

E.N.Lapshina (2005) indicates 8% persons, who committed sexual offenses and were evaluated as partially insane (1). We have examined 60 such persons.

In 63% in such persons those or others were revealed the patho-characterological radicals in essence due to the development of schizoid (20%) and excited (37%) beginning from the childhood.

The signs of minimal cerebral dysfunction were observed more frequently in 25% at the childhood, and the syndrome of the scarcity of attention and the hyper-dynamic syndrome were included. Neurotic and neurosis-like disorders during the childhood were encountered in 62%. Subjects at the teenage period in 33% used narcotic substances and alcohol. The pathologic fantasizing of the aggressive-sadistic content, including of sexual nature, was encountered in 23%. Dromomania and the torture of animals they were encountered in an identical quantity (in 18%). The thefts within the framework of kleptomania subjects accomplished in 5% of the cases.

Nonparoxysmal affective disorders were represented in 78%. The affective fluctuations of mood, which are manifested by the periods of the increased mood with the disinhibition and by the periods of sub-depressions, were encountered in 67%. Depressive and sub-depressive states in anamnesis in 42% occurred.

Paroxysmal emotional disorders were revealed in 25%. In their number dysphoric paroxysms (20%) and paroxysmal anxiety states and fear were separated (5%). Epileptiform paroxysms were observed in 25% and included affective, vegetative, viscerovertebralis paroxysms, short-term losses of consciousness.

37% of subjects abused by alcohol. Abuse of narcotic and toxic substances was encountered in 30% of cases.

P0132

Comparative analysis of forensic relevance of psychiatric classification systems in two periods (during 1968 and 1995)

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Background and Aims: Verification of forensic functionality of two psychiatric classification systems (ICD 8 and ICD 10), determination of similarities and differences between them, and evaluation of difficulties in subsuming particular psychiatric diagnoses into legal categories.

Methods: The retrospective method was used, based on comparison of the information from forensic psychiatric expertises made in the Center for forensic psychiatry, Vrapce Psychiatric hospital in Zagreb, in two periods: during 1968 and 1995, chosen at random up to the total of 300 expertises related to criminal law. The shortened version of standardized FPDS (Forensic Psychiatric Documentation System) questionnaire was used, which was modified for the purpose of the study and, due to the necessary reduction of the data for statistical analysis, the questionnaire was additionally shortened to the final version which consists of 51 items.

Conclusion: The basic hypothesis that there is a difference in the level of forensic functionality of the two classification systems compared in this study was only partially confirmed. The other hypothesis, that psychiatric classification system ICD-10 is more functional in forensic psychiatry than classification system ICD-8, is not completely confirmed either. The questionnaire can be also used in other similar studies for evaluation of forensic-psychiatric expertises. The results can be of help in everyday practice in forensic psychiatry, in the field of expertise and in the field of forensic psychiatric treatment.

P0133

Principles of release from punishment for convicts with mental disorder in Russia

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Background: Convicted people with serious mental disorders are subject to release from punishment.

Aim of Study: To bring out criteria determining release from punishment because of mental disorder.

Materials and Methods: 81 convicted people were studied, who had been previously examined by psychiatrists in order to assess the possibility of release from punishment.

Results: According Criminal Code of the Russian Federation, if after committing crime a person develops a mental disorder that disables him either from realizing actual character and social danger of his behaviour (inaction) or from controlling it, is released from punishment, and a person already serving a sentence is released from further serving it. Such people are referred to a compulsory psychiatry treatment.

80% of convicted people released from punishment because of mental disorder were diagnosed with schizophrenia, 8% - with dementia, 7% - with organic mental disorders, 5% had a different diagnosis.

Psychiatrists assess the following factors: availability of either psychotic mental disorder or dementia; statement of mental disorder intensity depriving a convicted person of the ability to “either realize actual character and social danger of his behaviour (inaction) or control it”, to understand the purpose of punishment, essence of remedial and educational measures applied to him; sufficient duration; availability of pronounced tendency to psychopathologic disorder amplification, its progressive dynamics; pessimistic prognosis in clinical, social, correctional and labour aspects with regard to the term for serving punishment; considerable dysadaptation (microsocial, secure, occupational) disabling from application of correctional measures to a convicted person and from his detention.

P0134

Stalking behaviour by patients towards psychiatrists is common

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Background and Aims: Stalking involves repeated and persistent attempts to impose on another person unwanted contact and/or communication. It can have a significant adverse impact on psychological, occupational and social functioning. Mental health professionals are at greater risk than the general population of being stalked.

We assessed the prevalence of stalking behaviour by patients towards psychiatrists working in a large mental health organisation in London, UK.

Method: A questionnaire was sent to all 324 psychiatrists in the service. Stalking was defined as two or more episodes where a patient initiated inappropriate contact outside the normal clinical setting, which caused concern. The response rate was 61%.

Results: Forty-one doctors (21%) were stalked by patients. Most victims were consultants (n=31; 76%). No sub-speciality was over-

represented. Most patients had a diagnosis of personality disorder (n=16; 39%) or psychotic illness (n=10; 24%). The majority of stalkers (n=24; 59%) were male, while 49% of victims were female. Sixty-one percent of stalkers were reported to have a previous history of harassment.

Duration of stalking ranged from several weeks to 16 years, with 51% occurring outside the work environment. On average, victims experienced two types of inappropriate contact, most commonly by telephone (n=22; 54%), letter (n=19; 46%) or face-to-face (n=15; 37%). Ten patients loitered while 3 carried out surveillance. Physical threats were made against 14 psychiatrists. None were assaulted.

Conclusions: Stalking by patients towards psychiatrists is common and represents an occupational risk. Healthcare organisations should introduce formal training programmes covering recognition of stalking behaviour and risk-management strategies.

P0135

Clinical pathways from childhood to adulthood: Current state of regional services and future direction

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Background and Aims: A long tradition of research has highlighted the continuity of mental health disorders between childhood and adulthood. Nevertheless, diagnostic systems have not kept pace with the lifespan concepts that underpin developmental psychopathology. While several important adult diagnoses have been identified in children (Anxiety, Depression) using Research Diagnostic Criteria, few disorders specific to childhood (e.g., ADHD) have equivalents in the adult diagnostic systems (e.g., DSM-IV-TR)

In this paper I describe the continuities and discontinuities of the DSM in terms of childhood disorders with and without adult equivalents. I also describe the current state of program development in our health region and the future steps in that reflect the translation into clinic practice of the body of knowledge related to developmental psychopathology.

Methods: A review of the DSM-IV-TR was completed

The demographic and clinical characteristics of the identified population (transitional youth aged 16 to 24) was explored by doing a cross reference of both the RAIS and MHIOS data bases.

Results: There are DSM-IV-TR differences between child and adult diagnoses: these differences give rise to clear implications for treatment path.

Conclusions: Much work needs to be accomplished to ensure that children have appropriate treatment across the transition to adulthood. The follow areas are recommended for development: Develop curricula for the residency training program and for existing professionals. Develop practice guidelines a mechanism for continuous social marketing within the health care community.

P0136

Failure of controlled substance laws in health policy

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Urgent Need for Public Health Policy Consistent and Complaint with Controlled Substance: Suggestions To Stem Morbidity and Mortality From Prescribing Opiate Medications

- 1) Revisit the intent and meaning of the controlled substances laws for purposes of developing viable public health policy to protect the public from risks of opiate prescribing by physicians
- 2) Incorporate concepts of dangerousness inherent in the intent and meaning of controlled substances laws in legislation for public health measures
- 3) Pursue a policy and course of vigorous litigation against drug manufactures who fail to warn and deceive the public on the dangers of controlled substances to enforce controlled substance laws
- 4) Enforce Controlled Substance Laws according to established legal theories of negligence, product liability, expressed and implied warranties, and fraud and failure to warn of risks
- 5) Review the extent of individual and class action litigation against physicians for negligently and illegally prescribing opiate medications
- 6) Develop a health policy that requires physicians to comply with controlled substance laws to protect patients from dangerous and adverse consequences from addicting medications, including opiate medications
- 7) Revise health policy for prescribing opiate medications for clinical conditions of pain, in either in acute or chronic management, to include an analysis of risks and benefits of prescribing addicting medications including opiate medications
- 8) Recommend and require undergraduate medical schools and graduate medical education programs to meet core requirements of addiction medicine for adequate knowledge and skill in prescribing controlled substances in compliance with controlled substances laws.

P0137

Characteristics of involuntary admission in a psychiatric clinic sample

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Objective: To analyze the relationship between sociodemographic and clinical data in a sample of involuntarily admitted patients to an acute psychiatric hospital.

Method: Retrospective sociodemographic and clinical data regarding patients involuntarily admitted in a psychiatric clinic were gathered and statistically analyzed.

Results: Of all the patients 33% were unemployed, 30,8% finished high school, 62,8% were single (unmarried, divorced or widow). 33% had no previous history of psychiatric admission. 64,6% had an aggressive behavior against a family member or another person previous to the admission. The most frequent diagnosis of involuntarily admission was psychomotor agitation (61,5%) and was significantly associated with the presence of delusions. Differences found between men and women: men were significantly more aggressive than women and had more frequent substance or alcohol abuse than women, women were involuntarily admitted for a longer period of time than men and had a more frequent diagnosis of psychotic disorder than men. Lack of compliance with the treatment previous to the admission was not significantly associated with the aggressive behavior or the presence of delusions.

Conclusions: The majority of involuntarily admitted patients were unemployed, single, with aggressive behavior, delusions and a history of previous psychiatric admission. Differences regarding the gender