relevant adverse incidents such as violent behavior, relapse, escape and reoffending. The data was analyzed descriptively.
Results: 15 of the existing 46 FCDD participated in our study (33%). In total, 2483 patients were treated in the participating FCDD, 18% of the patients were relocated into prison due to treatment termination and 15% were discharged successfully. 275 adverse incidents were reported: violence against a patient (4%), violence against staff (1,6%), escape (4,7%) and reoffending (0,5%). Merely in seven FCDD treating 1153 patients, an OST was availabe. Available options included buprenorphine/naloxone, buprenorphine, methadone and levomethadone. Regarding adverse incidents and successful discharge, no differences were detected in the clinics with or without an OST. In the clinics that offered an OST, we found a significantly higher rate for treatment termination without success ($p<0.007$) in comparison to clinics without this program. 99 patients received an OAT and this treatment was ended due to illegal drug abuse (57%), refusal to give an urine drug sample (71%) and in cases were the OAT was given away to other patients (85%).
Conclusions: Surprisingly, opioid substitution therapy is only accessible in a part of the FCDD in Germany. Reasons for this are unclear. Critical incidents such as violent behavior against staff/patients and escape are not uncommon in this forensic psychiatric treatment setting. Further studies are needed to enhance the understanding of the limited OST practice and the risks for patients and staff in this specific forensic treatment setting.

Disclosure of Interest: None Declared

EPP0848

Aggressive behavior and severe mental disorders in Prison psychiatry

A. Voulgaris

Institute for Sexual Medicine and Forensic Psychiatry, Universitätsklinikum Hamburg Eppendorf, Hamburg, Germany
doi: 10.1192/j.eurpsy.2023.1132

Introduction: Aggressive behavior can be understood as a compelx and social phenomenon. A number of studies have shown that the risk of aggressive behavior is increased for patients with severe mental disorders such as schizophrenia. Although specialized forensic institutions exist in many countries, most offenders with mental disorders are still found in prison settings what corresponds to international literature suggesting an increased prevalence of mental disorders in prison inmates. Still, data on the specific characteristics of patients demonstrating aggressive behavior in medical and mental health settings is limited, especially for prison environments.
Objectives: The aim of our study was to identify patient characteristics that are potentially associated with aggressive incidents in a prison psychiatric setting.
Methods: In routine documentation in German prisons, specific incidents, as e.g. aggressive behavior are reported through an official reporting system. Analyzing these official reports, we collected all aggressive incidents concerning at the Department of Psychiatry of the Berlin prison hospital between 1997 and 2019. In addition, for each patient acting aggressively, we collected data on an equal number of patients who did not demonstrate this behavior during their hospital stay. For those patients with more than one inpatient treatment period, only the first stay in the prison hospital was included. Furthermore, patients were excluded based on age (younger than 16 or older than 70) or death during treatment. The statistical data was analyzed descriptively.
Results: In total, 225 treatment episodes were included of which in 118 cases violent behavior were documented. The items older age, German citizenship, previous violent crimes (OR = 0,40, 95 % KI: 0,35 – 1,17) and antipsychotic (OR = 0,28, 95 % KI: 0,14 – 0,55) or antidepressant (OR = 0,35, 95 % KI: 0,13 – 0,88) treatment within six months prior to admission had a rather protective effect on the occurrence of aggressive behavior during inpatient treatment. Alcohol (OR = 1,21, 95 % KI: 0,64 – 2,27) and drug use disorders (OR = 2.18, 95 % KI: 1,09 – 4,44) tended to be risk factors for aggressive behavior. Thus, the results in this prison psychiatric population correspond to the risk factors described in the literature.
Conclusions: The reported results point in the direction that optimising the availability of psychopharmacological treatment options and offering specialized treatment for patients with comorbid substance use disorder may lead to the prevention of aggressive behavior in patients with a schizophrenia diagnosis.

Disclosure of Interest: None Declared

EPP0849

Influence of psychpathic personality traits on anxiety in a mixed reality Study

J. Fuss[1] and A. Voulgaris[2]*

[1]Institute for Sex Research and Forensic Psychiatry, Universitätsklinikum Essen, Essen and [2]Institute for Sexual Medicine and Forensic Psychiatry, Universitätsklinikum Hamburg Eppendorf, Hamburg, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1133

Introduction: The personality construct of psychopathy consists of severe deficits in behavior, emotion and cognition, often categorized in the two dimensions affective-interpersonal and antisocial-lifestyle. Research indicates that a lack of anxiety and fear play an important role in psychopathic personalities. Understanding the interplay of psychopathic traits, fear and threat processing and reactive behavior is important due to its implications for risky and potentially antisocial behavior.
Objectives: We conducted a mixed reality study using the elevated plus-maze in a non-clinical sample to test anxiety-related behavior in correlation to psychopathic personality traits. Our hypothesis was that higher psychopathy would lead to higher expression of risky behavior and, thus, to longer time on open arms, higher number of entries to open arms and reduced latency for a first visit on open arms and for open arm endexploration.
Methods: Healthy volunteers were recruited (N=170) and completed the Sensation Seeking Scale V (SSSV), the Acrophobia Questionnaire (AQ), and the Brief Questionnaire of Psychopathic Personality Traits. The included subjects were tested on the human elevated plus-maze, which consists of a physical life-sized wooden platform and its representation in a virtual environment. Data recording was performed via the virtual reality tracking system (HTC Vive Base Station®, Seattle, USA) and custom soft-ware (A+ cross®) using the following parameters: total time spent on open arms (time on open arms), number of entries to open arms,