

## EPV0430

**The bed smells like oil: About a case with diagnosis of epilepsy**M. Suárez-Gómez<sup>1\*</sup>, P. Rodrigues<sup>1</sup> and A. Suárez Gómez<sup>2</sup><sup>1</sup>Psychiatry, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal and <sup>2</sup>Community Health, Unidade de Cuidados Continuados, Borba, Portugal

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**Introduction:** Olfactory hallucinations have been described since the 19th century as a particular, often unpleasant smell at the beginning or during the spell. The olfactory cortex are involved in temporal lobe epilepsy.

**Objectives:** The aim was analyze the relationship between the olfactory hallucinations and the previous diagnosis of epilepsy.

**Methods:** In this study, we present a clinical case and review the current literature showing the relationship between smell and epilepsy.

**Results:** A 69-years-old woman, with a medical history of epilepsy, went to the emergency department describing a recent episode of seizure, self-limited in time, after a sensation of an unpleasant smell in bed. A medical history of osteoarthritis, cholecystectomy and essential tremor is described. No unknown drug allergies. The neurological examination shows dysarthric speech, tremor in the right upper limb, isochoric and reactive pupils, preserved sensitivity and strength, and a positive Romberg's sign. The physical examination, blood test and vital signs were normal. The head CT scan showed signs of ischemic leukoencephalopathy, without acute ischemic or hemorrhagic lesions. The patient was medicated with 1000 mg of valproate daily, which was suspended a month ago due to an alteration in liver transaminases. Treatment with diazepam 10 mg daily was prescribed and referred for consultation. The sense of smell changes over time for anormal aging process, affecting ability to detect, identify and discriminate odors. Several neurodegenerative diseases present certain alterations that help us determine their origin and progression (Vaughan and Jackson, 2014).

**Conclusions:** Olfactory auras occur before a seizure of the temporal lobe. Repeated stimuli in limbic regions can produce changes in the piriform cortex, with increased excitability and in epileptic discharges.

**Disclosure:** No significant relationships.

**Keywords:** old age psychiatry; Epilepsy; olfactory hallucinations; neuropsychiatry

**Oncology and psychiatry**

## EPV0431

**The practice of sedation in palliative care for oncologic patients: Fantasies reported by a nursing team in a specialized hospital in Brazil: A qualitative study**E. Turato<sup>1,2\*</sup>, C. Santos<sup>1</sup>, J.R. Rodrigues<sup>1</sup>, A.C. Bispo<sup>1</sup> and C.S. Lima<sup>1</sup><sup>1</sup>Medical Psychology And Psychiatry, University of Campinas, Campinas, Brazil and <sup>2</sup>Lpcq - Laboratory Of Clinical-qualitative Research, University of Campinas, Campinas, Brazil

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**Introduction:** CONTEXTUALIZATION: Palliative sedation is a resource used to control symptoms of terminal patients in general. It is considered that it should be discussed by the professionals involved in the process, based on the competence of each one, as well as with family members and patients when possible.

**Objectives:** AIM: To understand symbolic meanings attributed by nursing professionals who provide assistance to the terminal patient regarding to the act of the palliative sedation.

**Methods:** Strategies: Clinical-qualitative design, semi-directed interview of open questions in depth. Nine oncologist nurses participated in the study; sample closed by the criterion of theoretical information saturation. Interviews were audio recorded, transcribed fully, categorized by qualitative content analysis. The results were discussed by colleagues of the Laboratory of Clinical Qualitative Research at the University of Campinas.

**Results:** FINDINGS: The treatment of the data led to 6 emerging categories: (1) death maintains its ambivalent values in our culture; (2) serving the death symbolically on a tray; (3) the act of sedation and its "unfortunate coincidences"; (4) palliative sedation: agent of a pious death; (5) late sedation: cause for distress to the professional; (6) the professional's self-comfort considering certain psychological strength from the patient and family.

**Conclusions:** Final considerations: palliative sedation takes a general and individual meanings for the professional and even in case of experienced professionals regard to palliative sedation, the death phenomenon conduct them to express multiple and peculiar emotional issues, not ever perceived.

**Disclosure:** No significant relationships.

**Keywords:** nursing psychology; palliative care; sedation in oncology; Qualitative Research

## EPV0432

**Paving the way for the oncological process in patients with schizophrenia**

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**Introduction:** Oncologic patients with schizophrenia have a higher mortality, which could be explained by a delayed diagnosis and a poor quality of the oncologic treatment (1). Some of the potential reasons are related with patient's psychopathology, stigma, and barriers in access to medical care. An structured support during the oncologic treatment has been proposed to solve the difficulties that patients with schizophrenia can experience when handling with an oncologic process. (2).

**Objectives:** To illustrate two approaches for cancer accompaniment in patients with schizophrenia.

**Methods:** We present two case-report and literature research of the topic.

**Results:** Case A. A 49 y.o. woman diagnosed with a schizoaffective disorder. In the last years she had difficulties to manage her selfcare, so her mental health providers linked her to an individualized community nurse, who later played a crucial role in helping the patient during the diagnosis and treatment of a breast cancer. Case B. A 37 y.o. man diagnosed with schizophrenia, who was very integrated in a peer-support organization. After being diagnosed with a Lymphoma, he continued participating in all the group activities (theatre, collaborative radio, painting) until his decease. Sharing the process with other patients not only improved his quality of life but also helped the group to manage the grief.

**Conclusions:** - Individualized support with a mental health nurse could enhance the communication between the oncologist and mental health providers, improve the symptoms management, and allow psychological support. - Peer-support can prevent social isolation, improve the quality of life and the management of the oncologic treatment.

**Disclosure:** No significant relationships.

**Keywords:** peer-support; schizophrenia; oncology

## EPV0434

### Cancer and the threat of death

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**Introduction:** Fear of death is somehow a normal sensation. Though for those having a cancer, it could increase the burden of the disease and have negative psychological impacts. This death anxiety isn't easily verbalized by patients, thus it's important for caregivers to manage it to improve those patients' quality of life.

**Objectives:** Assess death anxiety in cancer patients and to identify factors that may influence it

**Methods:** Our study was a cross-sectional descriptive study with an analytical focus on quantitative specifications. It targeted patients hospitalized at the oncology department or consultant at the day hospital of the regional hospital of Gabes, Tunisia. Participants completed a questionnaire including sociodemographic and clinical data, using HADS scale for anxious and depressive symptoms and DAS scale for death anxiety.

**Results:** One hundred and twenty patients were enrolled in the study. The average age of participants were 54,  $9 \pm 11$ , 8 years. The majority of patients were married (68.3%) and had an average socioeconomic level (74, 2%). Our results showed that 43, 3% of patients had a high death anxiety score. Higher level of threat of death, were found in older patients ( $p=0.028$ ), females ( $p=0.018$ ) and for those having children ( $p=0,01$ ). Death anxiety were also higher in patients having anxiety ( $p=0.007$ ) and those having depression ( $p=0.033$ ).

**Conclusions:** The degree of death anxiety among cancer patients seems important. Its assessment and resolution by the caregivers

remains paramount. The identification of this death anxiety should optimize the overall care of the patient.

**Disclosure:** No significant relationships.

**Keywords:** cancer; death anxiety; mental health

## EPV0435

### Personal resources providing stress resistance of hospice medical workers

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**Introduction:** The functional approach to the study of stress resistance allows us to distinguish two blocks of resources – the “active” one, which includes the analysis of the content, conditions, subject and means of labor, and the “personal” one, which considers values, motivation and the expressiveness of personal qualities that contribute to the stress resistance (Granek, Buchman, 2020; Cross, 2019; Powell et al., 2020; Hernández-Marrero, Fradique, 2019).

**Objectives:** The objective of our work was to study the relationship between the personal and motivational characteristics of hospice employees with the different symptoms of professional burnout as an indicator of a reduced stress resistance.

**Methods:** 62 hospice medical employees with an average work experience of 4,5 years took part in the survey. They were asked to fill out questionnaires to diagnose the burnout symptoms, a motivational personality profile and to assess themselves by the personal semantic differential.

**Results:** By the means of the procedure for determining the extreme groups ( $M \pm \sigma$ ), two groups of respondents were identified, which are characterized by different degrees of burnout symptoms. The results of the comparative analysis showed that the less advantaged respondents from the burnout perspective are focused on the life support, comfort, social status, which indicates a certain rationality in the choice of this job.

**Conclusions:** The portrait of a professionally successful hospice employee includes an orientation towards communication, social and creative activity, which is complemented with independence, confidence and decisiveness – the features that allow carrying out their work in stressful conditions and mainly in uncertain situations.

**Disclosure:** No significant relationships.

**Keywords:** hospice medical workers; personal resources; stress resistance; professional burnout

## EPV0436

### The role of alexithymia on psychological resilience in women with breast cancer

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