

the effects of chronobiological preference among the patients with OCD and OCD comorbid mood disorders.

**Objective** The aim of this study is to assess the clinical effects of affective temperaments and chronotype differences in patients with OCD.

**Methods** The research was performed in patients with OCD which have been under treatment at least for 12 weeks ( $n = 76$ ) and healthy controls ( $n = 55$ ). Yale Brown Obsession Compulsion Scale, TEMPS-A, Morningness and Eveningness Questionnaire, Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale were used in the study.

**Results** There were higher scores in depressive, cyclothymic, irritable and anxious temperaments in patients with OCD compared to the healthy group. There were significant differences between patients with remission and not remission in depressive, cyclothymic, irritable and anxious temperaments. Compared to healthy group eveningness chronotype was more frequent in patients; however the difference was not statistically significant. The OCD patients did not differ from comorbid anxiety, depression and remission levels according to the chronotype.

**Conclusion** Understanding the effects of affective temperaments and chronotype differences on the outcome of patients with OCD, may provide developing new treatment approaches in especially treatment resistant OCD patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## Oncology and psychiatry

### EW369

#### Psychiatric comorbidities in patients with brain tumors after radiotherapy – An intermediate report

M. Bran<sup>1,\*</sup>, M. Ladea<sup>2</sup>, D. Stanculescu<sup>3</sup>, T. Purnichi<sup>3</sup>

<sup>1</sup> Coltea Clinical Hospital, Bucharest, Romania

<sup>2</sup> University of Medicine and Pharmacy “Carol Davila”, Psychiatry, Bucharest, Romania

<sup>3</sup> Clinical Hospital of Psychiatry “Prof. Dr. Al Obregia”, Psychiatry, Bucharest, Romania

\* Corresponding author.

**Introduction** Primary or secondary CNS tumors are among the most difficult to manage forms of cancer. Treatment of these tumors remains a challenge in oncology and the success rates for treatment of brain tumors are much lower than in extracerebral localizations. Because most chemotherapeutic agents do not cross the blood-brain barrier effectively and surgery is sometimes only palliative, radiotherapy remains the main method of treatment of these lesions. Both localized and generalized brain radiotherapy have numerous psychiatric complications.

**Objectives** The objective of the study was to assess the psychiatric comorbidities in patients with brain tumors receiving radiotherapy.

**Aims** This is an intermediate report of a larger study that assesses comorbidities in patients with brain tumors after radiotherapy.

**Methods** Twenty-five patients with different localization brain tumors were included in this observational study before receiving radiotherapy. All patients were assessed using Hospital Anxiety and Depression Scale (HADS) for anxiety and depressive symptoms, Montreal Cognitive Assessment (MOCA) for cognitive impairment and Quality of Life Enjoyment and Satisfaction Questionnaire–Short Form (Q-LES-Q-SF) at inclusion and after 3 months from finishing the radiotherapy sessions.

**Results** Twenty-two patients completed the study. Nine patients received antidepressant treatment (sertraline, tianeptine) during the study for depressive symptoms or anxiety. Patients receiving antidepressants showed better scores on HADS, MOCA and Q-LES-Q-SF scales.

**Conclusions** Antidepressant use in patients receiving radiotherapy for brain tumors could be neuroprotective and could improve quality of life.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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### EW370

#### Defence mechanisms and coping skills in oncology patients

C. Bredicean<sup>1,\*</sup>, C. Giurgi-Oncu<sup>1</sup>, I. Papava<sup>1</sup>, R. Romosan<sup>1</sup>,

A. Jurma<sup>1</sup>, M. Cristanovici<sup>2</sup>, M. Hurmuz<sup>3</sup>, A. Popescu<sup>3</sup>

<sup>1</sup> “Victor Babes” University of Medicine and Pharmacy, Neuroscience, Timisoara, Romania

<sup>2</sup> South London and Maudsley NHS Foundation Trust, Mental Health Learning Disabilities–Bethlem Royal Hospital Psychiatric, Mental Health Learning Disabilities, London, United Kingdom

<sup>3</sup> “Eduard Pamfil” Psychiatric Clinic Timisoara, Psychiatry, Timisoara, Romania

\* Corresponding author.

**Introduction** Oncology-related illnesses have become quite frequent in our lives. Lately, medical progress in the field of oncology has led to an increase in the survival rates of people diagnosed with cancer. The minimisation of disturbances in the lives of these people is done by each on their own, by using defence mechanisms and coping skills.

**Objectives** To identify the coping and defence mechanisms of subjects diagnosed with cancer compared with non-clinical subjects.

**Aims** To increase quality of life of subjects diagnosed with cancer through psychotherapy interventions.

**Method** Nineteen subjects diagnosed with cancer who were receiving chemotherapy were recruited to the study. For comparison, a control group of non-clinical participants were also recruited. Participants were included into the study according to particular inclusion/exclusion criteria. The evaluation was conducted during 2014 and consisted of the analysis of the following parameters: socio-demographic data, clinical data, defence mechanisms (DSQ-60) and coping mechanisms (COPE scale).

**Results** The group of subjects diagnosed with cancer demonstrated the presence of defence mechanisms of the following type: passive aggressiveness, projection and coping mechanisms that were characterised by an emphasis on social support. The control group had defence mechanisms of the following types: repression, denial and coping mechanisms that focused on emotions.

**Conclusions** There are differences in defence and coping mechanisms between subjects with cancer compared to the non-clinical group. It may be that defence and coping mechanisms can be optimized through psychotherapy interventions to increase quality of life.

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### EW371

#### The risk of sleep disorders in Korean cancer patients

H. Lee<sup>1,2,\*</sup>, S.T. Oh<sup>1</sup>, D.W. Kim<sup>3</sup>, W.J. Choi<sup>1,2,3</sup>

<sup>1</sup> NHIS Ilsan Hospital, Department of Psychiatry, Goyang, Republic of Korea

<sup>2</sup> Yonsei University College of Medicine, Department of Psychiatry and Institute of Behavioral Science, Seoul, Republic of Korea

<sup>3</sup> NHIS Ilsan Hospital, Department of Policy Research Affairs, Goyang, Republic of Korea

\* Corresponding author.

**Purpose** Sleep disturbance in cancer patients is common. The aim of this study is to investigate the risk of sleep disorders in cancer patients compared to patients with other diseases using the national registry data.

**Method** Using data from the Korean National Health Insurance Research Database between 2002 and 2013, the cancer group was composed of patients with an initial diagnosis of cancer in 2004 ( $n = 3358$ ). The remaining people were considered as comparison group ( $n = 493,577$ ) after excluding patients with any cancer or psychiatric disorder from 2002 to 2003 and from 2005 to 2013. Each sampled subject was tracked until 2013. Cox proportional hazard regressions were used to calculate the overall rate for sleep disorder development after adjusting for age, gender, and socio-economical confounders.

**Results** Cancer patients were associated with an increased risk of sleep disorder in both sexes (male hazard ratio [HR]: 1.319; 95% confidence interval [CI]: 1.232–1.413; female HR: 1.289; 95% CI: 1.198–1.386) after adjusting for potential confounders. Both results were statistically significant ( $P < 0.001$ ). In terms of age, the effect size of the HR was largest among elder adults, aged  $\geq 70$  years (male HR: 1.748; female HR: 1.820). The HR tended to increase consistently.

**Conclusion** Initial diagnosis of cancer was significantly associated with sleep disorder development after adjusting for potential confounders. This result suggests that thorough screening and intervention for sleep disorders are required for the newly diagnosed cancer patients to improve their quality of life.

**Keywords** Cancer patients; Sleep disorder; Hazard ratio; National registry data

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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### EW373

#### Interdisciplinary rehabilitation of a patient with right brain injury and recurrent depression

N. Varako<sup>1,2,\*</sup>, O. Dobrushina<sup>2</sup>, Y. Zinchenko<sup>3</sup>, S. Martynov<sup>2</sup>, M. Kovyazina<sup>3</sup>

<sup>1</sup> Lomonosov Moscow State University, Psychological, Москва, Russia

<sup>2</sup> International Institute of Psychosomatic Health, "Prosvet" Neurorehabilitation Center, Moscow, Russia

<sup>3</sup> Lomonosov Moscow State University, Psychological, Moscow, Russia

\* Corresponding author.

**Introduction** Rehabilitation of concurrent psychiatric disorder and brain injury is a major challenge. E. underwent neurosurgery for right fronto-parietal astrocytoma. Before illness he was managing automatization of big companies, but was fired after the operation. E. fell into severe depression and anxiety with catastrophization of his illness, suicidal ideation. He resisted multiple prescriptions for SSRI, admitting a sect pretending to "treat" oncology by "psychological" methods. Half a year after operation he attended our center.

**Objectives and aim** To help E. return to paid employment.

**Methods** E. was evaluated by neurologists, psychiatrist, neuropsychologists. Current depressive episode appeared to be the second one with underlying schizoid and perfectionist characteristics. He had moderate text comprehension difficulties, confabulations, slight executive dysfunction. Neuropsychologist educated patient on his difficulties and developed compensatory strategies – an alternative to catastrophisation. After psychoeducational session E. agreed to receive fluvoxamine. However,

he deformed the received information due to brain injury, so psychotherapy had only minor effects. Infra-low frequency neurofeedback at T4P4 and T4Fp2 sites was started to promote restoration of right brain functions. E. gradually did better, and 3 months later was able to complete CBT course along with relaxation training.

**Results** Improvements in emotional status along with ability to cope with cognitive difficulties allowed E. to return to a job similar to the previous. Six month after the start of treatment medications are tapered off, E. has no signs of depression and only slight anxiety.

**Conclusions** Interdisciplinary holistic rehabilitation may be effective in concurrent psychiatric disorder and brain injury.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## Pain and treatment options

### EW374

#### The fibromyalgia patients would present higher levels of magnification that controls pain: A pilot study

K. Cabas-Hoyos<sup>1,\*</sup>, J.L. Muñoz-Salgado<sup>2</sup>, I. Cadavid-Perez<sup>1</sup>, L. De Hoyos<sup>1</sup>, G. Gonzalez-Gamero<sup>1</sup>, L. Luna-Martinez<sup>1</sup>, I. Perez-Solano<sup>1</sup>, L. Quintero-Soto<sup>1</sup>, F. Roman<sup>3</sup>

<sup>1</sup> Grupo CAVIDA, Facultad de Psicología, Universidad Pontificia Bolivariana, sede Montería, Cra 6 # 97 A 99, Montería, Colombia

<sup>2</sup> CENEM, Centro de Neurociencias Montería, Neuropsiquiatria, Montería, Colombia

<sup>3</sup> Universidad Maimónides, Doctorado en Psicología con orientación en Neurociencia Cognitiva, Buenos Aires, Argentina

\* Corresponding author.

Catastrophism is a variable of great importance in the study of pain. Catastrophism refers to a negative and exaggerated compared to the experience of pain, both real and anticipated mental perception (Sullivan, Bishop and Pivik, 1995; Sullivan et al., 2001). The current study to compare the levels of catastrophism in patients with and without fibromyalgia. This study is cross-cutting and comparative. Twenty participants (M: 47.20; SD: 12.11) distributed as the following way:

- group 1: patients with fibromyalgia previously diagnosed through the American College of Rheumatology criteria ( $n = 10$ );
- group 2: Clinical depression, defined according to the DSM-5 ( $n = 5$ );
- group 3: healthy patients ( $n = 5$ ) paired by age with the group of Fibromyalgia.

The PCS, a self-administered, was used to measure Catastrophism. Responses were summed to yield three different subscales: Rumination, Magnification and Helplessness. This instrument is validated in both experimental and clinical population (Van Damme, Crombez, Bijttebier, Gouber and Van Houdenhove, 2002; Edwards et al., 2006). A comparison among the three groups was established using one-way factor ANOVA. The results point out that patients with fibromyalgia have higher levels of magnification controls with depression and healthy group ( $P < 0.05$ ). In contrast, although the average level of Catastrophism total presented a greater tendency in fibromyalgia patients no statistically significant differences were found. This is discussed in relation to the literature, a higher level of magnification to explain pain and maintaining the chronicity of the disease. It is important to consider the component catastrophism to have a multidimensional view of pain.