

EV0808**Invisible effects of chemotherapy**D. Brandão^{1,4}, T. Assunção^{2,4}, H. Almeida^{3,4,*}¹ *Interna Psiquiatria ULSAM, Departamento de Psiquiatria e Saúde Mental da ULSAM, Braga, Portugal*² *IPO-Porto, Porto, Portugal*³ *Hospital Magalhães Lemos, B, Porto, Portugal*⁴ *University of Porto, Department of Clinical Neurosciences and Mental Health Faculty of Medicine, Porto, Portugal** *Corresponding author.*

Introduction Chemotherapy is an essential component in the treatment and alleviation of oncological diseases. To your application are associated, as well as systemic effects, cognitive impairment in patients. These changes have received increasing attention due to the impact on quality of life of cancer survivors.

Objectives This study aims to evaluate the current evidence on the association between chemotherapy and cognitive impairment in cancer patients, especially in the areas affected cognitive function, possible mechanisms of action and consequences on the quality of life of these patients and the importance of identifying strategies intervention in order to minimize these effects.

Methods We conducted a literature review from literature articles addressing this topic with use of databases: Medline and Pubmed. The following keywords were used: “chemobrain”, “cognitive dysfunction”, “chemotherapy”.

Results Although some states have not found differences, several studies have shown that chemotherapy has implications cognitively. Underlying etiology remains unknown, and proposed several mechanisms to explain these changes: neurotoxicity, microvascular damage and inflammatory response. Cognitive impairment has significant implications in the daily life of patients both personally, socially and labour. The therapeutic approach focuses on the patient and family education, coping strategies, cognitive rehabilitation and cognitive behavioural therapy.

Conclusions It is vital to educate patients about the possibility of cognitive change as effect of chemotherapy as well as health professionals in the early identification of these changes. It is essential developing specific intervention strategies to improve the quality of life of the oncologic patient during and after treatment.

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EV0809

The study and comparison of the severity of coping strategies and defense mechanisms in prostate cancer patients, healthy individuals and patients with similar localization oncology

J. Gardanova*, I. Abdullin, A. Chernov, D. Khritinin
*Pirogov Russian National Research Medical University, Psychotherapy, Moscow, Russia** *Corresponding author.*

This project deals with the problem of emotional response to their disease in prostate cancer patients compared with healthy people and patients with similar localization of oncology diseases. As a result, it was found that in patients with prostate cancer pronounced such defense mechanisms as repression, denial and reaction formation, which may lead to psychosomatic disease. The coping strategies of the system in patients with prostate cancer is most pronounced, such a mechanism as a “distancing”. The results may contribute to the creation of a

specific psychological rehabilitation for this group of patients the program.

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EV0810

Bruxism as a consequence of chemotherapy?

G. Da Ponte^{1,*}, J. Rato², C. Pinto², M. Lobo¹, S. Ouakinin³¹ *Centro Hospitalar Barreiro-Montijo, Psychiatry and Mental Health, Barreiro, Portugal*² *Centro Hospitalar Barreiro-Montijo, Oncology, Barreiro, Portugal*³ *Medical School of Lisbon University, University Clinic of Psychiatry and Medical Psychology, Lisbon, Portugal** *Corresponding author.*

Introduction Bruxism is a syndrome with uncertain etiology but with proposed factors: psychosocial, peripheral and central. Treatment is also controversial and one of the options focuses in GABA theory and regularization of ion channels. Xelox (capecitabine + oxaliplatin) and bevacizumab is indicated for metastatic colorectal cancer, being oxaliplatin the most neurotoxic agent (acute syndrome and/or a chronic sensory neuropathy). Acute neurotoxicity is very frequent and it is a sensory and/or a motor toxicity (as tongue tingling or jaw spasms). The proposed pathogenesis – neuronal hyperexcitability due to alterations of voltage-gated ion channels – is supported by mechanism of action of some treatments.

Objectives and Aims Review different causes of bruxism.

Methods Description of a clinical case.

Results This is a story of 76-years-old man in treatment for metastatic colon cancer that developed toxicity: nausea (treated with haloperidol), bruxism and gingival atrophy. He was referred to psycho-oncology by involuntary movements of mouth and trunk. The patient complained of sadness, anhedonia and insomnia since recurrence of cancer and related the movements with CT. At observation he was anxious, tearfulness and agitated. He was treated for a depressive episode, but the doubt remained about involuntary movements: haloperidol was a confounding factor for oxaliplatin acute neurotoxicity, also aggravated by psychic and peripheral factors.

Conclusions The authors believe that bruxism is linked to CT in a very complex relation that includes psychic, peripheral and central factors. Psychiatrists need to keep attention to the patient as a whole, not being seduced by easy answers like psychosocial factors.

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EV0811

I was not so

M.J. Gordillo Montaña^{1,*}, S. Ramos Perdigues¹,
E. Guillén Guillén², O. Lopez Berastegui³, M. Guisado Rico¹,
S.V. Boned Torres¹, M. De Amuedo Rincon¹, C. Merino del Villar¹,
S. Latorre¹¹ *Hospital Can Misses, Psychiatry, Eivissa, Spain*² *Hospital Clinic, Psycho-oncology, Barcelona, Spain*³ *Hospital Can Misses, Medicine, Eivissa, Spain** *Corresponding author.*

Introduction The frontal lobes are the brain structures of latest development and evolution in the human brain. It is considered that the frontal lobes represent the “executive center of the brain”. The frontal tumors represent 16% of all supratentorial tumors. Symptoms are easily confused as psychiatric rather than neurological.

Objectives Can see the alterations of the executive functions in a case of frontal affectation, for future cases know where to focus our attention and develop concepts associated with frontal lobe.

Method Thirty-year-old patient without relevant medical history. Go to the emergency department with major episode of agitation. After performing cranial CT abnormality, it is detected in the front area. Sign up study. It presents amnesia episode before admission, whereupon shown stunned and worried. The patient describes a change in your life 12 months ago, when it begins to be more nervous, increasing their impulsiveness, she has episodes of binge eating, purging behavior with subsequent occasional alcohol abuse. Jealousy. The patient is informed as much as your family of the possible impact of the injury on the behavioral sphere and impulse control when it is still unknown origin.

Conclusions From a neuropsychological point of view the frontal lobes represent a system of planning, regulation and control of psychological processes; coordination and allow selection of multiple processes and various behavioral options and strategies available to the human being. Tumour research is important as it provides enough information we cognitive impairment. These patients exhibit symptoms that are easily confused as psychiatric rather than neurological.

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EV0812

Changes of emotional status and quality of life of early stomach cancer patients after endoscopic submucosal dissection (ESD)

S. Lee^{1,2,*}, H. Lee^{1,2}, S.T. Oh^{1,2}, H.H. Jeon³, W.J. Choi^{1,2}

¹ NHIS Ilsan Hospital, Department of Psychiatry, Goyang, Republic of Korea

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

³ NHIS Ilsan Hospital, Department of Internal Medicine, Goyang, Republic of Korea

* Corresponding author.

Introduction Cancer patients may encounter psychological distress, change of emotional status, and lowered quality of life. It is predicted that similar changes will be shown during the Endoscopic Submucosal Dissection (ESD) of early stomach cancer. The objective of this study is to evaluate changes of emotional status and quality of life over time depending on baseline level of psychological distress.

Method Ninety-seven patients indicated with ESD who visited National Health Insurance Service Ilsan Hospital in Korea between May 2015 and June 2016 were evaluated. Psychological distress, emotional status, and quality of life were evaluated at the day before ESD. Follow-up evaluations of them were done at the day after ESD, 2 and 10 weeks later.

Result The group with high psychological distress showed higher female ratio, more depressive and anxiety symptoms than those of the group with low psychological distress. Psychological distress was related to stress level and lowered quality of life. Repeated measures ANOVA analysis showed that significant differences of depression (MADRS), anxiety (HAM-A), level of stress (GARS), and quality of life (EORTC QLQ-C30) were sustained over time, but the decreasing tendency of the differences between the groups was also noticed.

Conclusion The study revealed that patients who feel more psychological distress may experience more depressive and anxiety symptoms, increased level of stress, and lowered quality of life. We recommend screening of patients with early stomach cancer for psychological distress before ESD, which may improve subjective life satisfaction of patients during ESD.

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EV0813

Psychological effect of semi-permanent tattooing rehabilitation in patients with mastectomy in 12 months period

P. Argitis¹, P. Platari¹, K. Gatsiou¹, C. Chatzidai², K. Paschalidis^{3,*}

¹ University Hospital of Ioannina, Psychiatric Clinic, Serres, Greece

² General Hospital of Corfu, Psychiatric Clinic, Corfu, Greece

³ Psychiatric Hospital of Thessaloniki, 2nd Psychiatric Clinic, Thessaloniki, Greece

* Corresponding author.

Introduction Breast cancer is the most common cancer type in Greek women as more than 4000 new cases are diagnosed every year. Seventy percent of those patents performs a type mastectomy. The breast has a societal and social connotation of femininity, motherhood, and sexuality.

Background Several studies support the existence of the relationship between psychological problems and mastectomy surgery. Body image and feminine self-concept also seems to influence quality of life of those women, considering the breast association of femininity, motherhood, and sexuality. During this study, we try to investigate how a non-psychiatric intervention might influence the mental state and the quality of life of those women.

Material A clinical interview was performed in 53 women with partial or total mastectomy before 3 and 52 weeks after the rehabilitation with the method of semi-permanent tattooing.

Methods Data were collected during the personal interviews, using Hamilton anxiety rating scale (Ham-A), body image scale and sexual activity questionnaire.

Results Moderate levels of anxiety were identified before the rehabilitation, associated with poor body image scale scores and sexual difficulties. Both Ham-A and body image score ameliorated after 3 weeks with unchanged sexual behaviour. One year after rehabilitation, anxiety scale score raises close to initial values, body image remains unchanged, comparing with the 3rd week interview and significant improvement noticed in sexual activity.

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EV0814

Pregabalin pain and anxiety treatment in oncological patient–Case report

D. Popovic^{1,*}, D. Pavicevic²

¹ Psychiatric Practice and Consultative Service, General Hospital

Petrovac na Mlavi, Petrovac na Mlavi, Serbia

² Clinic for mental disorders “Dr Laza Lazarevic”, Intensive Care Unit, Belgrade, Serbia

* Corresponding author.

Severe side effects of chemotherapy during treatment of malignant disease significantly disrupt patient's mental and physical state. Seventy five-years-old female patient was treated for breast cancer by protocol (operation, radiotherapy, chemotherapy-paclitaxel (CHT-PX) every tree weeks) and for dysthymia and generalized anxiety disorder with escitalopram (ESC). Tramadol (TRA) and clonazepam (KLO) given by oncologist due to severe side effects of CHT-PX: muscle cramps, lower back pain, walking difficulties, had partial results, increased anxiety and drug abuse (TRA doses increase from 100 to 300 mg/day and KLO from 4 to 6 mg/day). Efficiency of pregabalin (PG) in pain and anxiety control during