

**Conclusions:** Ketogenic diet modulates melatonin activity therefore affects sleep architecture. Meanwhile, Its impact on sleep disorders is still controversial due to the variation of its pathophysiological mechanisms.

**Disclosure of Interest:** None Declared

## EPV1034

### A Review of Current and Future Pharmacologic Treatments for Narcolepsy

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**Introduction:** Narcolepsy is a rare but disabling neurological disorder involving disruption of the sleep-wake cycle that is often under- or misdiagnosed (Barateau L, *et al.* J Sleep Res. 2022;31(4): e13631). It is characterized by a classical tetrad of excessive daytime sleepiness (EDS), cataplexy, hypnagogic hallucinations, and sleep paralysis. Narcolepsy is divided into 3 types: Narcolepsy Type 1 (NT1); Narcolepsy Type 2 (NT2); and Secondary Narcolepsy. The pathophysiology remains unclear but is primarily associated with loss of hypocretin (orexin) neurons involving autoimmune and genetic risk factors, particularly for NT1.

**Objectives:** To review the currently available therapies for the treatment of narcolepsy.

**Methods:** The extant literature was reviewed and discussed in the context of clinical relevance.

**Results:** Treatment historically has included medications developed for the treatment of other conditions such as psychostimulants (methylphenidate, modafinil/armodafinil, pemoline) and antidepressants (SSRIs,TCAs). These agents are also associated with limiting side effects in practice. In more recent years a variety of specific treatments have been approved that act on diverse pathways. Pitolisant, a histamine H3 receptor inverse agonist, is approved for the treatment of EDS or cataplexy in adult patients with narcolepsy (and children > 6 years in European Union) (Keam SJ. Paediatr Drugs. 2023;25(4):483-488). Solriamfetol, a dopamine and norepinephrine reuptake inhibitor (DNRI) is indicated to improve wakefulness in adult patients with EDS associated with narcolepsy or obstructive sleep apnea (OSA) (Winter Y, *et al.* Sleep Med. 2023;103:138-143). Sodium oxybate (SXB), a GABA<sub>B</sub> receptor agonist, is approved for the treatment of cataplexy associated with narcolepsy and (EDS) in patients 7 years or older (Bogan RK, *et al.* CNS Drugs. 2023;37(4):323-335). Current research focuses on on-peptide hypocretin receptor-2 agonists (Saitoh T, Sakurai T. Peptides. 2023;167:171051).

**Conclusions:** Despite limited understanding of the pathophysiology of narcolepsy there have been substantial advances in the pharmacotherapy, including medications now approved for children. Early diagnosis and treatment are associated with better outcomes. In view of the chronic and disabling morbidity associated with narcolepsy further research and better access to appropriate medications is necessary.

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## Suicidology and suicide prevention

### EPV1035

#### Suicide planning type interventions as an evidence based alternative for no-suicide contracts

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**Introduction:** Suicidality is a common concern in psychiatric patients and one of the leading causes of death in adolescents and young adults. (*Adolescent health.* (2019, November 26) WHO). Some mental health professionals engage in a no-suicide contract with their patients. In this type of intervention, the patient usually agrees to not harm or kill himself/herself. There is an increasing body of evidence to support brief interventions, such as group of safety planning-type interventions (SPTIs) (McCabe *et al.* MC Psychiatry, 2018, May 3; 18(1)). Safety planning is derived from cognitive therapy and cognitive behavioral therapy used for suicide prevention.

**Objectives:** Our objective was to summarize and critically analyze current evidence of effectiveness of SPTIs and no-suicide contracts in suicide prevention.

**Methods:** We conducted a literature review to compare no-suicide contract to safety-planning interventions in suicide prevention.

**Results:** Although no-suicide contracts may work for some individuals, there is not enough quantitative evidence to support such contracts as clinically effective tools. A recent meta-analysis has shown that SPTIs were associated with reductions in suicidal behaviors although no effect was identified with frequency of suicidal thoughts (Nuij *et al.* (2021, April 30). *The British Journal of Psychiatry*, 219 (2), 419–426).

**Conclusions:** Based on the evidence and straightforward implementation of SPTIs in different clinical settings it may be a more effective alternative to no-suicide contracts.

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### EPV1036

#### “Suicide Clusters: Analysis of a Sample of Completed Suicides in Spain”

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**Introduction:** “Cluster suicides,” also known as “suicide clusters,” refer to a phenomenon in which a series of suicides occur within a specific community, group, or geographic area within a relatively short period of time. These suicides often appear to be interconnected, either through imitation or contagion, and may involve individuals who have some form of social or emotional connection to each other.

**Objectives:**

- Understanding the definition and characteristics of cluster suicides.
- Analyzing common risk factors and triggers in cluster suicide cases.
- Evaluating prevention and support strategies for affected individuals and communities.

**Methods:** We conduct an analysis of this concept based on a sample of suicides that occurred in a Spanish region over an 8-year period (2015-2022).

We will Analyze the following aspects:

- Definition and characteristics of cluster suicides.
- Risk factors contributing to the occurrence of cluster suicides.
- Examples of real cases or case studies illustrating this phenomenon.
- The role of imitation and contagion in cluster suicides.
- Prevention and support strategies, including education on warning signs and access to mental health services.
- The impact of media coverage and how it can amplify the contagion effect.
- Measures to reduce access to lethal means of suicide.

**Results:** We will discuss about the results found:

- Definition and characteristics of cluster suicides.
- Risk factors contributing to the occurrence of cluster suicides.
- Examples of real cases or case studies illustrating this phenomenon.
- The role of imitation and contagion in cluster suicides.
- Prevention and support strategies, including education on warning signs and access to mental health services.
- The impact of media coverage and how it can amplify the contagion effect.
- Measures to reduce access to lethal means of suicide.

**Conclusions: The main conclusions of our presentation are :**

- The importance of recognizing cluster suicides as a real and concerning phenomenon.
- The need to address specific risk factors and triggers in affected communities.
- The effectiveness of prevention and support strategies in reducing cluster suicide cases.
- The importance of promoting media responsibility in suicide coverage.

**BIBLIOGRAPHY**

1. **Cluster Suicides: A Critical Review and Theoretical Framework** (2019) - Este estudio proporciona una revisión crítica de la literatura sobre cluster suicides y presenta un marco teórico para comprender mejor este fenómeno
2. **“Clusters of Suicides and Suicide Attempts: Identification, Prediction, and Prevention”** (2016) - Aunque este estudio no se centra exclusivamente en España, ofrece información sobre la identificación y prevención de clusters de suicidio que puede ser relevante.
3. **“Epidemiology of Suicide in Spain, 1981–2008”** (2012) - Proporciona una visión general de la epidemiología del suicidio en España, lo que podría ayudar a contextualizar los estudios específicos sobre clusters.

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**EPV1037**

## Exploring the Role of Attachment Styles, Life Scripts, and Parental Mandates in Suicidal Behavior: Implications for Prevention and Intervention

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**Introduction:** The scientific literature widely acknowledges the multitude of factors contributing to suicide, emphasizing the intricate and dynamic interplay among genetic, biological, psychological, and social dimensions (Van Heeringen, 2001). Despite this consensus, each suicide case is unique, shaped by an exclusive combination of these factors. One relatively underexplored risk factor in the realm of suicidal behavior is attachment style. As posited by attachment theorists, avoidant and anxious/insecure attachment styles may hold predictive value for suicide attempts (Sheftall et al., 2014).

**Objectives:** This study undertakes a comprehensive review of the relationships between attachment styles, life scripts, parental mandates, and suicidal behavior.

**Methods:** This study delves into the interconnections between attachment styles, life scripts, parental mandates, and suicide, drawing from an extensive body of research and theory. A comprehensive review of existing literature was conducted to elucidate the intricate relationships among these variables and their potential influence on suicidal behavior.

**Results:** The synthesis of existing research highlights a compelling link between attachment styles, life scripts, and parental mandates. Attachment styles, formed in early life, profoundly influence an individual's interpersonal relationships, emotional regulation, and sense of self-worth. These attachment patterns lay the foundation for the development of life scripts—internalized narratives that dictate one's beliefs, values, and expectations regarding their life course. Parental mandates, often transmitted explicitly or implicitly during childhood, further shape these life scripts by imposing conditions or constraints on the individual's choices and aspirations.

Crucially, within this framework, suicidal behavior emerges as a possible outcome. Individuals with maladaptive attachment styles, burdened by parental mandates that discourage autonomous living or impose conditional acceptance, may perceive suicide as a way to escape perceived unmet expectations or alleviate emotional distress.

**Conclusions:** This study underscores the intricate interplay between attachment styles, life scripts, parental mandates, and suicidal behavior. Understanding these complex relationships is pivotal in both prevention and intervention efforts. Recognizing the significance of family history, parental approaches, maladaptive beliefs, attachment patterns, and early caregiver interactions can inform the development of targeted strategies aimed at mitigating suicide risk in diverse contexts, including schools, communities, and clinical settings. By identifying these factors and their influence on suicidal behavior, practitioners and researchers alike can contribute to more effective prevention and intervention initiatives tailored to individual needs.

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