

Conclusions: Our findings highlight the importance of understanding the trajectories of depression and anxiety over time in women with breast cancer and identifying the triggering factors. Such personalized approaches would improve patient quality of life.

Disclosure of Interest: None Declared

EPP0246

Barriers in cancer care for patients with mental illness – a qualitative study

A. N. H. Vendelsøe^{1*}, M. Stie^{1,2}, P. Hjorth^{2,3}, J. Søndergaard⁴ and L. H. Jensen^{1,2}

¹Department of Oncology, Lillebaelt Hospital, Vejle Hospital, Vejle; ²Department of Regional Health Research, Faculty of Health Sciences, University of Southern Denmark, Odense; ³The Psychiatric Department in Vejle, Mental Health Services in the Region of Southern Denmark, Vejle and ⁴Department of Public Health, University of Southern Denmark, The Research Unit for General Practice, Odense, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.437

Introduction: Patients with mental illness experience a substantial inequity when facing cancer treatment compared to patients without mental illness. They have a higher cancer mortality and are less likely to be referred for treatment following clinical guidelines. The cancer treatment can exacerbate mental symptoms, which may lead to discontinuation of the treatment. Other relevant specialities such as psychiatry and general practice are rarely involved.

Objectives: In this qualitative case study, the needs, barriers and facilitators of providing high quality, patient-centered care to patients with cancer and pre-existing mental illness were explored. Emphasis was on patients' experiences of being in the field between oncology, psychiatry, general practice and the municipality.

Methods: The study was anchored at the Department of Oncology, Lillebaelt Hospital, Vejle and data collection took place from January to June 2023. Through purposeful sampling five patients with cancer from adult psychiatric setting were included. Field studies were carried out inspired by the framework of Spradley, and involved following the patients during visits to the department of oncology and in the psychiatric setting. Formal interviews were performed using semi-structured interview guides inspired by Kvale and Brinkmann. Patient files were examined focusing on the awareness of the psychiatric diagnosis and treatment and communication between the departments and sectors.

Results: Our analysis showed one major theme: "Complexity on many levels", and five subthemes: "The impact of the cancer trajectory on mental illness", "The structure follows the disease, not the patient", "Fragmentation of the health care system", "Patient vulnerability" and "Importance of the patient-professional-relationship". Barriers included lack of a systematic approach to the patient group in the health care system and sparse collaboration between departments and sectors. The cancer trajectory often led to severe worsening of the psychiatric illness, resulting in psychiatric hospitalisation. Facilitators were specialized coordinators at the hospital or municipality, relatives, patients' resources and health professionals approaching the patient as a

person rather than a disease. Final results will be ready for presentation at the conference.

Conclusions: Despite intentions of reducing inequality, the Danish health care system is still not equipped to sufficiently help patients with cancer and pre-existing mental illness through their cancer treatment. This study will highlight relevant target points, paving the way for a new, feasible care model that improves continuity and patient-centered care for patients with cancer and mental illness.

Disclosure of Interest: None Declared

EPP0248

A body beaten again: a narrative analysis of a series of cases of breast cancer survivors punctuated by violence

V. S. D. Melo^{1*} and C. Soares²

¹Psychiatry, Centro Hospitalar do Médio Tejo, Tomar and ²Psychiatry, Instituto Português de Oncologia - Porto, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.438

Introduction: Various mechanisms have been identified to explain the relationship between gender-based violence, screening, and cancer. Biological mechanisms, primarily related to chronic stress and allostatic load, have been associated with high rates of chronic diseases among victims of violence, impairing the functioning of the immune and endocrine systems. Victims of abuse simultaneously show less initiative for screening exams, such as mammograms, as they perceive them as invasive and retraumatizing. They also demonstrate a greater tendency toward maladaptive coping behaviors and unhealthy lifestyles, such as abusive substance use. A significant number of these patients develop psychosocial dysfunction and body image disturbance during breast cancer treatments.

Objectives: This work aims to provide a descriptive and narrative analysis of body image and psychosocial changes in women breast cancer survivors with prolonged experiences of violence, supported by a non-systematic literature review on the central aspects under study.

Methods: For the introductory literature review, a search was conducted on search engines such as Google Scholar and PubMed, with no date limitations, using the following terms (or combinations): "intimate partner violence," "violence AND cancer," "body image AND psychosocial adjustment AND breast cancer." Additionally, a narrative analysis of body image and psychosocial changes in women breast cancer survivors with prolonged experiences of violence was conducted. For this purpose, participants were asked to complete two validated scales in the Portuguese language, and first-person testimonials were collected.

Results: The analysis of scale results and participant testimonials highlights a consensus on the significant impairment of psychosocial functioning and the experience of sexuality. There is evidence of avoidance behaviors in terms of affectionate and sexual contact due to feelings of fear, shame, and discomfort. The breast is valued as a sensual, erotic, and essential sexual element, and impactful changes in body image persist. However, in some cases, these changes are experienced as transformative and liberating, fostering a more generous view of the body, identity, and femininity.

Conclusions: Women with breast cancer should be screened for the possibility of being victims of violence, as this context predicts a

higher likelihood of emotional difficulties during surgical treatments, including psychological distress, post-traumatic stress, body shame, and self-blame. A significant number of women, including those in this study, consider the approach to self-image and sexuality in oncology consultations deficient. Psychological programs and interventions should be developed to empower patients to adjust to the sexual changes arising from treatments and disease progression and to promote positive intimate relationships and effective communication.

Disclosure of Interest: None Declared

EPP0249

Development and psychometric testing of the Acceptability regarding Cognitive Rehabilitation Interventions Survey – Cancer Survivors (ACRIS-CS)

A. F. Oliveira¹, A. Bártoło^{1,2,3}, L. Loureiro⁴, I. M. Santos⁵ and A. Torres^{1*}

¹Department of Education and Psychology, Center for Health Technology and Services Research of the Health Research Network (CINTESIS@RISE), University of Aveiro, Aveiro; ²I2P - Portucalense Institute for Psychology, Portucalense University, Porto; ³Center for Global Studies, Open University, Lisboa; ⁴Department of Education and Psychology, University of Aveiro and ⁵Department of Education and Psychology, William James Center for Research (WJCR), University of Aveiro, Aveiro, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.439

Introduction: Cognitive rehabilitation interventions (CRIs) for cancer-related cognitive impairment (CRCI) have shown promising results. However, the acceptability of CRIs in the context of CRCI treatment has not yet been assessed among cancer survivors. Due to the absence of suitable instruments designed to assess the acceptability of CRIs in this population, we developed the Acceptability regarding Cognitive Rehabilitation Interventions Survey for Cancer Survivors (ACRIS-CS).

Objectives: This study aimed to develop and test the psychometric properties of the newly created instrument, ACRIS-CS.

Methods: The study was conducted in two stages: (1) the creation of scale items derived from a comprehensive literature review, considering the Theoretical Framework of Acceptability (TFA); and (2) the assessment of the scale's psychometric properties with cancer survivors. At the end of stage 1, the questionnaire was revised by four clinicians and researchers with expertise in the field of CRCI, and the final item selection was determined by the authors, considering redundancy, item relevance, and face validity. The final scale comprised 11 items, answered on a 5-point Likert scale (ranging from "strongly disagree" to "strongly agree"). Higher scores indicated more positive perceptions related to the acceptability of CRIs. Data were collected online and analyzed using IBM SPSS Statistics (version 28.0). Construct validity (exploratory factor analysis, EFA) and reliability (internal consistency) analyses were performed.

Results: In this study, 154 cancer survivors were included. The Kaiser-Meyer-Olkin (KMO) measure of 0.847 confirmed the adequacy of sampling (KMO>0.5), and Bartlett's test of sphericity yielded statistical significance ($X^2(55) = 864.431, p < 0.001$),

validating the structure of the correlation matrix. The EFA results indicated the presence of three factors, each with eigenvalues exceeding the Kaiser criterion of 1. The scree plot confirmed the existence of three factors beyond the inflection point. All items demonstrated factor loadings higher than 0.40, indicating their relevance to the identified factors. This factor structure was conceptually justifiable. These factors were labeled as follows: 1) Affective attitude and effectiveness (6 items); 2) Perceived benefits and self-efficacy (3 items); and 3) Perceived burden (2 items). Collectively, these factors accounted for 68.7% of the total variance. The ACRIS-CS total scale and subscales demonstrated good internal consistency, with Cronbach's alpha coefficients ranging from 0.727 to 0.848.

Conclusions: The results of the EFA and internal consistency analysis were satisfactory. The ACRIS-CS appears to be a valid and reliable scale for assessing the acceptability of CRIs among cancer survivors.

Disclosure of Interest: None Declared

Others

EPP0250

The dynamics of statistical learning in autism – exploratory research

C. A. Nagy^{1*}, F. Hann^{1,2,3}, B. Brezóczki^{1,2,3}, K. Farkas⁴, T. Vékony⁵, O. Pesty^{1,2,3} and D. Nemeth^{1,3,5}

¹Institute of Psychology, Eötvös Loránd University; ²Doctoral School of Psychology, Eötvös Loránd University; ³Brain, Memory and Language Research Group, Institute of Cognitive Neuroscience and Psychology, Research Centre for Natural Sciences; ⁴Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary and ⁵INSERM, Université Claude Bernard Lyon 1, CNRS, Centre de Recherche en Neurosciences de Lyon CRNL, Bron, France

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.440

Introduction: In the context of developmental disorders, it is frequently observed that atypical processes may yield seemingly unimpaired behavioural outcomes. Research has shown that children and adults with Autistic Spectrum Disorder (ASD) have intact statistical learning performance. Recent studies have indicated that learning can happen not only during practice but during ultrashort rests between practice blocks (that is, ultrafast offline learning) but no study to date examined these dynamics in ASD.

Objectives: This research aimed to unravel the effect of ASD on learning during and between blocks, also known as online and offline improvement.

Methods: We conducted a series of research with three different samples: 1) ASD children (N = 27), 2) ASD adults (N = 42), and 3) neurotypical adults with distinct positions on the autism spectrum, i.e., the severity of autistic traits (N = 174). Participants performed the Alternating Serial Reaction Time task, allowing us to measure statistical learning (the extraction of statistical knowledge) and general skill learning (speed-up regardless of probabilities) separately.

Results: Individual differences in online and offline improvements were observed. Results of individual studies further confirmed by