

were some of the factors that could be of importance in reducing involuntary admissions.

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EW0136

Comparison of self-reported to observational agitation scales

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Background Increasingly, psychiatric patients are presenting to the emergency department (ED) with agitation. ED staff rarely, if ever, use scale to assess agitation or use any self-assessment tools to determine a patient's level of agitation.

Objectives To evaluate the relationship between a patient's self-reported level of agitation and other validated agitation assessment tools.

Methods This is a prospective study using a convenience sample of patients presenting to the ED with a psychiatric complaint. This study was conducted in an urban, inner-city trauma level 1 center with 55,000 ED visits a year. After obtaining consent, a research fellow administered observational tools, PANSS-EC and ACES and BAM and Likert scale self assessment tools on arrival to the ED. SPSS version 24 was used. The study was IRB approved.

Results A total of 139 patients were enrolled. The most common ED diagnoses were depression, schizophrenia, or bipolar. Majority of patients were African-American (59%), falling in the 25–44 year old age range (56%) 52% male. Self-reported agitation was rated as moderate to high in 72.4% of these patients on the Likert scale and 76.3% on the BAM. There was a significant correlation between the self-reported score versus the BAM ($F = 11.2$, $P = 0.00$). However, the self-reported scores were significantly different from the scores assessed by observational tools ($P < 0.05$).

Conclusions ED providers should assess a patient's self-reported level of agitation because a patient could be feeling markedly agitated without expressing outward signs detected by observational tools.

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EW0137

Intrafamilial homicide: A descriptive study of fratricide in Quebec

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Introduction Fratricide comprises approximately 2% of all intrafamilial homicides. Analyses of national data on fratricide show that adult males are considerably more likely to be offenders and victims or fratricide. A previous study suggested there were two main categories of fratricide: related to alcohol intoxication or associated with mental disorder.

Objectives Present and discuss the results of an original study comprising 28 cases of fratricide.

Aims To provide up-to-date scientific knowledge on fratricide.

Method This is a retrospective study of 28 cases of fratricides, extracted from a sample of over 1000 consecutive cases of

coroners' files of victims of domestic homicide occurring between 1990–2015.

Results Two victims out of three were males, most of adult age. There were only 2 female offenders in the whole sample. A majority of victims were Caucasians while 21% were aboriginals. Most victims were stabbed to death. The murders usually occurred at the residence of the victim. In total, 39% of offenders suffered from a major mental illness; 21% were acutely intoxicated at the time. In victims, 29% were under the influence of alcohol and 18% of offenders were free from mental problems.

Conclusion Our data indicates that fratricides are most often impulsive and lack preparation. The most common method was the opportunistic use of a knife, suggestive of impulsive killing, and this is consistent with the rest of the information including the high rate of alcohol use and intoxication at the time. The study confirmed two main categories of fratricide: impulsive killing in the context of alcohol and dispute and killing associated with psychosis.

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EW0138

A residential psychiatric approach for forensic patients: The experience of "Tiziano" facility

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Introduction Italian forensic mental hospitals closed on March 31st, 2014 and offenders sentenced to need a psychiatric care are restrained in facilities. Since 2002, the residential psychiatric facility "Tiziano" (Aulla, Massa-Carrara) hosts forensic patients, on appointment with national health system and compulsorily admitted by the justice system.

Methods This descriptive and prospective study provides a thorough report on the main epidemiological, clinical, and criminological features of 60 mentally ill offenders hosted in the "Tiziano" facility between 2002 and June 2016.

Results Most forensic patients were male (90%, $n = 54$; average age: 33 years). Sixty percent of subjects ($n = 36$) had a clinical diagnosis of psychosis (19.4% affective psychosis, 72.2% non-affective psychosis, 8.4% organic psychosis), and about one third of them (31.6%, $n = 19$) had a personality disorder (63.1%, $n = 12$, antisocial personality disorder, 42.1%, $n = 8$, borderline personality disorder, 21.0%, $n = 4$ other personality disorders). Mental insufficiency was diagnosed in 11.6% ($n = 7$) of subjects, while substance use disorder affected 35.0% ($n = 21$) and alcohol use disorder 26.6% ($n = 16$). Forty-nine patients (81.7%) had committed serious crimes against people; 15% ($n = 9$) were murderers or attempted murderers, and 46.7% ($n = 28$) had committed more crimes. The average length of stay is 22 months.

Conclusions To date, there are no data about long-term follow-up and clinical outcome of mentally ill offenders restrained in Italian psychiatric facilities. Additional studies are needed to assess psychopathology and differentiate treatment according to diagnosis, and to identify risk factors of relapse for criminal behavior relapse.

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