psychiatric practice today. Antisocial personality disordered individuals are usually in conflict with the law and as such are an issue of practice dealt by forensic psychiatry. Their model of behavior and functioning usually becomes their lifestyle. Distinguishing early or prodormal signs of impulsiveness and deviant behavior is crucial in prevention of crime as that is a combination of signs which usually leads to the worst possible prognostic outcome: a permanent psychological structured predisposition towards committing crime – antisocial personality disorder, criminal psychopathy respectively. The terminology varied, depending on the professional orientation and time (psychopath, sociopath) but since the admittance of antisocial behavior in clinical psychology and psychiatry as a distinct entity, the criminals were suddenly gone; they've all seem to be viewed as ill. Are they all really mentally disturbed or, are there some criminals who are ''mentally'' normal individuals?

Participants, Materials/Methods: Although the criteria of the disorder are defined by the classifications, the psychodiagnostic tools used in practice can successfully detect the disorder itself but without distinguishing its' subtypes, meaning, a thorough and detailed anamnesis and experience are essential in attempting to set an adequate diagnosis. Diagnostics has its' own value within the forensic assessment but sometimes, it can be misleading for its assessor. A personality profile and a mental status assessment within the time frame of the actual felony, is a basis of an adequate assessment and diagnostics. Being mentally disturbed or entirely normal; therapy or sanction – the differences are enormous.

Results: A case report from forensic practice: a man charged with numerous acts of heavy theft, was assessed in a combined manner (psychiatric–psychological) in separate court cases. The expertise results are going to be demonstrated comparatively.

Conclusions: Results represent differences between two manners, different diagnosis in two expertises.

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From F43.1 and F 62.0 to secondary gain

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Introduction/Objectives: A life-threatening trauma, i.e. the one jeopardizing someone's existence is a cause to an acute and chronic posttraumatic stress disorder. Apart from the classical PTSD and the symptoms belonging to anxiety – and depression – related disorders, a chronic condition may also lead to psycho-somatic disturbances and, frequently, to psychotic reactions. Changes within the mouth which are somatically not defined, in particular stomatopyrosis and stomatodynia, are sometimes a manifestation of a chronic PTSD (with 8%). Addiction, as comorbidity, is also common. A long-term PTSD may severely damage the patient's ego, which results in personality change, with a dominant feature of maladaptation. Varieties of the problems related to PTSD make the dominant trauma difficult to establish, which is a significant factor while assessing invalidity and damages compensation especially if the primary trauma was experienced a long time ago. Namely, there is always a possibility of secondary traumas. However, secondary traumas lead to stress, due to sensibilization of the subject by the primary trauma, secondary traumas lead to stress.

Participants, Materials/Methods: When discussing personality changes, there is a dilemma regarding the extent to which they emerge as the consequence of heredity. Every illness has in its origin a hereditary inclination for its emerging. Heredity does not exclude trauma as the cause of the stress; it facilitates it, or even makes it possible. As other forms of personality changes also have maladaptation as the primary symptom, there is a possibility we might encounter while trying to make differential diagnoses. Patients with a chronic PTSD and a permanent change of personality which is the consequence of a PTSD often have difficulties in either returning to work or finding a job, and they perceive invalidity retirement as the only solution. In that case, they are thought to be fake invalids, which is not true. Fake invalidity is tertiary gain, and many people with F 43.1 and F 62.0 have secondary gain. Secondary gain deals with work incapability stemming from unconscious motives which are mostly the consequence of a familial, social or work-related re-traumatization.

Results: We studied altogether 312 patients, 156 of whom were diagnosed with F 43.1 and 156 with F 62.0. All of them had, apart from usual problems, problems related to emotional communication, and we were quite often in a dilemma whether or not the majority of those with F 43.1 could be diagnosed with F 62.0 as well, but then we gave it up whenever there was a smaller intensity of maladaptation, i.e. when a person's ego was better preserved. 81% of the ones diagnosed with F 43.1 and 89% of the ones with F 62.0 were unemployed and the majority of them demanded invalidity retirement.

Conclusions: We might conclude that in order for PTSD to be diagnosed, the vital factor is the existential trauma experienced by the patient, and as far as F 62.0 is concerned, the vital factor is the maladaptation syndrome. Secondary gain is a pretty common symptom and should not be considered as an aggravation.

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Anxiety as a special concern in pregnancy and the postpartum period

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Introduction/Objectives: Anxiety in pregnancy and postpartum is a widespread symptom in women with and without prior mental disorder, nevertheless it has received – in contrast to depression – less attention in the literature. There are a few studies which give evidence that anxiety in pregnancy could be a predictor of postpartum depression, while there is contradictory data about the influence on birth and infant outcomes (Austin et al., 2006; Beck, 2001; O'Hara und Swain, 1996; Robertson et al., 2004). Data is mainly based on the diagnosis of anxiety disorders, research on pregnancy related specific anxiety is just in its infancy but could allready give indication of possibly stronger influences on peri- and postnatal outcomes (Huizink et al., 2004). There is evidence that the comorbidity of bipolar disorder and anxiety leads to a worse course and increase of severity of illness. There is – to our knowledge – no data regarding the special topic of anxiety in pregnancy and postpartum in patients with bipolar affective disorder.

Participants, Materials/Methods: As a part of a study on women with bipolar affective disorder – retrospectively interviewed about pregnancy, birth and postpartum – and mothers without severe diseases, general and pregnancy specific anxiety is evaluated. Based on the existing literature we have summarized the most important topics of pregnancy and postpartal anxietys in a personal interview, in addition the STAI (Laux et al.1981) is used for evaluating trait anxiety.

Results: Main questions are influences of pregnancy specific and general anxiety on postpartal depression in women with bipolar disorder and without mental diseases. In addition correlations between pregnancy specific and diagnosis of anxiety in general as well as the influence of birth on the course of anxiety disorders are evaluated.