evaluate the effect which dy-namic processes such as therapies have on individual risk disposition. This gap FOTRES aims to close.

The FOTRES (Forensic Operationalized Therapy/Risk Evaluation System) is a clinical instrument for the assessment and standardized documentation of all types of offenders. It consists of 700 items and assesses 3 main dimensions, namely the structural risk of recidivism, the mutability of an offender's disposition and the dynamic risk reduction provided by therapy.

All items of the 'structural risk of recidivism' relate to the offender's past or the offense itself. The items explore the offender's personality and disposition to delinquency. They also cover specific problem areas relevant to the offense and the pattern of the offense itself. The second dimension assesses the mutability of the offenders risk disposition through therapy or coping strategies. The third dimension measures the actual risk reduction which has been attained through therapy or the implementation of such coping strategies. Thus the FOTRES does not only serve as an in-strument of prognosis but also as tool for planning assessing therapy progress.

The FOTRES is currently being used by more than 200 clinicians in the German speaking area. It is presently being translated into English and Dutch and is being validated on different offender populations in Switzerland.

P381

Out-patient care to schizophrenic patients having antisocial records

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The objective of the study were the problems of out-patient care to schizophrenic patients having antisocial records.

Materials and methods: The forensic psychiatric assessment of 98 schizophrenic patients (according to ICD-10) has been carried out. During our assessment psychopathic-like, neurotic-like disorders, depressive and psychotic symptoms were prevalent.

Methods: Structured and semistructured clinical interviwes and medical and criminal records investigation.

Results: The outpatient care of observed patients must be strictly deontologically consistent. Most of the patients and their relatives have a certain psychological ideas about antisocial behaviour and causes of the disease. The doctor's attempts to make alterations may break his contact with a patient and increase the dissimulating tendences. Some patients were sure that relatives ''dream'' to get rid of them. Continuation of multifactor pathomorphosis in schizophrenia was determined.

The main causes of errors in diagnosis and therapy in schizophrenic patients were the previous treatment for combat related PTSD; alcohol and drug abuse or all of them as comorbid. Many patients and relatives were not prepared for necessary inpatient treatment and were unaware about new psychopharmacological therapy. Aggressive behaviour was the result of delirious protection which forces a patient to change his former social attitude or manifested as a postpsychotic condition as a form of adjustment to a ''new health''.

Conclusion: The carried out research is helpful to formulate changed diagnostic criteria and aggressive behaviour rick/protective (clinical and social) factors system in schizophrenia patients. Out-patient care to schizophrenic patients seems to remain an object of discussion.

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The use of risperidone long-acting injection (RLAI) in a high secure hospital

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Background and aim: The atypical antipsychotic Risperidone is now available in a long-acting injectable form, risperidone consta (Risperidone Long-Acting Injection, RLAI). Patients in forensic psychiatry settings often have complex and difficult presentations marked by co-morbidity, poor concordance and treatment resistance. The potential role of RLAI in treating this patient group is not yet clear and this study aimed to investigate its use in an English high secure hospital.

Method: The hospital pharmacy database was used to identify all patients prescribed RLAI during a four year period. Anonymised data for these patients was then obtained from the database and pharmacy casenotes.

Results: 24 patients were prescribed RLAI, the vast majority of whom had a diagnosis of schizophrenia. Mean length of treatment with RLAI was 281 days (range 2-925 days). 7 patients remain on RLAI (including 4 who were discharged to less secure settings). RLAI was stopped due to relative lack of efficacy in 13 patients, 9 of whom were subsequently treated with clozapine. In 1 case RLAI was stopped as it was no longer clinically indicated and for 3 patients data was not available. RLAI appeared to be well tolerated and there were no cases of it being stopped due to adverse effects.

Conclusions: In this small study of a highly specialised and complex group of patients RLAI was not associated with any serious adverse effects. A third of patients responded to RLAI such that they remain on it or were able to be discharged to conditions of lesser security.

P383

Criteria of appointment of compulsory treatment for patients with mental disorders with limited diminished responsibility

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A necessity of recommendation of compulsory treatment is arising for partially responsible. Dispensary compulsory observation and treatment are appointing patients who have represent danger for themselves or others. The aim of the application of the compulsory treatment is improvement of mental condition and prevention of crime. 135 men have been examined in the study who have committed criminal offences (violent crime). The mental disorders (organic Personality Disorders, mentally retardation of slight degree with breach of behavior, Personality Disorders) limited the ability of patients to regulate their behavior. The study is to specify criteria of recommendation of compulsory treatment.

Clinical and psychological factors: conditions of non-stable compensation, mixed personality declines, impulsive, arousal, stagnation of affect, aggression, abuse of drugs, antisocial valuables, weakness of strong-willed control above aggression, low sensitiveness of frustration.

Anamnesis' irregular conditions of education, social maladjustment, information of treatment in the psychiatric hospital in past.

Criminological factors: prosecutions of criminal responsibility, perpetration of crime against life and health of personality.

P384

Pathological intoxication - a question of law and psychiatry

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Since the days of ancient Rome, psychotic delinquents have received special treatment by the law and held less or not at all legally responsible, apparently because insanity has been regarded as involuntary. The state of a person influenced by alcohol or drugs may be more or less equal to an acute psychosis. However, intoxication is generally no excuse in the court – unless the forensic psychiatrist diagnoses a state of abnormal or pathological intoxication. The reliability of this diagnosis has been disputed almost since its earliest mentioning in the 1860's. The survival of the diagnosis into the ICD-10 (F 10.07) calls for a penal act that can handle it. The Danish Penal Act since 1975 has offered a sensible, medico-legal compromise to the conflict between law and psychiatry that is imposed by alcohol and drugs. In general, insanity because of psychosis renders the defendant not punishable (Section 16,1,1). However, if the psychosis was due to intoxication, punishment is - depending on circumstances – possible (Section 16,1,3).

P385

Coercive measures used during hospitalization. Eunomia - final results in the Czech Republic

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Background: The EUNOMIA international project focuses on the application of coercive measures in psychiatric treatment. The use of coercive measures to mentally ill people is a very sensitive topic. The type and frequency of this action is influenced by different cultural or legal traditions, general attitudes toward mentally ill people and the structure and quality of mental health care systems.

Aims: Presentation of the frequency and way of administration of coercive measures to psychiatric inpatients with acute mental illness in the Czech Republic.

Methods: All coercive measures used during hospitalization (restraint, seclusion, forced medication) were documented in detail in special form. The definition of coercive measures was following: Restraint - fixation of at least one limb for longer than 15 minutes. Forced medication – the use of restraint or high psychological pressure to administer medication.Seclusion -involuntary placement of the patient alone in a locked room.

Results: We have evaluated the group of 202 involuntarily admitted patients and the group of 59 voluntarily admitted patients perceiving some coercion at admission.

Restraint, forced medication or/ and seclusion were used in 45,5% of involuntarily admitted patients. In 2/3 of these patients some coercive measure was repeated. In the group of voluntarily admitted patients coercive measures were used only marginally (5,1%).

The most frequent measure used was forced medication. Mainly typical antipsychotics and benzodiazepins were administered.

Conclusion: Presented results show the praxis with the use of coercive measures in the Czech Republic. The data were gathered within the EUNOMIA project.

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Violence, substance abuse and active symptoms in schizophrenia - overview of forensic wards in Portugal

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Background and aims: Men and women who develop schizophrenia are at increased risk, compared with the general population, to engage in violence toward others and, in so doing, often lay waste to their own lives. The reasons for this finding remain obscure.

The present work aims to analyze the relationship between active symptoms of the disease, substance abuse and violence in schizophrenic patients admitted to a forensic ward in our country (Portugal).

Methods: A population of inpatients (male and female) from two forensic wards was studied as to personal and psychiatric history, substance abuse, social and cultural background, family history, symptoms at the time of the violent behavior and patient's insight.

Results: The prevalence of offenses was the highest among male schizophrenic subjects with coexisting substance abuse, and more than half of the schizophrenic offenders also had problems with substance abuse. Most perpetrators were acutely ill at the time of the offence but only a small number was under mental healthcare.

Conclusions: Our results were consistent with those found in classic literature. We hope this will help us start a structured programme in our hospitals in which behavioral factors, substance misuse and social dislocation are managed together with the active symptoms of the disorder in order to prevent such violent behavior and to promote adequate treatment of schizophrenic patients.

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Property offences in dissocial personality disorder and kleptomania

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The objective of the study was to examine phenomenology and comorbidity of repeated stealing behavior in a group of 72 adult male forensic psychiatric patients. 38 have diagnosis of dissocial personality disorder and 34 – kleptomania by clinical-psychopathological method (structured and semistructured clinical interview) and nonparametric statistical analysis.

Results: The comorbid disorders for antisocial disorder were organic disorders mostly of perinatal origin and ADHD syndrome in childhood. For kleptomania there were non-psychotic affective states and personality disorders: schizoid, schizotypal, borderline and emotionally unstable of borderline type. The repeated theft in both groups served as habitual tool for emotional self-regulation since all the patients had dysthimic or dysphoric mood swings and unstable self-esteem. Their repeated criminal pattern responded to criteria of dependence syndrome listed in ICD-10 for substance abuse. We described them in terms of feeling of psychological dependence, distorted physical and psychological reactivity, and personality scarcity at the final stage of dependence when stealing behavior became serial, clichéd and followed by symbolic rituals. In antisocial personality disorder we observed tends to switching to more hetero-destructive behavior - pyromania, zoocides and sexual sadism served as substitution first and then developing the traits of addiction. In kleptomania auto-destructive kinds were more common (habitual self-mutilation, alcohol and drug dependence, exhibitionism, pedophilia, sadomasochism). Forensic psychiatric evaluation included assessment the urge to steal (impulsive, compulsive or obsessive) and degree of emotional disturbances as well as comorbid disorders (both underlying and substituting) to estimate the quality of volitional control.

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Criminal agressive-violent and gomcidal behaviour of children and adolescents

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