secondary to the suicide attempt. Psychopathological exploration: Conscious, oriented and collaborative. Depressive mood in relation to the stressors presented. Makes partial criticism of the suicide attempt, recognizes its seriousness and planning.
Results: Diagnosis: Moderate depressive episode. SAD PERSONS scale: 9 High risk.
Conclusions: The risk factors for suicide in older people can be medical, psychiatric, psychological, family environment and social - environmental factors. There are hardly any specific action protocols that allow early intervention and suicide prevention in the elderly. As social health professionals, we must work on the elaboration and application of these, since consummated suicide represents a major public health problem throughout the world.

Keywords: Suicidal Behaviors; major depressive disorder; the elderly; Suicide

EPP1401

Suicidal behaviour and cognition: A systematic review with special focus on prefrontal deficits

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Introduction: Suicidal behaviour and cognition: A systematic review with special focus on prefrontal deficits Introduction: Suicide is a major health concern worldwide, thus, identifying risk factors would enable a more comprehensive understanding and prevention of this behaviour. Neuropsychological alterations could lead to difficulties in interpreting and managing life events resulting in a higher risk of suicide.
Objectives: Objective: Bibliographic review about the influence of neuropsychological deficits on suicidal behaviour.
Methods: Method: A systematic literature search from 2000 to 2020 was performed in Medline (Pubmed), Web of Science, SciELO Citation Index, PsycInfo, PsycArticles and Cochrane Library databases regarding studies comparing cognition of attempters versus non-attempters that share same psychiatric diagnosis. Results: 1.885 patients diagnosed with an Affective Disorder (n = 1512) and Schizophrenia/ Schizoaffective Disorder (n = 373) were included.
Results: In general comparison, attention was found to be clearly dysfunctional. Regarding diagnosis, patients with Schizophrenia and previous history of suicidal behaviour showed a poorer performance in executive function. Patients with current symptoms of an Affective Disorder and a previous history of suicidal attempt had poorer performance in attention and executive function. Similarly, euthymic affective patients with history of suicidal behaviour had worse decision-making, attention and executive function performance compared to euthymic non-attempters.
Conclusions: Patients who have attempted suicide have a poorer neuropsychological functioning than non-attempters with a similar psychiatric disorder in attention and executive function. These alterations increase vulnerability for suicide.

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Keywords: Suicide; cognition; Neuropsychological functioning

EPP1402

Italian validation of the interpersonal needs questionnaire (INQ-15-I) in a sample of university students

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Introduction: The Interpersonal Theory of Suicide posits that thwarted belongingness (TB) and perceived burdensomeness (PB) are proximal causes of current suicidal desire, while the acquired capability predicts suicide attempts (Joiner, 2005).
Objectives: This study examined the psychometric properties of the Interpersonal Needs Questionnaire (INQ-15-I), as a measure of the two constructs, on a sample of 458 Italian university students.
Methods: After examining the socio-demographic, clinical and psychosocial characteristics of the sample, we tested the differences in current suicidal ideation and lifetime suicide risk among students. We conducted a confirmatory factor analyses to identify the latent structure of the INQ-15-I and we tested the reliability, criterion concurrent validity and convergent/discriminant validity.
Results: The socio-demographic, clinical and psychosocial features of the sample are in line with the literature on the topic. A two-factor related model with 15 item, showed a good fit to the data and subscales showed excellent internal consistencies ($\alpha \geq 0.84$). TB, but mostly PB, were mainly correlated with concurrent suicidal ideation and less with suicidal risk. Divergent validity has emerged with the constructs of the acquired capability. Convergent validity is supported for similar constructs such as depression, low reasons for living, anxiety, interoceptive awareness, psychological pain, loneliness, absence of social support and low self-esteem.