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Sexuality and marital satisfaction in patients followed for breast cancer in a regional hospital

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Introduction: Breast cancer is the leading cancer in women in developed and developing countries. Treatment strategies can affect sexuality in the short or long term.

Objectives: The aim of our study was to assess sexuality and martial satisfaction in patients followed for breast cancer.

Methods: Cross-sectional descriptive study including patients followed for breast cancer at the outpatient medical oncology consultation of Hadj Ali Soua regional hospital from January to March 2021. We passed the Female Sexual Function Index (FSFI) and the martial adjustment test (MAT).

Results: Fifteen patients were included with a mean age of 49.87 \pm 8.48 years and a mean age at diagnosis of 46.73 \pm 7.55 years. At the TNM classification, 66.6% of the patients had a T1 or T2 at the time of diagnosis and 80% had an No. All patients received a surgical intervention, which was conservative in 53.3% of cases. No patient underwent breast reconstruction. Chemotherapy and hormone therapy were prescribed in 86.7% of patients. Radiotherapy and targeted therapy were prescribed in 12 and 2 case, respectively. Amenorrhea, hot flushes and vaginal dryness were noted in 98.7%, 26.7% and 7.6% of patients, respectively. Sexual disorders were found in 53.3% of cases, which settled in a chronic mode in 75% of cases and progressed in a continuous mode in half of cases. The assessment of physical and erotic life was revealed to be neat in 73.3% of the patients. The mean score of the FSFI questionnaire was 17.25 [2.6-31.9]. Eleven patients (73.3%) had sexual dysfunction. A low marital satisfaction was found in 34% of cases.

Conclusions: The medical consultation to identify sexuality disorders in correlation with the martial dissatisfaction in women followed for new breast cancer is crucial allowing a better management of this pathology.

Disclosure of Interest: None Declared

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Paraneoplastic encephalitis and delirium - a case report

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Introduction: Delirium is an important mental disorder, especially in intensive care units, which negatively affects the morbidity and mortality. Subjective clinical assessment of patients by non-psychiatric health professionals in intensive care units is insufficient to detect and measure delirium. Therefore, different scoring

scales have been developed to assess delirium. A brief examination cannot entirely differentiate between a delirium, especially of organic origin, versus a psychotic break. Measurement scales for delirium are not routinely used. However, evidence shows that objective assessment of delirium contributes to its early detection in intensive care and the initiation of appropriate treatment.

Objectives: To show the importance of using validated scales in delirium patients.

Methods: A case report.

Results: A 63-year-old male patient was admitted to our psychiatry ward after being evaluated by the local internal medicine specialist for confusion and suicidal ideation. He wrote a suicide note and had a positive family history for mental disorder (the brother has schizophrenia). During the initial mental state examination, the patient showed general disorientation, thought dissociation and defunct reality testing. A profound laboratory testing did not show any meaningful changes. A CT-scan was conducted that showed no pathologic alteration. Firstly, the patient was treated as a psychotic case, with haloperidol and diazepam parenterally. After no evident improvement of his mental state the Delirium Detection Scale (DDS) was used. Eliciting a highly positive result, the patient was re-evaluated as an (somatic) delirium. Therefore, a neurologist was consulted and a lumbar puncture performed. The cerebrospinal fluid (CSF) was indicative for a viral meningitis. So, the patient was admitted to the Infectious Disease Unit. As no treatment showed results an additional CSF panel for paraneoplastic antibodies. This came back very positive for AntiHu - a marker for small-cell lung carcinoma. Next day's thoracic CT scan revealed a massive carcinoma with no proliferation. At last, the patient was transferred to the pneumo-oncological unit where he received pulse therapy with methylprednisolone. After which, his mental state recovered fully and the patient started chemotherapy.

Conclusions: Delirium is a complex medical situation. It is an emergency which is classified in the ICD as a mental disorder. However, it demands medical and non-psychiatric therapy swiftly. Only, a swift and precise diagnosis can be a leading light here. The use of diagnostic scales should be encouraged as shown in this case report.

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Religiosity and Mental Health among Muslim Cancer Patients

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Introduction: Religiosity and spirituality are resources, frequently used by patients as a strategy against chronic diseases. Islam is the fastest growing monotheistic religion whose belief is based on the unity of God and devotion to God's will, gratitude, and satisfaction with God's provision. Despite many researches have proven mostly positive correlation between religion and health, there is a lack of them directed to a single religion.

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Objectives: To provide an overview of the most recent researches that have examined the role of Islam religion in cancer treatment. **Methods:** PubMed database was screened using the keywords, "Islam, religion, cancer, treatment".

Results: Patients expressed a lack of religiosity/spirituality support and it is connected to a significantly lower quality of life compared to those who adequately addressed their spiritual needs. The study which included 800 Muslim cancer patients showed that cancer patients (82.8%) prayed more than non-cancer individuals (72.5%). Many Muslim patients do not consider disease as a penance, but rather, as a redemption of sins, because they have trust and faith in God's will. There are studies postulating the positive effects of fasting on cancer treatment.

Conclusions: Muslim cancer patients are more religious and spiritual than the non-cancer Muslim population, and they are in need of spiritual support with the aim to reduce depression, anxiety, and stress. Health care professionals may encourage the patients to use their religious beliefs to cope with the challenges of therapy.

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EPV0692

Diagnosis announcement among mothers of children with leukemia

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Introduction: The diagnosis of leukemia in a child is a difficult moment for the therapist and for the parents. Nevertheless, this moment is crucial and determining in the course of care and the therapeutic relationship.

Objectives: Determine the quality of diagnosis announcement among mothers of children with leukemia.

Methods: A cross-sectional study was conducted at Aziza Othmana hospital department of haematology in Tunisia between June and July 2021.

We have questioned the mothers about the announcement of the diagnosis: the space frame, the time provided and the availability of the doctor.

Results: We included 31 mothers, their middle age was 41 years old. Acute lymphoblastic leukemia is the most frequent type of cancer in our sample (94%).

According to 4 mothers (13.3%), the diagnosis of leukemia was not announced before the start of treatment.

The quality of the diagnostic announcement was judged to be good in 40% of cases (n=12), average in 12.7% (n=8) and mediocre in 20% of mothers (n=6).

The space frame of the announcement was perceived as appropriate with respecting confidentiality in 18 mothers (69.2%).

The time provided for the announcement was considered sufficient for 17 mothers (65.4%).

The doctor who announced the diagnosis was described as available by 69.2% of the mothers and unavailable by 30.8% of the mothers. **Conclusions:** The quality of the diagnosis announcement amoung mothers of children with leukemia in our context is not optimal. Oncologists must be trained in diagnostic announcement and must be aware of the importance of this moment in the subsequent therapeutic relationship.

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EPV0693

The characteristics and risk factors for common psychiatric disorders in patients with cancer

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Introduction: The incidence of psychological disorders in patients with cancer is very high (30–60%), with approximately 29–43% fulfilling the diagnostic criteria for psychiatric disorders. The most commonly encountered mental problems encompass depressive symptoms associated with mixed anxiety and adjustment disorder or depressive mood or major depression.

Objectives: The aim of this research is to highlight the characteristics of psychiatric manifestations in patients with cancer and to analyse the risk factors that influence the occurrence of these psychiatric manifestations.

Methods: A bibliographical review was performed using the PubMED platform. All relevant articles were found using the keywords: cancer, psychiatric manifestations, risk factors.

Results: Sleep problems, irritability, tendency to cry easily, sadness, and pain were among the leading symptoms at baseline. Women reported sleep problems, tendency to cry easily, irritability, preoccupation with the illness, and sadness as the first five most frequent issues, and men reported sleep problems, irritability, pain (usually incompatible with their medical conditions), sadness, and tendency to cry easily as the most frequent problems.

Conclusions: Significant risk factors that increased the mood disorders were recurrence, presence of secondary cancer, other chronic medical illnesses, history of psychiatric disorder, low income level, poor social support, and being single or divorced.

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EPV0694

"The cat and the calcium". A case of delirium secondary to hypercalcaemia.

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