use disorder and psychiatric morbidity by a child psychiatrist using the Chinese version of Kiddie-SADS. Their sociodemographic characteristics, patterns of drugs and substance used were collected and analyzed in relation to psychiatric morbidity. Amphetamine (56%) and heroin (3%) were the common illicit substance use in these juvenile offenders; while among the licit substances, nicotine (90%) was the most prevalent followed by betel nut (30%), alcohol (26%) and hypnotic/sedative drugs (3%). There were more males than females using nicotine and betel nut while a female preponderance of hypnotic/sedative drugs was found. Their comorbid psychiatric disorders included conduct disorder (36%), attention deficit/hyperactivity disorder (13%), anxiety disorder (12%) and depressive disorder (11%). Significant higher rates of comorbid major depressive disorders were found in females, and also those with the illicit substances of amphetamine and heroin. High prevalence of substance use disorders (dependence/abuse) was found in juvenile drug offenders. The characteristics and distribution of their comorbid psychiatric disorders were however, different from most other reports.

P02.310
WORKING WITH SCHIZOPHRENIC PEOPLE: INFORMATIONS TO THEIR FAMILIES

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In this paper are presented preliminary results of the first step of a psycho-educational programme for 52 mental health clients family members.

A questionnaire with some multiple-choice questions, some open ended questions and some free answer questions, was used at the beginning and the end of the Course. The questions asked about present problems, perceptions of mental illness, feelings on the care given to their relative, relationship with mental health service (MHS, expectations about the future and requests in terms of mental health, social care and providers' intervention. A second questionnaire with multiple-choice questions and a seven-step (Andrews and Withey) scale of satisfaction was administered at the end of the Course in order to evaluate the satisfaction level.

At the starting moment of the Course, the results showed on one hand a good relationship between MHS and family members, a trend toward the delegation of problems, a negative perception of mental illness. On the other hand good expectations toward the future, a very high worry for patient's aggressiveness, a poor request of information about mental illness. At end of the Course authors recorded a significant reduction in the negative feelings with their relatives (p = 0.008), a further improvement in the relation with the service (p = 0.007), a very significant increase in the information requests about mental illness, care and possibility to prevent crisis in their relatives (p = 0.013). 87% of family members involved in the Course were very satisfied.

P02.311
COPING STRATEGIES IN RELATIVES OF PATIENTS WITH SCHIZOPHRENIA

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The aim of the present study was to asses the relationship between family coping strategies and patients' sociodemographic and clinical characteristics.

The sample consisted of 99 patients, males and females, with an ICD-10 diagnosis of schizophrenia and their 104 family members. Patients symptoms and social functioning were assessed using a standardised Psychiatric Assesment Scale (PAS) and Global Assessment Scale (GAS) respectively. Family Coping Questionnaire (FCQ) was used for establishing different coping strategies of relatives.

Seeking information about the illness was most commonly predicted by key relatives (p = 0.002) and patient's anxiety (p = 0.057). Positive communication with the patient correlated positively with the degree of education of the relative (p = 0.029) and negatively with the frequency of contacts (p = 0.023). Two factors that indicate diminished maintenance of relative's own social interest are the key relative (p = 0.046) and presence of hallucinations (p = 0.019). Relative's higher degree of education (p = 0.001) predicted favourable maintenance of own interests. The two factors that made avoiding the patient less probable were higher age of the relative (p = 0.015) and inappropriate emotions of the patient (p = 0.032). Relative's behaviour that included encouraging patient's social involvement was conncted with three factors and all three exerted negative influence. Such behaviour was less probable with key relatives (p = 0.002), frequent contacts (p = 0.0002) and sharing the same apartment (p = 0.006).

The significance of our finding is both theoretical as well as practical. Practical implications of our findings will help determine psychoeducational interventions in the families of patients with schizophrenia.

P02.312
VIOLENCE AND CRIME: PSYCHIATRIC APPROACH

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In the present work we compare three case studies, that share a common objective: the psychiatric analysis of convicts or accused of different crimes:

- Convicts of intentional homicides in jail.
- Convicts of different crimes, impatients in a Psychiatric Unit of State Prison.
- Accused of sexual abuse.

The methodology is based on the comparison of the statistic dates mainly reffered to the Legal Medical aspects of psychiatric and psychological diagnosis.

The most relevan conclusions are:

1. The false popular belief that the violent behaviour is included as part of the definition of insanity.
2. In all studies, a high percentage of offenders could appreciate the criminality of his act at the time of the crime, and could conform his conduct to the requeriments of the law.
3. Among offenders with mental disorders, the most frecuent diagnostic cathegory is personality disorder.
4. The kind of personality disorder depend on the type of the injury.

P02.313
FORENSIC PSYCHIATRIC STUDY OF SEXUAL ABUSE

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The objective of this work is to study from a forensic point of view subjects implicates in sexual offenses.

Subject population includes accused, victims and other people implicated in cases of sexual abuse submitted by the judge to a

psychiatric and psychological interview for the assessment of their mental status.

Therefore, it is possible to analyse the forensic psychiatric profile of the triad usually involved in this type of offenses.

The most important conclusions are:
1. A high proportion of offenders do not present mental disorders.
2. Among those with mental problems:
   - The most frequent diagnostic category is personality disorder.
   - Only few of them are diagnosed with major mental disorder.
3. Accused of rape and accused of dishonest abuse present different demographic, socioeconomic and psychiatric characteristics.
4. A very high percentage of offenders could appreciate the criminality of their act at the time of the crime and could conform their conduct to the requirements of the law.
5. Victims of sexual abuse are al high risk due to age, sex and high prevalence of major mental disorders.

P02.314
THE WESSEX RECENT INPATIENT SUICIDE STUDY: 1. CASE-CONTROL STUDY OF 234 RECENTLY DISCHARGED PSYCHIATRIC INPATIENT SUICIDES

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Psychiatric patients have a higher suicide risk after hospital discharge. We aimed to identify social, clinical and healthcare delivery risk factors in recently discharged patients. A retrospective, matched case-control study was undertaken of patients admitted to a psychiatric hospital between 1988 and 1996. Case notes of 234 patients who died within one year of discharge and 431 controls, matched for age, sex, diagnosis and admission period were reviewed, using operationaly defined criteria, to identify suicide risk factors. Odds ratios (OR) were calculated using conditional multiple logistic regression. Independent increased risk factors were: not being white (OR = 2.22, p = 0.039); living alone (1.87, p = 0.006); history of deliberate self-harm (4.09, p < 0.001); suicidal ideation precipitating admission (1.93, p = 0.005); hopelessness (1.82, p = 0.035); admission under different consultant (1.56, p = 0.042); onset of relationship difficulties (4.89, p = 0.033); loss of job (7.88, p = 0.002); inpatient DSH (2.57, p = 0.050); unplanned discharge (2.73, p < 0.001); significant care professional leaving/on leave (16.82, p < 0.001). Reduced risk factors were: shared accommodation (OR = 0.28, p = 0.014); delusions at admission (0.48, p = 0.014); misuse of non-prescribed substances (0.39, p = 0.023); and continuity of contact (0.63, p = 0.050). One third of suicides occurred within the first month after discharge. Continuity of contact may reduce suicide risk, but discontinuity of care from a significant professional is associated with an increased risk of suicide. It is possible to identify factors associated with the outcome of suicide in recently discharged patients, but the utility of these factors remains uncertain.

P02.315
THE WESSEX RECENT INPATIENT STUDY: 2. CASE-CONTROL STUDY OF 59 INPATIENT SUICIDES

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Psychiatric patients have an elevated risk of suicide whilst in hospital. The Wessex recent Inpatient Suicide Study (WRISS) was designed as a retrospective case-control study to compare the social, clinical and healthcare delivery factors in inpatient and outpatient suicides and their controls. Case notes of 59 patients and 106 controls, matched for age, sex, diagnosis and admission date, were reviewed. Odds ratios were calculated using conditional multiple logistic regression. Seven independent factors were associated with an increased risk of suicide: History of deliberate self harm prior to admission (OR = 2.59, p = 0.090); admission under the Mental Health Act (49.83, p = 0.001); Involvement of the poliice at admission (4.59, p = 0.071); depressive symptoms elicited on admission (23.45, p = 0.001); Going absent without leave whilst in hospital (13.05, p = 0.004); violence towards property during hospital stay (10.13, p = 0.016); significant professional leaving/being on leave (17.51, p = 0.003). When compared to outpatient suicides, inpatients were more often female, and had a psychotic illness. Unlike the outpatient suicides social factors were not found to be significant. The characteristics of inpatient and outpatient suicides differ, the inpatients showing greater signs of personal turmoil. Restricting access to potentially fatal methods may prevent some deaths. Identified risk factors have relatively low sensitivity and specificity, and the findings require confirmation in a prospective study.

P02.316
SUBJECTIVE RESPONSE TO ANTIPSYCHOTIC TREATMENT AND COMPLIANCE IN SCHIZOPHRENIA. A NATURALISTIC STUDY COMPARING OLANZAPINE, RISPERIDONE AND HALOPERIDOL (EFESO STUDY)

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Objective: To compare subjective response and compliance of olanzapine-treated patients and patients treated with other antipsychotics in an observational prospective study (EFESO).

Methods: Outpatients entered the study when they received a new prescription of an antipsychotic drug. Patients treated with olanzapine (n = 2128), risperidone (n = 417) and haloperidol (n = 112) were included in the analysis. Subjective response was measured using the 10-item version of the Drug Attitude Inventory (DAI-10). Treatment compliance was measured using a physician-rated 4 point categorical scale. Subjective response and compliance were compared between the treatment groups. Data were collected at baseline and after 3 and 6 months.

Results: Overall mean doses were respectively 13 mg, 5.4 mg and 13.6 mg for olanzapine-, risperidone- and haloperidol-treated patients. All three groups had a positive subjective response to treatment. Olanzapine-treated patients had significantly higher DAI-10 score compared to both risperidone- and haloperidol-treated patients at 3 months (p = 0.003 and p < 0.001 respectively) and at 6 months (p < 0.001 vs risperidone and haloperidol). Risperidone-treated patients had a higher DAI-10 score compared to haloperidol-treated patients at both 3 months and 6 months (p = 0.003). Olanzapine-treated patients had significantly better treatment compliance compared to both risperidone- and haloperidol-treated patients at 6 months (p = 0.001 and p = 0.022 respectively).

Conclusion: Despite the limitations of an observational study, these results suggest that in routine clinical practice, olanzapine-treated patients exhibit a superior subjective response and compliance compared to risperidone- and haloperidol-treated patients.