

ranging from 25% to 76%. Although remarkably safe, stimulant treatment is associated with potential shortcomings. Furthermore, adults with ADHD often suffer from concurrent disorders (anxiety, depression, tics and drug dependence) and stimulants are potentially abusive. Therefore a variety of alternative non-stimulants medications have been explored.

**Methods:** All available controlled trials of non-stimulants in adults ADHD patients were retrieved from Pubmed, PsycInfo and Mbase.

**Results:** Only 17 controlled trials have been published. The compounds used are: desipramine, atomoxetine, modafinil, nicotine, ABT 418, guanfacine, selegiline, bupropion, lithium and pycnogenol. Effects seen in uncontrolled studies are in general better than in well designed RCT's. Apart from trials with atomoxetine and bupropion the sample sizes are small. Most studies exclude patients with comorbid disorders, so that the study sample differs considerably from that in clinical practice. Most studies do not include assessment from significant others and some report improvement on a variety of neuropsychological measurements of executive functioning which cannot be translated into better daily functioning.

**Conclusion:** So far the non-stimulants are still hampered by their inferior effect size compared to stimulants, the need for daily dosing to maintain their clinical efficacy and a delay in the onset of their clinical effects.

### P377

The disturbed parent-child communication after parental separation and its impact on the child's psychosocial adjustment

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In the present study we attempted to investigate the relationship between two parameters: (a) the disturbed communication between separated or divorced parents and their children, and (b) the psychosocial adaptation of the children. Moreover, we attempted to understand the impact of legal and judicial orders re child-related issues on the children's psychosocial development.

63 children and their divorced parents were studied in order to investigate the impact of (a) disturbed parent-child communication and (b) increased parental litigation re custody and access, on the child's psychosocial development. Parents and children were administered self-completed questionnaires, while semi-structured interviews were used with children. Measures of psychosocial adjustment included psychiatric diagnoses according to DSM-IV, with emphasis in Global Assessment Functioning in the 5th axis, as well as the Social Adjustment Scale (M. Weissman, 1975) and the Self-Esteem Index for Children (J. Battle, 1981). Results showed that, as for the custodial parent, the better the communication with him the better the child's adjustment and the higher his self-esteem, while, as for the non-custodial parent, the more frequent and the better the quality of communication with him, the better the child's adjustment, but not the higher its self-esteem. Finally, contrary to our hypothesis, the more parents litigated the better the child's psychosocial adjustment and the higher its self-esteem. In conclusion, the disturbed parent-child communication after parental divorce constitutes a significant risk factor for poor psychosocial development of the child.

### P378

Forensic-psychiatric meaning of paranoid conditions with personality disorders

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The aim of the study is to specify criteria of expert evaluation of patients diagnosed as having Personality Disorders who have committed criminal offences. These patients have had paranoid ideas: supervaluable (überwertige idea by Wernicke), dominant pathological, paranoid delusional ideas.

115 patients (105 men, 10 women) have been examined in the study. Age: 20-69 years old. Diagnosis of Personality Disorders have been established according to the diagnostic criteria of the International Classification of Diseases, Traumas and Cause of Deaths: ICD-10 and also to the Classification of the American Psychiatric Association: DSM-IV. Diagnosis of Paranoid Personality Disorder and Borderline Personality Disorder were most common (73%).

The study has revealed that paranoid ideas have arisen after the prolonged psychological stress (infringement of family relations, job conflicts, unemployment and etc). Contents of the paranoid ideas (jealousy, querulous ideas, persecution ideas, and hypochondria) depended on characteristic of the stress.

Established: Patients who have had supervaluable ideas were responsible for their offences. Contents of the supervaluable ideas did not influence upon their criminal actions. These ideas were concrete, did not tend to expand and existed for a short time. Affective dominant ideas reflected the situation of criminal action. The patients could not forecast the consequence of their actions, so it was furnish condition. Patients with paranoid delusional ideas were considered to be irresponsible.

### P379

Intervention strategies for stalking victims

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**Background:** Research on the effectiveness of different intervention strategies for stalking victims is scarce.

**Aims:** To present the "Mannheim Pilot Project on Stalking" that aims at linking-up different local activities for stalking victims.

**Methods:** An information centre at the prevention directorate of the police station and a cognitive group therapy for stalking victims were established.

Data of this research project are outlined.

**Results:** Requirements of stalkers are better complied with. Group therapy reduces stress and enables victims to cope with their problems more adequately.

More research on the effects of different interventions strategies is needed.

### P380

Assessing the therapeutic process with the forensic operationalized therapy/risk evaluation system (FOTRES)

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Forensic prognostic instruments assess an offender's risk of re-offending. Thus they assign offenders to risk categories, which contain a certain probability of recidivism within a certain period of time after release from prison. Most instruments however do not

evaluate the effect which dynamic processes such as therapies have on individual risk disposition. This gap FOTRES aims to close.

The FOTRES (Forensic Operationalized Therapy/Risk Evaluation System) is a clinical instrument for the assessment and standardized documentation of all types of offenders. It consists of 700 items and assesses 3 main dimensions, namely the structural risk of recidivism, the mutability of an offender's disposition and the dynamic risk reduction provided by therapy.

All items of the 'structural risk of recidivism' relate to the offender's past or the offense itself. The items explore the offender's personality and disposition to delinquency. They also cover specific problem areas relevant to the offense and the pattern of the offense itself. The second dimension assesses the mutability of the offenders risk disposition through therapy or coping strategies. The third dimension measures the actual risk reduction which has been attained through therapy or the implementation of such coping strategies. Thus the FOTRES does not only serve as an in-instrument of prognosis but also as tool for planning assessing therapy progress.

The FOTRES is currently being used by more than 200 clinicians in the German speaking area. It is presently being translated into English and Dutch and is being validated on different offender populations in Switzerland.

### P381

Out-patient care to schizophrenic patients having antisocial records

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The objective of the study were the problems of out-patient care to schizophrenic patients having antisocial records.

**Materials and methods:** The forensic psychiatric assessment of 98 schizophrenic patients (according to ICD-10) has been carried out. During our assessment psychopathic-like, neurotic-like disorders, depressive and psychotic symptoms were prevalent.

**Methods:** Structured and semistructured clinical interviews and medical and criminal records investigation.

**Results:** The outpatient care of observed patients must be strictly ontologically consistent. Most of the patients and their relatives have a certain psychological ideas about antisocial behaviour and causes of the disease. The doctor's attempts to make alterations may break his contact with a patient and increase the dissimulating tendencies. Some patients were sure that relatives "dream" to get rid of them. Continuation of multifactor pathomorphosis in schizophrenia was determined.

The main causes of errors in diagnosis and therapy in schizophrenic patients were the previous treatment for combat related PTSD; alcohol and drug abuse or all of them as comorbid. Many patients and relatives were not prepared for necessary inpatient treatment and were unaware about new psychopharmacological therapy. Aggressive behaviour was the result of delirious protection which forces a patient to change his former social attitude or manifested as a postpsychotic condition as a form of adjustment to a "new health".

**Conclusion:** The carried out research is helpful to formulate changed diagnostic criteria and aggressive behaviour rick/protective (clinical and social) factors system in schizophrenia patients. Out-patient care to schizophrenic patients seems to remain an object of discussion.

### P382

The use of risperidone long-acting injection (RLAI) in a high secure hospital

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**Background and aim:** The atypical antipsychotic Risperidone is now available in a long-acting injectable form, risperidone consta (Risperidone Long-Acting Injection, RLAI). Patients in forensic psychiatry settings often have complex and difficult presentations marked by co-morbidity, poor concordance and treatment resistance. The potential role of RLAI in treating this patient group is not yet clear and this study aimed to investigate its use in an English high secure hospital.

**Method:** The hospital pharmacy database was used to identify all patients prescribed RLAI during a four year period. Anonymised data for these patients was then obtained from the database and pharmacy casenotes.

**Results:** 24 patients were prescribed RLAI, the vast majority of whom had a diagnosis of schizophrenia. Mean length of treatment with RLAI was 281 days (range 2-925 days). 7 patients remain on RLAI (including 4 who were discharged to less secure settings). RLAI was stopped due to relative lack of efficacy in 13 patients, 9 of whom were subsequently treated with clozapine. In 1 case RLAI was stopped as it was no longer clinically indicated and for 3 patients data was not available. RLAI appeared to be well tolerated and there were no cases of it being stopped due to adverse effects.

**Conclusions:** In this small study of a highly specialised and complex group of patients RLAI was not associated with any serious adverse effects. A third of patients responded to RLAI such that they remain on it or were able to be discharged to conditions of lesser security.

### P383

Criteria of appointment of compulsory treatment for patients with mental disorders with limited diminished responsibility

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A necessity of recommendation of compulsory treatment is arising for partially responsible. Dispensary compulsory observation and treatment are appointing patients who have represent danger for themselves or others. The aim of the application of the compulsory treatment is improvement of mental condition and prevention of crime. 135 men have been examined in the study who have committed criminal offences (violent crime). The mental disorders (organic Personality Disorders, mentally retardation of slight degree with breach of behavior, Personality Disorders) limited the ability of patients to regulate their behavior. The study is to specify criteria of recommendation of compulsory treatment.

Clinical and psychological factors: conditions of non-stable compensation, mixed personality declines, impulsive, arousal, stagnation of affect, aggression, abuse of drugs, antisocial valuables, weakness of strong-willed control above aggression, low sensitiveness of frustration.

Anamnesis' irregular conditions of education, social maladjustment, information of treatment in the psychiatric hospital in past.

Criminological factors: prosecutions of criminal responsibility, perpetration of crime against life and health of personality.

### P384

Pathological intoxication - a question of law and psychiatry

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