

**P02-71 - COMPETENCE TO GIVE INFORMED CONSENT IN ACUTE PSYCHIATRIC HOSPITALIZATION. PRELIMINARY RESULTS FROM A CASE-CONTROL STUDY**

**G. Mandarelli**<sup>1</sup>, G. Parmigiani<sup>1</sup>, L. Tarsitani<sup>1</sup>, G.M. Polselli<sup>1</sup>, M. Biondi<sup>1</sup>, S. Ferracuti<sup>1,2</sup>

<sup>1</sup>*Department of Psychiatric Sciences and Psychological Medicine, <sup>2</sup>Department of Neuroscience, Mental Health and Sensory Organans, Sapienza University of Rome, Rome, Italy*

**Objectives:** To assess competence to consent to treatment in involuntary committed patients (ICP) for a mental disorder, as compared to matched acute voluntary hospitalized patients (VHP). To evaluate the effect of psychopathology severity and cognitive dysfunction on decisional capacity.

**Methods:** Cases were recruited among ICP at the Umberto I Hospital, 'Sapienza' University of Rome; controls were age- and sex-matched VHP, in the same ward and time period. Subjects were diagnosed according to DSM-IV-TR criteria and further evaluated through a) MacArthur Competence Assessment Tool for Treatment (MacCAT-T) b) Brief Psychiatric Rating Scale-24 (BPRS) c) Raven's Colored Progressive Matrices (CPM) d) Mini Mental State Examination (MMSE).

**Results:** Eighteen cases were enrolled (67% women), mean age was  $25.1 \pm 2.8$  years. There were no differences between groups in: diagnostic distribution (40% schizophrenic spectrum disorders, 40% mood disorders, 20% other diagnosis), disease duration, MMSE. ICP had higher BPRS total scores (mean difference  $\pm$  S.D. =  $10.3 \pm 19.4$ ; [95% C.I. =  $0.6 \div -20.0$ ]), and performed worse than VHP in MacCAT-T comprehension ( $-1.0 \pm 1.3$ ; [95% C.I. =  $-1.6 \div -0.3$ ]), appreciation ( $-1.7 \pm 2.0$ ; [95% C.I. =  $-3.0 \div -0.7$ ]), reasoning ( $-2.1 \pm 2.9$ ; [95% C.I. =  $-3.6 \div -0.7$ ]) and expression of a choice ( $-0.8 \pm 1.0$  [95% C.I. =  $-1.3 \div -0.3$ ]). Competence to give informed consent was associated with psychopathological dimensions but not with MMSE and CPM scores, in the sample overall.

**Conclusion:** Competence to consent to treatment was reduced in ICP compared to VHP. Involuntary commitment was not necessarily associated with incapability of making treatment decisions.