

Results and Conclusion: Since the Act was enacted last year, this one year research remains as a short term monitoring targeting a few cases. In this report, evaluation and progress of treatment of the subject will be presented with the information relevant to the mental illness and the judicial system exposed by collected various kinds of data. From this information, we outline the current situation and issues in this legal system and shows the usability of the result from this monitoring research.

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Objectification of the diminished responsibility criteria

I.M. Oushakova. *Serbsky Research Centre for Social and Forensic Psychiatry, Moscow, Russia*

The aim of the study is objectification of the diminished responsibility criteria.

Methods: Clinical psychopathological, statistical analysis.

Results: Decision of diminished responsibility in 70% of patients was connected with assessment of the severity of disorder, that were mainly psychopathic and organic syndromes non specific in relation to forensic psychiatric decision. There is a need in non-clinical parameter helpful to assess a tendency of psychopathological condition. The social adjustment indices found out to be such a parameter. The indices included: educational level; employment and its concordance with patient's education; registration at the dispensary (outpatient mental health clinic); number of inpatient treatment; marital status, family relationships, patient's position in a group of reference. The study has shown the lower level of social adjustment in the group of diminished responsible patients. They were more often registered at the dispensaries and had a history of inpatient mental health treatment. They were low educated and engaged in lower paid and low qualification job. More than 50% did not have family.

Thus, assessing the patients with clinically similar parameters it is necessary to take into account the social adjustment parameters to objectify the forensic psychiatric decision.

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Do psychiatric patients improve their competence to consent involuntary hospitalisation after an admission?

M.P. Presa, D.F. Fraguas, S.T. Terán, E.C. Chapela, J.P. De La Peña, A.C. Calcedo, F.G. García. *Psiquiatría, Hospital Gregorio Marañón, Madrid, Spain*

Introduction: There is hardly any research work on the evolution of a psychiatric patient's competence throughout his/her stay in hospital. This (fact) prompted our team of professionals to consider the importance of studying this evolution and trying to determine the variables affecting the improvement of that competence.

Objectives: Competence to consent to hospitalization has important clinical and ethical implications. However, there are no follow-up studies that evaluate the improvement on competence during psychiatric hospitalization. The authors sought to determine whether patients admitted to a psychiatric ward as incompetent to consent to hospitalization improve their competence during hospitalization.

Method: A total of 160 consecutively admitted patients were administered the Competence Questionnaire (CQ), a structured scale designed to assess competence to consent to psychiatric hospitalization. CQ was administered both upon admission and at discharge. Severity and acuity of the psychiatric disorder were assessed with the

Severity of Psychiatric Illness Scale (SPIS) and the Acuity of Psychiatric Illness Scale (APIS).

Results: Of the 160 assessed patients, 70 (43.8%) were rated incompetent. 45 of these 70 incompetent patients completed the admission to discharge follow-up. 21 of these 45 patients (46.6%) remained incompetent at discharge. Participation in the treatment process was the only variable which predicted improvement on competence during hospitalization. Severity of psychiatric illness at admission did not predict improvement on competence.

Conclusions: Nearly half of the patients admitted incompetent in an acute inpatient ward remained incompetent at discharged.

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Nature and nurture influence later-life violence: serotonergic genes and childhood adversity

A. Reif¹, M. Roesler², C.M. Freitag³, M. Schneider², C. Kissling⁴, A. Eujen¹, D. Wenzler², C.P. Jacob¹, P. Retz-Junginger², J. Thome⁴, K.P. Lesch¹, W. Retz². ¹*Clinical and Molecular Psychobiology, Department of Psychiatry and Psychotherapy, University of Wuerzburg, Wuerzburg, Germany* ²*Institute for Forensic Psychology and Psychiatry, University of The Saarland, Saarbrücken, Germany* ³*Department of Child and Adolescent Psychiatry, University of The Saarland, Saarbrücken, Germany* ⁴*Department for Psychiatry, The School of Medicine, University of Wales, Swansea, United Kingdom*

We investigated the contribution of polymorphisms shown to moderate transcription of serotonin transporter (5HTT) and monoamine oxidase A (MAOA) to the development of violence, and furthermore to test for gene x environment interactions. To do so, a cohort of 184 adult male volunteers referred for forensic assessment were assigned to a violent or non-violent group. 45% of violent, but only 30% of non-violent individuals carried the low-activity, short MAOA allele. In the violent group, carriers of low-function variants of 5HTT were found in 77%, as compared to 59%. Logistic regression was performed and the best fitting model revealed a significant, independent effect of childhood environment and MAOA genotype. A significant influence of an interaction between childhood environment and 5HTT genotype was found (Fig. 1). MAOA thus appears to be independently associated with violent crime, while there is a relevant 5HTT x environment interaction.

