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This workshop aims to make progress in the knowledge of the cognitive symptoms and their evaluation in the psychotic diseases. Schizophrenia begins in late adolescence causing a derailment of social, educational, and occupational pursuits that extends to the end of life. The psychosocial costs contribute to the extraordinary public health care costs of this illness. Alleviation of the positive symptoms, negative symptoms, depression, and anxiety is insufficient to restore psychosocial status. An improvement in social, educational, and occupational status is dependent on improvement in cognitive status.

Primary Prof. JE Rojo & O. Pino will emphasize the relevant aspects of the neuropsychological evaluation in clinical practice, and relationships between cognitive, clinical, psychosocial status and social performance in patients with psychosis dysfunction.

Although vital to prognosis, cognitive status is often neglected in clinical practice because neuropsychological assessments are expensive and time consuming, and they require considerable expertise. The Screen for Cognitive Impairment in Psychiatry (SCIP) is a 10 to 15 minute assessment of cognitive status developed to encourage routine assessment of cognitive status in clinical practice, and to promote research on the alleviation of cognitive impairments in psychiatric illness. Prof. Purdon will briefly review the rationale for a brief assessment of cognitive status. He will present evidence supporting the comparability of three alternate forms of the SCIP from three Canadian normative samples and one large clinical sample. He will also present evidence supporting the validity of the brief screening tool relative to a comprehensive assessment of neuropsychological status in a large sample of psychiatric inpatients. The primary objective will be to encourage the use of the SCIP in routine clinical practice.

Afterwards, Prof. P. McKenna try to describe the new research strategies and methods of investigation in neuropsychology and schizophrenia, the state of art more novelty and relevant.

S43. Symposium: FEMALE OFFENDER PATIENTS IN EUROPE (Organised by the AEP Section on Forensic Psychiatry)

S43.01

Prevention of neonaticide and abandonment from a prenatal stage in France

C.J. Bonnet. *Child and Family Service, The Gem Centre, Wednesfield, West Midlands, United Kingdom*

From 1987 to 2002, I followed nine women who killed their baby newborn and nearly ninety women who denied their pregnancy or their delivery in Paris area. A comparison between the clinical findings of the two groups led me to identify prevention strategy at a prenatal stage:

1. Detecting harmful thoughts towards the baby before birth

Among the women who denied or concealed their pregnancy some revealed having negative or violent impulse thoughts against the foetus after the end of pregnancy denial. Some also displayed suicidal impulse thoughts. These harmful thoughts decreased after they spoke out past traumatic sexual abuse, especially if the foetus was the result of rape.

2. Listening and planning the delivery time

Some were not able to content their thoughts and act out them in beating up their abdomen and consequently the foetus. They felt so guilty they avoided planning the delivery time as a consequence. Some have killed their child because they were afraid to explain this to healthcare professionals. They denied the birth and delivered alone.

3. Offering an anonymous welcome if they wish to do so

I observed that to welcome with anonymity before birth increased their care for the future of the newborn.

Literature references

- [1] Bonnet C. *Geste d'amour*. (Gesture of love). Paris: Odile Jacob (Book in French, translated in Croatian); 1990.
- [2] Condom JT. The battered fetus syndrom. Preliminary data on the incidence of the urge to physically abuse the unborn child. *J Ment Dis* 1987;76:722–5.

S43.02

Female offender patients in Germany

C. Hornstein. *Psychiatric Centre Nord-Baden, Wiesloch, Germany*

The parental killing of children in the first year after birth, the infanticide, constitutes a complex phenomenon, that seldom occurs. Infanticide has been reported across numerous cultures and throughout history. Children in the first year of life have the highest Risk of becoming a victim of filicide. Studies on infanticide show that mothers who kill their children are frequently psychiatrically disturbed. Depressive as well as psychotic symptoms are with high frequency related to the newborn or to the maternity itself. Although depression is the most common postpartum disorder and may represent a vital danger for the mother and the child. The association between the psychiatric disorder and the infanticide will be usually explained through the maternal psychopathological symptoms. The bonding to the child hasn't often been seen as a central motivational cause for an infanticide. The present case report underlines the importance of a postpartum bonding disorder and its relation to a higher infanticide risk for the child.

S43.03

Clinical and social factors contributing female offending in Russia

M.A. Kachaeva. *Serbsky Center for Social and Forensic Psychiatry, Moscow, Russia*

Background: Researches on female offenders have indicated a high degree of psychiatric morbidity among women. The rates of female criminality and the number of females in prisons in Russia are dramatically rising.

Aim of the study: The main purpose of this investigation was to find out origins of crimes in women.

Materials and Methods: A cohort of 53 females with diagnosis of personality disorder was examined by forensic psychiatrists. All

women had committed crimes of violence (murders, attempted murders). Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

Results: In the majority of the sample women had a previous history of psychiatric admissions (child psychiatric hospitals, adolescent units). The retrospective review revealed that the majority of women in their childhood were exposed to emotional, physical and sexual abuse. Results of this study point that maltreatment may distort personality formation and social adjustment and contribute to criminal behavior in adulthood.

Conclusion: The study revealed that psychiatric disorders in childhood and adolescence are predictive of adult criminality in females.

S43.04

Female patients in a high secure hospital in Britain

M. Orr. *Consultant Forensic Psychiatrist, Broadmoor Hospital, Crowthorne, Berkshire, United Kingdom*

Since opening in 1863 Broadmoor Hospital, in Crowthorne, Berkshire, 30 miles west of London, has admitted or readmitted over 2000 women. This is a tiny proportion of the women who have been incarcerated in prison over this time, but the level of public interest and ethical issues involved in their care, far outweighs the number of cases. Their stories and reasons for admission are of great interest and complexity.

At first infanticide was the usual offence resulting in admission, but with increasing knowledge of the causes and consequences of mental illness, and new legislation to deal with it, reasons for admission became much more varied. Arson became the commonest reason for admission in recent years. Also, over the last 40 years, those admitted are younger and stay for a shorter time.

The treatment of the disturbed and often tragic women patients in Broadmoor has also changed. Primitive surgery and blunderbuss drug regimes have evolved into multidisciplinary practices and widely varied therapies.

Political pressure groups campaigning against the admission of mentally ill women to high security hospitals have succeeded in changing government policy. Three high security units in England will be reduced to one, accommodating only the most dangerous women. The rapidly growing range of public and private medium security units will treat all other women detained under the Mental Health Act.

This is a time of change in the treatment of mentally abnormal women offenders in England. It presents an opportunity for those of us who care about these women to share knowledge and experience with professionals from other countries.

S43.05

Female offender patients in Portugal

L. Vicente. *Department of Psychiatry, Hospital Santa Maria, University of Lisbon, Lisbon, Portugal*

The main objective of this research is to present the results of a study about the relations between health and the acts of violence towards women.

They were chosen important institutions in the Health Care instalment in 18 districts of the Portuguese Continent.

The results now presented, correspond to a long and unceasing psycho-sociological investigation amongst women with 18 and more years that had been in those institutions back in 2003 what resulted in 2300 inquiries.

The results had allowed us to make a comparative analysis between women whose manifestations of illness to the physical and psychological level could be related with the acts of violence of that they had been victims and those that, having similar manifestations, had not been victims.

We have tried to obtain descriptive and comprehensive models of the types of illness and it's relation with the violent acts, as well as the psycho-socio-cultural conditions where they had occurred.

This study will be able to constitute a support instrument to the decision and action of the agents involved in this domain. To the definition of politics level, to the implementation of promotion measures of health and prevention of illness, in order to contribute for the improvement of the quality of life of those women.

The results not only represent an increase in the Health knowledge but are also able to give us an idea of the socio-cultural complexity that are in the base of the violence against women.

S45. Symposium: IMPROVING THE TREATMENT OF PROCESS IN SCHIZOPHRENIA

S45.01

Vulnerability-stress-coping model: implications for the treatment of first-episode schizophrenia

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Objectives: According to the vulnerability-stress-coping (V-S-C-) model, the probability of occurrence of a schizophrenic episode depends on the degree of imbalance between vulnerability factors, stressors, and protectors. The present study aims at investigating the effects of psychotherapy and antipsychotic medication on the interaction of these factors and their contribution to course and outcome.

Methods: Within the German Research Network on Schizophrenia (Wölwer et al. 2003, *Eur Arch Psychiatr Clin Neurosci* 253: 321-329) a multi-center study on the optimization of long-term treatment in n=159 first-episode schizophrenia (ICD-10 F20) was recently finished (Gaebel et al. 2004, *Eur Arch Psychiatr Clin Neurosci* 254: 129-140). Risperidone and low-dose haloperidol were compared in a two-year randomized double-blind study within the framework of psychological interventions. In the second treatment year continued neuroleptic treatment was compared with stepwise drug withdrawal substituted by prodrome-based early intervention (intermittent treatment). Vulnerability indicators were cognitive and motor functioning (e.g. TMT-A/-B), neuromorphology (MRI) and -physiology (EEG). Stress was monitored by means of the occurrence of stressful life events, family atmosphere and catecholamine-levels in blood, coping competence was assessed with several questionnaires (e.g. SVF, FSKN).

Results: Although no relapse (according to predefined criteria) occurred in the first treatment year under study treatment, direct treatment effects on vulnerability, on stress or on coping competence were rare if detectable at all.

Conclusions: Results will be discussed with respect to the validity of the contemporary V-S-C-Model as etiopathogenetic concept as well as with respect to consequences in regard to treatment and prevention.