EPV0697

Title: Haematological disorders revealing a raticide suicide attempt: A case report

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Introduction: Suicide attempts are common in individuals with schizophrenia. These actions are marked by a greater lethality, due to the use of more violent means in particular the intentional ingestion of rodenticides.
Objectives: To describe the gravity of the heamatological disorders revealing suicide attempts by a rodenticides in patient with schizophrénia.
Methods: We repport the case of a patient who present a haematological disorders after an rodenticide intoxication.
Results: A 41-year-old man with schizophrénia since 2011 was brought to the department of psychiatry in july 2020 for behavioral disorders. On arrival, the patient was oriented but reticent and refuse to tell his full story. On examination, his vital signs were normals, and he did not show any externalized bleeding. Bilogical tests revealed the prothrombin time (PT) was <10% with an isolated and unexplained fall in vitamin K-factors. The etiological investigation was negative. Later,the patient admitted attempted suicide by taken 4 rodenticide packages orally three days prior admission to hospital. The initial treatment with intravenous vitamin K almost daily is effective. An improvement in PT (35%) and vitamin K-dependent factors was observed after one week of treatment. A Normalization of hemostasis disorders was obtained after two weeks of treatment.
Conclusions: It is imperative to suspect rodenticide intoxication in patient with scizophrenia with an isolated and an explained deficiency of vitamin K dependent factors. The particularity of this intoxication lies in the dangerous and prolonged side effects making the curative treatment difficult and long.

Disclosure: No significant relationships.
Keywords: Suicide; schizophrénia; rodenticides; coagulopathy

EPV0696

Alendronate overdose/intoxication: Suicidal attempt in a case report

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Introduction: Alendronate is a nitrogen-containing biphosphonate that inhibits osteoclastic bone resorption. Lethal dose (LD50) was aproximately 626mg/kg in male rats, and 552mg/kg in female. Signs and Symptoms of overdose clammy skin, CNS depression, dysphagia, hiccups, miosis, respiratory depression, seizures and wheezing. Supportive therapy and monitor of urine flow, calcium and phsophorous level is essential for the management of voluntary overdose.
Objectives: To present the case of a 76-year-old woman who made a suicide attempt by ingestion of 8 tablets of 70 mg of alendronate. To describe the treatment of alendronate poisoning and the follow-up parameters for the control of complications.
Methods: Clinical case presentation through retrospective review of clinical notes and non-systematic literature review.
Results: A 76-year-old woman was taken to the emergency department after voluntarily ingesting 8 alendronate tablets (70 mg per tablet) 1 hour ago reporting "suicidal thoughts". After clinical evaluation, gastric lavage, administration of activated charcoal, and IV ranitidine were used. After 24-hour observation and after psychiatric evaluation, the patient was discharged.
Conclusions: Hypocalcaemia, hypophosphataemia and upper gastrointestinal adverse reactions, such as upset stomach, heartburn, oesophagitis, gastritis, or ulcer, may result from oral overdose. In case of overdose with alendronate, milk or antacids should be given to bind alendronate. Giving milk or antacids, to bind the bisphosphonate and minimize absorption, has been suggested for oral overdose. Due to the risk of esophageal irritation, vomiting should not be induced and the patient should remain fully upright. For decontamination is recomended activated charcoal and gastric lavage.

Disclosure: No significant relationships.
Keywords: alendronate; Suicide; Intoxication; Treatment

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Introduction: During the last 15 years, an ideation-to-action framework has been proposed that has prompted the development of several models that account for the transition from ideator to attempter. Previous research on one such model, the Integrated Motivational Volitional Model of Suicide (IMV), suggests it accurately distinguishes between suicide ideators and attempters. However, no study has examined the utility of the model with a psychiatric sample of depressed suicide ideators and attempters.
Objectives: To address this gap in previous research, this study examines the ability of the IMV to distinguish between depressed adult suicide ideators with and without a history of suicide attempt presenting to the emergency department.
Methods: After providing informed consent and with the approval of the appropriate institutional review board, 68 adults presenting to the Emergency Department were recruited to participate in the study. Ideators and attempers were compared on sociodemographics, severity of depression/hopelessness/current suicide ideation, and volitional factors including, access, planning, exposure to family suicide, impulsivity, pain tolerance, fearlessness about death, and mental imagery of death. Group differences were evaluated

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using chi-square and t-tests. Multivariate group analyses were performed using logistic regression.
Results: Of the regression analysis indicate that fearfulness about death significantly predicts suicide attempt history (OR=10.560, p=.05). Ethnicity was also found to significantly predict suicide attempt history (OR=0.67, p=.006). No other sociodemographic variables or volitional moderators were significant.
Conclusions: Results of this study contribute to improving accuracy in this area and suggest that fearlessness about death should be routinely included in comprehensive suicide risk assessments.

Disclosure: No significant relationships.
Keywords: Integrated Motivational Volitional Model; Volitional factors; suicide attempters; Suicide

EPV0700

Eeg coherence in depressive female adolescents with different types of auto-aggressive behavior

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Introduction: Intracortical interactions reflected in EEG coherence (Coh) play an important role in the control of behavior in both norm and mental disorders. EEG Coh in depression is less than in the norm. Non-suicidal self-injuries (NSSI) are widespread in adolescents and represent a significant risk factor for consequent suicidal attempts (SA).
Objectives: The aim of the study was to identify the differences in EEG coherence between depressive female adolescents who have NSSI or NSSI and SA in their history compared with healthy controls.
Methods: 75 depressive female adolescents (16–25 years old) were enrolled in the study and divided into two subgroups: NSSI (n=38) and NSSI+SA (n=37). The control group included 20 healthy subjects (HC) matched by age and gender. Baseline EEG was recorded, and EEG coherence was analyzed in 8 narrow frequency sub-bands.
Results: In the NSSI subgroup, the number of "high coherent connections" (pairs of EEG leads with Coh>0.80) was the lowest in comparison with the NSSI+SA subgroup (intermediate values) and HC (the highest values) in theta-1 (4-6 Hz), theta-2 (6-8 Hz), alpha-1 (8-9 Hz) and alpha-2 (9-11 Hz) EEG frequency sub-bands, especially in frontal-central-parietal regions.
Conclusions: The lowest EEG coherence in the NSSI subgroup suggests that this subgroup is "more depressive" than the NSSI+SA subgroup, while the NSSI+SA subgroup is "more normal" but has increased suicidal risk. The results obtained suggested the use of EEG Coh data to clarify the degree of suicidal risk in depressive adolescents with different types of auto-aggressive behavior. The study supported by RBRF grant No.20-013-00129a.

Disclosure: No significant relationships.
Keywords: EEG coherence; Depression; auto-aggressive behavior; female adolescents

EPV0701

The program of complex differentiated medical and psychological rehabilitation of suicidal behavior in dementia

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Introduction: The course of dementia is accompanied by aggression, wandering, agitation, sexual and eating disorders, suicidal behavior (SB).
Objectives: Develop and approbate a program of medical and psychological rehabilitation (MPRP) SB in patients with dementia.
Methods: It were treated 199 patients with SB in dementia of which 107 get cured according to the developed programs and 92 people received traditional treatment.
Results: The program of MPRP combines pharmacotherapy, psychotherapy psychoeducation, psychological training and developed taking into account the mechanisms and predictors of SB. The program included phases: diagnostic phase, phase of active intervention, psychoprophylactic phase. Pathogenetic treatment of dementia was performed with acetylcholinesterase inhibitors and / or NMDA-receptor blockers for 4-6 months. Patients with dementia with a depressive mechanism of SB were additionally prescribed antidepressants from the class of SSRIS for 3-4 months; with the psychotic mechanism of SB – atypical neuroleptics (risperidone, quetiapine) for 2-3 months. The system of psychotherapeutic and psychosocial intervention included rational and family psychotherapy, cognitive training, self-care training and psychoeducation for patients with the cognitive mechanism of SB – art therapy and family psychotherapy, communicative trainings and psychoeducation for patients with the depressive mechanism of SB; crisis psychotherapy and art therapy, social skills training and psychoeducational classes for patients with a psychotic mechanism. Improvement of mental state and reduction of symptoms of SP were diagnosed in 72.9% of patients, and after the use of traditional forms of prevention – only in 40.2% (DC=2.58; MI=0.43, p>0.001).
Conclusions: The results of approbation MPRP program in SB testify to its effectiveness.

Disclosure: No significant relationships.
Keywords: dementia; suicidal behavior; medical and psychological rehabilitation

EPV0702

Neuroimaging correlates of suicidal behavior in dementia

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Introduction: At pathomorphological research of suicides reveal neurogenerative changes, which determines the relevance of the