Results: Basic demographic information is shown in Image 1. There was no significant difference in %CDT before and after the intervention (p = 0.332), with values of 1.99% and 2.28%, respectively. Among 42 participants who completed the 12-month intervention, %CDT showed no significant change (p = 0.46; 1.93% vs. 1.83%). For 23 participants who did not complete the intervention, %CDT also showed no significant difference (p = 0.219; 2.11% vs. 3.14%). However, AUDIT-C scores significantly decreased across all groups. The total group's scores dropped from 4.51 to 3.20 (p = 0.00091), the completion group from 4.00 to 2.60 (p = 0.011), and the non-completion group from 5.43 to 4.30 (p = 0.025). These results are shown in Image 2, and the correlations between baseline variables are displayed in Image 3.

Image 1:

Demographics of Repeat Drunk-driving Offenders (N=65)	
Gender	Men: 61 (93.9%), Women: 4 (6.1%)
Age (Mean: 46.3 years)	20-34: 3 (4.6%), 35-49: 38 (58.5%), 50-64: 23 (35.4%), 60+: 1 (1.5%)
Marital Status	Married: 35 (53.9%)
Education Level	Elementary: 2 (3.1%), Junior High: 16 (24.6%), High School: 42 (64.6%), College: 5 (7.7%)
Job Status	Full-time: 56 (86.2%), Part-time: 2 (3.1%), Unemployed: 7 (10.7%)
DSM-5 Severity	Not meet: 15 (23.0%), Mild: 20 (30.8%), Moderate: 17 (26.2%), Severe: 13 (20.0%)
AUDIT Scores (Mean: 9.32)	Low-risk: 25 (38.4%), Hazardous: 30 (46.2%), Dependence Likely: 10 (15.4%)
Drinking Years	<5 years: 16 (24.6%), 5-10 years: 9 (13.8%), 11-15 years: 8 (12.3%), 16-20 years: 7 (10.8%), >20 years: 25 (38.5%)
Drinking Type	Beer: 36 (55.4%), Kaoliang: 11 (16.9%), Whiskey: 6 (9.2%), Paolyta: 6 (9.2%), Abstained: 4 (6.2%), Medicinal liquor: 2 (3.1%)

Image 2:

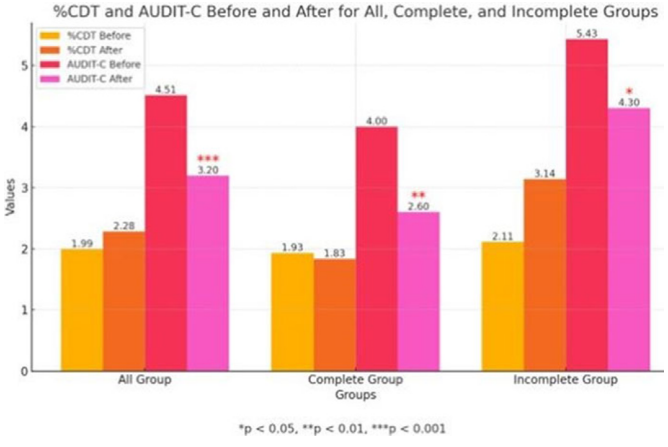
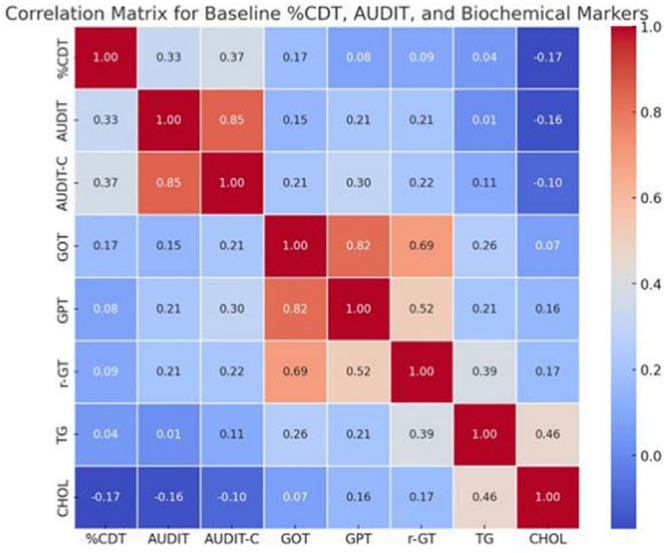


Image 3:



Conclusions: Our study found that monitoring drunk-driving recidivists with %CDT every three months did not yield a statistically significant change in %CDT, but did result in a significant reduction in AUDIT-C scores. Fleming et al. (2004) suggest that psychological pressure from long-term biomarker monitoring may have a therapeutic effect, with bimonthly CDT follow-ups potentially beneficial. Thus, using %CDT for license reinstatement is feasible, though adjustments to assessment intervals and inclusion of other biomarkers should be considered.

Fleming et al., Alcohol Clin Exp Res 2004; 28: 1347–55.

Disclosure of Interest: None Declared

EPV0861

False positive urine drug test for tricyclic antidepressants attributed to quetiapine treatment

E. Routsi[1], M. Kousounadis[1], L. Lymperopoulos[1] and N. Kokras[1]*
[1]First Department of Psychiatry, National and Kadopistrian University of Athens, Eginition Hospital, Athens, Greece
*Corresponding author.
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Introduction: Quetiapine is a serotonin-dopamine antagonist widely used for the treatment of bipolar disorder and schizophrenia. Patients with bipolar disorder and schizophrenia are also at high risk of drug abuse. Illicit substances are often traced in such patients during manic and psychotic episodes. Urine drug tests are commonly used to detect illicit substance use during hospital admissions.
Objectives: We report a case of an adult male patient treated with 600mg o.d. quetiapine who falsely tested positive for tricyclic antidepressants in a routine urine drug test

Methods: A male patient with a prior history of alcohol, cannabis and cocaine abuse acutely developed psychotic-like symptoms (persecutory delusions, psychomotor retardation, social withdrawal) and attempted to commit suicide. He was admitted to our psychiatric hospital, and he denied illicit drug use during the last 5 months.
Results: The patient was treated with quetiapine monotherapy, progressively titrated up to 600mg o.d. As a routine procedure and because of his personal history of drug abuse, he has been subjected to a urine drug test, which revealed positive results for tricyclic antidepressants. Due to uncertainty whether he abused tricyclic antidepressants prior to this admission, a second test was ordered after two weeks of quetiapine monotherapy and close inpatient monitoring, which was also positive for tricyclic antidepressants.
Conclusions: Quetiapine has a three-ringed chemical structure which shares similarities with tricyclic antidepressants. in vitro tests proved cross-reactivity of quetiapine and tricyclic antidepressants with some commercially available immunoassays. However it is not clear if the cross-reactivity is due to quetiapine or its active metabolites. In any case, the interpretation of a urine test positive for tricyclic antidepressants should take into account the possibility of such cross-reactivity with quetiapine, especially in cases of suspected drug overdose when the urine test is used to deduct the possible offending drug. Moreover, this cross-reactivity might be eploited in cases of suspected non-adherence to quetiapine treatment.

Disclosure of Interest: None Declared

EPV0862

The assessment of decision-making ability in the forensic evaluation of capacity for civil conduct in patients with schizophrenia

W. Li[1]

[1]Department of Forensic Psychiatry, Academy of Forensic Sciences, Shanghai, China
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Introduction: Patients with schizophrenia often require civil capacity assessments when participating in civil activities. The primary focus of the assessment involves evaluating patients' understanding of the issues at hand, their awareness of potential choices and the corresponding outcomes, and their ability to make decisions after considering the advantages and disadvantages. As such, the ability to make decisions is the fundamental neuropsychological mechanism underlying civil activities.
Objectives: This study systematically reviewed existing research on decision-making ability in patients with schizophrenia.
Methods: Both major international and Chinese databases were systematically searched. Relevant studies were summarized in aspects of the assessment, neuropsychological mechanisms, and neurobiological mechanisms of decision-making ability in patients with schizophrenia.
Results:

1. The most frequently employed experimental paradigms in studies focusing on economic decision-making include the Iowa Gambling Task (IGT) and the Game of Dice Task (GDT). Patients with schizophrenia performed significantly worse on the IGT compared to healthy individuals, often overestimating immediate gains and losses while failing to learn from the frequency of wins. There are relatively few studies utilizing the GDT, and the findings are inconsistent across studies.
2. Cognitive domains related to the decision-making ability in patients with schizophrenia could be executive function, verbal memory, and working memory. Psychiatric symptoms related to the decision-making ability include diminished motivation, lack of interest, depressive symptoms, and negative symptoms. Moreover, emotion plays a critical role in decision-making behaviors. Decision-making ability can also be influenced by medication and the overall severity of the illness; however, some studies found no association between decision-making ability and psychiatric symptoms, the illness stage, or medication usage.
3. Imaging studies consistently indicate that the prefrontal cortex is a critical brain region associated with decision-making abilities. Brain areas such as the orbitofrontal and ventromedial prefrontal cortex, amygdala, frontoparietal cortex, medial prefrontal cortex, dorsomedial prefrontal cortex, bilateral thalamus, and the left dorsal anterior cingulate cortex may play a role in decision-making processes in patients with schizophrenia. Nonetheless, some research found no association between decision-making ability and the functioning of the dorsomedial prefrontal cortex.

Conclusions: Deeply exploring the neuropsychological and neurophysiological mechanisms behind decision-making ability can help the understanding of the decision-making behavior of patients with schizophrenia in civil activities and can benefit forensic evaluation of civil capacity.

Disclosure of Interest: None Declared

EPV0863

Outpatient compulsory observation and treatment by a psychiatrist: Russian perspective

V. V. Motov[1]

[1]Psychiatry, Social House "Stupino" (The Institution for Chronic Mental Patients with Disability) of The Department of Labor and Social Protection of the Population of the City of Moscow, Stupino, Russian Federation
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Introduction: Outpatient compulsory observation and treatment by a psychiatrist (OCOTP) is, according to Russian Law, a coercive measure of medical nature. It was put into effect in 1997 and may be assigned by the court to persons suffering from mental disorders who have committed criminal offenses. Forensic psychiatric examination is a mandatory condition for the court to make a decision.
Objectives: To provide an overview of (1) the purposes of OCOTP, (2) the differences between OCOTP and outpatient mandatory psychiatric treatment, (3) the basis for judicial decisions to order and terminate OCOTP, the duration of OCOTP, and its effectiveness.
Methods: An analysis of scientific publications and professional literature on the topic and my own practical experience as a forensic