often employed as attempts to escape from unbearable psychological pain.
Objectives: To identify risk factors including alcohol consumption habits and psychological pain in patients admitted to emergency department following self-harm episode. To analyse association between alcohol consumption and psychological pain.
Methods: A hospital based, cross-sectional study was performed among patients admitted to regional psychiatric hospital Gintermuiža from 01.11.2024. to 06.09.2025. after self-harm episode and consented to participate in the study. Socio-demographic, clinical data, frequency of alcohol use, amount consumed per occasion, alcohol use during self-harm and Visual Analogue Scale (VAS) for the level of psychological pain were used.
Results: The study included 61 patients aged 18 to 86 years. Median age 38 years. 50.8% (n=31) women and 49.2% (n=30) men. 23% (n=14) did not consume alcohol at all, 32.8% (n =20) patients reported consuming alcohol once a month or less, 26.2% (n=16) consumed alcohol 1-4 times per month, 11.5% (n=7) consumed alcohol 2-3 times per week, and 6.6% (n=4) consumed alcohol more than 4 times per week. 37.7% (n = 23) reported consuming alcohol at the time of self-harm. The mean psychological pain score at admission time was 4.93 (SD =2.77) on a 10-point scale. 8.2% (n=5) reported no psychological pain (VAS=0), 16.4% (n=10) reported mild psychological pain (VAS=1-3), 44.3% (n=27) reported moderate psychological pain (VAS=4-6), 23% (n=14) reported severe psychological pain (VAS=7-9) and 8.2% (n=5) worse pain (VAS=10). No statistically significant correlation found between the frequency of alcohol consumption and psychological pain level (p=0.702). No statistically significant correlation found between the amount of alcohol consumed per occasion and the level of psychological pain (ρ=–0.011; p=0.935). There was found no significant difference in psychological pain between participants who used alcohol during self-harm and those who did not (p=0.214).
Conclusions: There was found no association between alcohol consumption patterns and psychological pain among patients with self-harm behavior. Psychological pain represents an independent factor. This might be explained by the fact that psychological pain is highly subjective measure influenced by personal experience, stress tolerance and cognitive factors. The relatively small cohort represents a limitation of this study, limiting the statistical power to detect smaller effects and highlighting the need for further investigation with a larger sample size.

Disclosure of Interest: None Declared

EPP398

Differences between individuals who left a suicide note and those who did not: a systematic review

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Introduction: Suicide notes provide unique insight on the cognitive and emotional state of suicide victims in their final moments. However, not everyone who dies by suicide leaves a note. Thus, it remains uncertain whether note-writers (NW) constitute a representative subgroup of those who died by suicide.
Objectives: This systematic review aimed to provide a synthesis of literature examining the different characteristics between NW and non-note-writers (NNW).
Methods: A literature search was independently performed by three authors using the PubMed and PsycINFO databases (up to June 6th, 2025). Studies were included if they compared NW and NNW in terms of sociodemographic (e.g. gender, age, marital status), clinical (e.g. mental or physical illness, use of alcohol or drugs), or suicide-related variables (e.g. method of suicide, previous suicidal behavior) between NW and NNW. These results are preliminary, as article screening is still ongoing.
Results: The search initially identified 852 references. Twenty-six studies met the inclusion criteria and were included. Regarding sociodemographic variables, 38% (k=10) of studies found gender differences: NW were more frequently males in half of these, females in the other half. Age differences emerged in 27% (k=7) of total studies: in most cases, younger people more frequently left notes, while middle-aged and older people did in fewer studies. Marital status differed between NW and NNW in 27% (k=7) of total cases: across studies NW were more frequently separated or divorced, single, or widowed. In 19% (k=5) of total studies, NW had greater financial problems than NNW. Concerning clinical variables, mental illnesses were less frequent in NW in 23% (k=6) of studies. Regarding suicide-related variables, NW differed from NNW for the methods for suicide in 65% (k=17) of studies: poisoning, gas intoxication, and drugs were more common in NW than in NNW. History of suicide attempts or suicidal behavior differed in 19% (k=5) of studies: it was more frequent in NW in most cases, less frequent in a few of them. Other variables were significantly different in 4 or less studies.
Conclusions: Available evidence on differences between NW and NNW is heterogeneous and inconclusive. Some variables appear to distinguish the two groups, but diversity of results and study characteristics—such as sample size, participant profiles, and research settings—cautions against generalizing findings from NW to the broader suicidal population.

Disclosure of Interest: None Declared

EPP399

Phenotypes and trajectories of suicidality in borderline personality disorder: transitions from ideation to non-suicidal self-injury and suicide attempts

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Introduction: In adults with borderline personality disorder, lifetime suicidal ideation, non-suicidal self-injury and suicide attempts are frequent. Recent syntheses report approximately 80% ideation, 52% attempts and 6% death by suicide; adult transitions along the ideation to non-suicidal self-injury to attempt pathway remain incompletely quantified.

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