**Conclusions:** The methodological guide demonstrates how temporal network analysis supports identification of core and bridge symptoms in comorbidity. Repeated cross-sectional designs capture population-level responses to contextual stressors, while maintaining feasibility at scale. This approach equips researchers with a practical roadmap to design, estimate, and interpret comorbidity networks across time, offering actionable insights for clinical and public health interventions.

**Disclosure of Interest:** None Declared

## Consultation Liaison Psychiatry and Psychosomatics

### O047

### Inflammatory and Functional Correlates of Depression in Chronic Heart Failure: A Cross-Sectional Study

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**Introduction:** Depression is prevalent among patients with chronic heart failure (CHF) and is associated with increased morbidity, hospitalization, and reduced quality of life. Inflammation and neurohormonal dysregulation are hypothesized to underlie this association. However, few studies have evaluated depressive symptoms in CHF patients in relation to proinflammatory cytokines, natriuretic peptides, and functional status.
**Objectives:** To assess the relationship between depressive symptoms and levels of TNF-α, NT-proBNP, and clinical variables including anxiety and quality of life among patients with CHF.
**Methods:** A total of 120 patients diagnosed with CHF (NYHA II–III) were recruited. Depression was assessed using the Beck Depression Inventory (BDI), and anxiety with the Generalized Anxiety Disorder scale (GAD-7). Quality of life was evaluated using EQ-5D. Serum levels of TNF-α and NT-proBNP were measured by ELISA method. Echocardiographic parameters, demographic variables (age, sex), and lipid profiles were recorded. Correlation and subgroup analyses were conducted to assess associations between biomarker levels and psychological/clinical outcomes.
**Results:** Depressive symptoms (BDI ≥14) were present in 66.7% of patients. Higher depression scores correlated significantly with elevated TNF-α ($r = 0.48$, $p < 0.01$), NT-proBNP ($r = 0.42$, $p < 0.01$), and anxiety levels (GAD-7, $r = 0.61$, $p < 0.001$). Patients with depression also reported significantly lower EQ-5D index scores (mean 0.56 vs. 0.74, $p < 0.001$). Women reported higher depressive and anxiety scores than men ($p < 0.05$), while older patients (>65) showed stronger correlations between NT-proBNP and emotional distress. No significant correlation was observed between lipid levels and depressive symptoms.
**Conclusions:** Depression in CHF patients is significantly associated with elevated inflammatory and neurohormonal markers, as well as anxiety and reduced quality of life. These findings underscore the importance of psychosomatic assessment in CHF management. Future research should explore integrated treatment strategies targeting both physiological and psychological domains.

**Disclosure of Interest:** None Declared

## Schizophrenia and Other Psychotic Disorders

### O048

### Comorbid Substance Use in Schizophrenia: Multivariate Insight into Symptoms, Functioning, and Premorbid Adjustment

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**Introduction:** Substance use disorder (SUD) is highly prevalent in individuals with schizophrenia, with a lifetime prevalence of around 40%, and is consistently associated with poor outcomes. However, prior studies have yielded inconsistent results regarding its associations with negative symptoms, cognition, and functioning. The present study adopted a multivariate approach to delineate the clinical and functional profile of patients with schizophrenia and comorbid SUD.
**Objectives:** We aimed to identify sociodemographic, clinical, premorbid, cognitive, functional, and coping dimensions associated with SUD in schizophrenia, using data from a large multicenter cohort.
**Methods:** This cross-sectional study included 922 clinically stable patients with DSM-5 schizophrenia consecutively recruited within the Italian Network for Research on Psychoses. SUD diagnosis was established with the MINI. Assessments included PANSS, BNSS, PAS, SLOF, MCCB, MSCEIT, and Brief COPE. Group comparisons were followed by multivariate logistic regression and causal mediation analysis.
**Results:** Of 922 participants, 240 (26.0%) had comorbid SUD. Compared to non-SUD, they were more often male (80.8% vs 65.5%), younger (38.4 vs 40.8 years), with earlier onset (22.5 vs 24.6 years) and more hospitalizations (5.1 vs 3.2). In the SUD group, PAS showed poorer academic functioning ($p < .00001$) with relatively better social functioning ($p < .00001$) across childhood and adolescence. BNSS scores were lower for both MAP (11.5 vs 13.3, $p = .003$) and EXP domains (19.5 vs 21.1, $p = .033$). No group differences emerged for PANSS positive, disorganization, cognition, or social cognition. Regression indicated higher odds of SUD with maladaptive coping (COPE substance use OR 1.44, $p < .001$; self-distraction OR 1.21, $p < .001$), poorer PAS academic functioning in early adolescence (OR 1.44, $p = .003$), and better SLOF physical functioning (OR 1.18, $p = .030$). Protective effects were observed for PAS social functioning (OR 0.55, $p < .001$), higher BNSS EXP scores (OR 0.79, $p = .011$), and better SLOF work skills (OR 0.96, $p = .016$). Mediation analysis showed that the protective effect of premorbid social functioning was largely direct, with only about 10% mediated by lower severity of EXP symptoms, suggest-

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ing that reduced expressive deficits may indirectly increase opportunities for substance exposure.
**Conclusions:** In our study, comorbid SUD in schizophrenia emerged as a distinct clinical profile, characterized by early academic difficulties, preserved premorbid social functioning, lower severity of negative symptoms, and maladaptive coping strategies. These findings suggest that SUD may reflect a different trajectory of illness, rather than its greater severity. Preventive school-based initiatives, together with structured psychosocial interventions, could play a crucial role in reducing vulnerability in this subgroup.

**Disclosure of Interest:** None Declared

## Suicidology and Suicide Prevention

### O051

### Longitudinal Outcomes of Psychiatric Inpatients After Suicide Attempt: A Retrospective Study in Portugal

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**Introduction:** Suicide attempts (SA) are the strongest predictor of future suicide. Hospitalization after SA is a critical clinical decision, yet longitudinal outcomes of this population remain poorly described in Portugal. Understanding socio-demographic and clinical risk factors is essential to guide prevention strategies.
**Objectives:** To longitudinally characterize psychiatric inpatients admitted after SA and evaluate recurrence, rehospitalizations, and mortality.
**Methods:** We conducted a retrospective observational study including all patients admitted to the Acute Psychiatric Inpatient Unit of Unidade Local de Saúde Lisboa Ocidental between January 2022 and August 2025, following a documented SA in the previous month. Socio-demographic, clinical, index-SA, and follow-up variables were collected from electronic health records. Descriptive statistics were applied.
**Results:** Ninety-three patients were included (53.8% female; mean age 44.9 ± 19.0 years). A majority were single (60%), 54.8% were unemployed or otherwise inactive, and only 43% had children (mean 0.7), indicating fragile social support. Nearly half (48.4%) had a prior SA, 71% presented suicidal ideation, and 46.2% reported substance misuse; 21.5% had a family history of suicidal behaviour. The index SA was impulsive in 52.7%. Methods included drug overdose (49.5%), self-cutting (11.8%), defenestration (6.5%), and hanging (5.4%). Median length of stay was 17.5 days (IQR 11–33). Discharge diagnoses were mainly depressive disorders (52.7%), bipolar disorder (11.8%), borderline personality disorder (7.5%), and schizophrenia/psychosis (8.6%). During follow-up, 15.1% presented new non-fatal SAs (15 events), 7.5% required rehospitalization (18 episodes), and 2 patients (2.2%) died by suicide. Three additional deaths of unknown cause were recorded.
**Conclusions:** This is the first longitudinal characterization of SA-related psychiatric hospitalizations in Lisbon. Patients showed a profile of psychiatric morbidity combined with marked social vulnerability (isolation, unemployment, absence of children) and frequent substance misuse. Recurrence of suicidal behaviour and fatal outcomes occurred despite hospitalization, underscoring that inpatient care alone is insufficient. These findings highlight the need for multimodal post-discharge strategies integrating early follow-up, psychosocial and occupational support, and targeted interventions for substance misuse. Addressing social determinants alongside psychiatric treatment should be a cornerstone of suicide prevention.

**Disclosure of Interest:** None Declared

### O052

### Prevalence and Correlates of Suicidal Ideation Among Transgender Persons in Delhi, India; a community based cross-sectional study

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**Introduction: Background:** Transgender persons face significant health disparities globally. These challenges lead to increased burden of mental health outcomes and suicidal ideation, driven by stigma, discrimination, familial rejection and gender-related issues. There is limited evidence for prevalence of suicidal ideation in India, specifically North India. Thus we aimed to determine the proportion and factors associated with suicidal ideation in last one year among transgender persons of Delhi, India.
**Objectives:** To determine the proportion and factors associated with suicidal ideation, suicidal planning and suicidal attempt among transgender persons of Delhi, India.
**Methods:** A cross-sectional study was conducted at the six targeted intervention sites in Delhi, India. These 6 sites provide general support and medical care services to Transgender persons in Delhi. Participants were self-identified transgender persons ≥18 years of age. Structured interview schedule developed using formative research and literature review was administered to assess suicidal ideation, suicidal planning and suicidal attempt during last one year. Factors associated with suicidal ideation were identified in univariable logistic regression; variables associated at $p < 0.20$ were included in multivariable logistic regression model.
**Results:** Among the 204 transgender persons with mean±SD age, 27.7±7.9 years, 78 participants (38.2%, 95%CI: 31.6, 44.8) reported having suicidal thoughts in the last 12 months; 55 (27.0%, 95%CI: 20.9, 33.1) had planned for their suicide; 35 (17.2%, 95%CI: 11.7, 22.6) had made at least one suicide attempt. Suicidal ideation was significantly higher among those, with current main occupation of begging with adjusted odds ratio (AOR) 10.37 [2.50,43.0]); cannabis use during past 3 months (AOR=8.4, 95% CI [1.6, 43.4]); encountering more than one stressful events in past 12 months (AOR=3.9, 95% CI [1.2, 13.2]); with having experience of gender dysphoria (AOR= 3.7, 95% CI [1.5, 9.1]); having diagnosed with generalized anxiety disorder (AOR=12.0, 95% CI [2.1, 67.2]).