This cross-sectional study included 12 suicides and 16 non-suicides who were examined or dissected at the Tokyo Medical Examiner's Office from March 2018 to June 2021. The aqueous humor lithium concentration was measured twice using inductively coupled plasma mass spectrometry. Analysis of covariance (ANCOVA) was used to compare the lithium concentration between suicides and non-suicides. Mixed-effects model was conducted to account for all lithium concentration data.
Results: The aqueous humor lithium concentration did not change after death ($t(7)$=-0.70, SE=0.03, 95% CI=[-0.09, 0.05], P=0.51, Cohen's d=0.01). The aqueous humor lithium concentration was lower in suicides (mean 0.50 µg/L (variance s^2 0.04)) than in non-suicides (mean 0.92 µg/L (s^2 0.07)) ($t(26)$=4.47, SE=0.09, 95% CI=[0.22 to 0.61], P<0.001, Cohen's d=1.71). The ANCOVA showed that death by suicide was significantly associated with lower lithium concentration ($F(1, 24)$=8.57, P=0.007), and the effect size was large (η_p^2=0.26). The random intercept model showed a significant effect of suicide on aqueous humor lithium concentration (b=-0.261, SE=0.102, 95% CI=[-0.471 to -0.051], t(24)=-2.568, P=0.017).
Conclusions: The results of this study demonstrate that even micro-dose lithium is associated with suicide death. Clinical studies are warranted to examine the effects of micro-dose lithium on suicide prevention.

Disclosure of Interest: None Declared

Anxiety Disorders and Somatoform Disorders

EPP0619

Anxiety and depression among patients with chronic sciatica

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Introduction: Spinal radicular syndromes are currently a significant healthcare concern in society. A common manifestation of these syndromes is sciatic pain, characterized by severe pain radiating along the course of the sciatic nerve. In many patients, chronic pain can lead to psychological problems.
Objectives: The aim of this study was to assess the frequency of anxiety and depression disorders in patients with sciatica and their impact on functional capacity.
Methods: We conducted a cross-sectional study, including patients suffering from documented common sciatic pain evolving for more than 3 months. The study was conducted in a rheumatology department over a period of 3 years. We used the Hospital Anxiety and Depression Scale (HADS) questionnaire, supplemented with information about the study group, pain location, and patients' occupations. Additionally, the Oswestry Disability Index (ODI) and the Visual Analog Scale (VAS) were applied.
Results: The study included 104 patients (71 women and 33 men, with a male-to-female sex ratio of 0.46). The mean age of our patients ranged from 23 to 74 years. The most frequent etiology of sciatic pain was a herniated disc, followed by lumbar spinal stenosis and spondylolisthesis. The root path was L5 in 74 cases and S1 in 30 cases. The average duration of sciatic pain was 6.4 months. The mean Oswestry score was 25 (ranging from 15 to 38). The mean VAS score was 7.4 (ranging from 4 to 9). The mean Work Ability Index (WAI) was 25.2 (ranging from 15 to 38).
Depression was noted in 53 patients (50.9%) with a mean HADS depression score of 10.8 (ranging from 4 to 16). Anxiety was noted in 8 patients (7.6%) with a mean HADS anxiety score of 6.40 (ranging from 3 to 16). In univariate analysis, anxiety was associated with the low educational level of patients and with the duration of sciatic pain ($p < 0.05$). There was a significant association between depression and anxiety ($p = 0.000$). However, there was no relationship between these psychiatric disorders and functional status ($p > 0.05$).
Conclusions: Among patients with sciatic pain, there is a high prevalence of psychiatric disorders, including anxiety and depression. Regular screening for these disorders should be conducted by healthcare providers.