

S12.03

Pharmacotherapy of sexual offenders

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Background and Aims: This lecture addresses testosterone-lowering and other psychotropic medications for the treatment of sexual offenders.

Methods: Literature review.

Results and Conclusions: Randomized controlled studies on pharmacological treatments for sexual offenders with the outcome criterion recidivism are still lacking. On the other hand, there is a substantial scientific knowledge about the wide range of psychiatric comorbidity in sexual offenders. Empirically-based treatment especially of impulsivity, anxiety and mood disorders in these patients may also ameliorate the sexual impulsivity. The prescription of testosterone lowering agents should be restricted to paraphilic sexual offenders with an at least moderate or high risk for hands on sexual offences and should always be combined with psychotherapy. The decision process for different treatment options will be described focusing on aspects of comorbidity, risk, and motivation.

S12.04

Prison misconduct: The role of risk assessment instruments in the prediction of intramural violence

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Violent and aggressive behavior in prison is considered to be a constant problem in most penal institutions and it not only poses a threat to prison staff and fellow inmates, but is also a source of additional cost. An early identification of inmates who tend towards violent or aggressive behavior in prison should therefore be a central goal, in order to both protect the staff and other inmates from becoming victims of violent actions and to lower the overall costs of the penal system. Furthermore in-prison behavior is suspected to be good predictor of legal probation after release to the community. There is an ongoing debate concerning the usefulness of actuarial risk assessment instruments in predicting intramural violence as studies on their predictive validity show mixed results. In this study the predictive validity of PCL-R, PCL:SV and the VRAG for different types of prison misconduct (violent and verbally violent infractions) was examined on a sample of 106 violent and sex offenders of the largest Swiss state penitentiary.

The relationship between physical violence and PCL-R score was not significant but the sum score did predict the occurrence of verbal aggression. For the PCL:SV and the VRAG similar results were found as there were significant effect sizes for verbal aggressive behavior of sexual offenders but not for violent offenders.

These results highlight the need for further research on the usefulness of risk assessment instrument in the prediction of intramural violence.

Symposium: Alcoholism and substance misuse in psychiatric emergency

S15.01

Suicide, self harm and substance misuse in young people

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Suicidal behaviours comprise significant part of the workload of Accident and Emergency (A&E) departments. In the UK around 140,000 young people present to A&E with self harm, and there are 6000 deaths from suicide each year. Substance misuse is an acknowledged risk factor for suicide and self harm: the mortality of substance misusers is between 9-16 times higher than the general population. The UK has some of the highest levels of substance misuse in young people in Europe, this relationship give rise to particular concern.

Previous self harm is the strongest predictor of subsequent suicide. Thus it is important to detect and treat effectively as it is estimated that approximately 20% of suicides are likely to be preventable. Indeed, reduction of suicide is a key aim of the National Suicide Prevention Strategy which has a specific objective of promoting the mental health of substance misusers.

However, the indications are that self-harmers are not receiving adequate assessment and treatment. Furthermore, while some forms of psychological and pharmacological treatments are effective for self harm, these results are limited. Most studies do not include substance misusers or have substance misuse as an outcome measure. Effective treatment interventions for substance misusers generally do not focus on suicide or self harm. Indeed, such patients are often excluded. Recent epidemiological evidence that that suggests that attendance for substance misuse treatment may impact upon suicide will be outlined, and the clinical practice and policy implications will be explored with reference to young people.

S15.02

Treatment of alcohol withdrawal with delirium in emergency room - Romanian experience

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The treatment of alcohol withdrawal with delirium implicate evaluations of multiple factors and even numerous guidelines are available the clinical practice shows important differences between centres.

The purpose of study is to evaluate the pharmacological intervention in delirium tremens in different Romanian settings.

Material and methods: A case vignette was distributed between 50 psychiatrists, with similar professional experience, from 18 different psychiatric centres, with demand of establish the diagnostic and prescribe the treatment what they consider necessary. We evaluated the results concerning the diagnosis and pharmacological treatment.

Results: Response rates was 56%, all psychiatrist recognised the diagnostic conform DSM IV "Alcohol withdrawal with delirium. Alcohol dependence." The pharmacological treatments were different concerning the substance and also concerning the recommended doses. The proposed classes are benzodiazepines, anticonvulsivants, neuroleptics and other psychotropes.

Conclusions: This study wants to underline the high diversity of treatment in psychiatry for the same diagnosis.

S15.03

Treatment guidelines of agitation due to substance intoxication in emergency

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Alcohol related visits account for 10 to 46 % of all emergency department visits each year (D'Onofrio et al. 2006; Nassisi et al. 2006; Baleyrier et al. 2003). This presentation focused on psychiatric guidelines and the clinicians' position about the management of agitation due to substance intoxication. American Psychiatric Experts' recommendations (Allen, 2005) for managing agitation are discussed.

The use of psychiatric validated scales to assess agitation seems to ameliorate the quality of care in emergency psychiatry. Several standardized tools could be useful for assess a diagnosis of alcohol abuse or dependence in emergency for adults and adolescents (AUDIT, CAGE, CRAFFT, et RAPS-QF), even if the clinicians are often sceptical about this issue.

The use of medication to protect the patient, staff and to prevent an escalation of violence remains a personal choice for each practitioner, depending on individual patient needs and context. In the treatment of agitation due to substance intoxication in emergency, a balance needs to be found between the subjective dimension and data issue from evidence based medicine.

S15.04

Personality disorders and alcohol abuse in emergency setting

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Personality disorders represent the dominant background features in evolution of addictive behaviours. In psychiatric emergency units these kind of conducts are able to start or maintain psychopathological manifestations and behaviours which have at their limits manifest selfaggression and on others and the irreversible failure of vital organs.

We have evaluated these specific conditions considering the main premorbid personality dimensions in two groups of patients on records of Psychiatric Clinique 2 from Tg. Mureş.

The agravant and/or pathoplastic role of personality disorders is confirmed, considering that it influents also – and sometime in a decisive way – the compliance and efficiency of therapeutic relation and of rehabilitation strategies.

The presence of a personality disorder proves itself to be also a predictive factor for the precocity of psychopathological manifestations which require emergency assistance as well as for the frequency and complexity of associations between them.

Symposium: Eating disorders

S14.01

Eating habits and eating related psychopathology in patients prior to bariatric surgery and at a 1 year follow up

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About 800.000 people in Germany suffer from a BMI > 40 kg/m². Obesity surgery is one of the most effective strategies for weight loss in this population.

We assessed 150 patients prior to bariatric surgery and are at present conducting follow-up assessments after surgery. Evaluation included the Eating Disorder Examination for the assessment of eating patterns and eating related psychopathology. The SCID Interview was used to assess lifetime eating disorders.

At the time of abstract submission 49 patients had completed pre-surgery evaluation as well as the 1 year follow-up; 73.5% (n = 36) were female, mean BMI pre-surgery was 52.4 (SD = 7.9). At baseline 24.7% met full criteria for Binge Eating Disorder (BED), an additional 10.2% met all but one criteria (sub-threshold BED). 46.9% reported any eating disorder lifetime, among these 8.2% met criteria for lifetime Bulimia Nervosa.

59.1% of the patients reported Binge Eating (loss of control & a large amount of food) prior to the surgery, post surgery only 16.3% (n = 8) reported occurrence of loss of control over eating. Symptoms of BED re-occurred in only 6.1% (n = 3) of the patients, none of them meeting the full criteria for BED any more. 53.1% reported an increase in enjoyment in eating 1 year after surgery. Vomiting occurred frequently: 81.6% (n = 40) reported vomiting 1 year after surgery; however, vomiting with the intention to reduce weight was extremely rare (n = 1).

S14.02

Imaging serotonergic and dopaminergic neurocircuits in eating disorders: New insight into behavior and treatment

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Several lines of evidence suggest disturbances of serotonin (5-HT) and dopamine (DA) pathways play a role in the pathogenesis and pathophysiology of anorexia nervosa (AN) and bulimia nervosa (BN). Studies using imaging with radioligands specific for 5HT and DA components, have found alterations of the 5-HT_{1A} and 5-HT_{2A} receptors, and DA D₂/D₃ receptors in AN and BN. In addition, some studies suggest relationships between these components and traits often found in individuals with AN and BN, such as harm avoidance and drive for thinness. Moreover, subtypes may have different patterns of 5-HT-DA dysfunction which may shed light on understanding specific symptoms such as inflexibility and rigidity and disregard of normal rewards in AN, or unstable mood and impulse dyscontrol in BN. The 5HT and DA systems are highly complex. Thus disturbances of these components may reflect dysregulation of these neuronal systems, rather than identify the exact etiology. In summary, new technologies such as PET and/or fMRI offer the promise of understanding the relationship of behavior and neurocircuits contributing to ED. Furthermore PET and radioligand studies may be a useful tool for investigating and managing medication response in treatment resistant individuals.