

psychiatric and psychological interview for the assessment of their mental status.

Therefore, it is possible to analyse the forensic psychiatric profile of the triad usually involved in this type of offenses.

The most important conclusions are:

1. A high proportion of offenders do not present mental disorders.
2. Among those with mental problems:
 - The most frequent diagnostic category is personality disorder.
 - Only few of them are diagnosed with major mental disorder.
3. Accused of rape and accused of dishonest abuse present different demographic, socioeconomic and psychiatric characteristics.
4. A very high percentage of offenders could appreciate the criminality of their act at the time of the crime and could conform their conduct to the requirements of the law.
5. Victims of sexual abuse are at high risk due to age, sex and high prevalence of major mental disorders.

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THE WESSEX RECENT INPATIENT SUICIDE STUDY: 1. CASE-CONTROL STUDY OF 234 RECENTLY DISCHARGED PSYCHIATRIC INPATIENT SUICIDES

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Psychiatric patients have a higher suicide risk after hospital discharge. We aimed to identify social, clinical and healthcare delivery risk factors in recently discharged patients. A retrospective, matched case-control study was undertaken of patients admitted to a psychiatric hospital between 1988 and 1996. Case notes of 234 patients who died within one year of discharge and 431 controls, matched for age, sex, diagnosis and admission period were reviewed, using operationally defined criteria, to identify suicide risk factors. Odds ratios (OR) were calculated using conditional multiple logistic regression. Independent increased risk factors were: not being white (OR = 2.22, $p = 0.039$); living alone (1.87, $p = 0.006$); history of deliberate self-harm (4.09, $p < 0.001$); suicidal ideation precipitating admission (1.93, $p = 0.005$); hopelessness (1.82, $p = 0.035$); admission under different consultant (1.56, $p = 0.042$); onset of relationship difficulties (4.89, $p = 0.033$); loss of job (7.88, $p = 0.002$); inpatient DSH (2.57, $p = 0.050$); unplanned discharge (2.73, $p < 0.001$); significant care professional leaving/on leave (16.82, $p < 0.001$). Reduced risk factors were: shared accommodation (OR = 0.28, $p = 0.014$); delusions at admission (0.48, $p = 0.014$); misuse of non-prescribed substances (0.39, $p = 0.023$); and continuity of contact (0.63, $p = 0.050$). One third of suicides occurred within the first month after discharge. Continuity of contact may reduce suicide risk, but discontinuity of care from a significant professional is associated with an increased risk of suicide. It is possible to identify factors associated with the outcome of suicide in recently discharged patients, but the utility of these factors remains uncertain.

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THE WESSEX RECENT INPATIENT STUDY: 2. CASE-CONTROL STUDY OF 59 INPATIENT SUICIDES

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Psychiatric patients have an elevated risk of suicide whilst in hospital. The Wessex recent Inpatient Suicide Study (WRISS) was designed as a retrospective case-control study to compare

the social, clinical and healthcare delivery factors in inpatient and outpatient suicides and their controls. Case notes of 59 patients and 106 controls, matched for age, sex, diagnosis and admission date, were reviewed. Odds ratios were calculated using conditional multiple logistic regression. Seven independent factors were associated with an increased risk of suicide: History of deliberate self harm prior to admission (OR = 2.59, $p = 0.090$); admission under the Mental Health Act (49.83, $p = 0.001$); Involvement of the police at admission (4.59, $p = 0.071$); depressive symptoms elicited on admission (23.45, $p = 0.001$); Going absent without leave whilst in hospital (13.05, $p = 0.004$); violence towards property during hospital stay (10.13, $p = 0.016$); significant professional leaving/being on leave (17.51, $p = 0.003$). When compared to outpatient suicides, inpatients were more often female, and had a psychotic illness. Unlike the outpatient suicides social factors were not found to be significant. The characteristics of inpatient and outpatient suicides differ, the inpatients showing greater signs of personal turmoil. Restricting access to potentially fatal methods may prevent some deaths. Identified risk factors have relatively low sensitivity and specificity, and the findings require confirmation in a prospective study.

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SUBJECTIVE RESPONSE TO ANTIPSYCHOTIC TREATMENT AND COMPLIANCE IN SCHIZOPHRENIA. A NATURALISTIC STUDY COMPARING OLANZAPINE, RISPERIDONE AND HALOPERIDOL (EFESO STUDY)

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Objective: To compare subjective response and compliance of olanzapine-treated patients and patients treated with other antipsychotics in an observational prospective study (EFESO).

Methods: Outpatients entered the study when they received a new prescription of an antipsychotic drug. Patients treated with olanzapine ($n = 2128$), risperidone ($n = 417$) and haloperidol ($n = 112$) were included in the analysis. Subjective response was measured using the 10-item version of the Drug Attitude Inventory (DAI-10). Treatment compliance was measured using a physician-rated 4 point categorical scale. Subjective response and compliance were compared between the treatment groups. Data were collected at baseline and after 3 and 6 months.

Results: Overall mean doses were respectively 13 mg, 5.4 mg and 13.6 mg for olanzapine-, risperidone- and haloperidol-treated patients. All three groups had a positive subjective response to treatment. Olanzapine-treated patients had significantly higher DAI-10 score compared to both risperidone- and haloperidol-treated patients at 3 months ($p = 0.003$ and $p < 0.001$ respectively) and at 6 months ($p < 0.001$ vs risperidone and haloperidol). Risperidone-treated patients had a higher DAI-10 score compared to haloperidol-treated patients at both 3 months and 6 months ($p = 0.003$). Olanzapine-treated patients had significantly better treatment compliance compared to both risperidone- and haloperidol-treated patients at 6 months ($p = 0.001$ and $p = 0.022$ respectively).

Conclusion: Despite the limitations of an observational study, these results suggest that in routine clinical practice, olanzapine-treated patients exhibit a superior subjective response and compliance compared to risperidone- and haloperidol-treated patients.