

also discuss means of improving service delivery in groups for this sample.

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EV851

Influence of family dynamics in the development and recovery of patients with cancer diagnosis. Report of two cases

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Introduction Nowadays, it is well known that a cancer diagnosis has an important impact on the patient and his family. Given a stressful life event, such as cancer, the family is in crisis, so it is crucial how they facing the process. Two families with different adaptation process at the time of diagnosis are presented and the differences are analyzed.

Cases Family 1: Woman, diagnosis of breast cancer. She lives with her husband and she has two children. Troubled family relationships before the diagnosis. Following the cancer diagnosis, family conflicts increase, both with their children and with her husband. The family is not able to adapt to the new situation and the patient perception is that her family do not care what is happening to her.

Family 2: Woman, diagnosis of breast cancer. She lives with her boyfriend, she has no children. She has a good relationship with her family before the diagnosis, without unresolved conflicts in the past. Since cancer diagnosis the whole family has turned to the patient, being more available for her needs, physically and emotionally. She is feeling supported by them and this is making the adaptation process and family adjustment easier, feeling the patient stronger to cope with illness.

Conclusions In families with unresolved crisis before the disease, the psychological stress increases after diagnosis. The family finds it difficult to react and adapt to the changes caused by the disease and the relationships between its members deteriorate. Conversely, if the family dynamic is good, it is a positive factor in the recovery.

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EV852

Psychiatric presentations of central nervous system tumors

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Introduction For the most part, central nervous system (CNS) tumors present themselves with focal neurologic signs or manifestations resulting from increased intracranial pressure. However, in particular cases, these tumors may present exclusively psychiatric symptoms.

Objective This communication explores importance of CNS tumors as differential diagnosis of various psychiatric disorders.

Aims Highlight the need of acknowledging this important differential diagnosis (CNS tumors) in current psychiatry practice, while presenting a clinical case as an example of the subject.

Methods It is exposed a bibliographic review of the topic, followed by the description of a clinical case regarding a patient

with pituitary adenoma and simultaneous installation of psychotic symptoms namely delusional paranoid ideation.

Results The authors present a case report of a 66-year-old patient admitted compulsively in a Psychiatric ward in the context of behavioral changes associated with delusional ideation of paranoid content. Multidisciplinary assessed by specialties of Psychiatry, Neurology, Neurosurgery, Endocrinology and Psychology, concluded by the presence of nonfunctioning pituitary adenoma associated with cognitive major disturbance.

Conclusions The tumors of the CNS can be associated with a whole variety of psychiatric symptoms such as psychosis, anxiety, depression or cognitive impairment, even in the absence of organic/neurological symptoms. Its role in the genesis of psychiatric symptomatology makes these neoplasias an important differential diagnosis, whose clinical approach should include different medical specialties integrated as a multidisciplinary team.

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EV853

Pancreatic cancer associated with psychotic depression – A case report

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Pancreatic cancer is an aggressive form of cancer with increasing incidence and a 5-year survival rate of 4% for all stages. Depression and anxiety have a higher prevalence than the general population in all cancer types. Also, rates of depression in patients with pancreatic cancer are higher than in patients with other types of gastrointestinal neoplasms. Depression in pancreatic cancer has also been shown to impair quality of life, so early and adequate antidepressant treatment is an essential component of comprehensive supportive care.

We would like to report the case of a 67-year-old female patient, with no previous psychiatric history, brought to the psychiatry emergency unit by her husband for psycho-motor agitation, persecutory delusions, delusional jealousy and bizarre behavior. According to her husband, the symptoms started insidiously over the last few weeks and that she attempted suicide by drug overdose three days before admission to our clinic, which she denies. Three years prior to her hospitalization the patient received surgical, radiotherapy and chemotherapy treatment for a base of tongue tumor and 6 months prior to her psychiatric admission, the was diagnosed with cephalic pancreatic neoplasm for which she received seven cycles of chemotherapy. Treatment with mirtazapine, risperidone, and lorazepam was initiated. The evolution was favorable and the patient was discharged one week later.

Early recognition and treatment of mood disorders associated with cancer are important because, left untreated, they may lead to difficulty in managing symptoms, increased demand for health services and low adherence to treatment.

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EV854

Characterization of a referral to psycho-oncology liaison consults in a general hospital

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Introduction Liaison psychiatry is based on a practice that lies on the interface between psychological, sociological and biological factors of illness. Cancer is a devastating disease. For many patients the occurrence of it is synonymous of chronic, severe or lethal outcome. It is important for health professionals to be aware of the psychological suffering of these patients and promote a proper use of specialized consultations in order to increase and improve adherence to treatment.

Aims To make known the reality of referral to a Psycho-Oncology Liaison consult and its context in literature.

Methods Data collection on applications for the 1st request to Psycho-Oncology liaison consults occurred between 2010–2012 in the variables, gender, age, reason for referral, psychiatric history, cancer diagnosis, knowledge of the referral and who does (patient/family/service) and psychiatric diagnosis. Statistical analysis with Microsoft Excel 2010®.

Results It was found that there were 83 applications during the three years, 24 men and 59 women. The most prevalent cancer diagnoses were breast cancer (29.89%) and colorectal carcinoma (19.28%). Most patients had knowledge of the request (75.9%). The reason was mostly for Anxiety and Depression (33.73%).

Conclusion Cancer disease coupled with feelings of loss of autonomy, hopelessness and pain can lead the patient to develop psychopathology of anxious-depressive disorders. This condition may hamper the normal recovery of the patient. The promotion of mental well-being in cancer patients is critical to recovery and leads to a better adherence to treatment, inclusive can influence survival.

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EV856

The sedation could consist in a therapeutic strategy in advanced cancer conditions

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Introduction The sedation could consist in a therapeutic strategy in advanced cancer conditions.

Objective To study the drugs administered to patients under Palliative Care Sedation (PCS) audits effects on vital signs.

Methods Our retrospective study included 101 oncological patients with mean age of 66.5 ± 13.4 years old and mean weight of 48.5 ± 3.36 kg, under PCS. The data were analysed applying the test of Wilcoxon.

Results The drugs administered to these patients under PCS were morphine 55 mg/kg/day associated to midazolam 52.5 mg/kg/day (Morph/Midazo) or the association of morphine 55 mg/kg/day, midazolam 52.5 mg/kg/day and neuroleptics such as chlorpromazine 54.5 mg/kg/day or haloperidol 13.25 mg/kg/day (Morph/Midazo/Neurol). The values of vital signs of these patients when the sedation was initiated were: systolic blood pressure 116.55 ± 16.98 mmHg, diastolic blood pressure 73.17 ± 10.55 mmHg, heart rate 83.41 ± 16.25 bpm, respiratory rate 19.39 ± 3.97 rpm and body temperature 35.91 ± 0.57 °C. No significant differences between these groups were observed. Vital signs measures were collected 48 hours before the patient's death. Significant reduction in systolic blood pressure 77.5 mmHg, diastolic blood pressure 43.3 mmHg were observed in the group (Morph/Benzo/Neurol). The Wilcoxon test for independent sam-

ples to a significance level of 5% we obtain a *P*-value of 0.01. The sedation period was 2.56 ± 0.23 days.

Conclusion Neuroleptic, a central nervous system (CNS) depressant drug, when associated to other two depressants (morphine/midazolam), conducted to the patient's vital signs reduction. Considering the short period of time between the beginning of sedation and the patients' death; and that palliative sedation should not include the hastening of patients' death, we suggest a better drug association criteria.

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Pain and treatment options

EV858

Pain management in context of emotionally unstable personality disorder

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Introduction Emotionally unstable personality disorder (EUPD) is characterised by Pain Paradox. The response for acute, self-induced pain seems to be attenuated while chronic, endogenous pain is usually intolerable. Pain management of this group of patients poses many difficulties, including discrepancies between subjective and objective pain assessment, patients' demands for strong analgesics and impact on relationship with other professionals.

Objectives and aims The purpose of the study was to review pain management options for persons diagnosed with EUPD and complaining of chronic pain.

Methods MEDLINE and PsycINFO databases were searched for all English-language articles containing the keywords "chronic pain", "pain management", "borderline personality disorder", and "emotionally unstable personality disorder".

Results Seventeen relevant papers were identified. Suggested first step in pain management was ongoing clarification with EUPD patients that analgesics are unlikely to fully treat their pain and support of non-pharmacological approaches to pain, including cognitive-behavioural strategies. Regarding pharmacology, liberal use of non-addicting analgesics was recommended with highly conservative use of opioid analgesics. Importance of evaluation and treatment of any underlying mood and/or anxiety syndromes was stressed as well as liaison with other professionals (e.g. psychologists, neurologists, orthopaedics, and physiotherapists).

Conclusions Patients with EUPD often report chronic pain, which can only be managed by close collaboration of professionals from different disciplines.

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EV859

Duloxetine added to tramadol in chronic pain syndrome

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