

of ADHD ( $F=4.16$ , 2df,  $p=.01$ ). The 5-HTTLPR was not associated with adult ADHD ( $F=2.11$ , 2df,  $p=.12$ ). However, a trend was noted between severity of ADHD and ALE moderated by 5-HTTLPR: Patients with the l/l genotypes were less severely affected with ADHD symptoms when they experienced fewer or moderate ALE than patients with s/s genotypes, although this relationship was not seen in patients with highest ALE scores ( $F=2.47$ , 4df,  $p=.05$ ). Our preliminary findings suggest that the 5-HTTLPR may moderate the association of ALE with ADHD symptoms severity.

Tuesday, April 5, 2005

## P-16. Poster session: Personality and behavioural disorders

*Chairperson(s)*: Constantin Soldatos (Athens, Greece), Gil Zalsman (New York, NY, USA)  
18.00 - 19.30, Gasteig - Foyers

### P-16-01

Haplotype association study between DRD1 gene and parasuicide in bipolar disorder: Analysis of two samples from Canada and Sardinia

V. De Luca, V. De Luca, G. Severino, X. Ni, P. Picardi, A. de Batolomeis, A. Squassina, G. Muscettola, J. L. Kennedy, M. Del Zompo, D. Congiu. *University of Toronto Psychiatry, Toronto, Canada*

**Objective:** Dopaminergic neurotransmission has been implicated in suicidal behaviour.

**Methods:** In our study, three SNPs of the DRD1 gene, -800T/C, -48A/G, and 1403T/C, were analyzed in 81 trios with at least one Bipolar patient that attempt suicide from Toronto and 31 attempters within a sample of 206 bipolar patients from Sardinia. Both the transmission disequilibrium test (TDT) and allele case-control association were performed on the genotype data to test for the presence of linkage disequilibrium between DRD1 and suicide attempt as phenotype. With the haplotype transmission disequilibrium test and haplotype case-control association (COCAPHASE), we also calculated the haplotype frequencies in Bipolar patients with and without suicide attempt.

**Results:** Although no allele association was found in the Toronto trios and in Sardinia sample, the trend in the two samples had the same direction for all three SNPs, furthermore when we combined the two samples we found significant association for -1403C ( $p=0.05$ ). When we look at the haplotypes we found that the global chi-sq was not significant in both sample, however the haplotype -800C/-48G/+1403C was highly significant  $p=0.0006$  with a Relative Risk of 5.6 in the combined sample.

**Conclusion:** These results indicate that the -800C/-48G/+1403C haplotype in DRD1 gene may play a role in the aetiology of parasuicide in bipolar disorder patients.

### P-16-02

Correlates of platelet serotonin transporter binding, serotonin transporter promoter polymorphism, and clinical phenotype in ashkenazi suicidal adolescent

G. Zalsman, G. M. Anderson, M. Peskin, A. Frisch, L. Giner, R. A. King, M. Vekslerchik, E. Sommerfeld, E. Michaelovsky, L. Sher, A. Weizman, A. Apter. *Columbia Neuroscience, New York, NY, USA*

**Objective:** to investigate the relationships between the 5-HTTLPR genotype, the clinical phenotype of suicide-related traits and serotonin transporter (SERT) binding density as an endophenotype in a population of psychiatric inpatient adolescents

**Methods:** Sixty Jewish Ashkenazi origin patients admitted over a period of two years to the adolescent psychiatric department were divided into those with recent suicide attempt ( $n=32$ ) defined as having a score  $\geq 3$  in the Suicide Potential Inventory (SPI), and non-suicidal control group ( $n=28$ ). Exclusion criteria were diagnosis of mental retardation, organic brain syndrome and non-mastery of Hebrew

**Results:** The 5-HTTLPR polymorphism was not associated with transporter binding or with suicidality or other clinical phenotypes. However, a partial correlation was performed between SERT binding and trait anxiety with controlling for the effects of state anxiety. The results showed a significant negative correlation between trait anxiety and number of platelets ( $n=32$ ;  $r=-.42$ ;  $p=.034$ ) in the suicidal group and no such correlation in the non-suicidal group. In addition, in the whole group, a significant negative correlation was found between number of platelets and the SPI score, controlling for the effects of state anxiety ( $n=60$ ;  $r=-.23$ ;  $p=.040$ ). These findings were not significant if corrected for multiple comparisons

**Conclusion:** State anxiety may be correlated with number of platelets in suicidal adolescents. These findings should be judged with caution since the sample is small. The complex relationships between suicidal behavior, anxiety, serotonin transporter genotype, transporter expression, and platelet count merit further investigation in a larger sample of adolescents and adults.

### P-16-03

Identification of differentially expressed genes in the brains of suicide victims; a microarray analysis

A. Thalmeier, I. Giegling, I. Dietrich, B. Schneider, H. Bratzke, A. Schnabel, K. Maurer, H. Möller, D. Rujescu. *University of Munich Psychiatry, Munich, Germany*

**Objective:** Suicide is a major public health problem, causing more than 10.000 deaths in Germany each year. Adoption and family studies indicate that suicidal behaviour has a heritability of about 40-60%, but the responsible genes have yet to be identified.

**Methods:** We conducted a large-scale gene expression analysis using cDNA-microarrays to identify new candidate-genes for suicide. RNA was isolated from post mortem brain tissue of subjects who died by suicide and control subjects who died from other causes. The two groups were matched by tissue-pH, age, gender and post mortem interval. RNA quality and integrity was assessed by evaluation of the 18S and 28S ribosomal units. The quantity was measured by determination of absorbance at 260 nm and a RiboGreen assay. After reverse transcription, the obtained cDNA was fluorescently labelled and hybridized to cDNA arrays.

**Results:** We found several genes to be differentially expressed in the cortex of suicide completers.

**Conclusion:** Cross-validation experiments using quantitative RT-PCR are under way.

**P-16-04**

Neurotrophin levels in postmortem brains of suicide victims: Effects of ante mortem diagnosis and psychotropic drugs

F. Karege, M. Schwald, N. Perroud, G. Vaudan, R. La Harpe. Geneva University Hospitals Neuropsychiatry, Chene-Bourg, Switzerland

**Objective:** Suicide is a major public health problem but its biological basis is not yet understood. The present investigation was undertaken to examine whether there is abnormality in the brain neurotrophin levels (BDNF and NT-3 protein) of suicide victims. The effect of diagnosis and antidepressant (AD) and antipsychotic (AP) drugs on neurotrophins was also examined.

**Methods:** Thirty suicide victims (10F/20M) and twenty-four non suicide subjects (10F/14M) were examined for brain BDNF and NT-3 levels. Antemortem diagnosis and toxicological analysis were performed. Drug-free non suicide controls were used. Three brain areas, the ventral prefrontal cortex (PFC), the hippocampus and the entorhinal cortex were examined. BDNF and NT-3 levels were assayed with Western Blot and ELISA techniques.

**Results:** Results indicated a significant decrease of BDNF levels in hippocampus and PFC, but not in entorhinal cortex, of drug-free suicide victims. In drug-positive suicide victims BDNF levels were not significantly different from controls. A decrease in NT-3 levels was also observed in hippocampus, but not in PFC and entorhinal cortex, of only drug-free suicide victims, regardless of diagnosis

**Conclusion:** These results suggest a role of BDNF and NT-3 in pathophysiology of suicidal behavior per se. This role may involve, anatomically, the hippocampus and the PFC but not the entorhinal cortex. The lack of change in BDNF and NT-3 levels of drug-treated suicide suggests that both neurotrophins are targets of AD and AP drugs. A better understanding of the neurobiology of suicide can help to detect at risk populations.

**P-16-05**

Suicide Among Viennese Minors: 1946-2002

K. Dervic, F. Elisabeth, M. H. Friedrich. Medizinische Universität Kinderpsychiatrie, Wien, Austria

**Objective:** Studies investigating a phenomenon of suicide among children and adolescents throughout a longer time period are rare. This study analysed suicide cases among Viennese minors ( $\leq 19$ -years-old) during the time span of over 50 years.

**Methods:** Viennese children and adolescent suicide cases from 1946 through 2002 ( $n=683$ ) were investigated in terms of trends, gender and age differences as well as suicide methods using data from Austria National Statistics.

**Results:** Overall minors' suicide rate in Vienna was found to be decreasing over time. Suicide was more common among boys than among girls (63.4% vs. 36.6%, respectively), as well as among adolescents (15-19-years-old) than among children ( $\leq 14$ -years-old) (87.4% vs. 12.6%, respectively). Significant changes in the choice of suicide methods over time were found ( $p<.001$ ). There were also significant gender ( $p<.001$ ) and age ( $p=.003$ ) differences with regard to the choice of suicide method.

**Conclusion:** A decrease of suicide cases among minors in Vienna was found. Furthermore, choice of suicide methods showed also changes through the study time. The findings will be discussed in context of their implications for youth suicide prevention.

**P-16-06**

Attitudes towards suicide in Hungarian and Austrian adolescents

J. Csorba, K. Dervic, S. Rozsa, M. Kleinman, G. Lenz, T. Akkaya-Kalayci, L. Tringer, M. H. Friedrich, M. S. Gould. ELTE Univ. of Sciences Faculty of Special Education, Budapest IX., Hungary

**Objective:** The attitudes towards suicide of Central European secondary school pupils, whose suicide rates are concerning, has rarely been studied. Present study compared suicide attitudes of Hungarian and Austrian adolescents.

**Methods:** 96 Hungarian (mean age 17.1 years) and 214 Austrian (mean age 15.5 years) secondary school pupils were surveyed using a self-report questionnaire to assess their suicide attitudes and prevalence of risk factors for suicide.

**Results:** Secondary school pupils in the two countries did not differ significantly on the prevalence of suicide risk factors, such as depression, substance use, exposure, suicidal ideation and suicide attempt, but they differed in gender and age. After controlling for confounders, significantly more Hungarian adolescents attributed an antidepressant effect to drugs and alcohol than their Austrian peers (24% vs. 10.7%,  $p<.001$ ). The attitude that people who talk about suicide do not commit it, was also more prevalent in Hungary (76% vs. 44.9%,  $p<.001$ ). Hungarian youth were also more likely to endorse suicide as a possible solution to problems than Austrian youth (24% vs. 19.6%,  $p<.05$ ). As for help-seeking attitudes, Hungarian adolescents were less likely to advise a hypothetical suicidal friend to see a mental health professional (47.9% vs. 68.7%,  $p<.001$ ) and call a hotline (15.6% vs. 26.2%,  $p<.05$ ), and more likely to talk to friend alone (75.0% vs. 50.5%  $p<.001$ ).

**Conclusions:** The results of this study show more undesirable and maladaptive suicide attitudes in Hungarian adolescents than their Austrian peers, which may be attributed to cultural differences between two countries. However, the results in both countries highlight an obvious need for addressing adolescents' maladaptive attitudes towards suicide as a part of public health strategies in youth suicide prevention.

**P-16-07**

Psychological autopsy suicide during the period of 1998-2003: typical profile soldier's suicide completer

G. Dedic, D. Kolundzic, O. Milinkovic-Fajgelj, M. Cabarkapa, M. Panic. Military Medical Academy Mental health, Belgrade, Serbia + Montenegro

**Objective:** Suicide has been subjected to a myriad of empirical and theoretical explorations, both in civilian and in military population, which have attempted to explicate its occurrence as a sociobehavioral phenomenon. The aim of this study was to investigate the typical profile soldier's suicide completer.

**Methods:** 23 cases of soldiers' suicide completers were examined by way of a psychological autopsy during the period of 1998 to 2003.

**Results:** Suicide rates in the Army of Serbia & Montenegro, during the period of 1998-2003, was 5-6. Suicide features in the army occurred on two typical ways: 2/3 within military compound, during guard, firearms used, and 1/3 out of premises, by hanging or other methods. Typical profile of soldier's suicide completer is: aged 21, unemployed, not married, no girlfriends; withdrawn, introvert, doesn't communicate personal problems; minor untreated somatic problems (colds, etc.); on guard, at the end of his

shift, during evening hours 8–12 p.m., while transferred to a different post, prior to holidays, or after regular leave; alone, far away, in the dark, in an isolated spot.

**Conclusion:** The results show four times less suicide rates in military environment than in civilian population for the same period. Despite successful reductions, suicide is still an important problem for military environment. Further research is necessary, predominantly to examine what risk factors of suicide are important in decreasing the suicide rates in military environment.

### P-16-08

Suicidal thinking in schizophrenic inpatients and its relationship to psychopathology

A. Gruszczynska-Mlodozieniec, A. Jarek, K. Pierzgalska. *Institut of Psychiatry 3th Department of Psychiatry, Warsaw, Poland*

**Objective:** The InterScPT Scale for Suicidal Thinking (ISST) is a new instrument for the assessment of current suicidal ideation of patients with schizophrenia (Lindenmayer 2003). The aim of the study was to define which symptom dimension (aggression, anxiety, depression and psychosis) of schizophrenia correlate with ISST scores in hospitalised schizophrenic patients.

**Methods:** Forty inpatients with ICD-10 schizophrenia or schizoaffective psychosis were administered ISST, PANSS, Hamilton Anxiety Rating Scale (HAM-A), Calgary Depression Scale (CDSS). Each scale was administered by different rater. Extrapyramidal side effects of antipsychotic medication were assessed with Barnes Akathisia Scale (BAS) and Targeting Abnormal Kinetic Effects (TAKE).

**Results:** The mean age of the patients was  $34,3 \pm 14$  years, the mean duration of illness was  $10 \pm 9,8$  years. The mean score for ISST was  $3,4 \pm 5$ , median 1. ISST correlated positively with PANSS G6 depression item ( $R=0,39$ ,  $p<0,05$ ) and CDSS (C8) suicide item ( $R=0,49$ ,  $p<0,005$ ) as well as CDSS total score ( $R=0,47$ ,  $p<0,01$ ). We found no significant correlation of ISST with other items of CDSS including depressive mood and observed depression neither with anxiety (HAM-A) or PANSS positive, negative, disorganisation and excitement factors. ISST scores didn't correlate with BAS, TAKE.

**Conclusion:** In this sample of schizophrenic inpatients suicidal thinking was not associated with any particular schizophrenia symptoms dimension.

### P-16-09

Suicide protocol for an acute psychiatric unit

J. A. Aguado Manas, O. Segurado, R. San Miguel. *Hospital Benito Menni Dept. of Psychiatry, Valladolid, Spain*

**Objective:** To describe in detail the nursing staff protocolized duties in order to look after patients in high-risk of suicide. To improve welfare quality and security in Acute Psychiatric Unit.

**Methods:** Suicide is the most serious psychiatric incident and the principal cause of death in acute psychiatric patients. In base on clinical experience, a handbook has been prepared by the staff in order to provided some standardized guidelines about pre-suicide or suicide patients. Likewise, another Psychiatric Hospital conventions and therapeutics guidebooks published by Psychiatric International Society had been taken into account.

**Results:** Protocol content: Definitions (consummate suicide, suicide attempt, pre-suicide, para-suicide). Previous discussions

(assessment, deliberately suggestion, non-suicide agreement). Suicide emergency measures (14 items). Behaviour in case of suicide attempt (5 items), consummate suicide (6 items) and suicide outside the hospital while therapeutic permission (4 items).

**Conclusion:** Personalized service (to make and adequate vigilance it could be necessary to attend some specific aspects in order to be more careful or ease certain restrictions). Formal attention (it rules ambiguities out among asistencial staff, it guarantees a welfare quality checked with international parameters). Well-informed attention (with a very high degree of information between therapists and nursery staff just to provide protocol with necessary freedom).

### P-16-10

International comparison of Cloninger's temperament dimensions

J. Miettunen. *University of Oulu Dept. of Psychiatry, Oulu, Finland*

**Objective:** Cloninger's Tridimensional Personality Questionnaire (TPQ) and Temperament and Character Inventory (TCI) have been developed to measure temperament dimensions: novelty seeking (NS), harm avoidance (HA), reward dependence (RD) and persistence (P). Our aim is to compare the temperament dimension scores in healthy subjects between fifteen countries.

**Methods:** We used our previous Finnish normative study of TPQ and TCI to estimate correction coefficients for TPQ scales to be comparable with TCI. We also made corrections for different gender and age distributions. Normative data was available from Austria, Belgium, Finland, France, Germany, Great Britain, Israel, Italy, Japan, Netherlands, Sweden, South Korea, Taiwan, USA and Yugoslavia.

**Results:** The resulted estimated NS scores corresponding to TCI of the fifteen countries were between 17.6 and 21.5. HA scores between 12.6 and 17.6, and P scores between 3.7 and 5.6. By far the lowest mean score of the RD was in Japan (8.9), other recalculated mean scores were between 14.6 and 16.5.

**Conclusion:** Some variations were found in the temperament dimensions between countries. Most of the variations may be explained by different sample characteristics, although some corrections to avoid this were made. The low RD score in the Japanese sample may be due to cultural aspects.

### P-16-11

Personality disorders and primary care

L. de Ugarte, L. de Ugarte, R. Ojea, P. García-Parajuá, J. Iglesias García, M. Magariños, E. Baca. *Clinica Puerta de Hierro Psychiatry, Madrid, Spain*

**Objective:** To study the relationship between somatic complaints, the utilization of the health care resources and personality disorders in a sample of primary health care population.

**Methods:** 137 consecutive primary health care patients without known psychiatric pathology in Madrid (Spain) completed the IPDE DSM-IV screening test and the Prime-MD patient questionnaire, and also were interviewed by a general practitioner (GP) using the Spanish version of Prime-MD. Number of visits to GP during the last year, medical illnesses and treatments were also collected.

**Results:** Having high scores (cut-off point  $\geq 5$ ) in all personalities categories except schizoid personality disorder was associated with a higher amount of somatics complaints (Student-T test;  $p<0,05$ ) However a higher number of visits to GP was only

significantly related to having high scores in obsessive-compulsive and borderline personality disorders (U-Mann-Whitney test;  $p < 0,05$ )

**Conclusion:** This findings suggest that certain personality disorders or traits appears to contribute to somatic complaints and to a higher utilization of resources in primary care.

### P-16-12

Personality disorders diagnosis in psychiatric patients: comparison of DSM vs ICD criteria (preliminary data)

K. N. Fountoulakis, S. G. Kaprinis, M. Siamouli, P. Panagiotidis, S. Kantartzis, A. Iacovides. *3rd Dept. of Psychiatry Aristotle Univ Thessaloniki, Aretsou, Greece*

### P-16-13

Possible structural hippocampal alterations and HPA axis dysregulation in patients with borderline personality disorder

T. Zetsche, S. A. Tabrizi, D. Seifert, U. W. Preuss, T. Frodl, C. Schüle, H.-J. Möller, E. Meisenzahl, T. Baghai, R. Rupprecht. *Ludwig-Maximilians-University, Munich, Germany*

**Objective:** Borderline personality disorder (BPD) is characterized by clinical symptoms such as affective dysregulation, as well as disturbances of impulse control and interpersonal relationships. Previous studies have provided evidence that structural hippocampal alterations and a disturbance of the HPA axis may exist in patients with BPD. In other psychiatric diseases such as major depression a possible causal relationship between hippocampal atrophy and increased cortisol levels were postulated. In this study we want to examine if there exists a correlation between possible hippocampal atrophy and HPA axis dysregulation in patients with BPD.

**Methods:** 15 female right handed patients with BPD were examined. Patients fulfilled diagnostic criteria according to DSM IV (SKID II) and DIB (Gunderson). Patients with comorbid schizophrenia, schizoaffective disorder, actual drug abuse or eating disorder were excluded. MRT examination with a 1.5 Tesla Magnetom Vision and Dexamethason-CRH test were performed. Hippocampal borders were defined by using "region of interest" method and volume was calculated by using software program BRAINS. Data will be analysed by ANCOVA and correlation coefficients between hippocampal brain volume and cortisol/ACTH levels will be determined.

**Results:** Preliminary results will be presented.

**Conclusion:** In our study we want to detect a possible correlation between HPA axis dysregulation and hippocampal brain volume in patients with BPD. A possible causal relationship between abnormal stress regulation and alterations of limbic structures will be discussed.

### P-16-14

Neurobiology of patients with borderline personality disorder: CNS imaging, neuropsychological and clinical symptoms

T. Zetsche, K. Fast, U. W. Preuss, T. Frodl, S. Tabrizi, D. Seifert, H.-J. Möller, E. Meisenzahl. *Ludwig-Maximilians-University, Munich, Germany*

**Objective:** Borderline personality disorder (BPD) is associated with multiple symptoms, such as depressive syndromes and

disturbances of impulse control. The pathogenesis of this disorder is not yet elucidated. In recent years several studies have been published which indicate that serious neurobiological alterations exist in BPD. Volume reductions of frontal cortex areas and the limbic system have been described. In addition, abnormal cerebral activation patterns in response to emotional stimuli, disturbances of pain perception and HPA axis dysregulation have been found. In our studies we tried to detect possible structural changes in the region of the amygdala and hippocampus and to find out if they are correlated with neuropsychological and clinical symptoms in BPD.

**Methods:** 25 female patients which met DSM IV diagnosis of BPD and 25 matched controls were enrolled. SKID I and II interviews were performed. Volumetric analysis of gray and white matter was enabled by using 1.5 T magnetom vision and an especially designed software program (BRAINS, Andreasen et al., 1992). As "regions of interest" amygdala and hippocampus were defined. To evaluate depressive symptomatology the Hamilton rating scale (HAMD, 21-items) and to measure impulsive and aggressive behavior well established instruments were applied, e.g. Brown-Goodwin Life History of Aggression questionnaire (BGLHA).

**Results:** Hippocampal volume was reduced in BPD patients. An inverse correlation between hippocampal volume and increased aggression/impulsivity (BGLHA) was found. Amygdala volume was increased in BPD patients with co-morbid major depression compared to those without. There exists a positive correlation between amygdala volume and depressive symptoms (HAMD). Correlations between Imaging data and neuropsychological findings in BPD will be presented.

**Conclusion:** Our findings can indicate an increased biological vulnerability in BPD patients. On the other hand structural brain changes could be the result of an ongoing disease process. In addition, other potential causal factors such as traumatic experiences must be taken into account.

### P-16-15

Personality disorders in patients with traumatic brain injury

S. Koponen. *Turku University Hospital Department of Psychiatry, Turku, Finland*

**Objective:** The occurrence of personality disorders was studied in patients with traumatic brain injury (TBI).

**Methods:** Thirty-eight subjects were evaluated at one year after TBI. Twenty-seven out of 38 subjects (71.1%) were male, and the mean age was 42.4 years. Personality disorders were assessed with the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II). In addition, personality change due to a general medical condition, i.e. TBI, was diagnosed on a clinical basis according to DSM-IV criteria.

**Results:** Twelve out of 38 subjects (31.6%) had personality disorders detected with SCID-II. The most common disorders were antisocial personality disorder (N=4, 10.5%), obsessive-compulsive personality disorder (N=4, 10.5%), and avoidant personality disorder (N=3, 7.9%). Paranoid, schizoid, borderline, passive-aggressive, and depressive personality disorders were present in one subject each (2.6%). Personality change due to traumatic brain injury, apathetic subtype, was found in one subject (2.6%).

**Conclusion:** Personality disorders were common in patients with TBI. A part of these disorders has probably been present already before the injury, but another part can be considered per-

sonality disturbances produced by TBI. As personality disorders may cause marked disability and impair compliance with rehabilitation, a psychiatric evaluation may be needed after TBI.

### P-16-16

Pornography consumption in Denmark and associated factors

G. M. Hald. *University of Aarhus Dept. of Psychology, Aarhus C., Denmark*

**Objective:** To study gender specific differences in pornography consumption and associated factors

**Methods:** A national survey study (n=1002) on pornography consumption and associated factors was conducted using a national representative sample of young Danish adult males (n=501) and females (n=501). Statistical analysis included: Chi-Square test, t-test, ANOVA test, Mann-Whitney, Correlation analyses and Multiple Regression analysis.

**Results:** The study revealed gender specific differences in pornography consumption and associated factors. The study showed that men are exposed to pornography at a significantly younger age and consume significantly more pornography as measured by viewing time, viewing frequency and time duration since last exposure (all  $p < 0.0001$ ) than women. Significant gender differences in associated factors were limited to masturbation patterns with men masturbating significantly more than women ( $p < 0.0001$ ). Gender, frequency of masturbation, age of first exposure and tertiary education accounted for 47.7% of the total variance of pornography consumption ( $R = 0.693$ ; adjusted  $R^2 = 0.477$ ;  $p < 0.0001$ ).

**Conclusion:** The study shows that a surprisingly large proportion of young Danish adult men and women, aged 18 to 30, have been exposed to and consume pornography. The easy and anonymous availability of pornography on the Internet may account for the high numbers. However a still more liberal, relaxed and accepting attitude towards sex and pornography consumption, especially among women, may contribute equally or even be primarily responsible for the high numbers. The effects of exposure to pornography on a Danish population remain unexplored, however research into this issue is in progress.

### P-16-17

The predictive validity of risk assessment instruments for recidivism in sex offenders

C. Stadtland. *Psychiatric Hospital of the University of Munich, Munich, Germany*

**Objective:** Mental health professions seek ways to prevent sex offenders from repeating their criminal behavior by identifying the factors associated with sexual recidivism. The individual risk of perpetrators depends on several parameters which are incorporated into assessment instruments.

**Methods:** In order to evaluate the risk assessment instruments for sex offenders we compared the predictive validity of the Static-99, HCR-20, SVR-20 and the PCL-R on 134 sex offenders. The mean follow-up time was 9 years (range: 1 – 340 month), with the first entry into the official criminal records of the National Conviction Registry as the endpoint variable. As the estimate of predictive power, the area under the curve of a receiver operating characteristic (AUC of ROC) analysis was calculated

**Results:** When comparing the predictive validity of the four instruments, the results were in favor of the Static-99. As for the limited sample size, differences between the assessment instruments were, however, not statistically significant. ROC analyzes for the Static-99 shows that including treatment drop-outs does not improve the accuracy of prediction (including drop-outs:  $AUC = .710$ ) (excluding drop-outs: ( $AUC = .721$ )).

**Conclusion:** One possible reason for the moderate superiority of the Static-99 may be that it contains only static risk variables. As shown in many studies, the correlation between static risk variables and re-offending is higher in long-term follow-up studies and in studies where compliance with aftercare or continuous treatment is not controlled.

### P-16-18

Olanzapine and aggressive behavior in forensic-psychiatric patients

C. Stadtland. *Psychiatric Hospital of the University of Munich, Munich, Germany*

**Objective:** Aggression and violence is a significant clinical problem in forensic psychiatric facilities. Several drugs are apparently effective in treating pathologic aggression. The present study evaluates the influence of olanzapine on aggressive behavior in forensic-psychiatric patients.

**Methods:** A retrospective study design monitored the progress of 35 patients (schizophrenia, n=23; personality disorder, n=6; intelligence deficits, n=4, neurotic, n=1 and organic disorder, n=1) in maximum-security hospitals who were treated with olanzapine. Changes of personality since the crime were measured.

**Results:** Subjects showed a marked reduction of aggressive behavior. The insight into patients disorder and delinquency and the motivation for treatment increased, whereas impulsivity decreased.

**Conclusion:** The results suggest that olanzapine may be useful when treating severe aggressive behavior in forensic psychiatry. The authors propose possible reasons for this effect and suggest that controlled studies are needed to substantiate these preliminary results.

### P-16-19

The management of the psychomotor agitation in the Swiss emergency departments

C. Damsa, M. Kelley-Puskas, C. Lazignac, A. Cicotti, A. Andreoli. *University Hospital Geneva Emergency Psychiatry, Geneva, Switzerland*

**Objective:** This is the first study which evaluate the prevalence and the management of the psychomotor agitation (PMA) in the Swiss emergency departments (EDs), meaning a questionnaire focused on the practice of physical restraints and on the pharmacological approach.

**Methods:** We address a questionnaire for each of the 120 identified Swiss EDs on the: 1. security in the emergency room (physical coercion, professional security staff, subjective sentiment of security, etc.). 2. pharmacological management of PMA (guidelines, side effects). 3. predictive factors of PMA.

**Results:** The 40% spontaneous responsiveness rate increased at 70% after phone inquiries. Most of psychiatrists estimate that they should improve their work conditions to feel safer: 60%

ameliorating the EDs environment and 50% engaging a safety professional staff. The use of physical coercion (by 30% of EDs systematically and by 50% sporadically) is statistically correlated with more police interventions and with a greater feeling of insecurity. The most used drugs are neuroleptics (haloperidol 90%) and benzodiazepines (lorazepam 30%, diazepam 30%). Drug associations were used in 80% and 20% of cases respectively for oral and parenteral administration. Only 10% of EDs use clinical guidelines. The agitation's risk factors are psychiatric antecedents, drug addictions and masculine gender.

**Conclusion:** The systematic use of guidelines and the avoidance of physical coercion appeared as a qualitative factor in management of PMA in Switzerland, which is consistent with other European and US studies. The major prevalence of the violence in EDs need further epidemiological studies, in order to improve the care quality.

### P-16-20

Detection of Partner Violence in a Crises Intervention Unit at the University Hospital Basel

P. Hartman, E. Nyberg, P. Berger, R.-D. Stieglitz, A. Riecher-Rössler. *University Hospital Basel Psychiatric Outpatient Dept., Basel, Switzerland*

**Objective:** Evaluation of a brief modified screening instrument called Partner Violence Screen (PVS) for detecting partner violence and validate this screen in comparison to an established instrument, the Index of Spouse Abuse (ISA). Both Instruments, PVS and ISA, are for the English language validated Instruments.

**Methods:** We translated the brief violence screen and the index of spouse abuse, both originally in English, into German. We modified the original form of PVS which consists of 3 questions about past physical violence and perceived personal safety to be used in our crises intervention unit. Our modified form consists of 5 questions, the question about sexual violence and the reason for admission into the crises intervention unit were added. The PVS and the ISA were presented to all women with sufficient knowledge of the German language hospitalised during at least 1 day in the crises intervention unit during the period from 1.1.04 to 31.12.04. Of 298 female patients 119 (39%) were included. 60 female patients (34%) were excluded because of insufficient knowledge of the German language. Sensitivity, specificity and predictive values of the PVS were compared with the ISA as criterion standard.

**Results:** Based on the preliminary data prevalence of partner violence with PVS was 22,7 %. For the ISA, the prevalence rate was 21%. Compared with the ISA, the sensitivity of the PVS in detecting partner abuse was 80%, the specificity was 74,5%

**Conclusion:** Five brief directed questions can detect a large number of woman with history of partner violence.

### P-16-21

Strategies how to manage violent attacks

U. Busch-Wübbena, C. Kick, R. Kuckelsberg, J. Hinrichs. *Max-Planck-Institut/Psych, München, Germany*

**Objective:** The Subjects of violence and aggression are usually discussed under the aspect of treatment of patients against their will. What is considered less often is the fact, that violence is also directed against employees in psychiatric wards.

**Methods:** A poll among seven psychiatric hospitals received 99 responds. It turned out that 50% of the employees in secure wards have been victims of violent attacks. 40% pointed out that they were not prepared for violent situations. "Where do you feel most insecure?" received the following answers: 50% replied: "Fear to be left alone by the colleagues", "fear to be injured", "fear to injure the patient", "fear not to be able to cope with the situation". We established a team to examine the relevant basic conditions and to optimize the requirements with the help of a self-defence strategy and an emergency handbook.

**Results:** The handbook is about the management of violence coming from the patient. It is subdivided into: Thorough knowledge of the location, technical equipment, individual requirements; how to act in an emergency; basic rules; Post-emergency care for the patient, other patients, employees; Follow up evaluations; Documentation; Legal implications. PAP2001 (Patient-orientated aggression and violence management in psychiatry) is an easy to learn self-defence strategy which is in line with ethical aspects.

**Conclusion:** With these additional skills the competence and the self-confidence of the staff are increased, as well as the therapeutical capabilities to communicate and to act. The required human and respectful contact with the patient is definitely given.

### P-16-22

People with mental retardation in a low-secure inpatient setting: Comparison of offenders and non offenders

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**Objective:** To test between-group differences in aggression and treatment outcome in people with mental retardation and behavioural disorders, with and without a forensic history

**Methods:** Clinical records of 86 former inpatients (45 offenders and 41 non-offenders) of a specialist unit were compared on measures of behavioural disturbance and treatment outcome

**Results:** Offenders were significantly less likely to be aggressive to others, and to use weapons, but significantly more likely to harm themselves. Both groups had a significant reduction of behavioural symptoms during admission and there were no significant differences in treatment outcome.

**Conclusion:** The negative reputation and therapeutic pessimism surrounding adults with mental retardation who offend needs to be reconsidered.

### P-16-23

Hospitalization and psychoanalytic psychotherapy for personality disorders: A psychoanalytic approach

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A combined psychoanalytically oriented treatment is considered beneficial for severely disturbed patients with personality disorders. The proposed treatment – the Athens project – comprises hospitalization and a specialized psychotherapeutic in-patient treatment, individual or group analytic psychotherapy and psychiatric management. Structuring a "psychodynamic frame" is considered as the appropriate integration of therapies with

divergent goals and of different theoretical orientations. In this context, the exploration of the countertransferential reactions of therapists in group supervisions and staff meetings has a therapeutic effect.

### **P-16-24**

The role of the dialogue in the personality development

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The issue of dialogue interaction becomes important when the society comes to a new development level, integration into the world community in particular. The object of our analysis is socio-psychological interaction of persons. The subject of our analysis is dialogic interaction of subjects as a creative integrative subject-subjective system that has the potential of self-development and self-improvement of its participants. To achieve the set objective a group of methods was used: forming experiment (the role-play, psychodrama), data generalization of

the number of psychological methods (Lusher test, Color Relationship test, questionnaires). The role-play, psychodrama may be used as diagnostics methods of dialog destruction, interaction upsetting. Dialogs with people that were important in the past can be substituted by the subject himself with the help of the director and the group, by an interaction adequate to the conditions of growing, personality development, his/her optimum relations. Under such circumstances, dialogs (in the past, present or future of the client's subjective reality) acquire changing, correcting quality. The results of the taught classes with adults showed that dialog organization of the process of psychological training insures psychic deliverance of the subject from rigid polarized structures stipulated by its traumatic experience. Its understanding, verbalization, catharsis, taking new decisions, effective reaction, etc. deliver unconscious psychic structures of imperativeness; create the foundation of the subsequent personality development and valuable dialog of the subject with other people.