RTS has been mapped to 16p13.3 and its diagnosis is primarily clinical. It has been suggested that patients with RTS have an increased vulnerability for neuroleptic induced motor side effects. A great variety of somatic anomalies such as cryptorchidism and tumours, like in this case, may be present. Reports on psychopathology in adulthood are scarce and comprise mood disorders and obsessive compulsive spectrum disorders.

From this case report it is concluded that patients who present with lower intelligence and dysmorphias should always be examined for the possibility of a genetic syndrome.

P0103

Chromosomal abnormalities in psychiatry: Expanding the diagnostic process

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Clinical psychiatry is confronted with the rapid expansion of the diagnostic facilities of molecular genetics and should therefore reconsider its basic diagnostic procedures. Psychiatric diagnosis should be supplemented by information about birth, developmental history, dysmorphias, congenital malformations, somatic anomalies and family history of both psychopathology and genetic disorders. In addition it should be stressed that psychiatric symptoms in genetic syndromes mostly represent a specific psychopathological phenotype, that does not meet categorical criteria. Recently, several genetic syndromes were found in a number of routinely referred adult patients. In none of the patients genetic analysis was considered previously. Some examples are presented. In all cases the genetic diagnosis had a major impact on the psychiatric diagnosis and treatment. It is concluded that psychiatrists have some knowledge about dysmorphias, relevant developmental issues and basis clinical genetics.

Age/Sex	Previous diagnosis	Genetics	Final diagnosis
58/f	psychosis	HHT[1](ALK-1)	manic episode
20/m	antisocial personality dis	del22q11	VCFS psychiatr syndr
23/m	recurrent psychosis	del22q11	VCFS[2] psychiatr syndr
23/m	recurrent psychosis	Klinefelter XXY	atypical psychosis
70/f	paranoid syndrome, OCD	del22q11	VCFS psychiatr syndr
57/m	recurrent depression	translocation 13;14	testosteron deficiency
40/f	anxiety\borderline disorder	proximal 16p dupl	PDDNOS
31/f	recurrent psychosis	translocation 2;10	atypical psychosis
81/f	none	balanced transl X;19	psychotic depression
68/f	schizophrenia	trisomy 8 mosaicism	cycloid psychosis
21/m	XXY	XXY/PWS/UPD[3]	PWS psychiatr syndr
36/m	PDDNOS	del22q11	VCFS psychiatr syndr

P0104

The use of alexithymia scales in patients with Noonan Syndrome

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Although there is scarce literature on the cognitive and social functioning of patients with Noonan syndrome (NS), some evidence exists for a characteristic pattern of deficits in emotion identification and emotion verbalisation, which seems to be not attributable to intelligence. It has been suggested that this pattern could be best captured with the concept of alexithymia.

The present study examines convergent and discriminant validity of two well-known alexithymia measures, i.e., the Toronto Alexithymia Scale (TAS-20) and the Bermond-Vorst Alexithymia Questionnaire (BVAQ) in a sample of 28 patients with Noonan Syndrome (NS). To enable interpretative refinement, results were related to intelligence and to measures of empathy and motivational drive.

It was hypothesised that TAS-20 and BVAQ would show strong positive intercorrelations, independent of intelligence levels. Inverse correlations between alexithymia and both motivational drive and empathy were expected.

In line with expectations, TAS-20 and BVAQ showed positive intercorrelations, although convergence typically was found to be stronger for the cognitive aspects of alexithymia than for the affective aspects. As expected, empathy correlated negatively with alexithymia. However, intelligence nor motivational drive seemed to be related to alexithymia.

The present results lend support to the validity of alexithymia assessment in NS-patients. Interestingly, while empathy and motivational drive can be seen as executive aspects, results also suggest the adoption of a neuropsychological perspective when studying the alexithymia concept.

P0105

Catatonia in a French forensic psychiatric facility: Frequency, prognosis and treatment

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Background: Catatonia is a well-defined motor syndrome. Its prevalence has been found between 9.5 and 13.6% in various emergency psychiatric units.

Methods: A prospective evaluation was conducted for every patient admitted in the psychiatric emergency facility of the police authority in Paris (Infirmerie Psychiatrique près la Préfecture de Police) during 30 days. Catatonic symptoms were collected, as well as other clinical variables, by using a check-list adapted from DSM-IV criteria.

Statistical analysis: Catatonic and non catatonic patients were compared using khi^2 for categorical variables and ANOVA for continuous variables. Variables which were statistically different between the two groups were entered in a step-wise logistic regression model (level of entry: .05).

Results: The number of patients included was 229. A full catatonic syndrome (i.e. at least two prominent catatonic symptoms lasting for at least 24 hours) was found in 30 patients (13.1%). Main diagnoses in these patients were: schizophrenic disorders (24),

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bipolar disorders (4) and acute alcohol/street drugs intoxications (2). Ten out of 30 catatonic patients were not meeting anymore the diagnostic criteria for a catatonic syndrome at the end of the 24-48 hours observation and treatment time. Clinical characteristics of patients who were catatonic at entry, and those of patients who remained catatonic at the end of their admission are described and discussed.

Conclusion: Catatonia was frequent (13.1%), and 8.7% of the sample still presented a catatonic syndrome at the end of 24-48 hours of treatment.

P0106

Slovenian validation of hospital anxiety and depression scale in female cancer patients

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Introduction: The present study describes the translation process of the Hospital Anxiety and Depression Scale (HADS) into Slovenian language and testing its reliability and validity on psychological morbidity in female cancer patients.

The HADS consists of 14 items to assess anxiety (7 items) and depression (7 items). Each item is rated from 0 to 3. The maximum score on either subscale is 21. Scores of 11 or more on either subscales are considered to be a significant 'case' of psychological morbidity (clinical caseness), while scores of 8-10 represent 'mood disorder' ('borderline'). A score of 7 or below is considered as normal.

Methods: The English version of the HADS was translated into Slovene language using the 'forward-backward' procedure. The questionnaire was used in a study of 202 female cancer patients together with a clinical structured interview (CSI) to measure psychological state. A biserial correlation coefficient was calculated.

Results: The mean score of participants rating on the HADS-A was 11,6 (sd 4,49) and on the HADS-D was 9,2 (sd 4,46). The value of biserial correlation coefficient was 0.81 for the depression scale and 0.91 for the anxiety scale.

Conclusion: The validation process of the Slovenian HADS score version shows metric properties similar to those in international studies, suggesting that it measures the same constructs, in the same way, as the original HADS score form. This validation study of the Slovenian version of the HADS proved that it is an acceptable and valid measure of psychological distress among female cancer patients.

P0107

Behavioral dysfunction in patients with mental and behavioral disorders

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Background: Of vital importance is use of new approaches to medico-social status assessment, namely behavioral dysfunction evaluation which has to be based on measuring of vital activity limitations related to mental disorders. The goal of the research is to assess influence of such vital activity limitations on the dynamics of behavioral dysfunction.

Methods: We studied 538 psychiatric patients (327 – in the experimental group including patients treated with psychopharmacotherapy and psychotherapy administered with giving proper weight to medical, social and professional factors influencing patients' vital activity, and 211 – in the comparison group treated according to standard scheme). Patients' vital activity limitations were measured using WHO Disability Assessment Schedule (DAS).

Results: The data analysis revealed considerable decrease of behavioral dysfunction in experimental group patients at the expense of patients with obvious or serious dysfunction levels ($p<0.05$). In the comparison group the rate of dysfunction level reduced in a significantly lesser degree. The study has shown that premature validation of patient's disability for "social protection" often results in pathomimesis while rehabilitation potential is retained.

Conclusions: Rehabilitation interventions administered with giving proper weight to medical, social and professional factors influencing patients' vital activity result in considerable decrease of behavioral dysfunction of psychiatric patients. Rehabilitation programs have to be developed on basis of detecting rehabilitation "targets" not only "defect" spheres, but also maintenance of skills and abilities. This will give an opportunity to prevent defect development and to consider patient's rehabilitation potential.

Poster Session III: Forensic Psychiatry

P0108

The role of impulsivity in different forms of psychosocial disturbances

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During the last decade there has been an increasing interest in the role of impulsivity and aggressiveness in psychosocial disturbances. Despite scientific efforts, several aspects of the relationships between these personality features and Personality Disorders, alcohol/drug abuse, and violence are still controversial. A relevant question concerns the reciprocal relationships between impulsivity and aggressiveness, and their interaction with other "action" personality traits or temperamental traits, e.g., sensation seeking. Another controversial topic is the identification of biological and neuropsychological markers of impulsivity and aggressiveness in order to get more objective measures of these personality traits than those produced by subjects' self-reports, and to obtain a deeper understanding of the phenotypic aspects underlying impulsive and aggressive behaviours as manifested in different forms of psychosocial disturbances. Starting from these considerations, the aim is to shed some light on the implications and consequences of impulsivity for psychosocial disturbances, such as criminality, abuse, and violence. The issue will be discussed in terms of development, possible underlying factors, and attitudes, which can be particularly relevant from both forensic and prevention points of view.

P0109

Single Point of access and mental health act

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