

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.

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## Poster Session III: Forensic Psychiatry

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### 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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**Background:** Single Point of Access (SPA) has been developed as a way of facilitating access to adult and older adult's community mental health services across South Staffordshire. Requests for assessments under the Mental Health Act 1983 are triaged and processed through SPA during working hours (09:00-17:00) Monday to Friday.

**Aim:** To explore the activity associated with these requests and to describe emerging trends.

**Methods:** Retrospective study of data regarding requests for assessment under the Mental Health Act 1983 in a SPA since its creation 2 years ago. Outcome of the request, outcome of the assessment, profession of the requester, and age and gender of the referred person has been collected.

**Results:** 343 requests were made since October 2005. 184 were male and 159 female. 264 were under 65 years of age. 92 were managed without the need to complete a formal assessment. From the 251 assessments carried out, 46 remained in the community, 41 were admitted informally and 164 were admitted under Section.

**Conclusion:** There appears to be little difference between gender and number of requests. Formal admissions appear to decrease since SPA has been in place. Trends will need to be explored against the introduction of the Mental Health Act 2007.

## P0110

Medical confidentiality versus disclosure: Ethical and legal dilemmas  
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A case is described of a forty year old single man who made incriminating admissions about multiple perverse sexual practices during a psychiatric assessment including exhibiting in public places and putting a four year old girl's hand in his trousers for sexual stimulation. In common practice with other professional men, a doctor is under a duty not to disclose, without the consent of his patient, information which he has gained in his professional capacity other than in exceptional circumstances. When groups of adolescent and adult patients were asked whether they would seek medical care or divulge personal information without a promise of confidentiality, many said no. We discuss issues of medical confidentiality and the dilemma that sometimes face clinicians, when they feel obliged, in the public interest, to disclose information they have gained in confidence. Breach of confidences can have deleterious consequences; particularly for the doctor-patient relationship and failure to disclose in some situations could have serious implications for the well-being of the wider society. We draw comparison from cases in several jurisdictions and conclude that all doctors should be aware of the basic principles of confidentiality and the legal framework around which they are built. Doctors should not hesitate to discuss problem areas with their legal advisors before decisions are made regarding disclosure.

## P0111

Mental disorder in Greek male prisoners

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The aim of the present study was to determine the prevalence of mental disorder among male prisoners in Greece and to examine possible association between psychiatric disorders and the criminal history of the subjects. A randomly selected sample of 495 convicted prisoners was investigated, with structured psychiatric instruments. Psychiatric disorder was diagnosed in 45.06% of the sample. The main diagnoses were personality disorder 15.96%, substance misuse 14.54%, depression 4.44%, neurosis 3.64% and psychosis 2.63%.

Offenders were also classified according to the type of offense with which they were charged, in three major crime categories: non-violent, violent, and drug related crimes. Non-violent crimes represented 40.7% of all investigated criminal records, followed by drug related crimes 30.3%, and violent crimes 28.0%. Concerning the association between psychiatric diagnosis and criminal records personality disorders was significantly related to violent crimes  $p < 0.05$ . There was also significant relation between substance misuse and drug related crimes  $p < 0.05$ . Depression was also correlated to drug related crimes  $p < 0.05$ . No other mental disorder related significantly to any crime category investigated.

## P0112

Significance of abnormal sexual behaviour for early diagnostics of schizophrenia

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Many authors have described early signs of abnormal sexuality as predictors of endogenous psychotic disorders, or their premonitory, initial or manifest symptoms. Differences in clinical presentation of abnormal sexual behaviour (ASB) in different nosologic forms have been discussed.

103 persons that committed sexual crimes were examined during a complex forensic sexologic and psychiatric evaluation to compare a clinic presentation of sexual disorders in different mental disorders (MD). Clinical psychopathological and sexological methods were used. MD was diagnosed primarily during the psychiatric evaluation in 82 cases (79.1%). 26 persons had schizophrenia and schizotypal disorders (F20-F21 in ICD-10, group 1), 35 had MD due to brain damage and dysfunction (F06-F07, group 2), 21 had disorders of adult personality and behaviour (F60-F61, group 3). Diagnostic criteria of ICD-10 (F65) and The Scale of Sexual Dysontogenesis were used to assess the elements of ASB.

Statistic analysis showed that the chance for ASB to precede the clinical presentation of MD is higher in the group 1 (26.9%). ASB emerged later or simultaneously with MD in groups 2 (88.6%, 5.7%) and 3 (80.9%, 14.3%).

Modern schizophrenia pathogenesis theories relate emerging of primary negative alterations to pathology of brain systems that modulate functions of the frontal cortex. Early ASB may be attributed to involving limbic and prefrontal structures into the primary pathologic neurofunctional process. These structures participate in forming of sexual behaviour and primary gender identification. Thus, ASB is a marker of increased risk of endogenous MD and can be used for early diagnostics of the disorders.

## P0113

Expertise opinion in divorce proceeding and child custody

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