

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

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**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

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

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