Methods: We conducted a descriptive cross-sectional study, among medical trainees at Charles Nicolle Hospital, infected by COVID-19 during the period from July 2020 to November 2020. Sleep quality was evaluated by the Pittsburgh Sleep Quality Index (PSQI) questionnaire. Trainees were contacted during the period August 2022 to September 2022.
Results: Fifty-three trainee doctors have joined our study. Forty-five of them had a significant sleep disturbance with a Pittsburgh Sleep Quality Index (PSQI) greater than five. The average age was 29.4±3.07 years old with a female majority (75%). No psychiatric history was found. The most affected category of trainees were residents (74%), particularly those working in the general surgery department (18%) and the anaesthesia and intensive care department (9%). Among those trainees, 80% had night shifts with an average of six shifts per month. Sleep latency was high in 20% of cases. A sleep duration of less than five hours per night was found in 18% of the cases. Six participants reported using sleeping pill three to four times a week.
Conclusions: Our study revealed a significant sleep disturbance among trainee doctors. This could be due to the SARS-COV2 infection but can also be explained by the night shifts burden and the great mental load at work during this pandemic period.

Disclosure of Interest: None Declared

Suicidology and suicide prevention

EPV1058

MANAGEMENT AND PREVENTION OF SUICIDE RISK IN PRISON: RESULTS OF A PRELIMINARY STUDY ON ITALIAN PRISONERS

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Introduction: There are about 10 million inmates in the world, of which 6 million are held in American prisons. While in Europe there was a 6.6% reduction in the detention rate, in Italy the number of prisoners is constantly growing. Due to the worldwide importance of the phenomenon in the field of public health, it is necessary to analyze the relationship between detention and prisoner health, as well as the change in the psychophysical state of a subject after a period of incarceration.
Objectives: The analysis of the results deriving from the completion of forensic examinations was carried with the aim of assessing the compatibility of the health conditions of prisoners with imprisonment.
Methods: We report the results of a preliminary study on a sample of fifty prisoners held in Southern and Central Italy prisons.
Results: The average age of the prisoners was 41. The prevalence of psychiatric disorders in the sample examined was about 39 %. 45 % of subjects with mental disorders made one suicide attempt in prison at least. We emphasize the pathogenic role of prison in the development or aggravation of psychiatric disorders. This happens particularly in subjects coming from degraded socio-family backgrounds.
Conclusions: In order to reduce the prevalence of psychiatric disorders and the risk of suicide, it is necessary to carry out careful medical and psychological evaluation at each new entry, so as to be able to frame the inmate's state of health and plan periodic monitoring of diagnosed diseases. This evaluation should include a psychiatrist, so as to be able to set up an adequate drug treatment when it's necessary. The correct management of psychiatric disorders is essential in order to improve the inmate's mental health and prevent medico-legal consequences for health workers.

Disclosure of Interest: None Declared

EPV1060

Suicidality among inpatients - Right under our noses

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Introduction: An inpatient suicide is a tragic event that, despite not very prevalent, should not be overlooked. It occurs in 250 in 100 000 psychiatric hospital admissions (which represents a suicide risk fifteen times greater than general population) and in 1.7-1.9 in 100 000 in general hospitals (4-5 times greater risk). Together they constitute 5-6% of all suicides.
Objectives: The purpose of the authors is to explore the epidemiology, the risk factors and the prevention of suicide in inpatient setting.
Methods: A brief non-systematized review is presented, using the literature available on PubMed and Google Scholar.
Results: The risk was higher at admission (first week) and immediately after discharge (first 24 hours, up to two weeks).
It was found to be correlated to pour staffing, an increased number of patients with severe mental illnesses and accessibility to lethal means. Many risk factors were identified, some of them specific to context. Risk Factors at admission in a psychiatric hospital – personal or familiar suicide history, schizophrenia or mood disorder, alcohol use, involuntary admission, living alone, absence from the service without permission. Later till discharge - personal suicide history (or attempts after admission), relational conflicts, unemployment, living alone, lack of discharge planning and lack of contact in the immediate post-discharge period. In General Hospitals – chronicity and severity of somatic disease, poor coping strategies, psychiatric comorbidities and lack of liaison psychiatry. Strategies to prevent inpatient suicide should take in environmental modification (specific to environment and specific to patient – as planned levels of supervision), optimisation of the care of the patients at suicidal risk, staff education and involvement of families in care. There are few studies on the efficacy of pharmacotherapy on reducing suicidal ideation in inpatients (just for clozapine and ketamine); some psychotherapies show promising results. The post-suicide approach cannot be neglected, whether in supporting the family, the team involved and even other patients.
Conclusions: The assumption of the predictive and preventive value of the risk assessment has been under scrutiny. Depressed mood and a prior history of self-harm are well-established independent risk factors for inpatient suicide; however they lose their predictive value due to their high prevalence. Up to 70% of inpatients who committed

suicide didn't express suicidal ideation on the previous interviews. Most effective measures to prevent suicide are environmental modifications and staff education approaches, giving appropriate responses to each patient's circumstances.
There is a paucity of literature on suicide in this setting. It should become a priority in national programs of Suicide Prevention.

Disclosure of Interest: None Declared

EPV1061

The impact of the OPRM1, OPRK1, DCC genes polymorphisms on the motivation for non-suicidal self-injury in young adults: a pilot study

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Introduction: Non-suicidal self-injury (NSSI) – the deliberate, self-directed damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned – is a highly prevalent phenomenon in adolescents and young adults. Motivation for the NSSI is known to be heterogenous in different patients. However, biological and especially genetic markers associated with different motivation for the NSSI have not been studied to date. One of the possible candidates are mu- (*OPRM1*) and kappa-opioid receptor (*OPRK1*) genes, since opioid system is known to be involved in the NSSI. Another perspective candidate is the *DCC* gene, encoding the netrin 1 receptor, which plays vital part in the formation of the prefrontal cortex.
Objectives: We conducted a pilot cross-sectional study to test the impact of the rs1779971 *OPRM1,* rs6473797 *OPRK1* and rs8084280 *DCC* gene polymorphisms on the characteristics and motivations for the NSSI in young adults.
Methods: 28 patients of European ancestry with NSSI (89,3%; n=25) women, median age (Q1-Q3) – 23 (21,25-25) years) were included in the pilot sample. The majority of the sample had a diagnosis of bipolar disorder (78,6%; n=20). Characteristics and motivation for the NSSI were measured by the Inventory of Statements about Self-Injury (ISAS). The Childhood Trauma Questionnaire (CTQ) was used to control for adverse childhood experiences, a potent environmental factor, associated with NSSI. Genotyping was performed using RT-PCR. The genetic effect was evaluated using the dominant model. For statistical analysis multiple linear regression with the presence of minor alleles, different types of childhood trauma, diagnosis, age and sex as factors and ISAS scores as dependent variables were used.
Results: Multiple linear regression showed that minor C allele of rs6473796 *OPRK1* gene polymorphism was associated with an increase of the "Affect regulation" (B=2,23; CI95% [0,39–4,06]; p=0,022), "Anti-dissociation" (B=3,31; CI95% [0,18–6,44]; p=0,039) subscales of ISAS scores. Moreover, the minor T allele of the rs8082480 *DCC* gene polymorphism was associated with a decrease of the "Affect regulation" subscale score (B=-1,74; CI95% [-3,30 – -0,18]; p=0,032).
Conclusions: To our knowledge, this is the first study on the genetic markers of motivations for NSSI. Our pilot results showed that, controlling for diagnosis, age, sex and childhood trauma, *OPRK1* and *DCC* gene polymorphisms may be associated with the heterogeneity of motivations for NSSI. However, these results require confirmation on the larger samples.

Disclosure of Interest: None Declared

EPV1062

Impact of empathy level on nurses' attitudes toward a suicidal patient

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Introduction: The number of suicidal patients who are consulting hospitals is increasing. Therefore nurses are more frequently faced to dealing with these patients. Empathy plays an essential role in the nurse-patient relationship and influences therapeutic effectiveness.
Objectives: Assess the impact of empathy level and investigate its factors on psychiatric and emergency department nurses' attitudes toward a suicidal patient.
Methods: This is a cross-sectional analytical study that focused on nurses working in emergency and psychiatric departments in two Tunisian Hospitals. It was conducted between February and April 2022.
We used the Cognitive and Affective Empathy questionnaire (QCAE) to evaluate the empathy level.
Results: Our study involved 60 nurses with an average age of 35,23 and a sex ratio of 0.76. Forty-seven percent of the nurses feel pity for the suicidal person while 16.7% remain indifferent.
Fifty-seven percent of respondents believe that attempting suicide is primarily a sign of weakness and 45% believe that its a sign of suffering.
While dealing with a suicidal patient, 45% of caregivers choose to reassure family and friends while 6.7% prefer to call the police to investigate.
Among the nurses, 58.4% had an affective empathy score greater than or equal to 30 while 51.9% of them had a cognitive empathy score greater than or equal to 40.
There was no statistically significant association ($p>0.05$) between the QCAE score and: age, gender, marital status, number of years in current service, number of children, and personal psychiatric history.
There is a significant association between The department and both emotional Contagion and Perspective taking ($p<0.05$), while no significant association between Proximal Responsiveness, Peripheral Responsiveness, and Online Simulation.
Conclusions: It is undeniable that empathy level affects the quality of the relationship between suicidal patients and caregivers with many influencing factors.
The nurse has a therapeutic role but also a preventive one with regard to the problem of suicide, Therefore, the training of medical and paramedical teams is essential in order to limit any negative attitudes.

Disclosure of Interest: None Declared