Introduction: The association between the intake of antipsychotic drugs and the occurrence of thromboembolic complications is widely described in the literature. The occurrence of this complication may call into question the medical responsibility of the attending physician.
Objectives: The objective of this work is to describe the physiopathological mechanisms involved in the occurrence of thromboembolic complications in a patient under antipsychotic treatment, whether or not associated with physical restraint and to discuss the forensic implications.
Methods: Our study is retrospective on cases of fatal pulmonary embolism, discovered at autopsy, in connection with the taking of antipsychotics. The autopsies were carried out in the Department of Forensic Medicine of the Tahar Sfar University Hospital in Mahdia. The cases were collected over a period of 04 years. A review of the literature was carried out. We only selected articles published until February 2021 and dealing with cases of patients on antipsychotics, diagnosed with pulmonary embolism by performing a chest CT scan or during an autopsy.
Results: 915 autopsy cases were performed during the study period. Twenty cases of pulmonary embolism, discovered at autopsy, were collected. Four cases were related to the taking of antipsychotics (incidence 0.004%), including two men and two women, aged between 25 and 52 years. They were all on antipsychotic treatment for at least 5 years, with the exception of one case who was put on 3 antipsychotics, 7 days before his death, with indication of physical restraint. After analysis of the memorial data, the external examination and the autopsy, the results of additional examinations, the death was attributed, in the 4 cases, to a massive fibrino-cruoric pulmonary embolism. A selection of 45 studies regarding thromboembolic complications associated with taking antipsychotics, was included in the final review.
Conclusions: The reported cases provided additional evidence on the involvement of antipsychotics in the occurrence of thromboembolic complications. Psychiatrists should be careful when prescribing these treatments. The establishment of therapeutic guidelines, taking into account the thromboembolic risk factors, becomes essential, in order to avoid the occurrence of a complication which could engage both the vital prognosis of patients and the responsibility of the physician.

Disclosure of Interest: None Declared

EPV0528

Study of the sociodemographic, clinical and criminological characteristics of Tunisian female offenders

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doi: 10.1192/j.eurpsy.2024.1211

Introduction: The psychopathology of female crime perpetrators is not well understood since female criminality rates have remained distinctly lower than male criminality.
This study draws on over 20 years of psychiatric expertises to identify sociodemographic, clinical, and forensic characteristics of female perpetrators.
Objectives:
- To describe the epidemiological and clinical profile of female offenders examined for criminal psychiatric expertise.
- Describe the criminological and forensic characteristics of these women.

Methods: Retrospective and descriptive study, which focused on 56 criminal psychiatric expertise files of female offenders, examined at the psychiatric department "C" at the CHU Hedi Chaker in Sfax, Tunisia, over a period of 24 years.
For each offender, we examined the expert report and the judicial research report. We then transcribed the socio-demographic and clinical information, as well as the criminological and forensic characteristics, onto a pre-established form.
Results: The accused women in our study had an average age of 35 years and 06 months, and 67.86% of the cases were under 40 years of age, with an educational level no higher than primary school in 62.5% of cases. They were unemployed in 71.4% of cases. Among the accused examined, 76.8% had mental disorders, including 46.6% with personality disorders, 16.3% with intellectual disability, 16.3% with bipolar disorder, 9.3% with depressive disorder, 9.3% with psychotic disorder, and 2.3% with substance use disorder (anxiolytic). We recorded 55.4% offences against persons, including 37.5% homicides and attempted homicides, and 44.6% offences against property, including 23.2% thefts. Dementia in the legal sense was identified in 30.4% of cases. Bipolar disorder accounted for 41.1% of legally demented subjects.
Conclusions: It emerges that the profile of the female criminal is that of a woman under 40, with a low educational and economic level, and most often with an antisocial personality or intellectual disability. It would therefore be important to step up primary prevention work by better educating these at-risk women and to combat the factors contributing to dangerousness among the mentally ill by optimizing their psychiatric care.

Disclosure of Interest: None Declared

EPV0529

The results of Wisconsin Card Sorting Test in patients under forensic observation of their mental states in violent and non-violent subgroups

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doi: 10.1192/j.eurpsy.2024.1212

Introduction: Previous studies showed, that reduced executive function can be associated with antisocial and aggressive behavior. For the measurement of executive functions numerous standardized neuropsychological tests are available.
Objectives: We thought to compare the results of an executive function examination with Wisconsin Card Sorting Test (WCST) of patients observed at the Semmelweis University's Department of Psychiatry and Psychotherapy to normative data from published database. We also performed a subgroup analysis between the violent and non-violent groups of the patients.
Methods: After data clearance our dataset consisted of 20 patients, who were divided into two groups based on whether the crime they committed before their admission was violent according to the Cornell scale.The analyzed parameters were the number of perseverative errors, the percentage of perseverative errors, and the number of completed categories. For comparison, the data bank from the 1993 edition of the WCST manual as normative data was used. The deviation from the healthy average for all three parameters was compared between the violent and non-violent groups using a two-sample T-test.
Results: There was significant difference between the patient and normal populations in all the 3 analyzed WCST parameters: the mean difference was 9,37±2,764, (p=0,0008) in the number of perseverative errors, 14,04±2,21 (p<0,0001) in the percentage of perseverative errors and -2,39±0,34 (p<0,0001) in the number of completed categories (Table 1).

Table 1: The difference between the average scores of healthy individuals grouped by age (from the 1993 WCST manual) and the scores of the patients.

Observed parameter	Average difference (Patient-normal)	SD	Confidence interval (95%)	P value
number of completed categories	-2,39	0,343	-3,064 — 1,716	<0,0001
number of perseverative errors	9,37	2,764	3,936 — 14,804	0,0008
percentage of perseverative errors	14,04	2,212	9,692—18,388	<0,0001

On the other hand, there were no significant differences between the violent and non-violent subgroups in the average deviations (from the normative data) of the number of perseverative errors, the percentage of perseverative errors and the number of completed categories (with p-values of 0.092, 0.34 and 0.59, respectively).
Conclusions: As a limitation, it is important to note that due to the low sample size, and our sample's heterogeneity in terms of psychiatric diagnosis, drawing reliable conclusions is not possible. However, our results were in line with previous similar research in the forensic psychiatric population (though not under forensic mental state observation) regarding the significant deviations in two examined WCST parameters when compared to normative data. Additionally our study did not find significant difference between the violent and non-violent subgroups of the patients.

Disclosure of Interest: None Declared

EPV0530

Reaching the limits of antipsychotic treatment: the upper end of severe schizophrenia in forensic institutions - a case report

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doi: 10.1192/j.eurpsy.2024.1213

Introduction: Severe schizophrenia is often closely related to delinquency resulting in relative overrepresentation of these manifestations of disease in forensic institutions.
Objectives: The aim of the present work is to report the therapeutic challenges in a case of severe schizophrenia in a forensic institution from a clinical viewpoint as a basis for discussion.
Methods: The case report is based on the available clinical documentation, exploratory interviews as well as a structured clinical interview (PANSS).
Results: Presenting a case of a 41-year-old, male Caucasian inpatient suffering from a catatonic schizophrenia, we report the challenges in treatment of chronic, major schizophrenic disease resistant to antipsychotic medication. Without any previous criminal convictions, he has been instutionalized in a forensic psychiatry after a bodily harm to a random stranger about three years ago. Regarding medical history, information is limited to a few inpatient admissions prior to detention documenting intravenous opioid and cocaine abuse. Initially, the patient presented sexual disinhibition and ongoing endangerment of others with frequent assaults to other patients and prison guards. From a psychopathological viewpoint several phenomenona such as delusional intuition, acoustic, tactile and coenaesthetic hallucinations, echolalia, mannerisms and thought diffusions reflect the severe course of the disease (PANSS: P 34/49, N 38/49, G 73/112; total 145/210). Therapeutic attempts with an antipsychotic combination of risperidone, olanzapine and quetiapine as well as valproic acid resulted in insufficient recovery with persistent physical assaults and florid psychosis. In reaction to that zuclopenthixol for impulse control was added. As from the beginning of this year a switch of medication by gradually replacing risperidone and zuclopenthixol with haloperidol and clozapine showed modest success. Under the current medication and therapeutic drug levels the patient does not pose endangerment to others. However, regular tonic-eye fits require supplementary treatment with biperiden, and the patient still presents frequent periods of self-harm punching himself, verbal lack of impulse control and the psychopathological phenomenona described before. In addition to pharmacological treatment the patient receives psychotherapeutic one-on-one conversations. Despite approaching all limits of the available antipsychotic repertoire, psychopathology is only insufficiently controlled leading considerations to electroconvulsive therapy as a treatment of last resort.
Conclusions: Certainly, the present case is exemplary for a severely ill population of patients reaching – after a long and untreated course of disease - a chronic stage that does not sufficiently respond to a multitude of treatment attempts despite proper compliance raising the urgent need for further treatment options.

Disclosure of Interest: None Declared