

the law could protect patients from being excluded from a treatment that may change the course of the disease.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; compulsory treatment; mental health legislation; informed consent

EPV0322

Neuroendocrine factors - predictors of the formation of alcohol dependence and human ecology in various ethnic populations, new approaches to therapy

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Introduction: Integrated clinical and biological approaches in the study of disorders caused by alcohol consumption in people of different ethnic groups, are important for determining effective treatment strategies.

Objectives: To study the clinical and dynamic features and the role of neuroendocrine factors of the formation and course of alcohol dependence in individuals of Tuvan ethnicity.

Methods: 68 Russian alcoholics and 67 Tuvans alcoholics only men and 20 healthy male were monitored. Clinical assessment of the condition of patients was carried out with the traditional clinical description. Enzyme-linked immunosorbent assay kits were used to determine serum hormone levels in patients and volunteers.

Results: The systematic consumption of alcoholic beverages develops among Tuvans in adulthood, in contrast to Russian men who begin to drink systematically young. Alcohol dependence in people of Tuvan nationality are formed several years later than in Russians: a symptom of loss of quantitative control over use was detected in Tuvans at 36.9±9.9 years, in Russian patients at 29,8±7.5 years; the formation of withdrawal syndrome in Tuvans occurs at the age of 37.7±8.4 years, unlike Russians, in whom the withdrawal syndrome develops on average at the age of 29.6±6.0 years. The index of the ratio cortisol/progesterone in the blood of examined Russian alcoholics is almost twice as high as the index of examined healthy donors; in patients of Tuvan ethnicity, index is almost five times higher.

Conclusions: Alcohol dependence among representatives of the Tuvan ethnic group indicates a greater vulnerability to the effects of alcohol.

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EPV0324

Not guilty by reason of insanity and dangerousness: A demographic, clinical and forensics description of the patients in the forensic inpatient service of Coimbra

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Introduction: Despite being essential for the service quality improvement, empirical research on the characteristics of people hospitalized in forensic psychiatry units and the psychopharmacological treatment instituted in this care context is scarce in Portugal.

Objectives: To describe the sociodemographic, clinical and criminological characteristics of the patients admitted to a forensic psychiatric unit in Portugal, as well as, the psychiatric drugs prescription pattern in this care context.

Methods: A retrospective observational study was carried out, through the data analysis of patients admitted to the Sobral Cid Forensic Psychiatry unit of the Coimbra Hospital and University over the past 12 years.

Results: The sample had 194 inpatients, 153(78.9%) male and 41(21.1%) females. The mean age was 43.3 years and 74.7% had no professional, school or occupational activity. The most frequent psychiatric diagnoses were psychotic disorders (56.7%) and neurodevelopmental disorders(33.5%). 24.2% had at least two psychiatric diagnoses and 38.7% had concomitant medical conditions. 77.8% had history of psychiatric hospitalizations and 21.6% had history of self-injurious behaviors. 37.1% of the sample had a criminal record. Crimes against people were the most frequent. The use of injectable antipsychotic formulations was frequent and 18.6% of the patients were medicated with Clozapine. The prescribed daily doses were above the defined daily dose. Psychotic disorders and addictive disorders were less frequent in women. Statistically significant differences were found in the frequency of homicide between females(41.5%) and males(22.2%).

Conclusions: Tailored solutions are crucial to accomplish the purpose of security measures, mostly by addressing the identified needs and rethinking the approach on this specific context.

Disclosure: No significant relationships.

Keyword: Forensic Psychiatry Units

EPV0325

Traumatic brain injury in forensic psychiatry

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Introduction: Assessment of neuropsychiatric sequelae of traumatic brain injury (TBI) brings about challenges in the forensic setting, comprising analysis of neurobiological variables, preinjury variables (personality/psychiatric disturbances), postinjury psychosocial, allowing the expert witness to provide clear and appropriate explanations, so the court can decide with justice, particularly in civil law cases.

Objectives: Discuss the main clinical and neuroimaging aspects to consider in civil litigation of TBI cases.

Methods: Comprehensive literature review.

Results: Although accurate predictions are difficult, some generalizations can be made. Recovery from hypoxic and diffuse axonal injury (DAI) takes longer and is less complete than focal contusions. Posttraumatic amnesia is the main predictor of long-term cognitive outcome. In moderate/severe TBI (m/sTBI) occurs chronic lesion

expansion (axonal degeneration) and brain atrophy. DAI topography determinates the cognitive disfunction pattern yet underestimated in conventional neuroimaging. Diffusion-Tension-Imaging (DTI) may be valuable to outcome predictions in m/sTBI: structural disconnection within the Default Mode and the Salience Networks are linked to attention and executive impairments; hippocampus and fornix damage correlates with memory/learning impairments. Conversely, DTI findings can be misleading in mild TBI (mTBI), and case-by-case analysis seldomly prove its scientific validity.

Conclusions: To elaborate formulations within reasonable medical certainty, outcome predictions should not be made until at least six months following the TBI, considering that most mTBI symptoms resolve in few months, and up to 1-½ years, when m/sTBI neuropathologic changes stabilize. The neurobiological underpinnings are fundamental for causality formulations, however atypical outcomes in mTBI are frequently predicated upon non-brain-injury psychiatric conditions and psychosocial factors.

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Keywords: traumatic brain injury; neuropsychiatric sequelae; civil litigation; diffuse axonal injury

EPV0326

Simulation of huntington's disease in forensic psychiatry: Case report

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Introduction: Huntington Disease (HD) is an autosomal-dominant, neurodegenerative disorder, with a progressive course, that typically involves a triad of cognitive, motor and psychiatric disorders. Its pathogenic mechanisms are not fully understood, although a faultily encoded version of the protein huntingtin—resulting from a cytosine-adenine-guanine (CAG) trinucleotide expansion in the HTT gene—has been shown to cause intracellular toxicity in neural tissue. Patients usually presents with prodromic psychiatric perturbances, such as depression, delusions or personality changes. Occasionally HD gives rise to criminal behavior.

Objectives: To understand HD clinical presentation and underlines the differential diagnosis. We present a case of a 31-year-old male offender, whose mother was diagnosed with HD, and during his forensic-psychiatric evaluation, HD was considered, but not confirmed.

Methods: Case report.

Results: A 31-year-old male offender was under a forensic-psychiatric evaluation due to a crime of domestic violence, after he discovers that his wife had an affair. He reports previous personality changes and depression, and compares himself with his mother, stating she was diagnosed with HD due to psychiatric prodromic disturbances. He shows concern about having a disease, and was waiting for genetic test result. After a clinical evaluation, and despite a family history of HD and genetic suspicion, it was important to consider differential diagnosis. The case refers to a passionate crime, which attempted to simulate a HD, considering his genetic background.

Conclusions: Psychometrically identifiable features in HD appear to be important in the context of analyzing circumstances occasioning criminal acts, but the medical history is the most important part of the examination.

Disclosure: No significant relationships.

Keywords: Personality; forensic psychiatric; Huntington Disease; violence

EPV0327

Psychological induction of the child: Cognitive, emotional and behavioral diagnostic markers

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Introduction: One of the tasks of the forensic assessment of family disputes is to establish the fact that a child is set up by one parent against another.

Objectives: Identification of diagnostic markers of psychological induced state in a child due to purposeful actions of a parent living together with him.

Methods: A continuous one-step analysis of the results of forensic assessments on family disputes was carried out in respect of 48 girls and 67 boys aged 3 to 15 years (mean age 7.9 ± 4.5 years). The objective materials presented by the court were analyzed in comparison with the results of a structured interview. The statistical significance of any differences were evaluated using the non-parametric Mann-Whitney (U).

Results: Persistent negative attitude to one of the parents was found in 14% of children. Markers of the induced state at the cognitive level were identified: negative semantic attitudes ($U=477.1$; $p=0.014$), distorted image of the rejected parent ($U=509.5$; $p=0.023$), transformation of memories ($U=389.5$; $p=0.001$). At the emotional level: persistent negative attitude to one of the parents when idealizing the second ($U=371.1$; $p=0.001$), emotional involvement of the child in the family conflict ($U=556.6$; $p=0.048$). At the behavioral level: declaring a stable set of stereotypical "adult" phrases ($U=387.3$; $p=0.001$), regressive behaviors and manifestations of stress in the presence of a rejected parent ($U=601.5$; $p=0.04$). Markers on all three levels must co-exist.

Conclusions: There are diagnostic markers of the induced state in a child, which verify the forensic conclusion about the negative impact on his mental state of the parent-inducer.

Disclosure: No significant relationships.

Keywords: induced state; high-conflict divorces; children's interests; forensic examination

EPV0328

Multidirectional (auto- and hetero-) aggression in the practice of forensic psychiatry

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