suicide behavior are related to an underlying psychopathology, mainly depression and substance abuse, especially alcohol. However, there are also numerous cases of impulsive attempts in the context of life stressors.
Objectives: To analyze sociodemographic and clinical characteristics of adult patients with suicidal behavior attended in the emergency department during a one-year period. To study the stability of the data obtained in the following annual period
Methods: A retrospective review of the population over 18 years attended in the emergency department during 2022 because of suicidal behavior, was carried out. Data collection for the year 2023 is in progress in order to be able to carry out a comparative study between both annual periods.
Results: 562 patients over 18 years were attended in the emergency department of our hospital due to suicide behavior during 2022. 383 of these patients were women (68.1%) and 179 men (31.9%). with an average age of 38.6 and 42.2 years respectively. The age range between 18 and 25 years accounted for 28.5% of the total cases. The most frequent suicidal behavior was medication overdose with a total of 307 (54.6%), being more frequent in women than in men (2.6:1). The second most frequent reason for attention was suicidal ideation without suicide attempt, with a total of 212 patients (37.7%). 371 patients were discharged home from the emergency department (66%) and 191 required a longer observation in hospital environment. We are awaiting to complete data collection for 2023 to establish a comparison with those described above.
Conclusions: According to our study, suicidal behavior in adult population is more frequent in women than in men. The most frequent age range in both genders was between 18 and 25 years old. The method most frequently used was medication overdose and suicidal ideation without a suicide attempt was the second most frequent reason of attention. Our patients mostly presented diagnoses of personality disorder, depression and substance use disorder.

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EPV1052

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: rationalising ssri antidepressants prescription in suicide prevention

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Introduction: We are facing increased suicide attempts and deliberate self-harm from persons with borderline personality disorder (BPD) who are also on antidepressants, multiple antidepressant prescriptions and antidepressant augmentations. Our previous observations suggest that antidepressants might increase suicide attempts in those on this medication and who have BPD. The absent response to antidepressants is due mainly to the comorbid dysthymia, cyclothymia, rumination, autism and ADHD in BPD.
Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service (NHS) in suicide prevention.
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com). The four parameters for stochastic predictions are, BPD (A), antidepressant No. 1 (B), antidepressant No. 2 (C), and suicide attempts (D). Boolean function metrics can help analyse the impact and truth of forecast modelling with truth density.
Results: The logic expression for suicide prediction due to liberal antidepressant prescribing is Ψ = A intersects B, intersects C, intersects D; that is,. $\Psi = A \cap B \cap C \cap D$, which yields a Boolean truth density of 6.25%. The truth table always has a positive outcome as long as any of the factors exist except when none is present.
Conclusions: The predictive Boolean function and truth table suggest that suicide presentation is predictable if there is a prescribing of one or more antidepressants in BPD and if there is an antidepressant augmentation or dose maximisation. We speculate that SSRI antidepressants block self-regulatory mechanisms of fear of death while triggering impulses to self-harm and suicide from overstimulation of SSRI receptors. Without fear mechanisms, death by suicide is felt as not terrifying.

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EPV1053

Implementing policies and predictive stochastic models to attend to borderline personality disorder crises: the dysthymia-suicide cycle

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Introduction: UK healthcare is undergoing significant challenges in facing borderline personality disorder (BPD) and accommodating the increased demand to allocate sufficient care and carers to deal with BPD's growing number and emotional and suicidal crises.
Objectives: To generate forecasting models and preventive policies to deal with BPD crises and improve the effectiveness of the UK National Healthcare Service in suicide prevention (NHS).
Methods: The underlying analysis framework is stochastic forecasting. We used current knowledge and data to complete systematic future predictions extracted from recent trends. A logical-mathematical model generated the required expressions. The software for logic prediction and annotation was Wolfram Alpha (Wolframalpha.com).
Results: Persons with BPD become suicidal because the team cannot comprehend and address the cycle of dysthymia, rumination and suicide. The BPD crises start from Stage 1 (α), assessing the comorbidity between BPD with dysthymia, cyclothymia, autism and ADHD. Teams shall avoid overmedication as ineffective. Stage 2 (β) is introspection and rumination, which do not respond to pharmacotherapy. The health carers establish if rumination is present and suggest distraction techniques. Stage 3 (γ) is when constant rumination with catastrophising leads to hopelessness. Stage 4 (δ) is when BPD starts feeling more anxious, depressed and