

Introduction: The association between the intake of antipsychotic drugs and the occurrence of thromboembolic complications is widely described in the literature. The occurrence of this complication may call into question the medical responsibility of the attending physician.

Objectives: The objective of this work is to describe the pathophysiological mechanisms involved in the occurrence of thromboembolic complications in a patient under antipsychotic treatment, whether or not associated with physical restraint and to discuss the forensic implications.

Methods: Our study is retrospective on cases of fatal pulmonary embolism, discovered at autopsy, in connection with the taking of antipsychotics. The autopsies were carried out in the Department of Forensic Medicine of the Tahar Sfar University Hospital in Mahdia. The cases were collected over a period of 04 years. A review of the literature was carried out. We only selected articles published until February 2021 and dealing with cases of patients on antipsychotics, diagnosed with pulmonary embolism by performing a chest CT scan or during an autopsy.

Results: 915 autopsy cases were performed during the study period. Twenty cases of pulmonary embolism, discovered at autopsy, were collected. Four cases were related to the taking of antipsychotics (incidence 0.004%), including two men and two women, aged between 25 and 52 years. They were all on antipsychotic treatment for at least 5 years, with the exception of one case who was put on 3 antipsychotics, 7 days before his death, with indication of physical restraint. After analysis of the memorial data, the external examination and the autopsy, the results of additional examinations, the death was attributed, in the 4 cases, to a massive fibrino-cruoric pulmonary embolism. A selection of 45 studies regarding thromboembolic complications associated with taking antipsychotics, was included in the final review.

Conclusions: The reported cases provided additional evidence on the involvement of antipsychotics in the occurrence of thromboembolic complications. Psychiatrists should be careful when prescribing these treatments. The establishment of therapeutic guidelines, taking into account the thromboembolic risk factors, becomes essential, in order to avoid the occurrence of a complication which could engage both the vital prognosis of patients and the responsibility of the physician.

Disclosure of Interest: None Declared

EPV0528

Study of the sociodemographic, clinical and criminological characteristics of Tunisian female offenders

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doi: 10.1192/j.eurpsy.2024.1211

Introduction: The psychopathology of female crime perpetrators is not well understood since female criminality rates have remained distinctly lower than male criminality.

This study draws on over 20 years of psychiatric expertises to identify sociodemographic, clinical, and forensic characteristics of female perpetrators.

Objectives:

- To describe the epidemiological and clinical profile of female offenders examined for criminal psychiatric expertise.
- Describe the criminological and forensic characteristics of these women.

Methods: Retrospective and descriptive study, which focused on 56 criminal psychiatric expertise files of female offenders, examined at the psychiatric department "C" at the CHU Hedi Chaker in Sfax, Tunisia, over a period of 24 years.

For each offender, we examined the expert report and the judicial research report. We then transcribed the socio-demographic and clinical information, as well as the criminological and forensic characteristics, onto a pre-established form.

Results: The accused women in our study had an average age of 35 years and 06 months, and 67.86% of the cases were under 40 years of age, with an educational level no higher than primary school in 62.5% of cases. They were unemployed in 71.4% of cases. Among the accused examined, 76.8% had mental disorders, including 46.6% with personality disorders, 16.3% with intellectual disability, 16.3% with bipolar disorder, 9.3% with depressive disorder, 9.3% with psychotic disorder, and 2.3% with substance use disorder (anxiolytic). We recorded 55.4% offences against persons, including 37.5% homicides and attempted homicides, and 44.6% offences against property, including 23.2% thefts. Dementia in the legal sense was identified in 30.4% of cases. Bipolar disorder accounted for 41.1% of legally demented subjects.

Conclusions: It emerges that the profile of the female criminal is that of a woman under 40, with a low educational and economic level, and most often with an antisocial personality or intellectual disability. It would therefore be important to step up primary prevention work by better educating these at-risk women and to combat the factors contributing to dangerousness among the mentally ill by optimizing their psychiatric care.

Disclosure of Interest: None Declared

EPV0529

The results of Wisconsin Card Sorting Test in patients under forensic observation of their mental states in violent and non-violent subgroups

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doi: 10.1192/j.eurpsy.2024.1212