

M. Cuesta¹, E. Rojo², O. Pino², S.E. Purdon³, P. McKenna⁴.
¹Department of Psychiatry, Hospital Virgen del Camino, Pamplona, Navarra, Spain ²Department of Psychiatry, Granollers Hospital Foundation Benito Menni, Granollers, Barcelona, Spain ³Bebensee Schizophrenia Research, University of Alberta, Alberta, AB, Canada ⁴Department of Psychiatry, School of Medicine, University of Glasgow, Glasgow, Scotland, United Kingdom

This workshop aims to make progress in the knowledge of the cognitive symptoms and their evaluation in the psychotic diseases. Schizophrenia begins in late adolescence causing a derailment of social, educational, and occupational pursuits that extends to the end of life. The psychosocial costs contribute to the extraordinary public health care costs of this illness. Alleviation of the positive symptoms, negative symptoms, depression, and anxiety is insufficient to restore psychosocial status. An improvement in social, educational, and occupational status is dependent on improvement in cognitive status.

Primary Prof. JE Rojo & O. Pino will emphasize the relevant aspects of the neuropsychological evaluation in clinical practice, and relationships between cognitive, clinical, psychosocial status and social performance in patients with psychosis dysfunction.

Although vital to prognosis, cognitive status is often neglected in clinical practice because neuropsychological assessments are expensive and time consuming, and they require considerable expertise. The Screen for Cognitive Impairment in Psychiatry (SCIP) is a 10 to 15 minute assessment of cognitive status developed to encourage routine assessment of cognitive status in clinical practice, and to promote research on the alleviation of cognitive impairments in psychiatric illness. Prof. Purdon will briefly review the rationale for a brief assessment of cognitive status. He will present evidence supporting the comparability of three alternate forms of the SCIP from three Canadian normative samples and one large clinical sample. He will also present evidence supporting the validity of the brief screening tool relative to a comprehensive assessment of neuropsychological status in a large sample of psychiatric inpatients. The primary objective will be to encourage the use of the SCIP in routine clinical practice.

Afterwards, Prof. P. McKenna try to describe the new research strategies and methods of investigation in neuropsychology and schizophrenia, the state of art more novelty and relevant.

S43. Symposium: FEMALE OFFENDER PATIENTS IN EUROPE (Organised by the AEP Section on Forensic Psychiatry)

S43.01

Prevention of neonaticide and abandonment from a prenatal stage in France

C.J. Bonnet. *Child and Family Service, The Gem Centre, Wednesfield, West Midlands, United Kingdom*

From 1987 to 2002, I followed nine women who killed their baby newborn and nearly ninety women who denied their pregnancy or their delivery in Paris area. A comparison between the clinical findings of the two groups led me to identify prevention strategy at a prenatal stage:

1. Detecting harmful thoughts towards the baby before birth

Among the women who denied or concealed their pregnancy some revealed having negative or violent impulse thoughts against the foetus after the end of pregnancy denial. Some also displayed suicidal impulse thoughts. These harmful thoughts decreased after they spoke out past traumatic sexual abuse, especially if the foetus was the result of rape.

2. Listening and planning the delivery time

Some were not able to content their thoughts and act out them in beating up their abdomen and consequently the foetus. They felt so guilty they avoided planning the delivery time as a consequence. Some have killed their child because they were afraid to explain this to healthcare professionals. They denied the birth and delivered alone.

3. Offering an anonymous welcome if they wish to do so

I observed that to welcome with anonymity before birth increased their care for the future of the newborn.

Literature references

- [1] Bonnet C. *Geste d'amour*. (Gesture of love). Paris: Odile Jacob (Book in French, translated in Croatian); 1990.
- [2] Condom JT. The battered fetus syndrom. Preliminary data on the incidence of the urge to physically abuse the unborn child. *J Ment Dis* 1987;76:722–5.

S43.02

Female offender patients in Germany

C. Hornstein. *Psychiatric Centre Nord-Baden, Wiesloch, Germany*

The parental killing of children in the first year after birth, the infanticide, constitutes a complex phenomenon, that seldom occurs. Infanticide has been reported across numerous cultures and throughout history. Children in the first year of life have the highest Risk of becoming a victim of filicide. Studies on infanticide show that mothers who kill their children are frequently psychiatrically disturbed. Depressive as well as psychotic symptoms are with high frequency related to the newborn or to the maternity itself. Although depression is the most common postpartum disorder and may represent a vital danger for the mother and the child. The association between the psychiatric disorder and the infanticide will be usually explained through the maternal psychopathological symptoms. The bonding to the child hasn't often been seen as a central motivational cause for an infanticide. The present case report underlines the importance of a postpartum bonding disorder and its relation to a higher infanticide risk for the child.

S43.03

Clinical and social factors contributing female offending in Russia

M.A. Kachaeva. *Serbsky Center for Social and Forensic Psychiatry, Moscow, Russia*

Background: Researches on female offenders have indicated a high degree of psychiatric morbidity among women. The rates of female criminality and the number of females in prisons in Russia are dramatically rising.

Aim of the study: The main purpose of this investigation was to find out origins of crimes in women.

Materials and Methods: A cohort of 53 females with diagnosis of personality disorder was examined by forensic psychiatrists. All