be affected by other factor, such as smoking or concomitant medication (fluvoxamine). In our study sample, we were able to demonstrate the relationship between the dosage and clozapine plasma levels and their impact on clinical efficacy and safety.

Disclosure of Interest: None Declared

CBS010

How to Use Therapeutic Drug Monitoring for Comorbidities Management in This Case

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Abstract: Therapeutic Drug Monitoring (TDM) plays a crucial role in optimizing treatment for patients with psychiatric disorders and comorbid medical conditions, particularly in the elderly. This talk will focus on the practical application of TDM in managing polypharmacy and drug-drug interactions in a geriatric patient with mood disorders. Using a case-based approach, the discussion will highlight how TDM can guide dose adjustments, improve treatment efficacy, and minimize adverse effects in patients with multiple comorbidities.
Emphasizing real-world clinical challenges, this session will provide practical insights into integrating TDM into psychiatric practice, ensuring safer and more effective pharmacotherapy. Audience interaction will be encouraged through live voting and discussion to enhance learning and application in daily clinical settings.

Disclosure of Interest: None Declared

CBS011

Mosè Barabba: A case study between forensic and cultural psychiatry

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Abstract: The presentation gives a narrative account of a case of ethnopsychiatry and criminology from the standpoint of the care network, with personal details supplied by the patient himself. The person involved, Mosè Barabba, was born in Sierra Leone where he was kidnapped and forced to become a child soldier at a very early age. He was brainwashed, brutalized and taught to admire and practice violence. He arrived in Italy at 16 years of age after a traumatic journey through North Africa, homeless and alone. At 19 years old, he was hospitalized for drug abuse, and then cared for by various associations (NAGA, CPS, SPDC). The presentation outlines his descent into substance abuse-induced violence and the first encounter with the law when he was twenty-five years old, followed by a return to a criminal environment after a first experience in a community. He was diagnosed with PSTD, NOS psychosis, behavioral issues related to substance abuse and chronic multifactorial hepatopathy. By the time he was 28 his violence had spiraled out of control and he was hospitalized by TSO, where the violence continued. He was committed to a two-year period in a REMS 1 , for psychopharmacological therapy with mood stabilizers. On his release from the REMS, he was placed in a rehabilitation program in AS.FRA 2 where positive results were obtained: his pathology was stabilized, with support he was able to abstain from substances and alcohol and he was receptive to therapy and rehabilitation. In 2021, then 31 years old, Mosé was considered to be well integrated into the community and was transferred to a CPA (a high protection residence for patients with psychiatric diagnosis).

Disclosure of Interest: None Declared

CBS012

Crime: between symptom and trauma

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Abstract: Exposure to Adverse Childhood Experiences (ACEs) represents a significant, dose-dependent risk factor for the development of numerous psychiatric and physical disorders (including diabetes, myocardial infarction, obesity, alcoholism, drug addiction, etc.), as well as for poorer social outcomes (dropping out of school, unemployment, economic decline, unwanted pregnancies) and violent behaviour.
A history of maltreatment is found in 80–90% of young offenders, and about one quarter of individuals with a history of severe maltreatment receive criminal convictions. Among the forensic psychiatric patients admitted to the REMS (Residential Facilities for the Enforcement of Security Measures), we have likewise observed a high prevalence of maltreatment, abuse, neglect, and other traumatic events, including those related to war and migratory pathways.
We have treated some patients showing psychotic-spectrum symptoms (delusions, hallucinations) that did not respond to pharmacological treatment (including clozapine and clozapine–first-generation antipsychotic combinations). Their condition improved only when trauma-oriented psychotherapy, such as EMDR or Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET), was added to antipsychotic treatment.
This observation raises critical questions about the overlap between psychotic and post-traumatic symptoms in offending patients with severe early victimization histories, and hence about the link between schizophrenia spectrum disorders and complex post-traumatic stress disorder. In light of ongoing conflicts, rising geopolitical tensions, and their impact on migration, the early diagnosis and effective treatment of these conditions are of paramount importance from both a public health perspective and from the standpoint of security and the prevention of violent offenses

Disclosure of Interest: None Declared

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