and may also help disentangle their overlapping genetic architecture with psychiatric disorders.
Objectives: Our aim was to carried out a GWAS for suicidal ideation in a well-phenotyped sample.
Methods: We conducted a genome-wide association study (GWAS) in the NewMood (New Molecules in Mood Disorders, Manchester and Budapest) database, 1820 subjects were involved (533 males, 1287 females), the suicidal ideation and behaviour were investigated with a suicide-focused item of the Brief Symptom Inventory (BSI). SNP-level association was assessed employing linear regression models, assuming additive genetic effects, using PLINK2.0, with gender, age and the first ten principal components (PCs) of the genetic data as covariates. Bonferroni-corrected significance threshold on SNP-level was $p \leq 5.0 \times 10\text{-}8$, and the suggestive significance threshold was $p \leq 1.0 \times 10\text{-}5$. GWAS results including the identified significant results were interpreted using FUMA v1.5.2.
Results: 9 SNPs were identified, 2 with genome-wide significance and 7 with suggestive significance. The most significant SNP, *rs79912020* (β=, P=3.21x10^{-10}, Chr4) was located in the *MANBA* gene and the other genome-wide significant variant, rs10236520 (β=, P= 1.706x10^{-8}, Chr7) is located near the gene *LOC124901613*. Furthermore, we have found more important variants with suggestive significance, rs117677616 (β= , P=1.199x10^{-6}, Chr20) is identified in *PTPRT* gene, rs34475 (β= , P=1.981x10^{-6}, Chr12) is located in *CFAP54*, rs711180 (β= , P= 2.934x10^{-6}, Chr12) is near the gene *VWA1* and the variant rs2655484 (β= , P=5.717x10^{-6}, Chr12) is located near the *GRIP1*. No genes were identified in gene-level analysis with genome-wide significance.
Conclusions: We identified 9 SNPs with genome-wide or suggestive significance in association with suicidal ideation, with several lines of converging evidence supporting their involvement in the development of suicide risk. *MANBA* gene has role in the development of unipolar depression, *PTPRT* is associated with appearance of major depressive disorder, and the *GRIP1* gene may be considered also as a potential biomarker for suicide, as it has been previously associated with psychiatric phenotypes indirectly linked to suicidal behaviour and in patients with increasing suicidal ideation during antidepressant treatment. The prevention of the suicides is a prominent aim in mental healthcare and these new variants may be helpful in establishing novel, focused and more filters for this vulnerability.
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EPP191

Relation Between Physicians' Emotional Response and Stigma Around Suicide

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Introduction: Suicide is a global health issue. Clinicians still have difficulties to differentiate patients who will or not commit suicide. This process is influenced by emotional and rational factors. Emotional responses (also known as countertransference) refers to what emotions clinicians experience. When working with suicidal patients, clinicians frequently experience negative emotions, such as fear, guilt and hopelessness. Clinicians' negative emotions responses contribute to their assessment of risk. Possible factors that influence emotional responses are myths and beliefs around suicide, contributing to stigma.
Objectives: This study aims to investigate the relationship between emotional responses, knowledge and stigma about suicide when providing care to suicidal patients.
Methods: An anonymous web-based survey was implemented through the software REDCap. Data were collected by snowball sampling. Participation was voluntary and participants had the ability to opt out at any time. The study was approved by the University Ethics Committee. The survey consisted of the Informed Consent Form (ICF), Sociodemographic Questionnaire, Scale of Myths, Beliefs and Attitudes About Suicide (SMBAS) - which evaluates stigma about suicide trough true or false questions. We also included the Rating Scale for Countertransference (RSCT) which evaluates the main emotional responses towards suicidal patients, divided in approach, indifference or rejection. Other questionnaires were included for future research, beyond the scope of this study.
Results: From 210 respondents, 179 (85.2%) completed the questionnaire. Sociodemographics: 108 (60.3%) were female; 166 (92.7%) were self-declared white-colored skin; The mean age was 37.22 (*SD* = 12.33), with 6 (0 to 48) median years of professional life [65(36.3%) were medical residents; 112(62.6%) were already specialists, 54(48.2%) of those declared to be psychiatrists]. Psychiatrists had highest rate of correct answers (M = *28,96*, SD = 1,84) in SMBAS when compared with non-psychiatrists (M = 27,86, SD = 2,39 , p = 0,008); Psychiatrists presented more emotional responses of interest (M = 2,58, SD 0,68, $p < 0{,}001$), solidarity (M = 2,81, SD 0,45, $p < 0{,}001$) and desire to help (M = 2,83, SD 0,38, p = 0,010). Non-psychiatrists presented more emotional responses of hostility (M = 0,06, SD 0,25, p = 0,040) and distance (M = 0,32, SD 0,56, p = 0,002). Psychiatrists presented more approach (p=0,03) and non-psychiatrist indifference (p=0,03).
Conclusions: We find preliminary evidence that psychiatrist present higher knowledge around suicide theme, having lower stigma around suicide. Psychiatrists also present more countertransference of approach and less of indifference.

Disclosure of Interest: None Declared

EPP192

Severe Personality Disorder with Chronic Suicidal Ideation Treated through an Intensive Acute Care Program

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