International Congress on Suicidology and Public Health
Rome (IT), September 14-15, 2017
Highlights

Introduction

Prof. Pompili and Prof. Girardi, chairmen of the symposium, opened the congress, by highlighting the high scientific level of this meeting, focusing on Suicide and Public Health, more in particular Prof. Girardi pointed to the very hard clinical work performed by Prof. Pompili and his team on patients with suicide behaviour with a particular attention to any single person in order to reduce the risk of death. The main topics discussed in this symposium were about loneliness, suicidal behaviour, the relationship between prison system and suicide, ASD and suicide, the effects of lithium, depression, bipolar disorder, schizophrenia, bullying and cyberbullying. The congress has been attended by many of the top researchers of this field coming from all the world and by more than 1000 physicians, psychiatrics and psychologists working on these topics.

To follow the presentations of this congress, click on the link below:
http://www.fondazione-menarini.it/Home/Eventi/Convegno-Internazionale-di-Suicidologia-e-Salute-Pubblica-Giornata-Mondiale-per-la-Prevenzione-del-Suicidio-XV-Edizione/Video-Slide … and, after having logged in, enter in the multimedia area.

Loneliness and the importance of Mental Wellbeing

Loneliness, Solitude, Social Isolation

Loneliness and the importance of mental wellbeing, was the topic discussed by Prof. Siracusano in his lecture. The speaker, coming from Rome (IT), went deeper in his talk and presented very interesting data on the main topics of psychotherapy, based on the interpersonal ties. In the main part of his lecture, Prof. Siracusano presented very interesting data on loneliness, pointing to the differences between loneliness, solitude and social isolation. More in particular, the speaker highlighted that the social isolation leads to depression and about one million of young people actually live in a such situation. Prof. Siracusano, presented also very interesting data on the relationship between loneliness, depression and the risk of death and highlighted the role played by the boredom for the onset of the loneliness in the youths. A tight relationship between social networks and
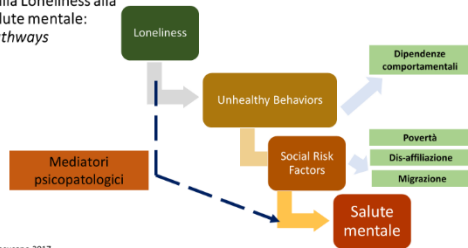

loneliness is typical of our adolescents and represents a risk factor for suicide, the speaker pointed out. In the second part of his lecture, Prof. Siracusano presented very interesting data on the pathways starting from the loneliness that lead to the mental diseases, like the unhealthy behaviours and the social risk factors. In conclusion, the speaker pointed out that nobody has to be leaved in loneliness and this is an issue for professionals but also for politicians.

- How does the brain react to the isolation, based on the data presented by the speaker?
- What's about the differences between loneliness and social isolation from the speaker point of view?
- What are the four social determinants of health, from the speaker point of view?
- What's about the definitions of loneliness, based on the data presented by the speaker?
- Is there a relationship between loneliness and internet, based on the data presented by the speaker?
- What are the main pathways towards suicide in adolescents, from the speaker point of view?

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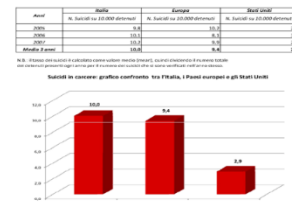
Prison System between self-harm and suicides

Prof. Di Giannantonio from Chieti (IT), spoke about the Prison System between self-harm and suicides. Going deeper in his lecture, the speaker presented very interesting and impressive data on the WHO estimates on suicide. In the main part of his lecture, Prof. Di Giannantonio talked about the relationship between jail and suicide. More in particular the speaker pointed to the main vulnerabilities affecting the prison population, like schizophrenia, mood disorders, drug abuse disorders and personality disorders and presented very interesting data on the main problems of the prison officers. Prof. Di Giannantonio talked also about liveability, detention and psycho-social vulnerability and highlighted that the Italian prison suicide incidence is the highest among the European countries and suicide is the main cause of death in the Italian prisoner population. The speaker presented a huge amount of very impressive data on this issue, demonstrating that suicide in the Italian prisons is one of the main problems. Finally, Prof. Di Giannantonio talked also about the main characteristics of the prisoners at high suicidal risk and highlighted that the ones waiting for judgment or the new prisoners are at the highest risk. Finally, the speaker presented very impressive data on the "vertigo for exit" that is an issue of the prisoners very close to the release, another main risk factor for suicide.

- What are the main groups at high suicidal risk, based on the data presented by the speaker?
- What's about the suicide incidence in the prison officers, based on the data presented by the speaker?
- What's about the suicide incidence in Italy compared to Europe and USA, based on the data presented by the speaker?
- What is the Italian prisons situation in 2017, based on the data presented by the speaker?

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Autistic Spectrum and Suicide: the role played by Trauma

ASD and Suicide

- 10.9-50% of ASD: ideation/attempt/complete suicide
- 7.3-15% of sbj with ideation/attempt suicide has ASD
- Suicidal ideation is more common in HFA and AD

Methods: often violent and potentially lethal
Associated factors: male, comorbid depressive/anxiety disorders, low socio-economic status
Precipitating factors: physical/ sexual abuse

Raja et al., 2011; Richa et al., 2014; Huguet et al., 2014

Autistic Spectrum and Suicide: the role played by Trauma, was the topic Prof. Dell'Osso spoke about in her lecture. The speaker coming from Pisa (IT), presented very interesting data on trauma and stress disorder, the bipolar and borderlines personality disorders (BPD) and finally on the relationship between ASD and BPD. Speaking about autism spectrum disorders and suicide, Prof. Dell'Osso presented very interesting data on their increased incidence and prevalence and highlighted that adults with ASD have significantly an increased rate of all major mental disorders. More in particular the speaker presented very interesting data on the inconsistency between the high rates of trauma and the low post traumatic stress symptomatology prevalence, in the ASD patients. Talking about Trauma, stress related disorders and the link between ASD and Suicide, Prof. Dell'Osso presented very interesting data on ruminations and other similar forms. In the second part of her lecture, the speaker talked about the Bipolar and borderline personality disorders and the relationship with the rumination. Finally, Prof. Dell'Osso presented very interesting data on these patients given from clinical studies running in her Center.

Ruminations

- A compulsively focused attention on symptoms distress, and possible causes and consequences

- Ruminations exacerbates depression, enhances negative thinking, impairs problem solving, compromises psychosocial adjustement

Nolan et al., 1998; Nolen-Hoeksema et al., 2008

Editorial

Suicide and autism spectrum disorder: the role of trauma

Trauma and stress-related disorders might be the *link* between *autistic spectrum* and *suicidality* not only among subjects with a known ASD, either subthreshold or full-blown, but also among those with a comorbid *borderline phenotype*

Dell'Osso et al., J Psychopatol., 2016

- What's about the relationship between the ASD pattern, the risk of trauma and the stress related diseases, based on the data presented by the speaker?
- What does rumination mean, based on the data presented by the speaker?
- What's about the relationship between ASD and suicidality, based on the data presented by the speaker?
- What are the main forms of rumination presented by the speaker?
- What's about the correlation between rumination and bipolar disorders, from the speaker point of view?

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Lithium: history, clinics and suicide prevention

Lithium 2017 :The evidence (ultra-short)

Good evidence :
- Broadest spectrum of therapeutic effects (true „mood stabilizer")
- Superior prophylactic efficacy in patients with bipolar disorder.(Highest level of recommendation in various independent guidelines: „A")
- Unique antisuicidal effect shown in many studies.
- Augmentation strategy

Suggested effects :
- Neuroprotection Wirksamkeit (Anti-dementia ?)
- Reduced incidence of suicides and aggressive acts in areas with higher lithium levels in drinking water. .

Lithium: history, clinics and suicide prevention, was the topic discussed by Prof. Muller-Oerlinghausen. The speaker, coming from Berlin (Germany), talked about the relationship between lithium and suicide prevention. Going deeper in his lecture, Prof. Muller-Oerlinghausen presented very interesting data on the evidence about lithium published in 2017. In the main part of his lecture, the speaker talked about suicidal risk and mortality in affective disorders and highlighted that these findings are increasing and that patients affected by bipolar disorders, more in particular the female ones, without an adequate treatment, are expecting to lose an average of 9 years of their life. Prof. Muller-Oerlinghausen presented other very interesting data on the antisuicidal effects of lithium starting from the 1972 till now, pointing to its specificity. In the second part of his lecture the speaker presented very interesting data given by clinical studies on lithium compared to anticonvulsants administered in patients affected by bipolar disorders, schizophrenia and mood disorders.

Lithium –Reduction of Suicide Rate

- IGSLI studies: retrospective analysis of 850 patients with affective disorder from various countries

Wolf et al., J Affect Disord 1996 (39)

Lithium vs. Anticonvulsants :
The M.A.P Study *(W.Greil et al.)*

Lithium vs. Carbamazepine; bipolar and schizoaffective patients. (RCT)

N=285   treatment period 2½ years

Randomized on Lithium: 146
Suicidal acts: 0
Randomized on Carbamazepine: 139
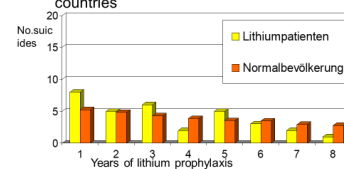Suicidal acts: 9 (4 suicides, 5 attempts)

p < 0.02

(Thies-Flechtner et al. 1996, Greil et al. 1997, Goodwin and Ghaemi 1998)

- What's about the specificity of the antisuicidal effect of lithium, based on the data presented by the speaker?
- Is there evidence that antidepressants can reduce the risk of suicide, from the speaker point of view?
- Does lithium save life, based on the data presented by the speaker?
- What's about the comparison between lithium vs anticonvulsants, based on the data presented by the speaker?

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The importance of cognitive symptoms in Depression therapy

Depression (MDD) has the highest disability burden of all mental health disorders
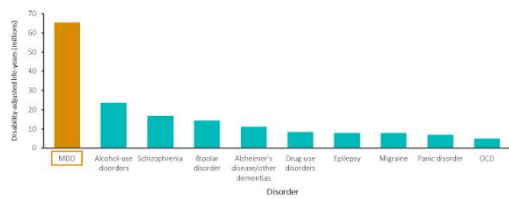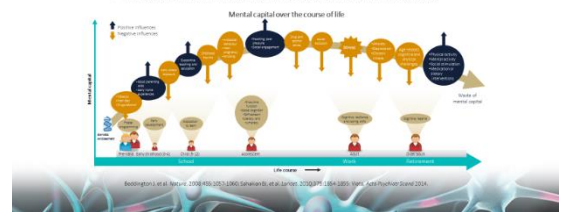
The importance of cognitive symptoms in Depression therapy, was the topic discussed by Prof. Vieta in his lecture. The speaker, coming from Barcelona (Spain), talked about Depression, its treatment and the sub-threshold depressive symptoms. In the main part of his lecture, Prof. Vieta presented very interesting data starting from the improvement in the depression treatment leading to the full functional recovery of the patients. More in pa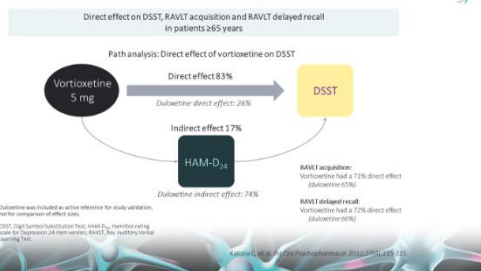rticular the speaker talked about the comparison between bipolar and unipolar patients on symptomatology and highlighted that unipolar patients are affected by more symptoms that the bipolar ones. Prof. Vieta, presented also very impressive data on the cognitive impairment in depressive patients and highlighted that these ones are affected by more symptoms than the patients affected by Alzheimer disease. In the second part of his lecture, the speaker talked about therapy and presented very interesting data on the effect of the antidepressants on the symptoms affecting patients with depression. Finally, Prof. Vieta, talked about cognition and functioning and presented very impressive data on the relationship between depressive symptoms and impairment in work functioning. The speaker highlighted that the early intervention is fundamental for preserving

Importance of prevention, early detection and early effective treatment: Cognitive reserve

Effect of vortioxetine on cognition is mainly direct and not mediated by improvement in mood symptoms in general

the patient cognitive reserve and presented the main therapeutic interventions capable to restore cognition and functioning in patients with depression. Prof. Vieta presented also many data on drug treatment given by clinical trials running in patients affected by depression. In conclusion, the speaker pointed out that patients and their families not only want to feel well, they also want to do well in order to be well.
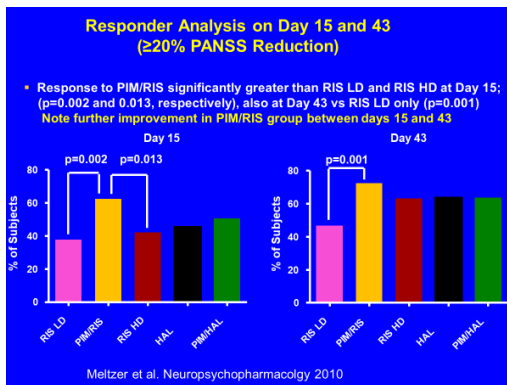
- What's about the factors identified by patients with depression as very important in determining remission, based on the data presented by the speaker?
- What's about cognition, from the speaker point of view?
- What are the effects of the antidepressants on the cognitive symptoms in patients affected by depression, based on the data presented by the speaker?
- How to restore cognition and functioning in patients affected by depression, from the speaker point of view?
- What are the main cognitive effects of the pharmacological therapies in patients affected by unipolar depression.

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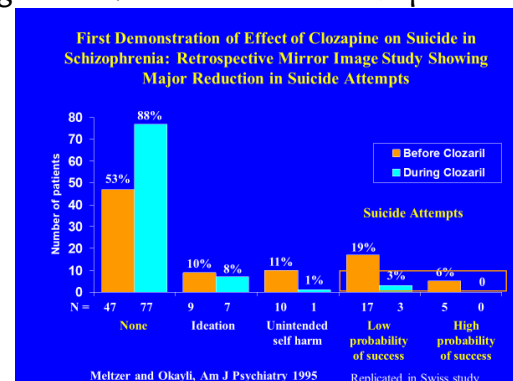
Suicide prevention in Schizophrenia and Bipolar Disorder with Clozapine and the long-acting formulations: suicide risk and therapy responsiveness pharmaco-genetic predictors

Responder Analysis on Day 15 and 43 (≥20% PANSS Reduction)
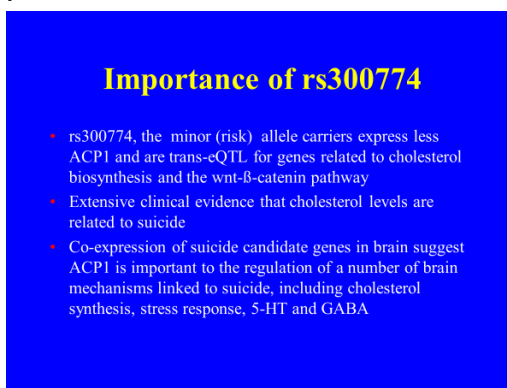
Meltzer et al. Neuropsychopharmacolgy 2010

The Suicide prevention in Schizophrenia and Bipolar Disorder with Clozapine and the long-acting formulations: suicide risk and therapy responsiveness pharmaco-genetic predictors, was the topic of Prof. Meltzer presentation. The speaker, coming from Chicago (USA), talked about the established pharmacologic treatment of schizophrenia, the development of novel treatments and finally on the way for reducing the risk of suicide with clozapine and personalized medicine-pharmacogenomic testing. Speaking about treatment, Prof. Meltzer presented very interesting data on the D_2DA Receptor blockade and the reasons for minimizing its effects. The speaker presented also other very interesting data on new drugs very effective in patients affected by schizophrenia and psychosis. In the second part of his lecture, Prof. Meltzer talked about the relationship between suicide and schizophrenia and presented very interesting data on the ways to reduce suicide in these patients and in those ones affected by other related disorders. More in particular the speaker

First Demonstration of Effect of Clozapine on Suicide in Schizophrenia: Retrospective Mirror Image Study Showing Major Reduction in Suicide Attempts

Meltzer and Okayli, Am J Psychiatry 1995   Replicated in Swiss study

talked about the predictable risk factors and the preventable ones and presented very interesting and impressive data on the effects of clozapine in reducing the suicide attempts in schizophrenia patients. Finally, Prof. Meltzer talked about the way to predict suicide with biomarkers and presented very interesting data on rs00774 that is a genetic marker for suicidal risk. In conclusion, the speaker pointed out that clozapine is unique in reducing the risk for suicide in patients affected by schizophrenia.

Importance of rs300774

- rs300774, the minor (risk) allele carriers express less ACP1 and are trans-eQTL for genes related to cholesterol biosynthesis and the wnt-ß-catenin pathway
- Extensive clinical evidence that cholesterol levels are related to suicide
- Co-expression of suicide candidate genes in brain suggest ACP1 is important to the regulation of a number of brain mechanisms linked to suicide, including cholesterol synthesis, stress response, 5-HT and GABA
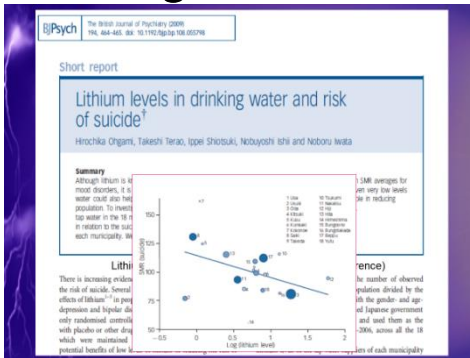
- What's about the alternative ways for treating psychosis other than the dopamine D2 receptor blockade, based on the data presented by the speaker?
- What are the main effects of pimavanserin administered in patients affected by schizophrenia, based on the data presented by the speaker?
- What are the major opportunities to improve the pharmacologic treatment of schizophrenia, based on the data presented by the speaker?
- What are the novel treatments in development for psychosis presented by the speaker?

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Drinking water and the suicide risk implications

Prof. Rhimer coming from Budapest (Hungary) spoke about "drinking water and the suicide risk implications" and presented very interesting data on the alimentary/dietary factors leading to suicidal behaviours. Going deeper in his lecture, Prof. Rhimer presented very interesting data on the relationship between smoking, tryptophan, high folate intake and suicide. In the main part of his lecture, the speaker talked about the correlation between lithium, its levels in drinking water and the risk of suicide and presented very interesting data given from clinical studies running in people who drink water with high levels of lithium and where higher the lithium levels, lower the suicidal risk is. Prof. Rhimer presented other very interesting data on the effects of high lithium levels in drinking water on the thyroid function. Finally, the speaker


talked about the possible association between arsenic levels in drinking water and suicide mortality and presented very interesting data given from clinical trials running in Hungarian people. In conclusion, Prof. Rhimer pointed out that smoking and alcohol are significant suicidal risk factors, but, non-smokers and abstainers who drink only water, are not necessary protected from suicide, as low lithium and high arsenic levels in drinking water predispose for suicidal behaviour.
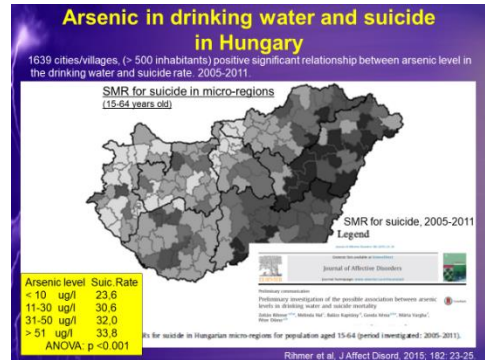
- What's about the correlation between lithium in drinking water and suicide, based on the data presented by the speaker?
- What is the effect of altitude on the correlation between drinking water lithium levels and suicide, based on the data presented by the speaker?
- What's about the correlation between lithium drinking water levels and thyroid function?
- What's about the possible association between arsenic levels in drinking water and suicide mortality, based on the data presented by the speaker?

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How we can modify the schizophrenia course

The course of the disorder: Long-term outcomes

García-Portilla et al, Drugs in Context, 2015
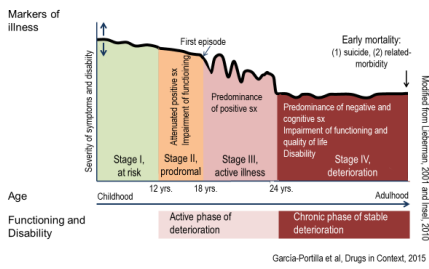
Prof. Gonzalez-Portilla from Oviedo (Spain), spoke about "How we can modify the schizophrenia course" and presented very interesting data starting from the course of schizophrenia and its outcomes. The speaker talked also about the strategies for modifying its course and the role of LAIs in its modification. Speaking about the natural course of schizophrenia, Prof. Gonzalez-Portilla presented very interesting data showing that these patients are at high risk of loss of cognitive functions leading to an impairment in quality of life, for the psychotic episodes lead to many neurodevelopmental and neurotoxic disorders. In the second part of her lecture, Prof. Gonzales-Portilla presented very interesting data on the neuroprotection strategies against the schizophrenia neurotoxicity and on the relapse prevention due to the administration of the long-acting injectable antipsychotics.
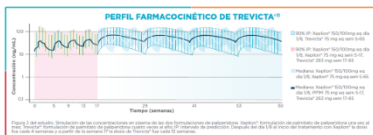

Bending the curve on psychosis outcomes
- Relapse prevention
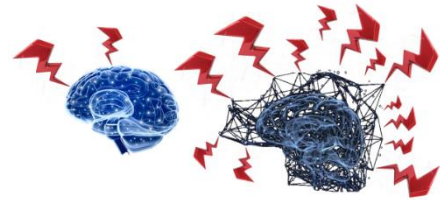
Relapse prevention
- Long-acting injectable (LAIs) antipsychotics[1-4]
  1. Favourable pharmacokinetic[1.5-6]
     - Greater bioavailability: lower dosis
     - Less frequent and less intense flutuations of blood levels: lower side effect risk

1. Brissos et al, 2014; 2. Tihonen et al. 2017; 3. Tihonen et al. 2011; 4. Subotnik et al. 2015; 5. Geerts et al, 2013; 6. Zhornitsky and Stip, 2012

Finally, the speaker talked about the LAIs second-generation and their potentiality to preventing the onset of new episodes if administered at the early phases of the disease. In conclusion, Prof. Gonzales-Portilla pointed out that schizophrenia is a complex disorder that requires complex solutions and the LAIs second-generation are postulated as one of the most effective treatments, since the first episodes of the disease.

- What are the long-term outcomes of schizophrenia presented by the speaker?
- What's about the schizophrenia relapse prevention, based on the data presented by the speaker?
- What's about the problem of adherence in schizophrenia patients, from the speaker point of view?
- What's about the use of the LAIs antipsychotics at the onset or earlier in the disease, based on the data presented by the speaker?
- Will the second generation LAIs succeed in preventing the onset of the new episodes?

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Understanding suicide risk in patients diagnosed with bipolar disorder

Bipolar Disorder:
Major Public Health Concern

• Overall economic burden: $45 billion annually

• Individual cost of treatment per year: $17,000

• 33% BD patients fail to comply with treatment

• Treatment non-adherence = Hospitalization/suicide

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Prof. Lamis from Atlanta (USA), spoke about "Understanding suicide risk in patients diagnosed with bipolar disorder". More in particular, the speaker talked about definition, prevalence, related risk factors, and future research directions. Speaking about definition, Prof. Lamis highlighted that bipolar disorder is a major public health concern with an overall economic burden of about 45 billion dollars per year. The speaker presented also the main findings of this disease and talked about the differences between bipolar disorder I and II, their prevalence and course. In the main part of his lecture, Prof. Lamis presented very interesting data on the relationship between suicidal behaviour and BD and their main risk factors. The speaker talked about the

What is Bipolar Disorder?

• Spectrum of affective episodes include:
  – Major depressive episode
  – Manic episode
  – Mixed episode
  – Rapid cycling
  – Hypomanic episode

• The DSM-5 categorizes it into:
• Bipolar I Disorder
• Bipolar II Disorder
• Cyclothymia
• Other Specified BD

5

genetic and the environmental risk factors and the protective ones and presented very interesting data on the main preliminary findings from some studies taking part of the bipolar clinic & research program (BCRP). In conclusion, Prof. Lamis pointed out that BD and the suicidal behaviours are strongly related major public health concerns and that the research in this field has to move on pharmacogenetics and precision medicine.

Suicide Risk/Protective Factors in BD

• Alcohol/drug use
• Impulsivity
• Aggression
• Sleep disturbances
• Stressful life events
• Anxiety
• Spirituality (existential/religious well-being)
• Social support

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- What's bipolar disorder, based on the data presented by the speaker?
- What are the main differences between bipolar disorders I and II presented by the speaker?
- What are the main risk factors for suicide in BD patients, based on the data presented by the speaker?
- What's about the genetic risk factors, based on the data presented by the speaker?

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Gambling and Suicide

GAMBLING E SUICIDIO
UNA PIAGA SOCIALE

Prof. Aguglia from Catania (IT), spoke about "gambling and suicide". More in particular, the speaker talked about the new findings related to gambling and suicide and characterized by the onset of this phenomenon also in young people and adolescents. Going deeper in his lecture, Prof. Aguglia presented very impressive data on the prevalence of gambling in adolescents and highlighted the tight relationship between gambling and gambler also in case of perception of danger. In the main part of his lecture, the speaker talked about epidemiology, diagnosis and therapy of gamblers and highlighted that gambling can be considered as a syndrome but also as symptom, trigger of a specific psychiatric disease. Prof. Aguglia presented very interesting data given by clinical studies, demonstrating the tight correlation between gambling and psychiatric pathology, like the relationship between gambling and suicidal behaviour. More in particular the speaker talked about the risk factors for suicidality in gamblers, pointing to the substance use disorders, the anxiety disorders, but also to the younger age and the female gender. In the second part of his lecture, Prof. Aguglia presented other very interesting data on the correlation between gambling and bipolar disorder leading to very important clinical implications like anxiety, depression, impulsivity and behavioural outcomes. In conclusion, the speaker, pointed out that Gambling and suicide are two very close factors and that higher the gambling severity, greater the incidence and the risk of suicidal behaviour are.

- What is the definition of Gambling, based on the data presented by the speaker?
- What's about Gambling in Italy, based on the data presented by the speaker?
- What is the role of comorbidities in the suicidal events related to Gambling, from the speaker point of view?
- What's about the Gambling problems in Bipolar Disorder patients, based on the data presented by the speaker?
- What are the main problems of the gamblers parents, presented by the speaker?

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Bullying, cyber-bullying and suicidal behaviours in young people: a call for action

IL MATTINO.it

«Quella ragazza ha le corna», nel Napoletano dilaga la gogna su Instagram
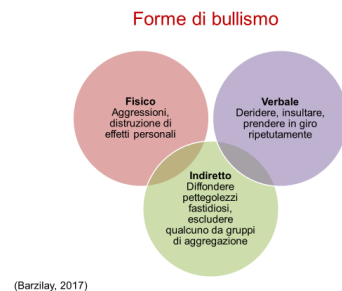
"La vita sentimentale e sessuale degli studenti di Napoli raccontata su Instagram da screenshot con offese e insulti, corredati da nomi e cognomi. Digitando la parola "gossip", si entra in "Storie", in cui vengono messi alla gogna e bullizzati decine di ragazzi residenti a Napoli che per 24 ore (la durata di una story sul social network) vedono il proprio nome accostato a offese e parolacce."

"Bullying, cyber-bullying and suicidal behaviours in young people: a call for action", was the topic discussed by Prof. Fiorillo from Naples (IT), more in particular the speaker presented two clinical cases related to adolescents involved in bullying and cyberbullying episodes. In the main part of his lecture, Prof. Fiorillo talked about the main characteristics of these two topics and highlighted that the adolescents affected by these factors will present mental health problems in adult life. The speaker presented also very interesting data on the main actors like the bull, the victim, the wingmen and the observers and on the main clinic and epidemiological findings. Talking about epidemiology, Prof. Fiorillo, pointed out that the age with the highest incidence of direct bullying is about 11 years old. In the second part of his lecture, the speaker presented very interesting data on the main bullying risk factors divided into individual, familial and social ones. Prof. Fiorillo talked also

Forme di bullismo

Fisico
Aggressioni, distruzione di effetti personali

Verbale
Deridere, insultare, prendere in giro ripetutamente

Indiretto
Diffondere pettegolezzi fastidiosi, escludere qualcuno da gruppi di aggregazione

(Barzilay, 2017)

Prevenzione del bullismo

- 107 studenti di scuola superiore tra i 15-19 anni
- Più della metà del campione afferma di aver subito esperienze di bullismo
- Le forme di bullismo più frequenti sono state essere presi in giro o essere stati messi in imbarazzo in pubblico
- Più del 20% degli studenti che ha subito atti di bullismo/cyberbullismo ha pensato che non ci fosse via d'uscita
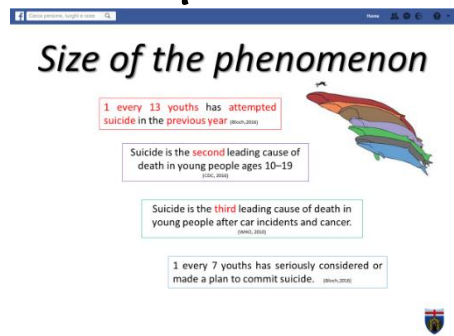
about the main protective factors like the self-esteem, the involvement in sport activities, the family support and the satisfactory school performance. Finally, the speaker presented very interesting data on the main interventions for the bullying prevention at the clinical practice, research and policy levels. In conclusion, Prof. Fiorillo pointed out that bullying and cyberbullying represent a new clinical and social emergency and in order to address the problem it is of high importance to perform specific educational and supporting interventions for the victims and their parents.

- What is the definition of Bullying from the speaker point of view?
- What's about Cyberchondria, cyberbullying and cybersuicide, based on the data presented by the speaker?
- What's about the correlation between cyberbullying and suicide, from the speaker point of view?
- What are the main types of bullying, presented by the speaker?
- How to prevent bullying, based on the data presented by the speaker?

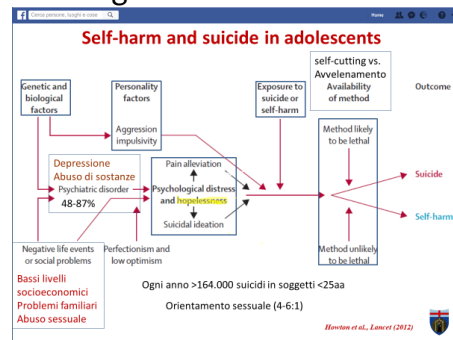To follow the presentations of this congress, click on the link below:
http://www.fondazione-menarini.it/Home/Eventi/ Convegno-Internazionale-di-Suicidologia-e-Salute-Pubblica-Giornata-Mondiale-per-la-Prevenzione-del-Suicidio-XV-Edizione/Video-Slide … and, after having logged in, enter in the multimedia area.

Suicidal prevention in adolescents

Size of the phenomenon

"Suicidal prevention in adolescents" was the topic of Prof. Amore and Dr. Solano presentation. The speakers, coming from Genoa (IT), presented very interesting data starting from the size of the phenomenon, characterized by the very high prevalence of suicide as a leading cause of death in young people aged 10-19 years old. More in particular Prof. Amore, highlighted that the suicidal behaviour is rising in adolescents and males are at higher risk than females. In the main part of his lecture, Prof. Amore talked about the major risk factors of suicide in adolescents, like genetic and biological factors, negative life events, depression, personality factors leading to the suicidal behaviours. More in particular Prof. Amore, presented very impressive data on the correlation between depression and suicide and highlighted that the suicide attempters have greater anhedonia than the suicide ideators. In the second part of thier lecture, Dr. Solano presented very interesting and

impressive data on a study investigating the association between the national incidence of suicide and the online researches on the term suicide in the adolescents. More in particular this study has been focused on the correlation between the term of "blue-whale" and the suicide-related search performed by adolescents. The speaker highlighted that a significant association has been found between "how to commit suicide" and "blue-whale" or "suicide" and "blue-whale" in google search. In conclusion, Dr. Solano pointed out that a lie told once remains a lie, but a lie told a thousand times becomes the truth.

One Story of Blue Whale

- What are the main features of the suicide in adolescents, based on the data presented by the speaker?
- What's about the suicide risk factors in adolescents, from the speaker point of view?
- What are the main correlations between self-harm and suicide in adolescents, based on the data presented by the speaker?
- Is there any association between suicide-related google search volumes and "blue-whale" google search volumes, based on the data presented by the speaker?
- What is the meaning of blue whale for adolescents, based on the data presented by the speaker?
- What can we do, based on the data presented by the speaker?

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Wherever I go, my dream is to prevent suicide

The main topic of Prof. Pompili presentation was "Wherever I go, my dream is to prevent suicide". The speaker, chairman of the Symposium, presented very interesting data on the main methods for the suicide prevention. More in particular Prof. Pompili started his speech, by highlighting that most of the suicide attempt survivors, continue their life in a normal way. Going deeper in his lecture, the speaker presented very impressive data on the family devastation after a suicide episode of one of the members and on the main causes leading to the suicide attempt, like the discharge from a psychiatric department or the suicide following self-harm episodes. Prof. Pompili pointed out that this is a problem due to the loss of empathy and presented very interesting data on this issue. More in particular he presented a video related to the life of child workers, children without hope, living in poverty without any possibility of relief. In conclusion, Prof. Pompili pointed out that sometime this story can be changed depending on the level of empathy of other people able to do something, this is true for these poor children, but this is true also for people and adolescents at risk to suicide.

- What are the main methods for the suicide prevention, presented by the speaker?
- What's about the family devastation related to the suicide episode of one of the members, based on the data presented by the speaker?
- What should be the impact of empathy on these issues, from the speaker point of view?

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The hard art of the suicidal risk prediction

Prof. De Leo from Padua (IT), spoke about the hard art of the suicidal risk prediction and presented very interesting data starting from the evaluation of the suicidal patient. Prof. De Leo pointed out that from the physician point of view, matching with a suicidal patient is a very stressful event. Going deeper in his lecture, the speaker talked about the main dreads and attitudes of physicians approaching the suicida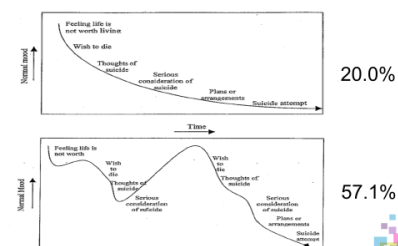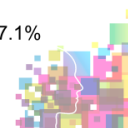l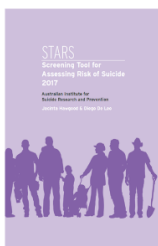 patient. In the main part of his lecture, Prof. De Leo presented very interesting data on the main findings of the suicidal behaviour and on the suicidal ideation evaluation, like the interview of parents and relatives or the importance to have the same physician for the same patient. The speaker presented also other very impressive data on the suicidal risk assessment and highlighted that probably is easier to predict the risk of suicide than the suicide itself. In the last part of his lecture, Prof. De Leo talked about the different

Suicidal Behaviour: The Process
WHO/SUPRE-MISS: The Gold Coast Community Survey

20.0%

57.1%

(Sveticic & De Leo, 2012)

evaluation processes like the evaluation of the needs aiming to a better definition of the clinic follow-up or the development of machine learning approaches. Finally, the speaker presented very interesting data given from a project called "Stars" that is a screening tool for assessing the risk of suicide, characterized by a questionnaire to be administered to the patients at suicidal risk. In conclusion, Prof. De Leo pointed out that Stars represents a complete model for taking care of patients at suicidal risk.

Item construction based on a synthesis of the research of many 'stars'

STARS
Screening Tool for Assessing Risk of Suicide 2017
Australian Institute for Suicide Research and Prevention

Aaron Beck,
Bruce Bongar,
David Jobes,
Thomas Joiner,
Anton Leenaars,
Marsha Linehan,
Terry Maltsberger,
Ron Maris,
David Rudd,
Konrad Michel,
Ed Shneidman

Community care of individuals at risk of suicide: the Life Promotion Clinic model

Kairi Kolves, Urska Arnautovska, Angelo De Gioannis, Diego De Leo
Life Promotion Clinic, Australian Institute for Suicide Research and Prevention, Griffith University, Australia

Mental Illness 2013; volume 5:e12

- What's about the evaluation of the suicidal patient, for the speaker point of view?
- What are the main dreads of the physicians, based on the data presented by the speaker?
- What are the main characteristics of the process referring to the suicidal behaviour, based on the data presented by the speaker?
- How to predict suicide, based on the data presented by the speaker?
- What is the impact of the early suicide prediction scale on the suicide risk prediction, based on the data presented by the speaker?
- What are the main characteristics of STARS, presented by the speaker?

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The price to pay for surviving after the suicide of others

Grief reactions and characteristics

Grief is **the universal, instinctual and adaptive reaction to the loss of a loved one**. It can be subcategorized as *acute grief*, which is the initial painful response, *integrated grief*, which is the ongoing, attenuated adaptation to the death of a loved one, and finally *complicated grief* (CG), which is sometimes labeled as prolonged, unresolved, or traumatic grief.

Young I.T. et al Suicide bereavement and complicated grief, Dialogues Clin Neurosci. 2012;14:177-186.

"The price to pay for surviving after the suicide of others", was the topic discussed by Prof. Carpiniello from Cagliari (IT). More in particular the speaker presented very interesting data on the costs of surviving, the complicated grief, the stigma and on the need for support. Speaking about the costs of surviving, Prof. Carpiello highlighted the destructive impact of the suicidal death on the family systems. The speaker presented also very impressive data on the grief reactions after suicide, characterized by the risk of depression as well as

the high impact on the social behaviours. Prof. Carpiello talked also about the relationship between the complicated grief, the post-traumatic stress disorder and the higher risk for mental diseases and suicide. More in particular the speaker, presented very impressive data on the consequences of the offspring suicide in parents and the ones of the parenteral sudden death on offspring and caregivers. In the second part of his lecture, Prof. Carpiello
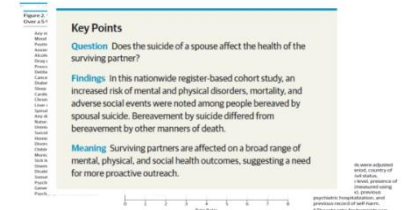

Mental, Physical and Social Consequences of Suicide on spouses

Annette Erlangsen et al, Association Between Spousal Suicide and Mental, Physical, and Social Health Outcomes. A Longitudinal and Nationwide Register-Based Study, JAMApsychiatry.2017; 74(5):456-464

What should be done?

- **Postvention** consists of those *activities that serve to reduce the after effects of a traumatic event in the lives of survivors*. Its purpose is to help survivors live longer, more productively, and less stressfully than they are likely to do otherwise.
- **Interventions** targeting suicide survivors **should provide a flexible, personalized approach** which takes into account the extreme variability in distress experienced by each individual

Pompili M et al, Bereavement after the suicide of a significant other, Indian Journal of Psychiatry 55(3), Jul-Sep 2013

talked about the correlation between stigma and suicide and highlighted that the sense of guilt and responsibility in parents and relatives is much higher in these cases compared to other causes of death. Finally, the speaker presented very interesting data on the main methods for supporting the survivors. In conclusion, Prof. Carpiniello pointed out that one of the most important intervention is characterized by sustaining and listening people affected by these problems.

- Is the suicide bereavement different, based on the data presented by the speaker?
- What are the main characteristics of the bereavement after suicides, from the speaker point of view?
- What are the consequences of offspring suicide in the parents, based on the data presented by the speaker?
- What should be done, based on the data presented by the speaker?

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We are dialog: Anthropology, Psychopathology and Treatment

Prof. Stanghellini from Chieti (IT), spoke about "We are dialog: Anthropology, Psychopathology and Treatment". More in particular, the speaker talked about the meaning of the human being, the meaning of the word "symptom" and the meaning of the word "cure", all of these three dimensions linked by the word "dialog". Prof. Stanghellini, presented very interesting data on the correlation between "dialog" and "otherness" divided into internal and external otherness. More in particular the speake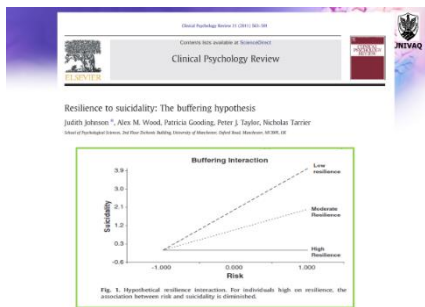r talked about the three dimensions of the internal otherness, characterized by emotions, desires and habitus. In the second part of his lecture, Prof. Stanghellini talked about the meaning of the word "symptom" and highlighted that the symptoms have to be understood, not removed, if we want to restore the dialog with the otherness, that means to restore the human being. Finally, the speaker talked about the relationship between dialog and suicidal world and pointed out that if the physicians are available to share and understand the values characterizing this world, there is the possibility to establish a true dialog with people affected by suicidal behaviours.

- What's about the human being meaning from the speaker point of view?
- When does the symptom start, based on the data presented by the speaker?
- What's about the cure, from the speaker point of view?
- What's about the relationship between dialog and suicidal behaviour, based on the data presented by the speaker?
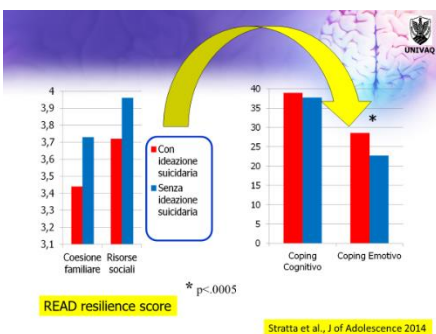
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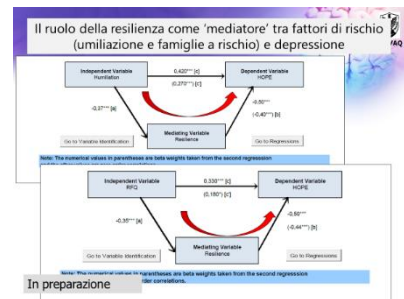
Resilience and suicidality

Resilience and suicidality, was the topic discussed by Prof. Rossi from L'Aquila (IT), more in particular the speaker talked about the meaning of the word "resilience" and presented very interesting data on resilience as psychological factor and its inverse relationship with the suicidal behaviour. Going deeper in his lecture, Prof. Rossi talked about resilience and suicidal risk as the two dimensions of the same

continuum and highlighted that there is a lack in the definition of resilience to the suicidal behaviour. In the main part of his lecture, the speaker presented very interesting data given from clinical studies running in patients affected by depression, performed in his

psychiatric centre. More in particular, Prof. Rossi talked about the relationship between humiliation, depression and suicidal behaviour and presented very interesting data on the role played by resilience as a true mediator between humiliation and depression. In the second part of his lecture, the speaker presented very interesting data on the relationship between the cognitive and the religious coping and the incidence of the suicidal behaviour.

- What are the main characteristics of resilience to suicide, based on the data presented by the speaker?
- What's about the relationship between humiliation, depression and resilience, based on the data presented by the speaker?
- What's about coping, resilience and suicidal behaviour, based on the data presented by the speaker?
- What is the effect of the religious coping on the suicidal behaviour, from the speaker point of view?

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What prevention for the bullied?

CYBERBULLISMO

Il **cyberbullismo o bullismo cibernetico** è un fenomeno sempre più diffuso tra i giovanissimi, indicato addirittura come un:

"problema di salute pubblica internazionale che tuttavia risulta essere ancora poco compreso"

(NixonCL. Current perspectives: the impact of cyberbullying on adolescent health. Review Adolescent Health, Medicine and Therapeutics 2014:5 143–158).

Prof. Tambelli from Rome (IT), presented very interesting data on "What prevention for the bullied?", starting from the concept of the discomfort of young people when in relationship with other youths. Going deeper in her lecture, the speaker talked about the bullying environments compared to the ones of the cyberbullying. Prof. Tambelli, presented very interesting data on the main characteristics of the cyberbullying and highlighted that more than the 50% of the adolescents are affected by cyberbullying almost one time per year. The speaker talked also about the experimental areas of the web and presented a model of digital parenthood available for the care and comfort of the children. In the second part of her lecture, Prof. Tambelli presented two clinical cases characterized by a difficult relationship between parents and adolescents and highlighted the central aspects of the developmental psychopathology for an effective research and clinical intervention. The speaker talked also about the typical personality profile of the bull and the intervention aimed to his recover. Finally, Prof. Tambelli presented very interesting data on the integrated model of intervention divided into school, family and the mental health services.

LE AREE DI SPERIMENTAZIONE NEL WEB

AREA GRUPPALE   AREA LUDICA   AREA SESSUALE

Il ritmo e la pervasività dello TSUNAMI VIRTUALE hanno allargato l'orizzonte dei processi adolescenziali creando una nuova prospettiva, costituita dall'immersione nel mondo virtuale, che deve essere tenuto in considerazione, COMPRESO e SOSTENUTO dalle "vecchie generazioni" nel loro ruolo di traghettatrici (Cramer, 1983) verso lo sviluppo dell'identità adulta.

MODELLO DI INTERVENTO INTEGRATO

SCUOLA
SERVIZI PER LA PROMOZIONE DELLA SALUTE MENTALE
FAMIGLIA

- What's about the relationship between cyberbullying and suicide, based on the data presented by the speaker?
- What are the main differences between bullying and cyberbullying from the speaker point of view?
- What are the main web experimental area, based on the data presented by the speaker?
- What are the central aspects of the developmental psychopathology, from the speaker point of view?
- What are the main compartmental disorders in adolescents, based on the data presented by the speaker?
- What are the main systematic indicators of the bullied presented by the speaker?
- What's about the integrated interventional model presented by the speaker?

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Near-death experiences, false and real suicides

Near-Death-Experience (NDE)

A personal experience associated with death or impending death.

Such experiences may encompass a variety of sensations including detachment from the body, feelings of levitation, total serenity, security, warmth, the experience of absolute dissolution, and the presence of a light

Prof. Martinotti from Chieti (IT), spoke about "Near-death experiences, false and real suicides" and presented very interesting data on the relationship between the substances use and the suicidal behaviour, starting from the near-death-experiences characterized by the sensation of being out of the body. More in particular the speaker presented very interesting

data on the relationship between suicide and the assumption of psychoactive substances, thanks to international studies, like the EU-MADNESS project. Prof. Martinotti talked about the main substances involved, like the synthetic cathinones and the synthetic cannabinoids. Finally, the speaker presented very impressive data on the relationship between synthetic opioids and suicide. More in particular he talked about fentanyl, that is ten time more potent than heroine and carfentanyl, that is more potent than fentanyil. In conclusion, Prof. Martinotti pointed out that the new opioids represent a category of drugs at high risk of suicide.
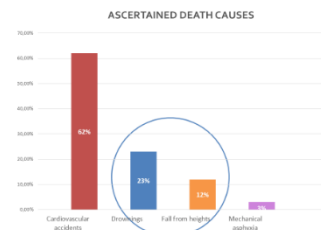
CARFENTANYL

Carfentanyl: Australia issues warning over deadly drug

Carfentanyl is estimated to be about 10,000 times more potent than morphine.
It is intended only for veterinary use on large animals (elephants), and it is not approved for medical use in humans.

Recently, carfentanyl has hit the market, determining a further issue in the drug panorama: it may be sold as or mixed to heroin, but in consideration of its potency, even skin contact with a very small quantity of the drug may be fatal.

- What's about NDE and the substance use, based on the data presented by the speaker?
- What's about cannabinoids and dissociation, based on the data presented by the speaker?
- What is the correlation between suicide and the novel psychoactive substances, based on the data presented by the speaker?
- What are the key points of the EU-MADNESS project presented by the speaker?
- Is there any relationship between the synthetic cathinones and suicide?
- What's about the relationship between the synthetic cannabinoids and suicide, based on the data presented by the speaker?

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Predictive factors of suicidal behaviours in the Obsessive-Compulsive Disorder

Suicide in obsessive–compulsive disorder: a population-based study of 36788 Swedish patients

L Fernández de la Cruz¹, M Rydell², B Runeson³, BM D'Onofrio⁴, G Brander¹, C Rück¹, P Lichtenstein², H Larsson²,⁵ and D Mataix-Cols¹,⁶

Molecular Psychiatry advance online publication, 19 July 2016; doi:10.1038/mp.2016.115

Predictive factors of suicidal behaviours in the obsessive-compulsive disorder, was the topic discussed by Prof. Albert from Turin (IT), more in particular the speaker talked about the OCD patients and the suicidal risk. Prof. Albert, presented very interesting data given from a clinical study running in his psychiatric centre and highlighted that almost the 12% of the study population is at high risk of suicidal behaviour. The speaker presented other very interesting data on the relationship between the suicidal behaviour and the OCD patients and highlighted that these data vary a lot around the world, due to the multifactorial nature of this relationship. In the second part of his lecture, Prof. Albert presented other very interesting data on the main predictors for suicidality in OCD patients and highlighted that the prevalence of the distress events is one of the main risk factors. Finally, the speaker pointed out that in case of the onset of aggressive behaviour and suicidal thoughts in patients treated with anti-OCD drugs it is necessary to revise the diagnosis and be aware for the risk of the onset of suicidal behaviour.

Prevalence of suicide attempt and clinical characteristics of suicide attempters with OCD: a report from the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS)
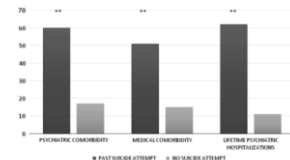
Dell'Osso et al. CNS Spectrums 2017, in press

Features of mood switching under anti-OCD drugs (N=453 members of the French OCD Association)

Aggressive behavior	40%
Suicidal thoughts	27%
Severe insomnia	27%
Bizarre behavior	23%
Delusions	14%
Hallucinations	6%
Homicide thoughts	3%

Hantouche et al. Presse Medicale 2002

- Is the OCD patient at risk of suicide, based on the data presented by the speaker?
- What's about the factors increasing the suicidal risk in OCD patients from the speaker point of view?
- Is the patient affected by aggressive obsessions a higher suicidal risk, based on the data presented by the speaker?

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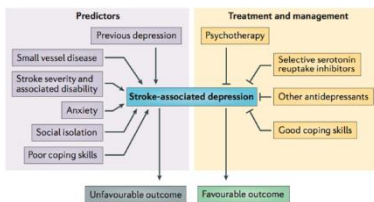
Suicidal ideation and post-stroke syndrome

Prof. Carrà from Milan (IT), spoke about Suicidal ideation and post-stroke syndrome and presented very interesting data starting from the epidemiological burden of the stroke. Going deeper in his lecture, the speaker presented very interesting data on the neuropsychiatric sequelae of the stroke and talked about the natural history, predictors and outcomes of depression after stroke. In the main part of his lecture, Prof. Carrà presented very interesting data on the correlation between suicidal ideation among the stroke survivors and highlighted that almost the 11.8 % of survivors have had suicidal ideation. The speaker presented also other very interesting data on the association between depression, SSRIs and mortality after stroke.
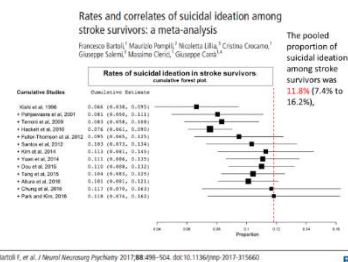
- What are the main neuropsychiatric sequelae of the stroke, based on the data presented by the speaker?
- What's about the rate of suicidal ideation among stroke survivors, presented by the speaker?
- What are the imaging markers of post-stroke depression and apathy, presented by the speaker?
- What are the main interventions for treating depression after stroke, based on the data presented by the speaker?

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Suicidal behaviours in the Bipolar disorder: subtypes and geographic origins differences

"Suicidal behaviours in the Bipolar disorder: subtypes and geographic origins differences" was the topic discusses by Prof. Dell'Osso. The speaker coming from Milan (IT), presented very interesting data on the epidemiology of the suicidal behaviours in BD patients and other data given from clinical studies running in BD patients and performed in the Stanford and in the Milan University. Going deeper in his lecture, the speaker talked about the relationship between BD and the risk of suicide and highlighted that from the 23 to the 26% of these patients attempt suicide almost one time in their life. Prof. Dell'Osso, presented also very interesting data on the prevalence of suicide behaviours in the types 1 and 2 BDs and highlighted that there

are no differences between these two types. In the second part of his lecture, Prof. Dell'Osso presented very interesting data on his personal experience thanks to the two studies performed in the Stanford University and in the IRCCS University Clinic of Milan and pointed out that some specific characteristics can determine a higher risk of suicidal behaviour in different subtypes of DB.

- What is the duration of untreated illness and suicide in bipolar disorder, based on the data presented by the speaker?
- What are the suicidal behaviours in type 1 and 1 bipolar disorders, presented by the speaker?
- What are the main results of the collaborative studies performed in the Stanford Bipolar Disorders Clinic, presented by the speaker?
- What's about the studies performed in the IRCCS University Clinic of Milan?

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Suicidal risk and the web: elements for prevention

Prof. Carmassi from Pisa (IT), spoke about "suicidal risk and the web: elements for prevention". More in particular, the speaker talked about the last studies on ASD and the relationship between the internet use and the suicidal behaviour. Going deeper in her lecture, Prof. Carmassi presented very interesting data on the pathological use of internet, like the internet addiction or the internet gaming disorders, typical of young people. In the main part of her lecture, the speaker talked about the mental profile of these people and highlighted that ASD and DHD patients are at higher risk of addiction than normal people. The same in the adults, Prof. Carmassi pointed out. In the second part of her lecture, the speaker presented very interesting data on a study performed in her psychiatric center in Pisa, running in adults and young students with the intention to find out people with ASD subthreshold tracts. More in particular the speaker highlighted that these tracts have been found in those people declaring a pathological use of internet with a statistically significant difference compared to the others not declaring this use. Prof. Carmassi, presented a huge amount of data, all of them very impressive for the high significative level of self-harm, suicidal behaviour and lack in nonverbal communication, in those students characterized by the pathological use of internet. In conclusion, Prof. Carmassi pointed out that young people characterized by a problematic use of internet, present higher levels of rumination, depression and ASD profiles.

- What's about the relationship between a self-harm behaviour and a problematic use of internet, based on the data presented by the speaker?
- What is the prevalence of the internet addiction in adolescents and university students, based on the data presented by the speaker?
- What's about the diagnostic criteria of the Internet Gaming Disorder, based on the data presented by the speaker?
- What's about the prevalence of internet addiction in adolescents with ASD or ADHD, based on the data presented by the speaker?
- Is there a correlation between the problematic use of internet and the suicidal behaviour, based on the data presented by the speaker?

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Suicide and Religion

Suicide and Religion, was the topic discussed by Prof. Tondo from Cagliari (IT), more in particular the speaker talked about the Church position on suicide from the Bible till now. More in particular, the speaker presented very interesting data on the main spiritual, psychological and economic reasons leading to the sentence against suicide in our European cultural and religious traditions. In the main part of his lecture Prof. Tondo talked about the legal punishments for suicides typical of the Middle Ages, the changes in the suicide perception, starting from the Renaissance, leading to the abolishment of the suicide as a crime. In the second part of his lecture, the speaker presented very interesting data given from a study performed in his centre, on the perception the Religion has on suicide and highlighted that, based on these data, Religion is against suicide, but the lack in Religiosity is significantly linked with a higher risk of suicidal behaviour. In conclusion, Prof. Tondo pointed out, that Religion has to be considered as one of the protective factor against suicide and suicidal behaviour.

- What's about suicide in the Bible, based on the data presented by the speaker?
- Why suicide has been considered a crime in the Middle Ages, based on the data presented by the speaker?
- What are the main elements of Religiosity, presented by the speaker?
- Why is Religion a protective factor against suicide, from the speaker point of view?

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Management of patients with integrated therapy modules

Prof. Brugnoli from Rome (IT), presented very interesting data on "Management of patients with integrated therapy modules". More in particular the speaker presented very interesting data on the management of patients affected by schizophrenia. Going deeper in his lecture, Prof. Brugnoli, highlighted that the pharmacological treatment is only one of the aspects of the management of schizophrenia and that therapy alone is not able to perform an effective recover of these patients. In the main part of his lecture, the speaker presented very interesting data on the deteriorating course, the brain tissue loss and the treatment resistance with repetitive relapses in schizophrenia patients. More in particular Prof. Brugnoli talked about the main objectives of the schizophrenia therapy, divided into proximal and final outcomes. The speaker highlighted that today the final outcomes are characterized by the long-term patient recover. Prof. Brugnoli, presented also very interesting data on the main consequences of relapses at the brain level and on the problem of patients' adherence to therapy. In the second part of his lecture, the speaker talked about the adverse events of the antipsychotic first generation drugs, characterized by neurotoxicity and highlighted that the new antipsychotics do not present these effects. Prof. Brugnoli presented also very interesting data on the management of these patients thanks to the antipsychotic second generation drugs and on the personal experience performed at the S. Andrea Hospital. In conclusion, the speaker pointed out that with a 100% of adherence, most patients with schizophrenia can achieve remission and gradually regain their baseline functional capacity.

- What are the main causes of the schizophrenia induction, based on the data presented by the speaker?
- How many patients do not adhere to therapy, based on the data presented by the speaker?
- What is the role played by the new antipsychotic drugs in the management of schizophrenia, based on the data presented by the speaker?
- What's about the terrible tool of the schizophrenia patients, based on the data presented by the speaker?
- What is the model of management presented by the speaker?
- What is the relapse prevalence in schizophrenia, based on the data presented by the speaker?

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Sleep-wake disorders and suicidal behaviours: any relationship?

Linking insomnia and suicide risk: studies investigating the relationship

- 7 longitudinal studies
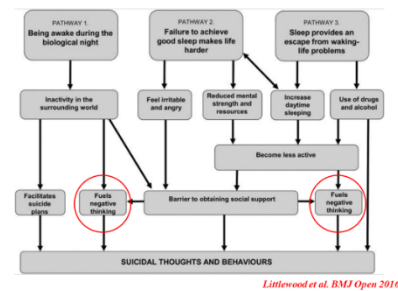- 6 studies — insomnia significantly predicts suicide-related ideation, attempts, and suicide in psychiatric and general populations — even when controlling for the presence of specific psychiatric disorders and/or symptoms
- 24 cross-sectional studies
- 18 studies — insomnia as a significant predictor of suicide-related ideation and/or attempts — in both 1) clinical and 2) general populations
- Of the 13 studies that controlled for specific psychiatric disorders — 11 found that the relation between insomnia and suicide-related outcomes remained
- 6 studies suggest that the insomnia and suicide relation is mediated by: 1) Depression 2) Anxiety 3) PTSD symptoms — Major limitations: 1) sample; 2) time of measurement

Wooznika et al., Sleep Medicine Reviews 2015

Prof. Serafini from Genoa (IT), spoke about "Sleep-wake disorders and suicidal behaviours: any relationship?" and presented very interesting data on the importance of sleep and the most relevant implications of the sleep disorders. Going deeper in his lecture, the speaker talked about the relationship between the quality of sleeping and the quality of living. In the main part of his lecture, Prof. Serafini presented very interesting data on the link betw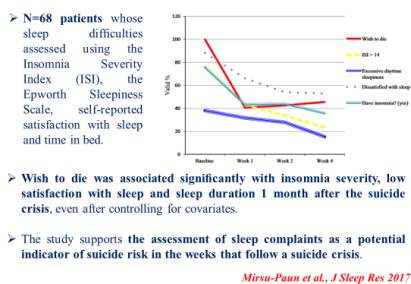een insomnia and suicide risk and highlighted that the sleep disorders can be as a trigger for the risk of suicide. More in particular the speaker presented other very interesting data on the correlation between the sleep loss, the loneliness and the risk of suicide. In the second part of his lecture, Prof. Serafini talked about the relationship between the symptoms due to insomnia and the suicidality in adolescents and presented very interesting data on a model explaining this relationship between sleep loss and suicidal risk.

Three distinct, but interrelated pathways were identified whereby a belief about sleep contributed to suicidal thoughts and behaviours

Littlewood et al. BMJ Open 2016

The speaker talked also about the relationship between the sleep loss and the suicidal risk in middle and old adults and highlighted that the results are the same. Finally, Prof. Serafini, talked about diagnosis and presented very interesting data on the EEG pattern related to the sleep disorders. The speaker talked also about the predictivity of the sleep disorders for suicidal behaviour and highlighted that the prescription of the sedative-hypnotic does not have any provided relationship with the suicidal ideation. In conclusion, Prof. Serafini, citing Schopenhauer, pointed out that sleeping for the brain has the same value of charging for the clock.

Sleep complaints associated with wish to die after a suicide crisis

- N=68 patients whose sleep difficulties assessed using the Insomnia Severity Index (ISI), the Epworth Sleepiness Scale, self-reported satisfaction with sleep and time in bed.
- Wish to die was associated significantly with insomnia severity, low satisfaction with sleep and sleep duration 1 month after the suicide crisis, even after controlling for covariates.
- The study supports the assessment of sleep complaints as a potential indicator of suicide risk in the weeks that follow a suicide crisis.

Mirsu-Paun et al., J Sleep Res 2017

- **What is the link between sleep disorders and suicidal behaviour, based on the data presented by the speaker?**
- **Is it possible that simply being awake at night may represent a specific vulnerability for suicide?**
- **What's about being awake at night and the confirmation of risk?**
- **What type of sleep loss is associated with suicidal behaviour?**
- **Should we consider sleep disturbances as predictors of suicidal behaviours?**
- **Are hypnotic medications really associated with suicidal ideation in a community population?**

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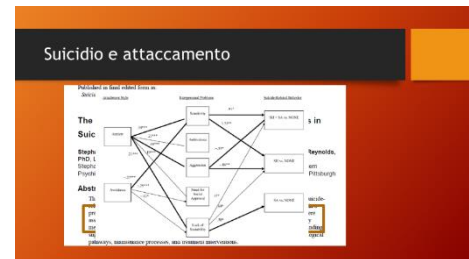
Mentalization, attachment and suicide risk

Mentalization, attachment and suicide risk, was the topic discussed by Prof. Innamorati from Rome (IT), more in particular the speaker talked about the effects of the childhood trauma. Going deeper in his lecture, Prof. Innamorati presented very interesting data on the cerebral modifications due to the passage from the childhood to adolescent. In the main part of his lecture, the speaker talked about the relationship between the childhood trauma and the suicidal behaviour later in the life. The speaker presented also very interesting data given from clinical trials on the relationship between mentalization and attachment and suicide through intermediate factors in patients at risk for personality disorders. Finally, Prof. Innamorati, presented

very interesting data given from clinical studies performed in his clinical centre on patients with defects in mentalization capacity at risk of suicidal behaviour. In conclusion, the speaker pointed out that mentalization and attachment predispose to a psychopathologic behaviour and through a lot of complex intermediate factor to a major risk of suicidal behaviour.

- What are the main childhood trauma effects, from the speaker point of view?
- What's about the relationship between suicide and attachment, based on the data presented by the speaker?
- What are the key points of the relationship between mentalization and suicide, presented by the speaker?

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