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Introduction: Suicidal poisoning represents a significant yet frequently underreported public health concern, particularly in regions where surveillance systems fail to fully capture the scope of the issue.
Objectives: This study aims to bridge this critical gap by estimating the total number of intentional poisoning cases and evaluating the completeness of the national toxicovigilance system in the Tanger-Tétouan-Al Hoceima region of northwest Morocco.
Methods: This study analyzed data from suicidal poisoning cases recorded over a three-year period in the Tanger-Tétouan-Al Hoceima region. We sourced data from the Moroccan Poison Control Center (MPCC) and hospital registers in the region. The two-source capture-recapture method was employed to evaluate the completeness of the poisoning surveillance system.
Results: A total of 824 suicidal poisoning cases were identified after removing duplicates, with 578 cases reported by MPCC and 286 cases from hospital records. Forty duplicates were found between the two sources. The capture-recapture method estimated a total of 4,133 cases (95% CI: 3,548-4,718), revealing that an additional 3,309 cases were not captured by the two data sources. The completeness of the surveillance was estimated at 13.98% for MPCC data and at 6.92% for hospital records.
Conclusions: Despite the presence of a toxicovigilance system in Morocco, significant deficiencies remain in its completeness. There is an urgent need to enhance this system by promoting greater awareness among healthcare professionals regarding the critical importance of spontaneous reporting of intentional poisoning cases.

Disclosure of Interest: None Declared

EPV1954

Exacerbation of suicidal risks among women during the COVID-19 crisis: Insights into epidemiological trends and intervention strategies

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Introduction: The COVID-19 pandemic has significantly impacted mental health globally, disproportionately affecting women. The widespread repercussions highlight the necessity to delve into the factors exacerbating these impacts and tailor effective mitigation strategies to the unique challenges faced by women.
Objectives: This study aims to identify and delineate specific risk factors that have escalated suicidal behaviors among women during the COVID-19 pandemic and to suggest targeted prevention strategies that address these identified factors.
Methods: Employing a narrative review approach and adhering to the PRISMA guidelines, this study systematically examined literature from **PubMed** and **Scopus** on the impact of the COVID-19 pandemic on women's suicide rates. This review focused on studies published between January 2020 and December 2024 that explored the pandemic's effects on women's mental health.
Results: The findings indicate a profound deterioration in mental health among women during the pandemic, characterized by a spike in depression, anxiety, post-traumatic stress disorder, and suicidal behaviors. The impact was notably severe among women facing unstable living conditions, single mothers, and those experiencing domestic violence. Social isolation emerged as a critical factor exacerbating these conditions, particularly pronounced among young women and those from socioeconomically disadvantaged backgrounds. The literature also underscores a significant increase in suicide attempts, with these groups most profoundly impacted.
Conclusions: This review confirms that the pandemic has exacerbated various risk factors associated with suicidal behaviors in women, particularly due to increased domestic violence, economic instability, and increased caregiving burdens, underscoring the critical need for tailored prevention strategies that specifically address women's unique challenges. These should include measures to protect women from domestic violence, enhance access to mental health services, and increase economic support to buffer the adverse effects of health crises on women's mental health.

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EPV1955

Systematic review of Acceptance and Commitment Therapy in suicide prevention in adults. Current perspective

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Introduction: Suicidal behavior is a public health problem in which the entire society must commit to implementing all available strategies to prevent it (Tighe et al., 2018), as more than 800,000 people die worldwide each year (Pedrola-Pons et al., 2024).
Objectives: The objective is to determine the efficacy of ACT in reducing suicidal behaviors through a systematic review.
Methods: A systematic review was conducted following the PRISMA 2020 methodology, searching the Cochrane, EMBASE, PubMed, PubPsych, and MEDLINE databases for scientific literature published between 2013 and March 31, 2024, using the keywords: "suicidal behavior" and "acceptance and commitment therapy" in Spanish and English. After applying inclusion and exclusion criteria, 7 studies were finally included in the systematic review.
Results: After conducting the search, 7 studies were included, among which were 1 meta-analysis of randomized controlled trials, a systematic review and meta-analysis, two randomized clinical trials, a systematic review of 5 studies, a program analysis, and an

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effectiveness study. The review showed a significant reduction in suicidal behavior in patients who received ACT (Calati et al., 2024). A relationship was observed between increased psychological flexibility and decreased suicidal ideation (Macri et al., 2024). The efficacy of ACT was comparable or superior to other interventions in some of the studies included in the review (Kumpula et al., 2019).
Conclusions: ACT shows promising results in reducing suicidal behaviors. However, more studies with long-term follow-up are needed to confirm its efficacy.
More studies with larger sample sizes and longer participant follow-up are needed to establish the long-term efficacy of ACT in reducing suicidal behavior.

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EPV1957

Intent to Die and Suicide Attempts: Exploring Clinical and Circumstantial Correlates

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Introduction: Intent to die is a crucial factor in assessing the risk of suicide attempts, which is difficult to measure.
Objectives: This study examined the characteristics of suicide attempters based on intent to die and aimed to investigate whether clinical and circumstantial evidence can support the assessment of the intent to die.
Methods: A total of 3486 suicide attempters who visited emergency department were divided into two groups: intent to die(n=1085, 31.1%) and no intent to die(n=2401, 68.9%). Demographic variables, clinical characteristics, and factors related to suicide attempt between the two groups were analyzed.
Results: Suicide attempters who reported an intent to die were older (46.7 ± 21.7 vs. 40.5 ± 19.3, t=8.460, $p < 0.001$), had a higher proportion of males (41.1% vs. 33.4%, $\chi2=19.174$, $p < 0.001$), were more likely to be unemployed (60.6% vs. 51.0%, $\chi2=26.954$, $p < 0.001$), had lower socioeconomic status (34.1% vs. 23.4%, $\chi2=44.365$, $p < 0.001$), and experienced more severe depression (76.6% vs. 49.6%, $\chi2=230.442$, $p < 0.001$), intense emotions (92.9% vs. 80.0%, $\chi2=91.138$, $p < 0.001$), agitation (45.5% vs. 40.4%, $\chi2=7.734$, $p < 0.01$), and hopelessness/helplessness (86.1% vs. 60.7%, $\chi2=221.980$, $p < 0.001$) compared to those who did not report an intent to die. Moreover, suicide attempters who reported an intent to die showed more repetitive/intense/continuous suicide ideation (79.8% vs. 42.8%, $\chi2=410.830$, $p < 0.001$), a higher rate of multiple attempts (46.5% vs. 41.1%, $\chi2=8.637$, $p < 0.005$), higher medical risk of death (3.6 ± 1.3 vs. 3.0 ± 1.1, t=15.633, $p < 0.001$), a higher total risk score (9.5 ± 2.2 vs. 8.3 ± 2.0, t=25.596, $p < 0.001$), and a lower total rescue score (12.1 ± 2.0 vs. 12.7 ± 1.9, t=8.649, $p < 0.001$) compared to those who did not report an intent to die. Some circumstantial factors such as planned attempts (19.4% vs. 2.3%, $\chi2=307.079$, $p < 0.001$), presence of suicide notes (21.3% vs. 9.8%, $\chi2=83.625$, $p < 0.001$), absence of regret (75.1% vs. 51.2%, $\chi2=174.849$, $p < 0.001$), and high lethality of suicide methods (18.0% vs. 9.2%, $\chi2=56.161$, $p < 0.001$) showed statistical significant differences, but some proportions of suicide attempters who did not report an intent to die also exhibited these circumstantial factors.
Conclusions: The present study suggests that suicide attempters who reported an intent to die tend to have more severe psychopathologies and serious suicide attempts related to direct factors than suicide attempters who did not report an intent to die.

Disclosure of Interest: None Declared

EPV1958

The unmet needs in suicide prevention among nursing staff

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Introduction: Nurses can play a critical role in suicide prevention, especially in hospital settings. The management of patients at risk of suicide requires specific nursing skills, including early recognition of warning signs and knowledge of preventive and protective strategies. Knowing risk factors and recognizing warning signs for suicide should be part of the professional background of any nurse training programs.
Objectives: In this study we aimed to investigate nurses's comfort, confidence and competence related to preventing suicide with a view to identify correct preventive strategies regarding the nursing management of patients at risk of suicide.
Methods: Our study presents the preliminary descriptive findings from an online survey in nursing staff working in different areas (medical, surgical, critical and emergency) in the Puglia Region. The survey aimed to assess the current knowledge, attitudes, behaviors and training needs of nurses regarding suicide prevention. 84 nurses working in the Puglia Region filled out the questionnaire.
Results: Data highlighted that the majority of participants (81%) recognized the significant role of the nurses in the management of a patient at risk for suicide but only 14.3% believed they had specific training on patients at risk of suicide. 50% of them stated they do not have adequate preparation regarding the possible preventive strategies in suicidal patient. 57.1% of interviewed reported that they had never become aware of protocols or guidelines on the prevention and management of hospitalized patients at risk of suicide. Only 14.3% of those interviewed are satisfied with adequate training on suicidal risk factors in hospitalized patients and even only 7.1% state that they have never received adequate training on possible nursing interventions for the prevention of suicidal risk. Although endorsed suicide prevention guidelines in the health institution where they work, 57.1% responded that they have never viewed them and only 38.9% partially.
Conclusions: Our study highlighted the need to implement specific training programs for nurses on the management of patients at risk of suicide.

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