

(15%). 25% of the perpetrators didn't have a psychiatric diagnosis and 70% had a history of self-harm and suicidal ideation. Substance use was prevalent (60%). Half of the homicides involved children.

Conclusions: This report describes the demographic and mental health characteristics of a sample of perpetrators of domestic homicides. Further research is needed into the patterns of mental health service use by DVA perpetrators in order to improve identification and risk management.

Conflict of interest: No significant relationships.

EPP0691

Elderly criminal patients in Razi psychiatric hospital of tunis

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Introduction: Criminality has become of increasing concern in the practice of psychiatry. However, violence among elderly psychiatric patients is an underestimated and understudied phenomenon.

Objectives: The aim of the study is to identify differences in the socio-demographic, clinical and criminological profiles between elderly criminals under treatment for psychiatric disorders and those not known to have mental disorders prior to the criminal offense in Tunisia.

Methods: We present a retrospective study on twenty male criminal mental patients, aged sixty years or older, who were hospitalized in the Forensic Psychiatry Department of Razi Hospital during 18 years, following a dismissal for insanity under Article 38 of the Penal Code and Article 29 of Law 92/83 on Mental Health.

Results: Prevalence was higher among elderly criminals without a known psychiatric history (2.42% versus 1.98%). The average age was roughly the same, around 73 years old. Neurological and cardiovascular histories were the most common in both groups. The criminal act was indicative of dementia in 8 cases. Criminal history was more frequent in elderly patients with a personal psychiatric history (55.5% versus 18.2%). Patients whose act was revelatory of their mental disorder committed more violent crimes (63.7% versus 44.4%) using blunt objects (71.4% versus 0%). The victim most often belonged to the aggressor's family, particularly the spouse (87.5%).

Conclusions: Screening for criminal risk factors in the elderly, early diagnosis of mental disorders and a comprehensive therapeutic project are necessary to prevent the risk of violent behaviour.

Keywords: Elderly; forensic psychiatry; criminality

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Tidier. e-sport; a recovery oriented intervention in forensic psychiatry.

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Introduction: Recently video gaming, have attracted considerable attention for its possible beneficial therapeutic effects, the possibility for testing behavior in safe artificial environments and as a tool for professionals and patients to build specific competencies for the everyday life. Also, a substantial amount of research suggests that videogaming might improve the participants social and cognitive skills and emotional regulation. There is little or no evidence that videogaming increases long term aggression or leads to physical aggression. At a medium secure forensic psychiatric in-patient ward, the patients and staff engage in weekly E – Sport sessions (primarily counterstrike) to further the recovery process.

Objectives: To provide a standardized description of how E-sport is organized and used in the recovery process among forensic psychiatric patients.

Methods: The Template for Intervention Description and Replication (TIDieR) checklist and guide is widely used to in health research to describe interventions in clinical trials and other health research contexts. By use of TIDieR we describe a newly developed E-sport intervention, in which staff members and patients in a medium secure forensic psychiatric ward engage in weekly E-Sport sessions (primarily counterstrike) to improve patient–staff relationship.

Results: The E-sport intervention is detailed by use of the 12 TIDieR items and practical experiences and insights will be described.

Conclusions: This standardized and detailed description of how is used in a recovery-oriented process in forensic psychiatry can be used for future studies that wishes to implement the intervention or for research studies replicating the treatment.

Conflict of interest: No significant relationships.

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Factors related to the dangerousness of psychiatric inpatients

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Introduction: Mental illness may explain some acting outs, but it does not necessarily lead to a dangerous attitude.

Objectives: Describe the socio-demographic, clinical and therapeutic characteristics of patients considered dangerous and to identify the determinants of psychiatric dangerousness.