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Pisa syndrome during risperidone treatment: Review and case report

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The Pisa syndrome is a rare asymmetric axial dystonia characterised by tonic lateral flexion of the trunk, subsequent to prolonged exposure to conventional or atypical antipsychotics. However, the illness has also been reported, although less frequently, in patients with neurodegenerative disorder like Parkinson syndrome. Drug-induced Pisa syndrome develops predominantly in females and older patients with brain disorder. It sometimes occurs after the addition of another anti-psychotic drug to an established regimen of antipsychotics. It can also insidiously arise in antipsychotic-treated patients without any apparent reason. Largely unknown to psychiatrists, this condition can be difficult to distinguish from unusual posture appearing in patients with psychiatric disturbance, such as hysterical or catatonic postures. Clinical characteristics suggest that Pisa syndrome has features from acute and tardive dystonia underlying a possible complex pathophysiology. Definitive therapy is the withdrawal or reduction of the daily dose of antipsychotics; treatment with anticholinergics agents has also been proposed.

Up to date, Pisa syndrome has been essentially described with conventional antipsychotics. Nevertheless, it has been rarely mentioned outside Japan with atypical antipsychotics.

We here describe a case of Pisa syndrome during risperidone treatment in a 50-year-old inpatient woman, admitted for schizophrenia. Following the introduction of Risperidone, she has shown a right lateral flexion of the trunk. No organic etiology was found. This abnormal posture has persisted during all the Risperidone treatment and has vanished after the decrease of it.

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Forensic-psychiatric war and peacetime comparison of homicide - timing, psychiatric diagnoses and mental accountability

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The objective of this study was to confirm important differences in the tested variables regarding criminal homicide in the wartime in Bosnia and Herzegovina in comparison with the peacetime.

**Methods used:** 50 war time cases of criminal homicide and 50 peacetime criminal cases were compared by using Hi square test, Fisher's exact test, Mantel Haenszel test.

The difference in presence of homicide depending on seasonal appearance between war and peacetime varied up to the level of  $p < 0.005$ . During the winter period 38% of homicide were committed while in summer time mostly 32% homicide were committed. In the peacetime period of 8 years taken as a test (1984-1992) no homicide was committed during the month of August.

During the war the occurrence of homicides was balanced in each week day while during the peacetime most homicides took place during the week-end. ( $p = 0.0056$ ). In regard to the period of the day when the homicide was committed, wartime homicides occurred mostly between 11 a.m. and 5 p.m., while during the peacetime they occurred between 5 p.m. and 11 p.m. ( $p < 0.05$ ). Statistically, there are no significant differences between the two causes pertaining to the psychiatric diagnosis set for those who commit homicide.

In both cases homicides are disturbed persons (II axle), then normal people, i.e. people "without diagnoses" and two categories that

represent the majority of 78% in war and 86% in peace. Among homicide with diagnosis in axle I in both samples syndromes that are equally represented are: alcohol dependency, chronic brain syndrome, mental retardation, paranoid psychosis, schizophrenia, epilepsy.

Forensic- psychiatric evaluation of mental soundness is almost identical regarding categories of mentally sound and mentally non sound persons. During the war period the number of the accountable was rather reduced while during the peacetime the number of the accountable was reduced but not significantly.

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Aripiprazole in practice: A 6 month follow-up

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**Background and aims:** Aripiprazole is a dopamine partial agonist with a low risk of movement disorder and metabolic adverse effects.

**Method:** We identified 228 patients consecutively prescribed aripiprazole in our unit and established outcome (continuation with treatment) six months after initiation.

**Results:** The study cohort consisted of subjects of mean age 36.2 years (17-86) of whom 53.1% were male. Two thirds had a diagnosis of schizophrenia. Overall, 112 (49%) patients completed 6 months' treatment. Reasons for discontinuation were adverse events ( $n = 61$ , 53% of those who stopped), lack of effectiveness ( $n = 45$ , 39%) and a variety of unconnected reasons ( $n = 10$ , 9%). The majority of discontinuations ( $n = 76$ , 66%) occurred in the first 60 days of treatment, largely because of adverse effects. Most common adverse events reported were anxiety/agitation ( $n = 57$ , 25% of total cohort), insomnia ( $n = 43$ , 19%) and movement disorder ( $n = 24$ , 11%).

Treatment discontinuation was more likely for in-patients than out-patients (61% vs 42%,  $p = 0.005$ ) and in those previously prescribed clozapine ( $p = 0.01$ ). Modal initiation dose was 15mg for patients starting in the first year of the study and 10mg for those starting later. Initiation dose was not associated with outcome.

**Conclusion:** Aripiprazole showed a degree of effectiveness similar to that shown by other antipsychotics. Early-appearing, trivial adverse events are a major factor in treatment discontinuation. Outcome is best in out-patients and those not formerly treated with clozapine.

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The particularities to active behavior defendants with personality disorders in process of protection of their own rights and legal interest

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The Purpose of the study was determination factor, conditioning active and goal-directed activity defendants in process of protection their own procedural rights.

**The Methods of the study:** The Psychic condition was valued on scale PSE (Present State Examination). 73 patients were examined, passable stationary forensic psychiatric expert operation in The State scientific centre on social and forensic psychiatry to him.V.P.Serbksy, which was installed diagnosis: "Personality disorders". Patients were divided into 3 groups: 1st - incompetent to proceeded (13 persons), 2d - patients, in respect of which is recommended obligatory participation of the attorney in criminal proceedings (36 persons), 3d - competent to proceeded (24 persons).