



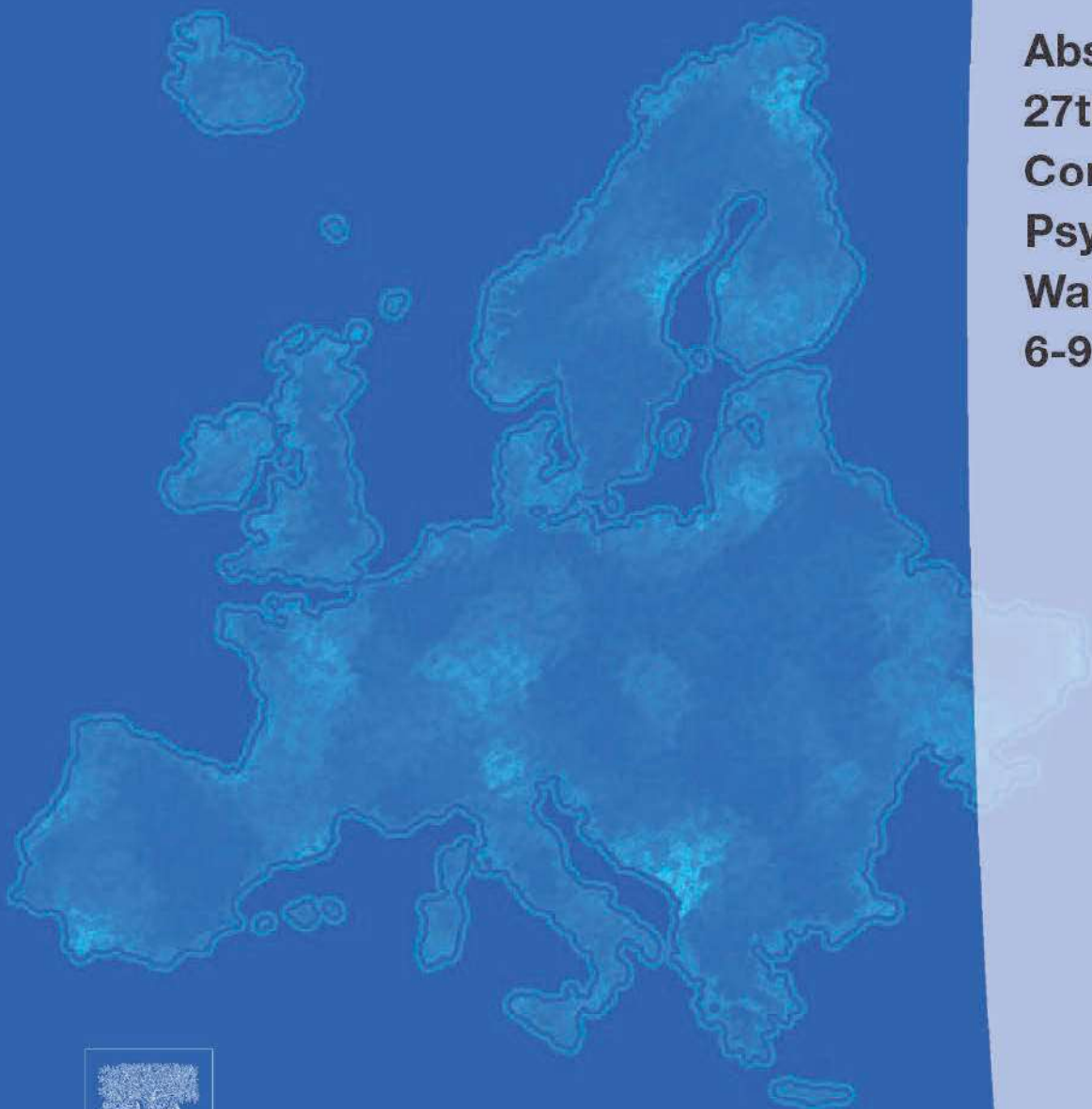
ISSN 0924-9338

April 2019
Vol. 56S – pp. S1–S900

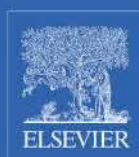
EUROPEAN PSYCHIATRY

THE JOURNAL OF THE EUROPEAN PSYCHIATRIC ASSOCIATION

**Abstracts of the
27th European
Congress of
Psychiatry
Warsaw, Poland
6-9 April 2019**



89134





Vol. 56, Supplement April 2019

EUROPEAN
PSYCHIATRY

CONTENTS

Abstracted in: BIOSIS/Biological Abstracts, Current Contents/Clinical Medicine and Social & Behavioural Sciences, EMBASE/Excerpta Medica, MEDLINE/Index Medicus, PASCAL/INIST-CNRS, Psychological Abstracts, PsycINFO, PsyLIT, Research Alert, SciSearch

Abstracts of the 27th European Congress of Psychiatry - 2019

Debate	S1
E-Poster Presentation	S3
E-Poster Viewing	S445
ECP Program	S779
EPA Forum 2019	S783
Joint Symposium	S784
Joint Workshop	S788
Oral Communications	S789
Plenary	S844
Presidential Symposium	S845
Symposium	S847
State of the Art	S886
Workshop	S888

¹ Università degli Studi del Piemonte Orientale, Department of Translational Medicine, Novara, Italy; ² Maggiore della Carità Hospital, SC Psichiatria, Novara, Italy; ³ Università degli Studi del Piemonte Orientale, Specialist Medical and Oncology Department, Novara, Italy; ⁴ Maggiore della Carità Hospital, Radioterapia Oncologica, Novara, Italy; ⁵ Università degli Studi del Piemonte Orientale, Department of Physiology, Novara, Italy
* Corresponding author.

Background and aims.— A meta-analysis estimates that 8–24% of patients treated for cancer may experience depressive symptoms, with a high mortality rate (25%). Factors implied in the development of depression are not completely explored. Mounting evidence has shown that group music therapy (GMT) may help to prevent anxiety and depression in these patients.

Objectives.— To assess depressive symptoms and resilience in patients affected by breast cancer treated with radiotherapy and to compare these features in patients randomized into two groups: GMT (Psy) and treatment as usual (Tau).

Methods.— Since March 2018, a research and clinical project started, involving the Radiotherapy, Psychiatry, and Physiology Institute of the University Hospital Maggiore della Carità (Novara). Patients' inclusion criteria are: age ≥ 18 years, Eastern Cooperative Oncology Group 0–1, breast cancer diagnosis, surgically treated and then eligible for radiation therapy. Patients are asked to sign written consent to participation, which has been approved by the local ethical committee. Clinical/anamnestic information is gathered; patients are assessed with the Montgomery-Asberg Depression Rating Scale and the Resilience Scale for Adults, at baseline and after completing radiotherapy. Data collection is ongoing.

Results.— To date, of the 30 patients recruited, 30% have been randomized to GMT.

Conclusions.— Music therapy is an effective method of supporting cancer care for patients at various stages of the disease. The evidence suggests that GMT may reduce hopelessness, anxiety, depression and increase resilience in cancer patients more than traditional treatment. It therefore seems appropriate to promote techniques of music therapy and integrated cancer care.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

E-PV0531

Clinical and genetic factors associated with cognitive function and sleep disorders in palliative care cancer patients: a cross-sectional study

A. Hajj^{1*}, R. Khoury¹, B. Eljebbawi², T. Nehme², A. Awad², F. Nasr³, G. Chahine³, J. Kattan³, L. Khabbazi¹

¹ Saint-Joseph University, Laboratory of Pharmacology- Clinical Pharmacy and Quality Control of Drugs- Faculty of Pharmacy, Beirut, Lebanon; ² Saint-Joseph University, Faculty of Pharmacy, Beirut, Lebanon; ³ Hôtel-Dieu de France Hospital- Saint-Joseph University- Faculty of Medicine, Department of Hemato-Oncology-, Beirut, Lebanon

* Corresponding author.

Background and aims.— Cognitive impairment and sleep disorders are persistent symptoms in cancer patients, especially in the end-of-life setting with deleterious consequences such as physical/mental exhaustion with altered mood, concentration, and memory. Our aim was to explore the clinical and genetic factors affecting cognitive/sleep functions in a sample of palliative care cancer patients.

Methods.— A cross-sectional study was carried out between December 2017–June 2018, using a questionnaire and different validated scales to explore the cognitive function (Functional Assessment of Cancer Therapy-Cognitive Function; FACT-Cog), insomnia (Insomnia severity index -ISI), anxiety-depression (Hos-

pital Anxiety and Depression Scale -HADS). The ethical committee approved the study and patients gave their written consent (Reference: CEHDF1016). DNA was obtained using a buccal swab (FTA® technology) and genotyping for different genes (COMT, OPRM1, CRY2, CLOCK) using the Lightcycler® (Roche).

Results.— A total of 11 cancer patients were included. Multivariate analysis taking the mean perceived cognitive impairment score as a dependent variable showed that patients with GG genotype for the polymorphism rs10838524; A>G in CRY2 encoding the cryptochrome2 had significantly higher cognitive scores than patients with AA genotype (protective effect of the G allele) (Beta=2.963; $p=0.031$), a result not previously reported in the literature. In addition, patients with higher ISI scores had significantly reduced cognitive function compared to patients with lower ISI scores (Beta=-2.920; $p=0.033$). Finally, insomnia was significantly and positively correlated to depression (Beta=0.804; $p=0.003$).

Conclusions.— Even with a small sample size, our preliminary results highlight the need to continue the inclusions and determine all factors associated with cognitive dysfunction and sleep disorders particularly in end-of life cancer patients.

Disclosure of interest.— The authors have not supplied a conflict of interest statement.

E-PV0532

Competence, autonomy, relatedness and coping strategies in rehabilitation in patients with hematological malignancies

S. Khrushchev^{1,2*}, D. Vybornykh¹, E. Rasskazova², A. Tkhostov^{2,3}, A. Koroleva⁴, V. Zorenko⁴, L. Kuzmina⁴, E. Parovichnikova⁴, V. Savchenko⁴

¹ National Research Center for Hematology, Psychiatry and Neurology Department, Moscow, Russia; ² Lomonosov Moscow State University, Psychology Department, Moscow, Russia; ³ Sechenov First Moscow State Medical University, Psychology Department, Moscow, Russia; ⁴ National Research Center for Hematology, National Research Center for Hematology, Moscow, Russia

* Corresponding author.

Background and aims.— According to self-determination theory (SDT) (L. Deci & R. Ryan)) psychological needs are universal, innate and include the need for competence, autonomy and relatedness. These needs similarly appear in situation of severe disease and treatment. Patients perceive themselves to be autonomous when they experience with a sense of volition and choice. Internalization of a treatment and rehabilitation decision as one's own, rather than being acted upon by an external influence, which linked with coping strategies effect on patients' quality of life.

Methods.— N=83 patients with acute leukemia (ALL and AML) after bone marrow transplantation and hematopoietic stem cell transplantation. Male=38, female=45. Control groups: N=31 (hemophilia A) and N=20 (chronic kidney disease (G4-G5) male=9, female=11). All groups patients' ECOG: 1–2. M.a.=37.2 \pm 18.1. SPSS used for statistical analysis (Compare means, ANOVA Scheffe multiple comparison test). Clinical interview and questionnaires were used (illness/treatment and rehabilitation perception, BAI, BDI-II, COPE, CABAH, IPQ-R, compliance and disease locus of control).

Results.— Multiple comparisons (Scheffe method) showed significant differences ($p<0.05$; according to COPE questionnaire and SDT questionnaire for rehabilitation) between groups: «Positive reinterpretation and growth» L/H ($p=0.046$), «Religious coping» L/CKD ($p=0.002$) «Behavioral disengagement» L/H ($p=0.005$), «Substance use» L/CKD ($p=0.024$), «Acceptance» L/CKD ($p=0.011$), «Suppression of competing activities» L/H ($p=0.049$), «competence in rehabilitation» L/H ($p=0.011$), L/H «SDTneeds» ($p=0.060$).

Conclusions.— Treatment of leukemia and chronic kidney disease include a list of numerous obligatory procedures and protocols (for

example, hemotherapy or program hemodialysis) which patients can perceive as rehabilitation procedures, however patients with hemophilia are in less dependence on hospital stay treatment (it could explain lower rates on competence in rehabilitation and STD needs). And because of the same reasons patients with leukemia and CKD use “behavioral disengagement” less and “positive reinterpretation” more than patient with hemophilia. (Project.Supported.By.Funding.Of.Russian.Foundation.for.Basic.Research.18-013-00125.A).

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0533

Effect of brain tumors on the temporal and spatial orientation among the moroccan population

M. Legmouz^{1*}, F.Z. Azzaoui¹, S. Boulbaroud², A. Ahami¹

¹ Unit of Cognitive and Behavioral Neuroscience and Applied Nutrition- Faculty of Science, Department of Biology, Kenitra, Morocco; ² Polydisciplinary Faculty, Department of Biology, Beni Mellal, Morocco

* Corresponding author.

Background and aims.– The aim of our study is to investigate the possible effect of brain tumors on the temporal and spatial orientation among the Moroccan population. the study is realized in Hospital of Specialties, IBN SINA Rabat.

Methods.– 75 patients, aged between 6 and 75 years old, (35 women and 40 men), with or without medical history, hospitalized for a brain tumor. After the diagnosis, temporal and spatial orientation are evaluated by the BENTON test.

Results.– The obtained results showed that 25.33% of studied population suffer from a temporal and spatial disorientation, (14.67% are women, 10.66% are men) against 74.67% that are well directed in time and space.

Conclusions.– This preliminary results found that temporal and spatial disorientation are present in brains tumors patients'. Deeper investigations are needed to study the mechanism and factors involved in this impairment.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0534

Catatonia & cancer

L. Monteiro^{1*}, J. Graca¹, A. Ribeiro¹, C. Vale¹, R. Coutinho¹, F. Carvalho¹, J. Passos², S. Domingues³

¹ Portuguese institute of Oncology- Lisbon, Psychiatry, Lisbon, Portugal; ² Portuguese institute of Oncology- Lisbon, Neurology, Lisbon, Portugal; ³ Centro Hospitalar Médio Tejo, Psychiatry, Tomar, Portugal

* Corresponding author.

Background and aims.– Catatonia is a syndrome of specific motor symptoms associated to mood, thought and cognitive dysfunctions. Besides psychiatric illnesses, catatonia has been identified in many medical conditions. Its screening and management requires collaboration between medical and psychiatric teams.

Objectives.– To report medically ill catatonia in a patient with sinonasal cancer.

Methods.– clinical files; literature review.

Results.–

- 38 yo male, married, adopted, no psychiatric history.
- 12.2017 - diagnosis of undifferentiated sinonasal carcinoma: naso-ethmoid-sphenoidal area with right orbit, sinus and discrete brain invasion (cT4b cN0 M0). Clinically, right eyelid ptosis and amaurosis; reactive anxiety.

- 02.2018 - immediate chemo-radiotherapy treatment in Portuguese Institute of Oncology, Lisbon.
- Two admissions in Oncology Department due to psychiatric complications: 02/2018 – Insomnia; 03/2018 - Catatonic syndrome, gastrostomy requiring.
- Collaboration between Oncology, Neurology and Psychiatry to exclude other medical causes and introduce Catatonia specific treatment. First, lorazepam 20 mg + memantine 20 mg od, 15 days, partial remission. Later, ElectroConvulsive Therapy, 8 bilateral ECT, 4 weeks, immediate recovery.
- 04/2018 - Oncologic treatment completed. RMI-CE, significant reduction of intracranial tumor (1 cm spot, right olfactory sulcus).
- New data about biological family: mother died at 53yo in psychiatric hospital; aunt treated with ECT for a late onset catatonic-like psychosis.
- Patient is actually in good health, except for definitive right amaurosis. He recovered cognitive function, family and professional roles.

Conclusions.– Although it could be interpreted as “freezing” behavior reactive to terrible cancer news, we understood this case as a rare manifestation of direct brain aggression in a man with presumed genetic vulnerability.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0535

The psychological symptomatology dynamics according to the psychological pain stage at terminally ill patients

S. Nicu Ionel^{*}, A. Cristina Laura, P. Adrian Cristian Andrei Saguna University, Social Sciences, Constanta, Romania

* Corresponding author.

Background and aims.–

1. Identify the stage of psychic pain in which the patients are diagnosed after termination of the diagnosis;
2. Assessing the level of anxiety experienced by patients in the research group;

Methods.–

1. The Anxiety and Depression Scale Snaith (HAD) by A.S. Zigmond, R.P. Snaith;
2. Rosenberg self-esteem measuring scale;
3. Interview guide for identifying the stage of psychic pain (author's construction).

Results.– Emotions being dynamic during the psychological pain, the palliative intervention must be in agreement with the stage and focussed on the its symptomatology.

Conclusions.– Validations were assumed to suggest that subjects diagnosed with terminal illness would experience a significantly higher level of anxiety than subjects without this diagnosis, and that subjects diagnosed with terminal disease would experience a significantly higher level of depression than subjects without this diagnosis. Therefore, it is necessary to advise patients in a critical condition to find an unhealthy “terminal illness” diagnosis, but also throughout the struggle with the disease that completely changes their lives in a radical and ruthless way. Because by the act of counseling, the patient can find himself, independently of the illness and in agreement with it, to accept the diagnosis, to be able to face the aggressive medical treatment, but also to be reconciled with the whole universe and with himself.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.