Introduction: The state of knowledge from scientific literature will be presented from biologic perspective, psychopathology and social context in development of agression.

Objectives: The aim of this presentation is to create a bio-psycho-socio model of agression.

Methods: The literature research in risk factors of aggressive behaviour was done, and the results grouped in three domains biologic, psychologic and social. A didactic bio-psycho-socio model was constructed.

Results: The complex picture of aggressivity could be distorted if we reduce understanding to a narrow super-specialization perspective. This presentation enlarge approach with genetic, endocrine, neurologic, psychologic and sociologic perspective. All this data will be include in a schematic bio-psycho-socio model, and describe the application in mental health practice in understanding the patients with psychiatric disorder. The main result will be a Bio-psycho-social model of aggressive behavior, which could be helpful in understanding and predicting aggressive behavior.

Conclusions: Complex perspective of aggresive behaviour could help better understand and prevent aggresive behaviour

Disclosure: No significant relationships.
Keywords: Bio-psycho-social model; aggressive behavior; didactic model

EPV0780

Psychiatric comorbidities of Incarceration in a Patient with Gender Dysphoria: A Case Report

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Introduction: Mental health remains key comorbidity in the transgender population. There are more grave consequences on mental health if there is long-term incarceration history of a transgender person. 21% of transgender women are incarcerated in their lifetime, compared to <3% of the US general population. Incarcerated, transgender women are typically at risk for verbal, physical, and sexual assault that has been cross-sectionally linked to poor mental health in transgender patients. Childhood traumas and Adverse childhood experiences like sexual abuse may attribute to gender dysphoria as well as the externalizing and internalizing behaviors of the child in later part of life.

Objectives: Better understand Gender Dysphoria and Incarceration.

Methods: A case report and review of the literature.

Results: X is a 56-year-old transgender female, admitted for Major Depressive disorder with Psychotic features, and substance abuse disorder. She was disoriented to person place, or time, believing she was at the "Federal Penitentiary." She was also selectively mute and socially isolative as well as unable to perform ADL's. She has an extensive legal history, which started in 1985 when she burglarized a pharmacy store for estrogen. Patient was started on Sertraline, Mirtazapine, and Risperidone. She was still socially withdrawn but was soon oriented to person place, and time and was able to complete her daily tasks.

Conclusions: In this poster we discuss the challenges of managing an acute patient with extensive legal and substance abuse history, while also addressing the features of gender identity disorder and highlighting the difficult path of both the patient and physician in managing these challenges.

Disclosure: No significant relationships.
Keywords: Gender Dysphoria; Incarceration; Psychiatric comorbidities

EPV0781

Sedentary Behaviour in the Secure Forensic Hospital Setting: A Study from Dundrum Hospital Ireland

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Introduction: Secure forensic mental health services offer care and treatment to mentally disordered offenders, with high rates of schizophrenia and major mental illness in these groups. Much of the excess morbidity and mortality seen among patients with schizophrenia is due to cardiovascular disease and obesity. Sedentary behaviour is associated with negative symptoms of schizophrenia and obesity.

Objectives: The aim of this study was to ascertain the level of sedentary behaviour among inpatients in a secure forensic psychiatric hospital, Dundrum, Ireland, using a structured self-report measure of sedentary behaviours, the SIT-Q tool.

Methods: A cross sectional study of self-reported sedentary behaviour was completed amongst the secure forensic inpatient population of Dundrum Hospital (N=94). Demographic details, details pertaining to diagnoses, ward level of dependency and length of stay were collated.

Results: The majority of patients in the sample were male (89%) and the most common diagnosis was schizophrenia (71.7%). Mean age was 44.7 years (SD 11.42). 58.2% met criteria for obesity. We found high rates of self-reported sedentary behaviour across all wards of the service, with significantly high rates of sedentary behaviour being associated with screen time use in the hospital, including both personal screen time and therapeutic sessions based on screen time.

Conclusions: Sedentary behaviour among in-patients in secure forensic hospitals is a significant issue. Measuring sedentary behaviour in a systematic manner is possible and identifies a potentially modifiable target to reduce co-morbidity and premature mortality independent of other risk factors in this vulnerable patient group.

Disclosure: No significant relationships.
Keywords: forensic psychiatry; Sedentary Behaviour; SIT-Q