

ment techniques may be considered a therapeutic option to prevent and address violent behavior in psychiatric patients hospitalized in brief hospitalization units.

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EV1368

Typical profiles of multiple DWI individuals on MMPI-2

I.H. Shim¹, W.S. Woo², H.J. Seo², D.I. Jon³, Y.J. Kwon⁴, K.H. Lee⁵, K.J. Min⁶, B.H. Yoon⁷, J.H. Lee⁸, E. Lim⁹, W.M. Bahk^{2,*}

¹ Dongnam Institute of Radiological & Medical Sciences, Busan, Republic of Korea

² Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

³ Sacred Heart Hospital, psychiatry, Anyang, Republic of Korea

⁴ Soonchunhyang Cheonan Hospital, psychiatry, Cheonan, Republic of Korea

⁵ College of Medicine, Dongguk University, psychiatry, Gyeongju, Republic of Korea

⁶ College of Medicine, Chung-Ang University, psychiatry, Seoul, Republic of Korea

⁷ Naju National Hospital, psychiatry, Naju, Republic of Korea

⁸ College of Medicine, Daegu Catholic University, psychiatry, Daegu, Republic of Korea

⁹ Shinsegye hospital, psychiatry, Gimje, Republic of Korea

* Corresponding author.

Introduction Alcohol intoxication is often involved in the commission of criminal behaviors that are risky and involve personal confrontation. Individuals who reported having three or more drinks before driving exhibited greater impulsivity when under the influence of alcohol than did those who did not report heavy drinking before driving.

Objectives The present study utilized the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to compare the characteristics of individuals with a single driving while intoxicated (DWI) offense with individuals who were multiple DWI offenders and to identify whether there was a typical profile for multiple offenders.

Methods The charts of patients were examined in terms of demographic characteristics including age, sex, employment, and education; the MMPI scores of the two groups were compared using an independent *t*-test, and we identified the typical profile of multiple DWI offenders by using hierarchical cluster analysis with Ward's method.

Results Scores on the F and the depression (D) scales of the MMPI-2 were significantly higher among multiple offenders than among first offenders. The multiple offenders-I group obtained relatively high scores on the D and psychopathic deviate (Pd) scales, and the multiple offenders-II group had low scores on both the hypomania (Ma) and social introversion (Si) scales. Thus, some multiple offenders may have poorer emotional adjustment, characterized by tendencies toward psychopathic deviance, mania, and depression, as well as psychopathological characteristics associated with patients with alcohol-use disorders.

Conclusion The present findings suggest that multiple offenders should be considered a high-risk group for alcohol-use disorders and recurrent drunken driving.

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Excerpt from the history of the “Hochschulpsychiatrie Erlangen” (1818–2016): On the history of a connection between University and Institutional Psychiatry, Unique in Germany (1903–1974)

B. Braun^{1,*}, J. Kornhuber²

¹ Psychiatry and Psychotherapy, Erlangen, Germany

² Psychiatry and Psychotherapy, Friedrich-Alexander-University Erlangen-Nürnberg, Erlangen, Germany

* Corresponding author.

Objective To examine the more than 70-year history of a connection between University and Institutional Psychiatry.

Method Relevant archival material as well as primary and secondary literature were examined.

Results As early as 1818 Johann Michael Leupoldt (1794–1874) held a seminar on “madness” as an assistant professor in Erlangen. But the University Psychiatric Clinic did not begin until 1903 within the association of the mental asylum founded on a contract agreement between the Friedrich-Alexander, University Erlangen and the County Senate of Middle-Franconia. The history of the “Hochschulpsychiatrie Erlangen” reflects part of the history of German psychiatry. The plans to accomplish independence were doomed to impracticability by the social-political situation before, during and after the First and also Second World Wars. Clinic patients were registered as “Institutional residents”, the Clinic had no income of its own, the Head of Department and Director of the Clinic was formally considered as the “senior doctor of the asylum”.

Discussion The complicated duty dependence of the Head of Department on the Director of the asylum undoubtedly contributed to their decades spanning “mésalliance tradition”. A public scandal arose in 1978 from an accusation of dereliction of duty to the government of Middle-Franconia because of lacking protection of patient documentation and medications during the relocation of the former institution departments to the newly constructed Regional Hospital on the Europakanal.

Outlook Cooperation between the University Clinic and the Regional Hospital exists in altered form today. The Psychiatric Clinic can thus include patients from the Regional Hospital in scientific studies.

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ADHD, one of the most challenging mental disorders in adult psychopathology

M.C. Cancino Botello*, J.M. Hernández Sánchez, F. Molina López, M.D.L.A. Canseco Navarro, A. Peña Serrano

Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction In 40 to 60% of children with ADHD, the disorder persists into adulthood. Nevertheless, diagnosis in adulthood sometimes becomes a challenge because, even the etiology is not very clear yet, ADHD shares several clinical features or may coexist with other psychiatric disorders. This issue leads to confusion and also to a delayed treatment or a wrong treatment, causing negative effects on patient outcomes.

Objective To highlight the importance of making an accurate differential diagnosis and to consider the coexistence of other mental disorders, in the diagnosis of a patient with ADHD.