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TREATMENT CONDITIONS FOR PATIENTS WITH DEMENTIA IN FORENSIC PSYCHIATRY: POPULATION-SPECIFIC FEATURES AND CRITICAL PERSPECTIVES ON CURRENT PRACTICE

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BACKGROUND AND AIM: The global rise in the elderly population is increasing the number of older adults in forensic psychiatric systems. This study aimed to evaluate the sociodemographic/clinical/criminal characteristics and barriers/needs related to hospitalization of this special group.

METHODS: In this retrospective descriptive study, 1,650 male patients hospitalized in a high-security forensic psychiatry unit were examined. Thirty patients diagnosed with dementia (ICD-10: F00–F03, G30) who had prescribed medications in their electronic medical records were included. Sociodemographic/criminal/clinical characteristics, family attitudes toward hospitalization, individualized care needs, and hospitalization conditions of dementia patients were assessed based on detailed examination of nursing/physicians' observation notes. Ethical approval was obtained (Date: 2025; Decision number: 922).

RESULTS: The prevalence of dementia was 1.81%. The mean age was 75.23 ± 9.92 years. 56.7% had one general medical disorder, 20% had two, and 20% had three or more. According to offense severity, 30% were non-violent or minimal-violent, 60% were moderate-severity, and 10% were moderate-to-severe or severe-violent. Family reluctance to hospitalize was 76.7% of cases; maintenance medications were unavailable at the hospital pharmacy in 40%; 93.3% required individualized care. The length of hospitalization was 5.8±10.14 days. 17 patients were discharged on the same day.

CONCLUSIONS: Dementia is an uncommon diagnosis for the forensic psychiatry population. Our findings indicate that the length of hospitalization was markedly shorter than the previously reported mean length for forensic psychiatric admissions. In the general literature, it is well known that hospitalization tends to be short in forensic psychiatry practice when multiple comorbidities are present. In the study population, lack of access to medication, the need for accompanyng person, and families' reluctance toward hospitalization may have influenced this outcome. It is important to develop arrangements in forensic psychiatric practice for patients with dementia that maintain a balance between care needs and safety.

Keywords: Forensic psychiatry, dementia, elderly offenders, criminal responsibility, care needs, high-security units