

Objectives From a sample that is made up of 100 YPCL, the main objective is to deduce the social determinants, which encourage the criminal desistance in YPCL, it means young people who commit crimes.

Aims To infer the social determinants (circumstances in which people are born, grow, live, including the health system) which foster the desistance in YPCL.

Methods The results of a sample of 100 YPCL were assessed with three profiles as follows: I: DSM-IV personality disorders (PD T-Scores). II: swap personality syndromes (Q-Factor T-Scores). III. factor T-scores.

Results This research shows the prevalence of the following social determinants associated with the desistance: (1) integrated families. (2) Educational and cultural opportunities (3) academic progress. (4) Healthy relationships that support and help. (5) Stable living arrangements (6) social conditions preserved the use of psychoactive substances and alcohol abuse.

Conclusions It is possible to identify the prevalence of social determinants which encourage the desistance in YPCL. Those allows them to transform their risk path in another that shows a positive development, associated with individual transformations that take them away from the criminal life and reintegrate into the community.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2014>

EW0146

Assessing violence in psychosis – A clinical prediction rule

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Background Current approaches to stratify patients with psychosis into risk groups are limited by inconsistency, variable accuracy, and unscalability.

Methods This paper will present an overview of current approaches based on a systematic review. It will also present a novel scalable approach based on a total national cohort of 75 158 Swedish individuals aged 15–65 with a diagnosis of severe mental illness (schizophrenia, schizophrenic-spectrum, bipolar disorder, and other psychotic illnesses). We developed predictive models for violent offending through linkage of population-based registers and tested them in external validation. We measured discrimination and calibration for prediction of violent offending at 1 year using specified risk cut-offs.

Findings : A 16-item model was developed from pre-specified routinely collected criminal history, socio-demographic and clinical risk factors. In external validation, the model showed good measures of discrimination (c-index 0.89) and calibration. For risk of violent offending at 1 year, using a 5% cut off, sensitivity was 64% and specificity was 94%. Positive and negative predictive values were 11% and 99%, respectively. The model was used to generate a simple web-based risk calculator (OxMIV).

Interpretation We have developed a prediction score in a national cohort of all patients with psychosis that can be used as an adjunct to decision-making in clinical practice by identifying those who are at low risk of future violent offending and higher risk individuals who may benefit from additional risk management. Further evaluation in other populations and countries is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2015>

EW0147

Forensic psychiatric assessment of individuals with mental and behavioral disorders due to use of alcohol, who committed homicide

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Introduction The rate of pure alcohol consumption per capita in Lithuania is reported to be one of the highest in Europe Union. Many studies illustrate the relationship between alcohol and violent crimes. Though dual diagnosis of severe mental disorder and alcohol dependency is common.

Aim To evaluate peculiarities of mental status of individuals with mental disorders due to use of alcohol, who had committed homicide.

Methods Forensic psychiatry examination reports in alcohol consumption cases and homicide acts (n 110) were taken from archive of national service of forensic psychiatry in Lithuania, 2010–2014.

Results In total, 93% (n 91) men and 100% (n 12) women at the time of homicide act were under the influence of alcohol. A total of, 83% (n 91) of cases reported impulsiveness, emotional lability and personality degradation due to long term of alcohol consumption; 52% (n 57) of cases motives for violence remained unclear: offenders indicated they remember nothing because of alcohol intoxication, also possible malingering was evaluated. In total, 100% women (n 12) and 97% men (n 95) were criminally responsible. Only 2 individuals committed homicide as a result of psychosis due to paranoid schizophrenia and 1 individual had significant intellectual deficiency due to moderate mental retardation, which lead them to inability to appreciate the dangerous nature of their acts and to control their behavior. Compulsory medical treatment was recommended to all three of them.

Conclusion Impulse control deficiency and emotional lability are prevalent amongst homicide offenders with mental disorders due to use of alcohol. Only 3 individuals were irresponsible for their criminal acts as a result of severe mental disorders.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2016>

EW0148

Assessments of need for treatment and danger in decisions about community treatment orders

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Background A total of, 14 Norwegian assertive community treatment (ACT) teams have been established. During the teams' first year of operation, approximately 35% of the enrolled patients were subjected to community treatment orders (CTOs) at intake. CTOs are a legal mechanism to secure treatment adherence, and may be used in Norway when severely mentally ill patients refuse necessary treatment ('treatment criterion') or when they are considered a danger to themselves or others ('danger criterion'). Even if the use of CTOs seems to increase in Norway, few have examined in detail how and why these decisions are made. The purpose of the present study was to explore assessments of need for treatment and danger in decisions about CTOs.

Method Semi-structured interviews with eight responsible clinicians and four focus-group interviews with 20 ACT providers were recorded and transcribed. We also read case files and observed selected treatment planning meetings. The data were analyzed with a modified grounded theory approach.

Results The ACT teams provided high-intensive services over longer periods of time, which gave the teams important knowledge about the patients, reduced clinical uncertainty, and allowed for well-informed decisions about the need for coercive interventions. The treatment criterion was typically used to justify the need for CTOs. However, the danger criterion was in some cases used when patients had to be readmitted to hospital.

Conclusions According to the clinicians that were interviewed, patients' need for treatment was most often used to justify the CTOs in the Norwegian ACT teams.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2017>

e-Poster walk: Epidemiology and social psychiatry; intellectual disability

EW0149

Postpartum depression in a public hospital in Cyprus. Prevalence, risk factors

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Introduction Postpartum depression (PPD) is a serious mental health condition. Untreated PPD places the mother and infant at risk and is associated with significant long-term effects on child development and behavior.

Objectives Appropriate screening for and prompt recognition and treatment of depression after the birth of a child are essential for maternal and child well-being.

Aims The purpose of the present study was to estimate the prevalence of PPD in the first 5 days after the birth of a neonate and to investigate associations with several risk factors.

Methods A cross-sectional study was conducted among 150 mothers, in a public obstetric hospital in Nicosia, Cyprus. A questionnaire was administered including socio-demographic characteristics. The Greek version of the Edinburgh postnatal depression scale (EPDS), a 10-item questionnaire to identifying women who are at risk of PPD, was used to estimate depression among the participants.

Results According to EPDS, 42% of the mothers screened positive for risk of developing PPD. Higher risk was observed in very young mothers (<20 years) (66.6% vs 15%), in women with history of psychological disorders (86.95% vs 33.85%), in single mothers (71.69% vs 22.8%), in women with serious problems during the pregnancy (74% vs 23.95%) and in mothers with not healthy neonate (75.7% vs 32.4%).

Conclusion The study reveals a high prevalence of PPD and identifies various risk factors associated with developing PPD. The use of maternal depression screening programs such as the EPDS may help to recognize an elevated risk of postpartum depression and to ensure a healthier mother-child relationship.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2018>

EW0150

Antidepressant use during pregnancy and the risk of major congenital malformations in a cohort of depressed pregnant women: A re-analysis of the Quebec pregnancy cohort

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Objective To quantify the association between first-trimester antidepressant exposure and the risk of major congenital malformations (MCM) in a cohort of depressed women.

Method Data were obtained from the Quebec pregnancy cohort. All pregnancies with a diagnosis of depression or anxiety, or exposed to antidepressants in the 12 months before pregnancy, and ending with a live-born singleton were included. Antidepressant classes (selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), tricyclic antidepressants (TCA), and other antidepressants), and types were individually compared to non-exposure during the first-trimester (depressed untreated). MCM overall and organ-specific malformations in the first year of life were identified.

Result Eighteen thousand four hundred and eighty-seven depressed pregnant women were included. Citalopram use during the first-trimester was increasing the risk of MCM (aOR 1.36, 95%CI 1.08, 1.73; 88 exposed cases). Antidepressants with serotonin reuptake inhibition effect (SSRI, SNRI, amitriptyline (the most used TCA)) were increasing the risk of certain organ specific defects: paroxetine was increasing the risk of cardiac defects (aOR 1.45, 95%CI 1.12, 1.88), and ventricular/atrial septal defects (aOR 1.39, 95%CI 1.00, 1.93); citalopram was increasing the risk of musculoskeletal defects (aOR 1.92, 95%CI 1.40, 2.62), and craniyosynostosis (aOR 3.95, 95%CI 2.08, 7.52); TCA was associated with eye, ear, face and neck defects (aOR 2.45, 95%CI 1.05, 5.72), and digestive defects (aOR 2.55, 95%CI 1.40, 4.66); and venlafaxine was associated with respiratory defects (aOR 2.17, 95%CI 1.07, 4.38).

Conclusion Antidepressants with effects on serotonin reuptake during embryogenesis are increasing the risk of some organ specific malformations in a cohort of pregnant women with depression.

Disclosure of interest COI: Disclosures and acknowledgments: AB is a consultant for plaintiffs in litigations involving antidepressants and birth defects. All other authors report no financial relationships with commercial interests. All authors have completed the ICMJE uniform disclosure form.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2019>

EW0151

Dealing with specific cognitive dysfunctions associated with psychiatric vulnerability in intellectual developmental disorders

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Introduction Despite the increasing evidence of common neurodevelopmental alterations and high simultaneous or sequential co-occurrence, the relationship between specific cognitive dys-