P18.12

Treatment of agitation and agressiveness among French elderly residents

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Objectives: The objective of the epidemiological survey OCEAAN II, was to describe the treatment of the elderlys' disruptive behaviour.

Methods: From 34 long term care units (LTCU) and 32 retirement homes (RH), 308 elderly inpatients presenting agitation and / or aggressiveness were selected at random. For each of them a specific questionnaire was filled out.

Results: Advice by a specialist (psychiatrists 64 %, Geriatricians 28 %) was required in 47 % of the cases (NH: 41 %, LTCU 53 %, p=0.045). A medication was initiated for 55 % of the patients. The most prescribed drugs were: antipsychotics (36 % ; essentially haloperidol and tiapride; average duration : 22.3 weeks, SD= 37.6); benzodiazepines (14 %; essentially clorazepate, oxazepate and bromazepam; average duration 27 weeks, SD=50.7); and antidepressants (12 %; essentially mianserine, paroxetine and fluoxetine; average duration 25.2 weeks, SD= 35.1). Physical restraint was used in 27.2 % of the patients.

Conclusion: This survey, underlines the wide use of physical restraint for disruptive behaviour in elderly residents.

P18.13

Predictors of alcoholism in sons of alcoholics at age 40

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Objective: The Danish Longitudinal Study of Alcoholism comprises a series of follow-up examinations of 328 men who have been studied from birth. The long term objective of study is to identify significant risk factors for alcohol dependence in adulthood by applying the longitudinal high-risk methodology of the sample.

Methods: Our sample includes 222 sons of alcoholic fathers and 106 matched sons without parental alcoholism. Over the life time the examinations have included: Pre- peri- and postnatal data, school reports, teacher ratings, assessments at age 20, 30 and 40 (family and social history, psychopathology, neuropsychology, EEG, VEP, alcohol challenge test, medical evaluation, criminality, alcohol/substance abuse).

Results: The presentation will focus on the recently finished 40 year follow-up. Numerous premorbid variables did separate those subjects who would and would not develope dependence in adulthood. Logistic regression analyses have demonstrated that low birth weight, early weaning, conduct disorder, attention deficit hyperactivity and antisocial personality disorders have significant predictive power.

Conclusions: The longitudinal high risk paradigm seems to be an important epidemiological method to identify predictors for the development of alcoholic dependence in adulthood. The recently completed 40 year follow-up of the sample has fullfilled the original research plan (formulated 25 years ago): To identify significant risk factors among high-risk individuals using premorbidly collected research data.

P19. Ethics

P19.01

The psychiatrist's duty to protect. How?

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Objectives: the discussion of the American and Russian patterns of approaching the psychiatrist's duty to protect the society and possible victims from the patient who, due to his illness, is potentially dangerous for other people.

Summary of the results obtained: the duty to warn/protect has developed in the USA in 4 periods: before the implementation of the Tarasoff Principle (TP) (1950 – 1974): by way of hospitalisation; TP implementation (1974 – 1980): warning as a legal method of victim protection; diversification principle (1980 – 1990): introduction of various rules of protection; the period of departure from the original TP (since 1990). The duty to warn is a serious moral problem for any clinician, the more so under the circumstances of legal inconsequence, contradiction to the patient's right of confidentiality. We propose an alternative pattern based on our experience of effective anonymous voluntary outpatient treatment of 28 serial sexual sadists (SSS), its legislative and ethic basis.

Conclusions: there are two possible ways to prevent aggression in patients – by criminal prosecution and by specialised medical aid. Each way, in full accordance with the Law, relies on its inner resources and means. Doctor's reporting on the patient who has asked for help and wishes to get rid of aggression, is neither legal nor ethical.

P20. Forensic psychiatry

P20.01

Involuntary placement of mentally ill in the European Union – legislation and practice

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Rules and regulations as well as actual practice in caring for mentally ill patients on an involuntary basis differ widely in the European Union.

A profound and comprehensive overview in the EU- member states is missing.

The present study which was funded by the European Commission aims at gathering and analysing information about legal regulations and practice of involuntary treatment and compulsory admissions.

Therefore a network of experts and collaborators from each member state was set up. Furthermore a questionnaire was developed for gathering structured information about the current situation concerning legislation and practice of civil commitment.

Results of this study will be presented with special regard to the overall situation of Mental Health legislation in the member states, the criteria for involuntary hospitalisation , the assessment and decision procedures of involuntary admissions and the regulations for compulsory treatment.

Similarities and differences will be discussed in the context of attempts towards a harmonisation of legislation and practice.

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