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Racism and the Social Defeat Hypothesis of PsychosisJ.-P. Selten^{1*} and F. Termorshuizen²¹Maastricht University, School For Mental Health And Neuroscience, Maastricht, Netherlands and ²GGZ Rivierduinen, Fact-teams, Leiden, Netherlands

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Introduction: The social defeat hypothesis of psychosis posits that an outsider status or subordinate position is a common denominator of several psychosis risk factors, leads to elevated striatal dopamine function and thereby to an increased risk for the disorder. The purpose of this paper is to examine whether this hypothesis offers a good explanation for the increased psychosis risk for migrants from developing countries. Method: Review of literature. Results: The outsider status and subordinate position of many migrants from developing countries in Europe, and of Africans in particular, is evident. It is also clear that racism contributes to this situation. An interpretation of racism as psychotogenic is supported by findings of increased risks for other discriminated groups, such as homosexuals, individuals with a low IQ or a hearing impairment. The single study that examined dopamine function in migrants reported indeed elevated stress-induced dopamine release and dopamine synthesis capacity (Egerton et al., 2017). Recently, we examined the time course of the RR of treatment for psychosis for all migrants to the Netherlands (Termorshuizen & Selten, submitted). Contrary to our expectations, the RR for migrants from sub-Saharan Africa was already increased in the year of arrival (RR=2.5; 2.0-3.1), particularly for those aged 10-20 years (RR=6.1; 2.9-12.6). Conclusion: The social defeat hypothesis accords well with a psychotogenic effect of racism, but replications of the dopamine study are needed. The finding of an increased risk for Africans in the year of arrival suggests that racism is not the single cause of their increased risk.

Disclosure: No significant relationships.**Forensic Aspects in Old Age Psychiatry**

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Relevant topics in Geriatric Forensic Psychiatry.

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Aging persons can become involved in the criminal justice system, more commonly as victims but also as offenders. They are a growing group of interest in forensic psychiatry, due to the ageing of the population. Moreover, they are overrepresented in long-stay facilities. Forensic psychiatrists may be asked to evaluate elderly individuals whose behaviour has become problematic to their families, caregivers, or third parties. We will focus here on problematic behaviors in elderly people, particularly disinhibition, agitation and aggression, and criminal behaviour and the incarcerated elderly. Forensic psychiatric assessment with new-onset criminal behaviour

require special inquiries regarding criminal responsibility or competency to stand trial. Little research is available regarding criminal behaviour in elderly persons in correctional settings. In this paper a forensic-psychiatric expert report will illustrate these topics.

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Old Age Psychiatry and Prison.V. Tort^{1*}, J. Perez-Pazos¹, E. Perez-Sanchez¹, J.M. De Gomar-Malia¹ and M. Peraire-Miralles²¹Parc Sanitari Sant Joan de Deu, Forensic Psychiatry, Sant Esteve Sesrovires, Spain and ²Hospital de Castelló, Forensic Psychiatry, Castello, Spain

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Old age population is growing steadily during last decades (WHO 2017). Old population suffer from more morbidity including mental disorders (De Lorito, 2018). This fact also applies for prison population (Yortons 2006) and in the last years has been an increasing interest for this topic. The aging of the world population is reflected in the penitentiary setting, with a progressive increase of elderly inmates. These prisoners present complex clinical processes with multiple comorbidities, requiring a specialized approach. In the 2020, the old age population in prison (considered over 60 years old) is around 5% in Catalonia (377 inmates), same proportion (5%) in Spain. If we consider the cut-off point 50 y.o. (as other research) the proportion is 12%. Our aims are to describe sociodemographical and clinical characteristics of old age inmates (over 50 y. o.) who required to be admitted to psychiatric unit in Catalan prisons between 2016 and 2020. The sample of this study will be around 150 inmates admitted in our unit. Elderly inmates present a high prevalence of substance abuse (especially alcohol), affective symptoms (depression) and cognitive deterioration. Likewise, is observed a significant presence of personality disorders, anxiety, post-traumatic disorders, psychotic disorders, and physical comorbidities. Prisoners over 50 have a different profile from the rest of the prison population. They suffer more physical and mental illnesses, so they require specific health and social approach. It would be advisable to adapt clinical care by optimizing resources, developing prison psychogeriatrics and establishing specific evaluation and treatment method

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Homicide and suicide are complex phenomena raising questions and interest which go far beyond the medical and psychiatric field, as they represent a challenge for an understanding which is, first of