

expansion (axonal degeneration) and brain atrophy. DAI topography determinates the cognitive disfunction pattern yet underestimated in conventional neuroimaging. Diffusion-Tension-Imaging (DTI) may be valuable to outcome predictions in m/sTBI: structural disconnection within the Default Mode and the Salience Networks are linked to attention and executive impairments; hippocampus and fornix damage correlates with memory/learning impairments. Conversely, DTI findings can be misleading in mild TBI (mTBI), and case-by-case analysis seldomly prove its scientific validity.

Conclusions: To elaborate formulations within reasonable medical certainty, outcome predictions should not be made until at least six months following the TBI, considering that most mTBI symptoms resolve in few months, and up to 1-½ years, when m/sTBI neuropathologic changes stabilize. The neurobiological underpinnings are fundamental for causality formulations, however atypical outcomes in mTBI are frequently predicated upon non-brain-injury psychiatric conditions and psychosocial factors.

Disclosure: No significant relationships.

Keywords: traumatic brain injury; neuropsychiatric sequelae; civil litigation; diffuse axonal injury

EPV0326

Simulation of huntington's disease in forensic psychiatry: Case report

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Introduction: Huntington Disease (HD) is an autosomal-dominant, neurodegenerative disorder, with a progressive course, that typically involves a triad of cognitive, motor and psychiatric disorders. Its pathogenic mechanisms are not fully understood, although a faultily encoded version of the protein huntingtin—resulting from a cytosine-adenine-guanine (CAG) trinucleotide expansion in the HTT gene—has been shown to cause intracellular toxicity in neural tissue. Patients usually presents with prodromic psychiatric perturbances, such as depression, delusions or personality changes. Occasionally HD gives rise to criminal behavior.

Objectives: To understand HD clinical presentation and underlines the differential diagnosis. We present a case of a 31-year-old male offender, whose mother was diagnosed with HD, and during his forensic-psychiatric evaluation, HD was considered, but not confirmed.

Methods: Case report.

Results: A 31-year-old male offender was under a forensic-psychiatric evaluation due to a crime of domestic violence, after he discovers that his wife had an affair. He reports previous personality changes and depression, and compares himself with his mother, stating she was diagnosed with HD due to psychiatric prodromic disturbances. He shows concern about having a disease, and was waiting for genetic test result. After a clinical evaluation, and despite a family history of HD and genetic suspicion, it was important to consider differential diagnosis. The case refers to a passionate crime, which attempted to simulate a HD, considering his genetic background.

Conclusions: Psychometrically identifiable features in HD appear to be important in the context of analyzing circumstances occasioning criminal acts, but the medical history is the most important part of the examination.

Disclosure: No significant relationships.

Keywords: Personality; forensic psychiatric; Huntington Disease; violence

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Psychological induction of the child: Cognitive, emotional and behavioral diagnostic markers

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Introduction: One of the tasks of the forensic assessment of family disputes is to establish the fact that a child is set up by one parent against another.

Objectives: Identification of diagnostic markers of psychological induced state in a child due to purposeful actions of a parent living together with him.

Methods: A continuous one-step analysis of the results of forensic assessments on family disputes was carried out in respect of 48 girls and 67 boys aged 3 to 15 years (mean age 7.9 ± 4.5 years). The objective materials presented by the court were analyzed in comparison with the results of a structured interview. The statistical significance of any differences were evaluated using the non-parametric Mann-Whitney (U).

Results: Persistent negative attitude to one of the parents was found in 14% of children. Markers of the induced state at the cognitive level were identified: negative semantic attitudes ($U=477.1$; $p=0.014$), distorted image of the rejected parent ($U=509.5$; $p=0.023$), transformation of memories ($U=389.5$; $p=0.001$). At the emotional level: persistent negative attitude to one of the parents when idealizing the second ($U=371.1$; $p=0.001$), emotional involvement of the child in the family conflict ($U=556.6$; $p=0.048$). At the behavioral level: declaring a stable set of stereotypical "adult" phrases ($U=387.3$; $p=0.001$), regressive behaviors and manifestations of stress in the presence of a rejected parent ($U=601.5$; $p=0.04$). Markers on all three levels must co-exist.

Conclusions: There are diagnostic markers of the induced state in a child, which verify the forensic conclusion about the negative impact on his mental state of the parent-inducer.

Disclosure: No significant relationships.

Keywords: induced state; high-conflict divorces; children's interests; forensic examination

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Multidirectional (auto- and hetero-) aggression in the practice of forensic psychiatry

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