

Methodology: Data collection form was designed based upon the standards found in the local prescribing policy

Audit was carried out on all inpatients on Chafron and Marlborough House

3 month time period August to October 2006

The medication records of 19 patients were viewed

All PRN medication was included in the audit.

Results against standards:

Not more than 1 medicine from any BNF therapeutic category should be prescribed as a PRN at any one time: 2 patients did not meet this standard

100% Compliance to standards

The following 7 standards achieved 100% compliance:

Legible prescription

Written in black ink

Dose recorded

Method recorded

Signature recorded

Start date recorded

Time given recorded, where applicable.

Recommendations

Increased prescribing practice training for medical staff (doctors).

This is covered by pharmacist staff at induction.

Re-audit in 6 months.

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Forensic psychiatry and the use of virtual reality and attention control technologies in dealing with sex offenders

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Our presentation will address the question of the potentialities of virtual reality and video-oculography (eye movement recording) in forensic assessment and treatment of sex offenders (see figure 1). We will focus specifically on using synthetic 3D virtual environments to elicit subjective, behavioral and physiological responses as diagnostic indices. We will demonstrate how video-oculography combined with virtual reality can help to overcome major limitations affecting standard procedures such as penile plethysmography and polygraphy. We will illustrate our methodological concepts with data and video documents coming from assessment sessions of sex offenders' sexual preferences. Finally, we will demonstrate the prototype of an interactive device allowing clinicians to embody virtual characters depicting features of victims in order to interact in virtual immersion with pedophiles.

References:

[1]. Renaud, P. (2007). Sexual and oculomotor biofeedback mediated by sexual stimuli presented in virtual reality. Paper presented at the 26th Annual conference of the Association for the Treatment of Sex Offenders, San Diego, November 2007.

[2]. Renaud, P., et al. (2006). L'évaluation des préférences sexuelles à l'aide de la vidéo-oculographie utilisée en immersion

virtuelle. In Tardif, M. & McKibben, A. (Eds) *L'agression sexuelle: collaborer par-delà les frontières*. URL : www.cifas.org.



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Homicide and psychosis: Criminological particularities of schizophrenics, paranoiacs and melancholics. A review of 27 expertises

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Introduction: The media coverage of a few homicides committed by psychotic obviously raises questions about the dangerous and violent nature of the mentally ill. Firmly rooted in the collective consciousness is the popular idea that someone who kills an unknown person in the street is mentally ill. On the contrary the epidemiological data are reassuring; only 15% of such murders are committed by the seriously mentally ill (schizophrenia, paranoia, melancholia).

Aim: Typing and comparison of murders committed by schizophrenic, paranoiac and melancholic persons.

Method: We consulted and analysed 268 expertises from two psychiatrists. This retrospective study shows several types of pathological murder (schizophrenia, paranoiac delirious disorder, affective disorder: melancholia and hypomania).

Results: From these 268 cases of homicide examined, 27 murderers were psychotic.

Ten of these were young, single, jobless, male paranoid schizophrenics: they drank little alcohol. Most of them have criminal history. They knew their victim (family, friends).

Nine others were paranoiac, for the most part male, older, married, family men, without psychiatric or criminal record. They murdered their wife or husband or neighbour. Alcoholic consumption is often involved. Schizophrenic and paranoiac murderers often have an emotional temper.

On the contrary, melancholic murderers are mostly female, aged around 30, married, family women, drinking little alcohol. Two third of them have psychiatric depressive record and had bipolar troubles and attempted suicide. Their murders are more often premeditated. They know the victim: child or partner. Suicide often follows the murder.

Keywords: Homicide, schizophrenia, paranoiac delirious disorder, affective disorder