Metabolic parameter (mean±SD)	Treated with clozapine or olanzapine	Referent values
BMI	26.147±4.180	25.0-29.9 (healthy weight)
Glycemia mmol/L	5.783±0.849	3.9-5.6
Cholesterol mmol/L	4.413±0.953	<5.17
Triglycerides mmol/L	2.433±1.380	<1.7

Conclusions: We justify the off-label use of clozapine in prison settings due its benefits in reducing violence and aggression; however, further research would be necessary to clarify does the use of clozapine in incarcerated persons cause behavioral improvements that could reduce recidivism and improve post-imprisonment outcomes. The prevalence of adverse effects is rare; however, that is possibly due to low doses of the prescribed antipsychotics and specific prison settings in terms of dietary options and physical activity, as well as the average young age of the inmates.

Disclosure of Interest: None Declared

EPV0857

Involving forensic psychiatric patients in research - experiences, challenges and lessons learnt after one year of the PART Advisory Board

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Introduction: Participatory research can enhance the relevance, quality, and impact of studies, increase recruitment, and optimize research methods. It can also help to secure third-party funding,. The participatory inclusion of forensic psychiatric patients in research has so far primarily been implemented in the UK. With the establishment of the PART advisory board, founded in December 2023, this gap is intended to be closed in Germany by creating sustainable, previously lacking structures for the involvement of forensic psychiatric patients. The acronym PART refers to participation/ participatory. In the PART advisory board, people with lived experience and researchers actively cooperate in projects in the field of forensic psychiatry. In preparation for their role, people with lived experience received training where they were provided with knowledge and skills for their work. The board has now advised several research projects and issued recommendations.
Objectives: The purpose of this presentation is to critically reflect on the first experiences and consider how to incorporate these insights to improve the structure and working methods of the advisory board: What experiences have researchers, people with lived experience and those presenting their research projects made? How were participants involved? What impact did the advisory board have on specific research projects? What challenges arose, and how were they addressed? What are the lessons learned so far?
Methods: To answer these questions, various evaluation tools were used. These include feedback questionnaires from participants assessing each advisory board meeting and project presentation, interviews with participants at least two times throughout the project, statements from the advisory board to project presenters, and responses from the presenters on how the board's recommendations were implemented. Additionally, the perspectives of involved project staff were considered.
Results: By the time interim results are presented at the EPA Congress 2025, the PART Forensic Advisory Board will have met at least 12 times and at least five research projects will have been presented to the board and received its recommendations. It has already become clear that involving participants, especially in forensic psychiatric settings, requires specific framework conditions. These address overarching structural aspects, disease specific patient relevant needs, as well as knowledge- and method-based issues relevant to participants.
Conclusions: Even at this stage, the advisory board can be considered successfully implemented. Participatory research with people with lived experience in forensic psychiatric settings is possible, feasible, and above all, meaningful.

Disclosure of Interest: None Declared

EPV0858

Gambling among forensic psychiatric patients: A prevalence study

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Introduction: While gambling problems are increasingly recognized as a public health concern, knowledge of the prevalence and impact within psychosocially vulnerable populations is scarce. Never before has the prevalence of gambling problems been studied in a forensic psychiatric patient population. Given the risk for gambling problems to exacerbate existing mental health conditions, cause financial strain, and contribute to criminal behavior, understanding its prevalence and associated factors within this population is critical.
Objectives: The study aims to estimate the prevalence of gambling behavior and gambling problems among forensic psychiatric patients in Denmark and compare the results to the general Danish population. Additionally, the study seeks to identify associations

between psychosocial and demographic variables and the occurrence and severity of gambling problems. Lastly, the study will explore gambling motives and their relation to gambling problems in this patient population.
Methods: This observational, cross-sectional study will include inpatients and outpatients in Central Denmark Region forensic psychiatric care and inpatients in Capital Denmark Region forensic psychiatric wards from June 1 to December 31, 2024. Participants must be 18, and speak Danish, English, or Greenlandic. Data will be collected via self-report questionnaires and electronic patient records. Key measures include gambling behavior (past year gambling, frequency, and expenditure), gambling problems (the Problem Gambling Severity Index), and gambling motives (the Gambling Motives Questionnaire-Financial).
Results: Data collection ends by December 31, 2024; preliminary findings will be presented at the conference.
Conclusions: Results will provide valuable insights into the prevalence and characteristics of gambling problems in this population, informing clinical care and potentially guiding the development of targeted interventions. By highlighting the need for attention to gambling issues in forensic psychiatric settings, the study may enhance rehabilitation and recovery efforts and successful discharge by addressing potential risk factors for recidivism.

Disclosure of Interest: None Declared

EPV0859

Smoking, Obesity, and Metabolic Syndrome in Two High Security Settings

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Introduction: Two high security Forensic Psychiatric Centers (FPC) were implemented in the last decade in Flanders (FPC Ghent and FPC Antwerp). FPCs provide court[1]ordered treatment for forensic psychiatric patients (called "internees") that have committed a criminal offense related to their psychiatric disorder and who are at a high risk for recidivating.
Objectives: Treatment is often mandatory and lengthy, and per[1]sonal rights are highly restricted, which has an impact on treatment motivation and overall patient wellbeing (Lutz et al., 2022). While the Risk Need Responsivity (RNR) model - which focuses on risk reduction – was and still is the prominent model for offender rehabili[1]tation, other aspects are currently given more atten[1]tion. This includes the Good Lives Model (GLM) and the recovery movement, that aim at improving the achievement of skills necessary to maintain a good live and give meaning and value in one's existence (Lutz et al., 2022).
Methods: Data collection and statistical analyses The descriptive analyses of categorical and continuous variables was done using SPSS version 28. Valid per[1]centages were given. Assumption testing was per[1]formed and found that the data were not eligible for parametric examination. The significance level was set at .05.
Results: Weight and BMI At the initial measurement, the mean weight was 89.3 kg (SD ¼ 21.64, range ¼ 46–222 kg). The mean weight at second measurement was 92.6 kg, with a standard deviation of 21.90 and a range of 46.6–185.6. The second weight measurement occurred 812.2 days or 2.2 years (SD ¼ 552.39, range ¼ 7–3084 days) after the initial measurement. The weight difference between the two measurements ranged from a weight loss of 53.8 kg to a weight gain of 51.6 kg and showed a mean weight increase of 2.2 kg (SD ¼ 10.41)1
Conclusions: The overall conclusion of the study is that obesity, MetS, smoking, as well as substance misuse are highly prevalent among our high security population. These are all risk factors associated with somatic morbidity and mortality. Our study showed that obesity and MetS were found across psychiatric diagnoses and the presence of metabolic syndrome was not limited to the use of SGA.

Disclosure of Interest: None Declared

EPV0860

The Utility of Carbohydrate-Deficient Transferrin (CDT) Test for Regranting Driver's License After Repeat Drunk-Driving in Taiwan

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Introduction: Carbohydrate-Deficient Transferrin (CDT), a biomarker for excessive alcohol consumption, has been used in driver's license regranting programs in the UK and other European countries, but relevant data is lacking in Taiwan. This study collected % CDT data from repeat drunk driving offenders to monitor their alcohol consumption and aims to provide local data to inform policies in Taiwan.
Objectives: The objective of this study is to assess whether alcohol consumption decreases over a 12-month period, as measured by % CDT values and Alcohol Use Disorders Identification Test - Consumption (AUDIT-C) scores.
Methods: Study Design
This study was conducted from 2020 to 2023, involving 65 recidivist drunk drivers whose licenses had been revoked and who sought to reapply. Participants were referred to our hospital for a one-year, monthly evaluation and intervention program. Data were collected on gender, age, marital status, education level, employment status, years of alcohol consumption, primary type of alcohol consumed, DSM-5 severity, AUDIT, and AUDIT-C scores. Blood tests, including GGT, AST, ALT, triglycerides, cholesterol, and %CDT, along with AUDIT-C assessments, were conducted at the 1st, 4th, 7th, and 11th evaluations.

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