

Workshop: Forensic psychiatry in Europe in 2017: Discussing similarities and differences of five national systems

W026

Forensic care in Italy: Changes, illusions and realities

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Violence and the risk of violence posed by patients with severe mental illness is a major public health problem for many reasons. Firstly there is the obvious harm to victims, secondly the counter-therapeutic effect on patients of the violence itself, thirdly the restrictive measures typically deployed by services to manage the violence, and finally the significant additional financial cost of these specialist services. Within mental health services the sometimes inaccurate estimate of risk of violence posed by patients can lead to the frequent use of a variety of coercive measures including involuntary hospitalization, enforced medication, restraint and seclusion. These restrictive and costly interventions are almost unanimously perceived as traumatic by the patients and can, in turn, trigger frustration, therapeutic resistance and even aggression instead of treatment adherence and cooperation.

Services for the treatment of psychiatric patients who pose a risk of violence are developing and maturing across Europe. New models of care for this extremely complicated multiple needs clinical population exist. However across Europe intervention strategies and service organization and delivery for these patients are very different, and have never been comparatively evaluated. The lack of reliable comparative data has prevented many European countries benefiting from innovative strategies already tested in those countries which have made the greatest efforts in research and service innovation. In this workshop we will compare the organization and functioning of forensic mental health services in different countries; in particular this presentation will inform about the recent changes in forensic mental health services occurred in Italy.

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W027

Forensic care in France

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In France, the number of inmates with psychiatric disorders has grown substantially during the last two decades. In this context, significant changes occurred in France's forensic psychiatry service provision in recent years. Especially, full-time inpatient units for inmates (called unités d'hospitalisation spécialement aménagées, UHSA) have been created in 2010. These changes clearly improved access to mental health care for inmates. Moreover, some recent trends in indicators such as the suicide rate in French prison, which has fallen slightly, are promising [1]. However, the practice of psychiatry in prisons is a subject of debate between the proponents of the development of a specific care system for inmates and those considering that psychiatric teams must stay out of prison. One should insist on the dichotomy between the justice system and the health system, which appears constitutional in France. Indeed, the professional independence of caregivers from the judiciary system and the medical confidentiality are fundamental values on which French model has been built. Furthermore, the improvement of the

quality of health care in prisons could alarmingly lead the judges to preferentially choose imprisonment for patients suffering from mental disorders committing offences while prison should in no way be considered as a patient care setting. This trend is evidenced by the low rate of individuals judged irresponsible for their crime because of mental health status currently observed in France.

Disclosure of interest The authors have not supplied their declaration of competing interest.e

Reference

[1] Fovet T, Thomas P, Adins C, Amad A. France's forensic psychiatry provision: the long and winding road. *The Lancet Psychiatry* 2015;2:e20.

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W028

Forensic care in Germany

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Although the idea that offenders suffering from a mental disorder must primarily be considered as ill and should therefore be exempted from punishment is of considerable antiquity legal frameworks and key concepts, which are applied in this field, differ widely in European Union member States. The respective legal regulations and epidemiological data of Germany will be presented. In German penal law the question of the guilt of an offender is of central significance. Legal regulations on the placement and treatment of mentally ill offenders in a forensic psychiatric hospital are subsumed under the section "Measures on improvement and safety". Section 63 of the German penal law provides for the temporarily unlimited commitment to a forensic- psychiatric hospital. In accordance with section 64 of the German penal law addicted offenders can be committed to a detoxification center for a period of up to two years. The available epidemiological data show a clear increase in the admissions to forensic psychiatric hospitals and to detoxification centers since beginnings of the 1990s. Recently the German parliament passed a new law. The aim of the new law is to strengthen patients' rights and to diminish the number of forensic patients.

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Workshop: Allostasis insulin and the brain: Implications for the disease modeling and treatment in psychiatry

W029

Insulin resistance and telomere length in treatment of depressive disorders

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Insulin resistance and markers of Allostatic load in depression

Introduction Among patients with major depression, increased inflammatory markers at baseline may predict an anti-depressant response. Reducing inflammation may augment response to psychotropic medications. Few studies have investigated an association between Leukocyte Telomere Length (LTL) and therapeutic response in depression, reporting mixed results. No studies assessed LTL and treatment response with PPAR- γ agonists.

Objectives (1) LTL as a predictor of anti-depressant response to PPAR- γ agonist in patients with unremitted depression.

(2) the correlation between LTL and insulin resistance (IR) status.

Aims We aimed to assess LTL as a predictor of antidepressant response to Pioglitazone in groups of insulin resistant and insulin-sensitive subjects using surrogate markers of IR.

Methods Medically stable men and women ($n = 42$) ages 23–71 with non-remitted depression participated in double-blind placebo controlled add-on of Pioglitazone to treatment-as-usual. Oral glucose tolerance tests were administered at baseline and at 12 weeks.

Results At baseline, no differences in LTL were detected by depression severity, duration or chronicity. LTL was also not significantly different between insulin-resistant and insulin-sensitive subjects. Subjects with longer telomeres exhibited greater declines in depression severity in the active arm, but not in a placebo arm. LTL also predicted improvement in insulin sensitivity in the group overall and did not differ between the active and placebo arm.

Conclusions LTL may emerge as a viable predictor of antidepressant response. An association between insulin sensitization and LTL regardless of the baseline IR status points to potential role of LTL as a non-specific moderator of metabolic improvement in these patients.

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W030

Effect of BMI on resting-state functional architecture of the brain in healthy individuals and patients with psychosis

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Elevated body mass index (BMI) is associated with increased multimorbidity and mortality. The investigation of the relationship between BMI and brain organization has the potential to provide new insights relevant to clinical and policy strategies for weight control. Here, we quantified the effect of BMI on the functional connectivity of the Default-Mode (DMN), Central Executive (CEN), Sensorimotor (SMN) and Visual (VN) networks in 496 healthy individuals that were studied as part of the Human Connectome Project. We found that elevated BMI was associated with disrupted functional integration of sensory-guided (SMN, VN) with internally controlled (DMN, CEN) networks, implicating increased attention to sensory stimuli as a possible mechanism underpinning overeating and weight gain. Our results suggest that weight control strategies should expand to include wider societal policies that incorporate modifications to eating environments and to the visual presentation and branding of food products.

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W031

Comorbidity of depression and diabetes: Questions recently answered and raised

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This paper will present information about a multicentric international collaborative study, which explored the frequency of depressive disorders in people with diabetes Type 2. The study was carried out in 14 countries—5 in Asia (Bangladesh, China, India, Pakistan and Thailand), two in Africa (Kenya and Uganda), two in Latin America (Argentina and Mexico) and five in Europe (Germany, Poland, Russia, Serbia and Ukraine). The study found that depressive disorders and sub threshold depression are frequent in people with diabetes: one tenth of all the nearly 3000 patients examined had major depression and another 15% sub threshold depressive disorders. Depression was only rarely recognized by the physicians dealing with diabetes and those few who were recognized were not provided treatment of their depressive disorders. The presentation will draw attention to the need to improve skills of diagnosis and treatment of psychiatric disorders of physicians who are not psychiatrists.

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W032

Depression and its somatic consequences: Allostatic load as the connecting link

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Stress-related psychiatric disorders, such as depressive and anxiety disorders, have been associated with increased risk of overall mortality as well as with the onset of various aging-related somatic diseases. In addition to unhealthy lifestyles and poorer (self) care, various stress-related physiological processes likely contribute to these detrimental health consequences of psychiatric disorders. Considering the fact that the impact of stress-related disorders is visible on many different somatic health outcomes, it is unlikely that contributing biological systems are very specific. In fact, it is likely that multiple dysregulations of stress systems, including the immune, HPA-axis and autonomic nervous systems, but also various general proteomic or metabolomic pathways are involved. The concept of Allostatic Load (AL) emphasizes the presence of a multi-system physiological dysregulation.

In this talk I will summarize what the evidence is for somatic health consequences of psychiatric conditions, with depression as an important example. Subsequently, I will provide an overview of the various stress systems that are dysregulated in depressed patients. In addition, I will provide empirical data from the Netherlands Study of Depression and Anxiety ($n = 2981$) that illustrate that there is evidence that depressed patients are especially at risk for a dysregulation in multiple physiological stress systems. I will also illustrate how such a state of AL can impact on basis cellular aging indicators like telomere length and epigenetic age.

In sum, this talk will highlight the current state-of-evidence for an association between depressions with the onset of many adverse somatic health outcomes, and will provide insight into the contributing role of a multisystem physiological dysregulation.

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