

intervene. Depending on the results, it is interesting then to assess needs and optimize available resources.

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#### EV416

### Depression, somatic complaints and medical help-seeking in a Romanian sample

C. Giurgi-Oncu<sup>1,\*</sup>, C. Bredicean<sup>1</sup>, F. Giurgi-Oncu<sup>2</sup>, R. Romosan<sup>1</sup>, M. Ienciu<sup>1</sup>

<sup>1</sup> “Victor Babes” university of medicine and pharmacy of Timisoara, Timisoara, Romania

<sup>2</sup> Timisoara County emergency clinical hospital, psychiatry, Romania

\* Corresponding author.

**Introduction** Depression as a disorder, with all its intensities and clinical forms, requires to be projected on the backdrop of human suffering. In evaluating a depressive episode of a somatically ill person, it is important to assess personality and social context as a whole.

**Objectives** To establish the degree of somatic comorbidity/somatization in depressive patients and the correlation with their social support network.

**Aims** To recommend cost-effective psycho-social interventions to offer relief and support.

**Method** We evaluated 60 patients with depression of various etiologies (Recurrent depressive disorder, Paranoid-depressive disorder, Anxious-depressive disorder). Self-report and observer rating scales were used (SCL-90, Beck, Hamilton) along with a supplementary consult (where required) by different specialists. Direct observations were made regarding the social support network, in terms of evaluating their scale and efficiency.

**Results** The majority of patients included showed an obvious inconsistency in terms of objective and subjective symptoms, correlated with the lack of an adequate social support network. This resulted in more medical help-seeking, a polymorphic array of somatic symptoms, oscillations of somatic complaints, some showing lack of adherence and only mild improvement with psychotropic therapy. Most of the somatized complaints were gastrointestinal, respiratory, pain-related and pseudo-neurological, with an increased overall evidence-based cardio-vascular comorbidity.

**Conclusions** We suggest that in order to help support patients and ensure fluidization of medical services, mental health care could also be delivered effectively in primary care settings, through community-based programmes and task shifting approaches that engage and support skilled non-specialist health professionals, lay workers, affected individuals, and caregivers (Kakuma, 2011).

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#### EV417

### Burnout in pediatric oncology healthcare providers: Protection and vulnerability

C. Araújo<sup>1</sup>, R. Gonçalves<sup>1,\*</sup>, J.M.V.D. Ferreira<sup>1</sup>, S. Pedroso<sup>1</sup>, C. Pinho<sup>1</sup>, S. Silva<sup>2</sup>, M.J. Brito<sup>2</sup>

<sup>1</sup> Hospital Pediátrico - Centro Hospitalar e Universitário de Coimbra, child and adolescent psychiatry, Coimbra, Portugal

<sup>2</sup> Hospital Pediátrico - Centro Hospitalar e Universitário de Coimbra, pediatric oncology unit, Coimbra, Portugal

\* Corresponding author.

**Introduction** Burnout is a condition characterized by emotional exhaustion, depersonalization and reduced personal accomplish-

ment, resulting from the inability to cope with chronic job stress. Healthcare providers at pediatric oncology units, who care for children with life-threatening illnesses, are exposure to high levels of stress, which increases the risk for developing burnout, with consequences in their personal health and quality of patient care.

**Objective** To assess the prevalence and sources of burnout on a multidisciplinary team of a pediatric oncology unit.

**Methods** Participants were a convenience sample of 16 pediatric oncology professionals, including medical, nursing, and related health staff from a Portuguese pediatric oncology center. Participants completed the Portuguese version of the Copenhagen Burnout Inventory.

**Results** All three subscales that compose this Inventory were found to have burnout below normal levels (cut-off  $\geq 50$  points). However, personal and work-related subscales showed mean values in the superior limit of normality ( $48 \pm 14$ , 18 points and  $49, 48 \pm 12$ , 23 points, respectively). Nevertheless, when analyzed the patient-related subscale, we found low levels of burnout in the majority of responders. These findings are similar to the existing literature, which suggests that patient care and interactions with children are the least stressful aspect of working in this specialty.

**Conclusion** Despite the high levels of stress exposure in pediatric oncology units, results suggest that the majority of professionals are not actually in burnout. However, the obtained values advice for the need of prevention and workplace approaches to staff's well-being and stress reduction, in order to avoid burnout development.

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#### EV418

### Liaison psychiatry as a part of a multifocal treatment in a general hospital

D. Goujon<sup>1,\*</sup>, R. Muto<sup>2</sup>, C. Vayssier-Belot<sup>2</sup>, H. Masson<sup>2</sup>, P. Grandin<sup>1</sup>

<sup>1</sup> CHI Poissy-Saint Germain en Laye, Secteur 78G04, Poissy, France

<sup>2</sup> CHI Poissy-Saint Germain en Laye, medecine- nephrology and hemodialysis, Poissy, France

\* Corresponding author.

We report here three clinical cases as exemples of our rich and frequent collaboration between the department of psychiatry and the department of medecine, nephrology and hemodialysis. This work can serve as a basis for further reflection in order to improve mutual demands. We based our description on three patients chosen for their homogeneity in demand, rapidity of evaluation, the same clinician who evaluated the demand. Either case: a 42-year-old woman, who was admitted for alteration of general state, severe headaches and chronic addiction to alcohol, 71-year-old woman suffering from recurrent unipolar depression who came for somatic exploration and severe weight loss or 55-year-old man who was transferred from cardio-pulmonary intensive care unit after a voluntary ingestion of neuroleptic- were reevaluated by the psychiatrist and the special follow-up was indicated as the patient was discharged from internal medecine department. We were interested in studying how important to the patient this indication turned to be on time.

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