

psychiatric services did not address patients' problems with violence.

### S11.02

From general to forensic psychiatry and back

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**Problem:** As in other European countries, in the German State of Hessen during the last two decades the number of forensic beds has dramatically increased. From General to Forensic Psychiatry: This increase is a response to violent behaviour by male patients with severe mental illness who previously had been treated in general psychiatry. In Hessen, during the period 1990 to 2005 the number of admissions to forensic hospitals of patients suffering from functional psychoses increased by 118% while the number of patients suffering from other disorders rose by only 18%. Forensic Psychiatric Treatment: Patients with functional psychoses who are admitted to forensic hospitals present antisocial personality traits, long standing mental health and substance misuse problems, and a history of both violent and non-violent criminal activities. In order to meet the complex treatment needs of these patients treatment components which address each of their multiple problems have been implemented. From Forensic Psychiatry back to the community: A forensic mental health service that uses state-of-the-art methods in assessing and managing their patients is able to cope with an increased burden: In Hessen, the average length of inpatient care for patients with functional psychoses has decreased by one year, while the number of discharges increased by 122%. In order to maintain treatment successes it is necessary to discharge these patients into pro-social environments. Furthermore, legal powers to ensure compliance with all aspects of treatment once the patient is discharged into the community have proven to be a key factor in reducing re-offending.

### S11.03

Re-institutionalisation of the severely mentally ill - who or what is to blame?

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The prejudice of the outstanding dangerousness of individuals with severe mental illness is one of the major reasons for the special position of psychiatry among the several medical disciplines. The mental health reforms initiated during the second half of the 20th century had the principal aim to move the locus of treatment and care from the big mental hospitals into the community and to strengthen the patients' civil rights - so reducing stigmatization and 'normalizing' the aforementioned special position of psychiatry. Despite all doubtless improvements for the majority of mental patients every European country is reporting on rapidly growing admission rates of mentally ill offenders to forensic hospitals. A possible association with the introduction of mental health reforms is under continuous discussion.

It will be shown that not single details of the reforms but, rather, the changed attitude towards a subgroup of severely mentally ill subjects being at higher risk of violence could be the crucial issue. These patients hamper the desired 'normalization' of the position of psychiatry, and, in fact, modern community care hardly offers sufficient treatment options for them.

The basis for this development may lie in the societal changes of the last decades. Today, we do dispose of the 'technical' (financial, pharmacological) preconditions for the treatment of severely mentally ill patients. However, the emotional preconditions of society and its representatives seem to be only insufficiently developed. Therefore, forensic hospitals are in danger to take over the role of the old psychiatric asylums.

## Symposium: Delirium in the elderly

### S58.01

Risk factors for delirium in the elderly after coronary artery bypass(CABG)

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Coronary artery bypass grafting (CABG) is a worldwide used myocardial revascularization procedure, which despite the modern advantages still has a spectrum of complications, especially in old age population.

The relatively old age of the patients who undergo CABG and their widespread atherosclerotic disease are possible reasons for vascular sequels leading to neurological and psychic dysfunctions. Delirium in the elderly after CABG surgery is common, according to some authors and our investigation, is detected in about 20- 34% causes and is often under-diagnosed. Its occurrence may be predisposed by a history a stroke and precipitated by a longer duration of cardiopulmonary bypass.

Increasing age, blood urea level, cardio-thoracic index, hypertension, smoking habits, blood replacement during bypass, atrial fibrillation(AF), pneumonia and blood balance in the post-operative period are the main risk factors for delirium. No specific factor associated with the CABG (eg. perfusion pressure, number of grafts) is correlated with increased risk for delirium post-operatively.

The number of studies (and our observations) have shown that patients in whom delirium develop have more complication rates, longer hospital stays, an increased rates of transfer to rehabilitation or long -term care facilities.

Finally, the identification and control of the risk factors for delirium should bring a decrease in delirium morbidity and mortality.

### S58.02

Delirium and suicidal behaviour in the elderly

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Suicide rates in elderly people have been high, worldwide. Suicide in elderly people is multifactorial. Mood disorders, physical illnesses, and previous suicide attempt, has been associated with increased risk of suicide in elderly people. Delirium or acute confusional state, also, has been proposed as a risk factor. Delirium is characterized by a disturbance in consciousness, change in cognition, perceptual disturbances, and often has multiple underlying causes. Delirium is often undetected or misdiagnosed, and is difficult to evaluate suicidal thoughts and intent in delirious patients. There is a debate in the medical literature concerning the role of delirium as a risk factor of suicidal behaviour. It has been proposed that, confusional state