

the law could protect patients from being excluded from a treatment that may change the course of the disease.

**Disclosure:** No significant relationships.

**Keywords:** Electroconvulsive therapy; compulsory treatment; mental health legislation; informed consent

## EPV0322

### Neuroendocrine factors - predictors of the formation of alcohol dependence and human ecology in various ethnic populations, new approaches to therapy

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**Introduction:** Integrated clinical and biological approaches in the study of disorders caused by alcohol consumption in people of different ethnic groups, are important for determining effective treatment strategies.

**Objectives:** To study the clinical and dynamic features and the role of neuroendocrine factors of the formation and course of alcohol dependence in individuals of Tuvan ethnicity.

**Methods:** 68 Russian alcoholics and 67 Tuvans alcoholics only men and 20 healthy male were monitored. Clinical assessment of the condition of patients was carried out with the traditional clinical description. Enzyme-linked immunosorbent assay kits were used to determine serum hormone levels in patients and volunteers.

**Results:** The systematic consumption of alcoholic beverages develops among Tuvans in adulthood, in contrast to Russian men who begin to drink systematically young. Alcohol dependence in people of Tuvan nationality are formed several years later than in Russians: a symptom of loss of quantitative control over use was detected in Tuvans at 36.9±9.9 years, in Russian patients at 29,8±7.5 years; the formation of withdrawal syndrome in Tuvans occurs at the age of 37.7±8.4 years, unlike Russians, in whom the withdrawal syndrome develops on average at the age of 29.6±6.0 years. The index of the ratio cortisol/progesterone in the blood of examined Russian alcoholics is almost twice as high as the index of examined healthy donors; in patients of Tuvan ethnicity, index is almost five times higher.

**Conclusions:** Alcohol dependence among representatives of the Tuvan ethnic group indicates a greater vulnerability to the effects of alcohol.

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## EPV0324

### Not guilty by reason of insanity and dangerousness: A demographic, clinical and forensics description of the patients in the forensic inpatient service of Coimbra

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**Introduction:** Despite being essential for the service quality improvement, empirical research on the characteristics of people hospitalized in forensic psychiatry units and the psychopharmacological treatment instituted in this care context is scarce in Portugal.

**Objectives:** To describe the sociodemographic, clinical and criminological characteristics of the patients admitted to a forensic psychiatric unit in Portugal, as well as, the psychiatric drugs prescription pattern in this care context.

**Methods:** A retrospective observational study was carried out, through the data analysis of patients admitted to the Sobral Cid Forensic Psychiatry unit of the Coimbra Hospital and University over the past 12 years.

**Results:** The sample had 194 inpatients, 153(78.9%) male and 41(21.1%) females. The mean age was 43.3 years and 74.7% had no professional, school or occupational activity. The most frequent psychiatric diagnoses were psychotic disorders (56.7%) and neurodevelopmental disorders(33.5%). 24.2% had at least two psychiatric diagnoses and 38.7% had concomitant medical conditions. 77.8% had history of psychiatric hospitalizations and 21.6% had history of self-injurious behaviors. 37.1% of the sample had a criminal record. Crimes against people were the most frequent. The use of injectable antipsychotic formulations was frequent and 18.6% of the patients were medicated with Clozapine. The prescribed daily doses were above the defined daily dose. Psychotic disorders and addictive disorders were less frequent in women. Statistically significant differences were found in the frequency of homicide between females(41.5%) and males(22.2%).

**Conclusions:** Tailored solutions are crucial to accomplish the purpose of security measures, mostly by addressing the identified needs and rethinking the approach on this specific context.

**Disclosure:** No significant relationships.

**Keyword:** Forensic Psychiatry Units

## EPV0325

### Traumatic brain injury in forensic psychiatry

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**Introduction:** Assessment of neuropsychiatric sequelae of traumatic brain injury (TBI) brings about challenges in the forensic setting, comprising analysis of neurobiological variables, preinjury variables (personality/psychiatric disturbances), postinjury psychosocial, allowing the expert witness to provide clear and appropriate explanations, so the court can decide with justice, particularly in civil law cases.

**Objectives:** Discuss the main clinical and neuroimaging aspects to consider in civil litigation of TBI cases.

**Methods:** Comprehensive literature review.

**Results:** Although accurate predictions are difficult, some generalizations can be made. Recovery from hypoxic and diffuse axonal injury (DAI) takes longer and is less complete than focal contusions. Posttraumatic amnesia is the main predictor of long-term cognitive outcome. In moderate/severe TBI (m/sTBI) occurs chronic lesion