

EW0424

Study on female refugees – A representative research study on refugee women in Germany

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Introduction Germany is one of the European countries that receive the highest number of refugees for the last years, with around 468 thousand asylum seekers in the first half of 2016. However, the increase in the speed of short-term procedures regarding refugees may at the same time overlook the risks regarding specific populations. Moreover, women and children constitute the most vulnerable groups during war and conflicts and the worst effects, in terms of physical, mental and social consequences, develop on these groups.

Objectives To understand deeply the psychosocial situation of female refugees that have arrived in Federal German Republic, to assess their challenges and resources before, during and after the displacement and to propose recommendations for policy changes.

Methods The study consists of two modules, taking place in five states in Federal German Republic, including Berlin, Mecklenburg-Vorpommern, Bayern, Hessen und Mainz. In the first step, a representative stratified sample of female refugees from Syria, Iraq, Iran, Afghanistan, Somali and Eritrea are recruited. The quantitative study instrument include a socio-demographic question form and HSCL-Hopkins checklist, Harvard Trauma questionnaire, Beck depressions inventory, EUROHIS-QOL and SCL-14. In the second step, a qualitative in-depth analysis of focus group meetings is conducted.

Results and conclusions There is an urgent need to take action for the mental health problems of refugees. This study constitutes one of the most extensive researches, especially on a subpopulation of refugees that requires specific attention. Challenges faced throughout the protocol and detailed results will be shared as presentation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.038>

e-Poster Walk: Oncology and Psychiatry and Pain and Treatment Options

EW0425

Pharmacological issues in cancer patients

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Introduction Depression and anxiety are the main causes of psychiatric disorder in cancer patients, associated with a decreased tolerance and adherence to cancer treatment, longer hospital stays,

decreased quality of life and possibly influence prognosis and mortality.

Objectives This review will address psychopharmacological options in cancer patients, side effects and possible drug interactions between psychotropic drugs and chemotherapy, either by toxicity, to which these patients are more sensitive, or a reduction in efficacy in anti-tumor treatment.

Methods Non systematic literature review through the Medline and clinical key databases, with time constraints.

Results Selective Serotonin Reuptake Inhibitors are the first line treatment for depression, because of their tolerability and safety profile. Venlafaxine is the safer choice for the treatment of depression and hot flushes in women with breast cancer undergoing chemotherapy with tamoxifen. Tricyclic antidepressants are used in patients with neuropathic pain, due to its analgesic properties. Haloperidol is the safest antipsychotic, with less drug interactions and lower metabolic risk. Benzodiazepines are used in anxiety states for short periods. Psychostimulants are an option in patients with depression and life expectancy of less than one month. Mood stabilizers are recommended to treat mania, commonly induced by corticosteroids.

Conclusions Treatment of psychiatric disease in cancer patients leads to an increased adherence to anti-tumoral treatment and improves quality of life. Regardless of the cancer stage there is indication to start treatment. We must, however, take into account possible side effects and drug interactions between psychotropic drugs and chemotherapy, through toxicity or diminished efficacy, when combined with anti-tumoral treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.039>

EW0426

Cancer survivor – What comes next?

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Introduction The number of long term cancer survivors (more than 5 years after diagnosis) are nowadays increasing because of advances in cancer screening, early detection, treatment strategies and management of acute treatment toxicities.

Objectives We aim to highlight the long-term psychological responses or late effect of cancer diagnosis and treatment.

Methods Non systematic literature review through the Medline and clinical key databases, with time constraints.

Results There are physical and functional difficulties that may not be solved with the conclusion of treatment or can become problematic in survivors of cancer.

Long-term refers to psychological or emotional responses that emerge after cancer diagnosis and treatment and persist for at least 5 years. Late effects of cancer refer to psychological or emotional responses that emerge after treatment completion. Risk factors to its development depends on the diagnosis, type of treatment, age at treatment, time since treatment, genetic vulnerability, psychological, social and environmental factors.

Specific deficits are more prevalent in survivors than in healthy adults of the same age. Fatigue, sexual dysfunction, cognitive impairment and musculoskeletal symptoms are common. Functional limitations that induce restricted physical and social activities may happen in survivors. Physical function and late complications can be influenced by lifestyle, socio-economic and biologic factors.

Conclusions Cancer survivors face short-term and long-term challenges to physical and mental health and they need to be addressed in the active treatment and throughout the continuum