

these expertise concern interdiction/inhabilitation processes. Mental retardation is the more prevalent diagnosis, and the great majority of the cases were interdicted.

Conclusions In Portugal, the law has been applied in order to safeguard the economic assets of mentally retarded individuals, but not in order to promote their social integration and autonomy.

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EV679

Patterns of long acting injectable antipsychotic prescription during criminal acts in a Portuguese psychiatric hospital

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Introduction Under the Portuguese law, criminal offenders that are designated as non-criminal responsible – “inimputáveis”, similar those in the United States of America found “not guilty by reason of insanity”, are forced to be committed to inpatient forensic units either in psychiatric hospitals or prison hospitals for mandatory security measures.

Objectives/aims To evaluate if patients committed in a regional forensic inpatient unit (RFIU) who had a psychiatric history preceding the crime, were under long acting injectable antipsychotic (LAIA) in during the period of the crime.

Methods During September/October 2015, patients committed to the RFIU in Centro Hospitalar Psiquiátrico de Lisboa were characterized using medical and court records regarding clinical and demographic variables. The type of crime and previous number of criminal acts were also accounted for.

Results We included 33 patients in the study. During time of the crime, 25 patients (75.8%) had history of previous psychiatric appointments, with an average of 3 commitments to the psychiatric inpatient units. The majority ($n = 17$; 68%) had a diagnose of “schizophrenia, schizotypal and delusional disorders” (F20–29; ICD 10) and committed “crimes against life” ($n = 13$; 52%). They had an average of 0.8 previous criminal acts. During the crime, 7 patients (28%) were taking LAIA. Those, 16% ($n = 4$) were doing an unknown antipsychotic and 12% ($n = 3$) were doing Haloperidol.

Conclusions Despite several studies showing the clinical and rehabilitative benefit of using LAIA early in the disease course, most of the patients in our study, who were already being followed in outpatient psychiatric units, did not benefit from them.

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DSM-5 clinical/legal challenges regarding the USA's death penalty

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Introduction In May 2013, the American Psychiatric Association (APA) published the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* in order to bring America's clinical professionals in concert with the World Health Organization's (WHO) international classifications, notably the ICD-10-CM. This effort was met with considerable resistance and changes were delayed until November 2015. Major social-cultural differences between the United States

and its European and other North American partners (Canada and Mexico) poses challenges in critical forensic areas such as the clinical/legal assessment of death qualified offenders – a status unique to the USA.

Objective/aims To articulate the clinical/legal differences between the previous DSM's (III; III-R; IV) and the DSM-5 and how the new language provides greater ambiguity in defining the mental status requirements for *Mens Rea* – competence to understand one's actions.

Methods Present the major legal issues surrounding the US death penalty and brought before the US Supreme Court including: Furman v. Georgia (1972); Greg v. Georgia (1976); Jared v. Texas (1976); Proffit v. Florida (1976); Adkins v. Virginia (2002); Roper v. Simmons (2005); Miller v. Alabama (2012): ... and legislative actions such as Rosa's Law (Public Law 111-256; 2010).

Results/conclusions Advocacy groups pushed Rosa's Law to mental retardation with – intellectual and developmental disability. This change is reflected in the DSM-5 whereby mental retardation (MR) was once relegated to axis II, is now classified under intellectual disabilities (ID) given the impression that it is a transitory (correctable) and not a fix (organ disability) clinical condition.

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When patients with paranoia commit medicolegal acts: A descriptive study

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Patients with paranoia have always been an attractive and redoubtable group of mentally ill to mental health professionals. In fact, beyond complex psychopathology and relatively better functioning, these patients do represent a real threat to themselves and their presumed persecutors.

Objectives To explore criminological aspects of medicolegal acts committed by patients with paranoia.

Methods We conducted a retrospective and descriptive study, based on medical charts consult. Were included, patients suffering from paranoia (persistent delusional disorder: jealous/persecutory/erotomania type, DSM-IV), hospitalized in the forensic psychiatry department of Razi hospital between 1995 and 2015. This psychiatry department provides medical care for male patients not held by reason of insanity, according to article 38 of the Tunisian Criminal Code. Patients' socio-demographic characteristics were collected as well as criminological details of their acts of violence (victim, weapon type, crime scene, premeditation...).

Results We collected 23 patients. Delusional disorder types were: jealousy (17), persecution (4), erotomania (1) and claim (1). The majority was married (18), undereducated (17), with irregular work (13). Forensic acts were uxoricide (15), attempted murder (5), violence against people (2) and destruction of public properties (1). Patients used bladed weapon in most of the cases (13), in the victim's residence (19), with premeditation in (17) of the crimes. Nine patients reported their act of violence to the authorities.

Conclusion Our results do expose further data concerning potential dangerousness of patients with delusional disorders, and by that invites mental health professionals to prevent these acts with screening for violence predictors and risk factors.

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