

evaluate the effect which dynamic processes such as therapies have on individual risk disposition. This gap FOTRES aims to close.

The FOTRES (Forensic Operationalized Therapy/Risk Evaluation System) is a clinical instrument for the assessment and standardized documentation of all types of offenders. It consists of 700 items and assesses 3 main dimensions, namely the structural risk of recidivism, the mutability of an offender's disposition and the dynamic risk reduction provided by therapy.

All items of the 'structural risk of recidivism' relate to the offender's past or the offense itself. The items explore the offender's personality and disposition to delinquency. They also cover specific problem areas relevant to the offense and the pattern of the offense itself. The second dimension assesses the mutability of the offenders risk disposition through therapy or coping strategies. The third dimension measures the actual risk reduction which has been attained through therapy or the implementation of such coping strategies. Thus the FOTRES does not only serve as an in-instrument of prognosis but also as tool for planning assessing therapy progress.

The FOTRES is currently being used by more than 200 clinicians in the German speaking area. It is presently being translated into English and Dutch and is being validated on different offender populations in Switzerland.

P381

Out-patient care to schizophrenic patients having antisocial records

G. Fastovtsov, S. Oskolkova. *Serbsky National Research Center for Social and Forensic Psychiatry, Moscow, Russia*

The objective of the study were the problems of out-patient care to schizophrenic patients having antisocial records.

Materials and methods: The forensic psychiatric assessment of 98 schizophrenic patients (according to ICD-10) has been carried out. During our assessment psychopathic-like, neurotic-like disorders, depressive and psychotic symptoms were prevalent.

Methods: Structured and semistructured clinical interviews and medical and criminal records investigation.

Results: The outpatient care of observed patients must be strictly ontologically consistent. Most of the patients and their relatives have a certain psychological ideas about antisocial behaviour and causes of the disease. The doctor's attempts to make alterations may break his contact with a patient and increase the dissimulating tendencies. Some patients were sure that relatives "dream" to get rid of them. Continuation of multifactor pathomorphosis in schizophrenia was determined.

The main causes of errors in diagnosis and therapy in schizophrenic patients were the previous treatment for combat related PTSD; alcohol and drug abuse or all of them as comorbid. Many patients and relatives were not prepared for necessary inpatient treatment and were unaware about new psychopharmacological therapy. Aggressive behaviour was the result of delirious protection which forces a patient to change his former social attitude or manifested as a postpsychotic condition as a form of adjustment to a "new health".

Conclusion: The carried out research is helpful to formulate changed diagnostic criteria and aggressive behaviour rick/protective (clinical and social) factors system in schizophrenia patients. Out-patient care to schizophrenic patients seems to remain an object of discussion.

P382

The use of risperidone long-acting injection (RLAI) in a high secure hospital

S.D. Gibbon¹, M. Gahir², B. Huckstep². ¹*Nottingham University, Nottingham, United Kingdom* ²*Nottinghamshire Healthcare NHS Trust, Nottingham, United Kingdom*

Background and aim: The atypical antipsychotic Risperidone is now available in a long-acting injectable form, risperidone consta (Risperidone Long-Acting Injection, RLAI). Patients in forensic psychiatry settings often have complex and difficult presentations marked by co-morbidity, poor concordance and treatment resistance. The potential role of RLAI in treating this patient group is not yet clear and this study aimed to investigate its use in an English high secure hospital.

Method: The hospital pharmacy database was used to identify all patients prescribed RLAI during a four year period. Anonymised data for these patients was then obtained from the database and pharmacy casenotes.

Results: 24 patients were prescribed RLAI, the vast majority of whom had a diagnosis of schizophrenia. Mean length of treatment with RLAI was 281 days (range 2-925 days). 7 patients remain on RLAI (including 4 who were discharged to less secure settings). RLAI was stopped due to relative lack of efficacy in 13 patients, 9 of whom were subsequently treated with clozapine. In 1 case RLAI was stopped as it was no longer clinically indicated and for 3 patients data was not available. RLAI appeared to be well tolerated and there were no cases of it being stopped due to adverse effects.

Conclusions: In this small study of a highly specialised and complex group of patients RLAI was not associated with any serious adverse effects. A third of patients responded to RLAI such that they remain on it or were able to be discharged to conditions of lesser security.

P383

Criteria of appointment of compulsory treatment for patients with mental disorders with limited diminished responsibility

V.V. Gorinov. *Serbsky Research Centre for Social and Forensic Psychiatry, Moscow, Russia*

A necessity of recommendation of compulsory treatment is arising for partially responsible. Dispensary compulsory observation and treatment are appointing patients who have represent danger for themselves or others. The aim of the application of the compulsory treatment is improvement of mental condition and prevention of crime. 135 men have been examined in the study who have committed criminal offences (violent crime). The mental disorders (organic Personality Disorders, mentally retardation of slight degree with breach of behavior, Personality Disorders) limited the ability of patients to regulate their behavior. The study is to specify criteria of recommendation of compulsory treatment.

Clinical and psychological factors: conditions of non-stable compensation, mixed personality declines, impulsive, arousal, stagnation of affect, aggression, abuse of drugs, antisocial valuables, weakness of strong-willed control above aggression, low sensitiveness of frustration.

Anamnesis' irregular conditions of education, social maladjustment, information of treatment in the psychiatric hospital in past.

Criminological factors: prosecutions of criminal responsibility, perpetration of crime against life and health of personality.

P384

Pathological intoxication - a question of law and psychiatry

P. Gottlieb. *Ministry of Justice, Clinic of Forensic Psychiatry, Copenhagen, Denmark*