

sidered as cases. A draw was performed to create the control group. Both groups were matched according to their first offences' types as well as to their ages. A multivariate analysis was performed.

**Results** We included 25 cases and 38 controls. Eight recidivism risk factors were identified. Living in urban poor neighbourhoods ( $P=0.039$ ;  $OR=1.23$ ), having been unemployed ( $P=0.047$ ;  $OR=1.22$ ) and not having lived with the family ( $P=0.039$ ;  $OR=1.36$ ) after discharge were considered as risk factors. The same applied to alcohol ( $P=0.032$ ;  $OR=1.29$ ) and cannabis use disorders ( $P=0.005$ ;  $OR=1.34$ ). A hospitalization shorter than 6 months increased the risk by 1.44 ( $P=0.039$ ). A combination of conventional antipsychotics ( $P=0.003$ ;  $OR=1.36$ ) and a poor adherence ( $P=0.006$ ;  $OR=1.36$ ) were considered as recidivism risk factors too.

**Conclusions** All eight recidivism risk factors are dynamic. This makes recidivism prevention conceivable. Measures involving the patient, the health care system, patients' families, society and the government should be taken.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0571

### Predicting offense recidivism in Schizophrenia patients

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**Introduction** Schizophrenia increases the risk of offending. Recidivism rates are significant.

**Aim** Identifying general and violent recidivism risk factors in schizophrenia patients.

**Methods** We conducted a case control study. All included patients were admitted, at least once, to the forensic psychiatry department in Razi Hospital between January 1st, 1985 and December 31st, 2014 after a decision of irresponsibility by reason of insanity. All those who reoffended during this period were considered as cases. A draw was performed to create the control group. Both groups were matched according to their first offenses' types as well as to their ages. A multivariate analysis was performed.

**Results** We included 25 cases and 38 controls. Eight recidivism risk factors were identified. Living in urban poor neighbourhoods ( $P=0.023$ ;  $OR=4.86$ ), having been unemployed ( $P=0.042$ ;  $OR=2.18$ ) and not having lived with the family ( $P=0.039$ ;  $OR=1.36$ ) after discharge were considered as risk factors. The same applied to alcohol ( $P=0.026$ ;  $OR=4.89$ ) and cannabis use disorders ( $P=0.018$ ;  $OR=6.01$ ). A hospitalization shorter than 6 months increased the risk by 1.79 ( $P=0.046$ ). A combination of conventional antipsychotics ( $P=0.023$ ;  $OR=4.81$ ) and a poor adherence ( $P=0.001$ ;  $OR=10.42$ ) were considered as recidivism risk factors too.

**Conclusions** All eight recidivism risk factors are dynamic. This makes recidivism prevention conceivable. Measures involving the patient, the health care system, patients' families, society and the government should be taken.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0572

### Decision making in structure of self-regulation of persons with mental disorders at assessment of capacity

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The paper is based on the conception of Luria's neuropsychological theory, the conception of self-regulation (Nikolaeva V.V.), the model of decision making (Kornilova T.V.), methodological basis of psychological and psychiatric assessment of capacity of The Serbsky State Scientific Center for Social and Forensic Psychiatry (Kharitonova N.K.).

**Research goal** To study neuropsychological factors in persons with mental disorders who are involved in forensic assessment of capacity and find out correlation between decision-making and neuropsychological factors.

**Research subject** The three levels of self-regulation (the level of regulation of mental status, the operational level, the motivational level) and the role of decision making in this structure in persons with mental disorders who are involved in forensic assessment of capacity.

**The research methods** Neuropsychological methods by Luria A.R., patopsychological methods for assessment Higher Psychological Functions (Zeigarnik B.V.), Melbourne decision making questionnaire (a Russian adaptation, Kornilova T.V.).

According to Luria's neuropsychological theory, series of the basic neuropsychological methods include: (1) determine arithmetic task using an algorithm, (2) tests for study of praxis and gnosis, (3) tests for study of memory and attention, (4) test for study of comprehension of logical-grammatic expressions.

**Results** – The three levels of self-regulation correspond to the three functional brain's areas (according to Luria's neuropsychological theory)

– Decision making correlation with factors of the third brain's area (the frontal lobe)

**The conclusions** Our research considers neuropsychological factors like possible medical criterion for assessment of capacity.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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#### EV0573

### Spitefulness and psychopathy: A contribution for an Italian adaptation

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**Introduction** Psychopathy has been individuated as an important predictor of criminal recidivism. As a consequence, a growing number of studies has examined factors associated with psychopathic traits in criminal population. While spitefulness has been associated with a range of destructive behaviors, there is a paucity of instruments that evaluate the spitefulness (Marcus & Zeigler-Hill, 2015).

**Objective** Testing the validity and reliability of an Italian version of the Spitefulness Scale.

**Aims** Correlate Spitefulness Scale scores and other indices of psychological functioning. We recruited an offenders sample ( $n=400$ ) and a community sample ( $n=400$ ). We administered the Spitefulness Scale (Marcus, 2014), along with the following measures: Dirty Dozen (Carmines & Zeller, 1979), Aggression Questionnaire (Buss & Perry, 1992), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), and SRP (Hare, 1980).

**Results** Offenders participants showed higher levels of spitefulness. Further, the construct validity of the scale was confirmed by associations with measures of psychopathy, emotion dysregulation, and interpersonal problems.