

S12.03

Pharmacotherapy of sexual offenders

P. Briken. *Institute of Sex Research and Forensic Psychiatry, Centre of Psychosocial Medicine, University Hospital Hamburg Eppendorf, Hamburg, Germany*

Background and Aims: This lecture addresses testosterone-lowering and other psychotropic medications for the treatment of sexual offenders.

Methods: Literature review.

Results and Conclusions: Randomized controlled studies on pharmacological treatments for sexual offenders with the outcome criterion recidivism are still lacking. On the other hand, there is a substantial scientific knowledge about the wide range of psychiatric comorbidity in sexual offenders. Empirically-based treatment especially of impulsivity, anxiety and mood disorders in these patients may also ameliorate the sexual impulsivity. The prescription of testosterone lowering agents should be restricted to paraphilic sexual offenders with an at least moderate or high risk for hands on sexual offences and should always be combined with psychotherapy. The decision process for different treatment options will be described focusing on aspects of comorbidity, risk, and motivation.

S12.04

Prison misconduct: The role of risk assessment instruments in the prediction of intramural violence

J. Endrass. *Zurich Criminal Justice System, Zurich, Switzerland*

Violent and aggressive behavior in prison is considered to be a constant problem in most penal institutions and it not only poses a threat to prison staff and fellow inmates, but is also a source of additional cost. An early identification of inmates who tend towards violent or aggressive behavior in prison should therefore be a central goal, in order to both protect the staff and other inmates from becoming victims of violent actions and to lower the overall costs of the penal system. Furthermore in-prison behavior is suspected to be good predictor of legal probation after release to the community. There is an ongoing debate concerning the usefulness of actuarial risk assessment instruments in predicting intramural violence as studies on their predictive validity show mixed results. In this study the predictive validity of PCL-R, PCL:SV and the VRAG for different types of prison misconduct (violent and verbally violent infractions) was examined on a sample of 106 violent and sex offenders of the largest Swiss state penitentiary.

The relationship between physical violence and PCL-R score was not significant but the sum score did predict the occurrence of verbal aggression. For the PCL:SV and the VRAG similar results were found as there were significant effect sizes for verbal aggressive behavior of sexual offenders but not for violent offenders.

These results highlight the need for further research on the usefulness of risk assessment instrument in the prediction of intramural violence.

Symposium: Alcoholism and substance misuse in psychiatric emergency

S15.01

Suicide, self harm and substance misuse in young people

I.B. Crome, R. Bloor, M. Frisher. *Keele University Medical School (Harplands Campus), Stoke On Trent, UK*

Suicidal behaviours comprise significant part of the workload of Accident and Emergency (A&E) departments. In the UK around 140,000 young people present to A&E with self harm, and there are 6000 deaths from suicide each year. Substance misuse is an acknowledged risk factor for suicide and self harm: the mortality of substance misusers is between 9-16 times higher than the general population. The UK has some of the highest levels of substance misuse in young people in Europe, this relationship give rise to particular concern.

Previous self harm is the strongest predictor of subsequent suicide. Thus it is important to detect and treat effectively as it is estimated that approximately 20% of suicides are likely to be preventable. Indeed, reduction of suicide is a key aim of the National Suicide Prevention Strategy which has a specific objective of promoting the mental health of substance misusers.

However, the indications are that self-harmers are not receiving adequate assessment and treatment. Furthermore, while some forms of psychological and pharmacological treatments are effective for self harm, these results are limited. Most studies do not include substance misusers or have substance misuse as an outcome measure. Effective treatment interventions for substance misusers generally do not focus on suicide or self harm. Indeed, such patients are often excluded. Recent epidemiological evidence that that suggests that attendance for substance misuse treatment may impact upon suicide will be outlined, and the clinical practice and policy implications will be explored with reference to young people.

S15.02

Treatment of alcohol withdrawal with delirium in emergency room - Romanian experience

A. Mihai^{1,2}, A. Racz², C. Suci², A. Nirestean^{1,2}. ¹ *University of Medicine and Pharmacy, Tg Mures, Romania* ² *Psychiatric Clinic II, Tg Mures, Romania*

The treatment of alcohol withdrawal with delirium implicate evaluations of multiple factors and even numerous guidelines are available the clinical practice shows important differences between centres.

The purpose of study is to evaluate the pharmacological intervention in delirium tremens in different Romanian settings.

Material and methods: A case vignette was distributed between 50 psychiatrists, with similar professional experience, from 18 different psychiatric centres, with demand of establish the diagnostic and prescribe the treatment what they consider necessary. We evaluated the results concerning the diagnosis and pharmacological treatment.

Results: Response rates was 56%, all psychiatrist recognised the diagnostic conform DSM IV "Alcohol withdrawal with delirium. Alcohol dependence." The pharmacological treatments were different concerning the substance and also concerning the recommended doses. The proposed classes are benzodiazepines, anticonvulsivants, neuroleptics and other psychotropes.

Conclusions: This study wants to underline the high diversity of treatment in psychiatry for the same diagnosis.

S15.03

Treatment guidelines of agitation due to substance intoxication in emergency

C. Damsa¹, A. Coman¹, C. Lazignac¹, A. Mihai^{1,2}. ¹ *Emergency Crisis Intervention Unit Department of Psychiatry, University of*