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Suicidality during treatment with serotonin and norepinephrine reuptake inhibitors

I. Da Fonseca Pinto[1]*, A. Elias de Sousa[1] and M. A. Vieira-Coelho[1,2]

[1]Department of Psychiatry and Mental Health, University Hospital Center of São João and [2]Department of Biomedicine - Pharmacology and Therapeutics Unit, Faculty of Medicine of Porto University, Porto, Portugal
*Corresponding author.
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Introduction: Treatment choice when prescribing antidepressants for major depressive disorder (MDD) is often influenced by safety and tolerability profiles. A transient increase in suicidality following antidepressant treatment initiation is a key concern. Although rare, its unpredictability and consequences make them a significant worry. In 2004, the U.S. Food and Drug Administration (FDA) issued a "black-box" warning regarding a potential increase in suicidality in adolescents receiving antidepressant treatment for depression that was later expanded to include both young adults and a broader range of antidepressants.
Objectives: The aim of this study is to evaluate the risk of increased suicidality during the treatment with serotonin and norepinephrine reuptake inhibitors (SNRIs) in young adults with MDD.
Methods: We conducted a non-systematic literature search on PubMed using the combination of MeSH terms ([Serotonin and Noradrenaline Reuptake Inhibitors] OR [Levomilnacipran] OR [Desvenlafaxine Succinate] OR [Venlafaxine Hydrochloride] OR [Duloxetine Hydrochloride]) AND [Suicide] AND [Young Adult], and the keywords [("Serotonin and Noradrenaline Reuptake Inhibitors" OR "Levomilnacipran" OR "Desvenlafaxine" OR "Venlafaxine" OR "Duloxetine") AND ("Suicide" OR "treatment-emergent suicidal ideation") AND ("Young" OR "Youth")].
Results: A total of 31 manuscripts were retrieved and 6 were selected, 3 original research and 3 non-systematic reviews of randomized clinical trials. Only studies written in English that provided information about suicidality with SNRIs in young adults with MDD.
Globally, studies show that not only antidepressants decrease the risk of suicide attempt in depressed patients, but also there is no evidence of an increased suicidality in young adults treated with SNRIs.
Interestingly, one study showed that increasing suicidality could be related to side effects of the treatment, such as anxiety, agitation and irritability. The authors found that poor antidepressant response and greater severity of depression during follow-up were associated with treatment increasing suicidal ideation, as it was suggested in another study.
Another study reinforced that there may be an emotional component to the activating effects produced by some antidepressants that could explain their controversial association with rare cases of suicidal ideation and behaviour.
Conclusions: In conclusion, growing evidence shows that antidepressants overall decrease the risk of suicide attempt in depressed patients. Therefore, reducing antidepressant use over the FDA concerns about increased suicidal tendencies in young patients may actually increase suicide risks due to inadequate treatment of depression. Additional studies are essential to further confirm the importance of early treatment for depression.

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Awareness of psychiatrists regarding physician suicide and prevention in developed and less developed countries

K. Kostyál[1]*, J. H. Terje[1] and P. Z. Álmos[1]

[1]Department of Psychiatry, Albert Szent-Györgyi Medical School, University of Szeged, Szeged, Hungary
*Corresponding author.
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Introduction: The World Health Organization estimates that more than 700,000 people worldwide die by suicide every year. Suicide is a complex issue, and occupation can be considered one of the risk factors. Data from the USA indicates that the suicide rate among doctors is higher compared to the general population. Among different specialties, general practitioners face the highest risk, followed by internal medicine, and then psychiatry. Apart from Anglo-Saxon countries, available data regarding physician suicide is limited; in some countries, the topic is considered taboo.
Objectives: The goal of this pilot study was to explore whether psychiatrists in different countries have access to suicide databases that include occupational information and to determine what prevention strategies and interventions are currently in use.
Methods: We distributed a short questionnaire to a group of psychiatrists (n=25) to assess the existing methods in their respective countries for collecting suicide data and implementing suicide prevention measures. The survey included both developed and less developed countries. Out of the 20 participating countries, 12 returned our questionnaire by the deadline. The final participating countries were Croatia, Czech Republic, Ethiopia, France, Germany, Hungary, Kazakhstan, Mexico, Qatar, Serbia, Sweden, and the UK.
Results: Based on our colleagues' reports, none of the responding countries have publicly available data on the number of physicians who committed suicide in the last three years. The risk of suicide and substance abuse among doctors is not systematically assessed or published in any of the participating countries. Kazakhstan is the only country where burnout, anxiety, and depression among doctors are regularly assessed. Ethiopia is the only participating country without a hotline for individuals in a suicide crisis. Mexico, Qatar, and Kazakhstan are the only countries with dedicated hotlines for health workers. Regarding preventive strategies, colleagues from Hungary, Serbia, Sweden, and Ethiopia did not report any strategies specifically aimed at preventing physician suicides. Germany and the UK were the two countries with more than one prevention strategy, both providing a free toolkit to identify and support at-risk populations. There are significant differences in the amount of mental health support that doctors receive in each country.
Conclusions: Psychiatrists are not aware of physician suicide data and the utilization of preventive strategies vary widely among the participating countries. There is no standard practice for screening doctors for suicide risk, burnout, anxiety, depression, substance abuse, or adequate data collection on suicide. Based on these findings, it would be necessary to include more countries in the sample and conduct a more detailed examination of the issue in the future.

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