

SAL06. Decreasing suicide in schizophrenia: the intercept study

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Decreasing suicide in schizophrenia: the intercept study

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Approximately 50% of patients with schizophrenia or schizoaffective disorder attempt suicide and 5–10% succeed. Hopelessness appears to be a major precipitating cause of suicide while increased insight also contributes. Meltzer and Okayli (1994) and others have reported that clozapine reduced the suicide attempt rate by approximately 75%. To more definitively test the hypothesis that clozapine reduced suicide, a multi-center, randomized, international study comparing clozapine and olanzapine was conducted in 980 non-refractory patients with schizophrenia or schizoaffective disorder who were at high risk for suicide. Suicide attempts and hospitalizations to prevent suicide were reviewed by a blinded expert Suicide Monitoring Board (SMB). The risk for a suicide attempt or hospitalization to prevent suicide was significantly less in patients treated with clozapine compared to olanzapine (hazard ratio=0.74, $p=0.02$, 95% CI = (0.57- 0.95)). In addition, in comparison to treatment with olanzapine, clozapine-treated patients showed fewer suicide attempts ($p=0.03$); required fewer rescue interventions to prevent suicide ($p=0.01$); required fewer hospitalizations to prevent suicide ($p=0.05$); and required fewer concomitant medications, e.g., antidepressants ($p=0.02$) and anxiolytics/soporifics ($p=0.03$). It was concluded that clozapine was shown to be superior to olanzapine for the prevention of suicide attempts in patients with schizophrenia and schizoaffective disorder at high risk for suicide.

S16. Towards evidence based treatment in forensic psychiatry

Chairs: G. Kullgren (S), S. Hodgins (CDN)

S16.1

Criminality of mentally ill patients in general psychiatry

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Problem: In industrialised countries, in recent decades, the numbers of beds in forensic psychiatric hospitals have increased while the numbers of beds in general psychiatry have decreased.

Method: Using data from an international forensic psychiatric aftercare study we examined 237 male patients with schizophrenia or schizoaffective disorder discharged from general and forensic psychiatric hospitals in Canada, Finland, Germany and Sweden.

Results: 80% of the patients discharged from forensic hospitals had previous admissions to general psychiatric hospitals. At discharge, the general psychiatry patients were much more symptomatic and less functional than the forensic patients.

Conclusions: The results indicate that there are no fundamental differences between patients with schizophrenia and schizoaffective disorder in general and forensic psychiatry. The general psychiatric patients were discharged even when severe symptoms known to be related to violence and crime were present. This might be a significant cause of the increase of the numbers of forensic patients.

S16.2

Why do some persons with schizophrenia commit crimes?

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Problem: Epidemiological investigations of population cohorts and diagnostic studies of offenders concur in showing that persons who develop schizophrenia are at increased risk, as compared to the general population, to commit non-violent crimes and at even higher risk to commit violent crimes and homicide. However, few persons with schizophrenia commit criminal offences. The present study was designed to identify how the offenders differ from the non-offenders.

Method: A sample of 237 men with schizophrenia were examined. Childhood and adolescent functioning, history of psychiatric treatment and criminal offending were documented. All participants were diagnosed by clinicians trained to use the SCID, who also assessed symptoms on multiple measures. Personality traits were assessed by self-report and by clinicians. IQ was also assessed.

Results: Male offenders with schizophrenia constitute a heterogeneous population. Those with early-onset criminality are distinguished by personality traits, those with very late onset criminality by alcoholism. Those who commit murder constitute a distinct group with no previous history of antisocial behaviour and higher IQ.

Conclusions: Men with schizophrenia who commit crimes do differ from non-offenders with the same mental disorder. These findings can be used to further examine the etiology of offending and to prevent it.

S16.3

An international comparison of the profiles of forensic psychiatric patients given first and second-generation antipsychotic medications

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Objective: To compare the profiles of forensic psychiatric patients given first (typical) and second (atypical) generation antipsychotics medications.

Method: As a part of an international comparison of community treatment programs for mentally ill persons who have committed criminal offences in Canada, Finland, Germany and Sweden we studied the medications used in these sites. For this preliminary report data were available of 121 patients.

Results: In all different sites, the patients given second-generation antipsychotics were more severely ill. These patients, performed worse at school, suffered more from physical and sexual abuse, were more likely to have had substance misuse-problems, and were more likely to have killed someone or at least been aggressive towards others. They also scored less in IQ-tests and notably more in PCL-R and HCR-20 tests. However, in the first follow-ups, these patients seem to perform equally as the less ill patients with first generation antipsychotics.

Conclusion: Second generation antipsychotics seem to help patients even more severely ill to perform in society as well as conventional anti- psychotics help less ill patients.