

patient discontinued the treatment due to feeling “euphoric”, subsequently experiencing depression and manic episodes – the initial diagnosis was rapid cycling BD. The treatment was changed to sodium valproate (up to 1500 mg/day) and aripiprazole (up to 10 mg/day), however extremely rare adverse medication effects (nosebleeds, diarrhea with blood admixture, “high-frequency sounds”) were reported. Throughout valproate treatment, the patient experienced persistent diarrhea. During hospitalization for treatment adjustment lithium carbonate was introduced at a starting dose of 900 mg/day, maintaining blood lithium levels between 0.4 mmol/l and 0.49 mmol/l. Later the dose was adjusted and a therapeutic lithium blood level was reached with 1575 mg/day of lithium carbonate. Additionally, risperidone was prescribed, however, the patient experienced an uncommon adverse reaction – nasal congestion. Subsequently, amisulpride was introduced, which provoked severe anxiety and fear, resulting in medication discontinuation. During the latest outpatient visit, fluoxetine was added to the treatment due to observed depressive symptoms. Throughout the treatment, the patient episodically intermittently starved, had persistent distressing thoughts about weight and was diagnosed with AAN. While planning further treatment it was hypothesized that comorbid AAN might affect drug metabolism and the patient was referred to a specialized inpatient facility for eating disorder management.

Conclusions: This case report highlights the complexity of psychiatric disorders and the importance of monitoring and adjusting treatment based on patient response and side effects. Additionally, it emphasizes comorbid conditions significance in influencing the primary disorder’s dynamics as well as the metabolism and effectiveness of psychiatric medications.

Disclosure of Interest: None Declared

EPP0659

Cancer Survivors in Delaware: Impact of Comorbidity

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Introduction: Delaware’s recent longevity and aging trends predict a continual increase in the number of cancer survivors. As the cancer survivors live longer and age, the prevalence of comorbid chronic conditions tends to increase. Dual burden of cancer and comorbid chronic conditions can have significant and wide-ranging ramifications for cancer survivors. Comorbidity potentially affects the development, stage at diagnosis, treatment options, recurrence and long-term survival of people with cancer. Detailed delineation of Delaware adult cancer survivors including an exploration of comorbidity is critical.

Objectives: The primary objective was to characterize selected chronic conditions among Delaware adults with cancer in order to present: (i) disparities amongst cancer survivors by select socio-demographic and survivorship characteristics, and (ii) compare the prevalence of chronic conditions among cancer survivors and adult Delawareans without a cancer diagnosis.

Methods: Combined data (2018, 2020 and 2021) for Delaware were obtained from the Behavioral Risk Factor Surveillance System. The final data set included 927 Delawareans with at least one type of

cancer (excluding skin cancers other than melanoma) and 11,917 participants without a cancer diagnosis. Descriptive statistics examined sociodemographic characteristics and chronic conditions in Delawareans with and without a cancer diagnosis.

Results: Amongst adult Delawareans, 5.1% (CI: 4.6–5.5) were cancer survivors. Across the state, the majority of cancer survivors (76.8%) reported having only one cancer diagnosis. In this sample of Delaware cancer survivors, 83.5% identified as White. Majority were female (57.4%), aged 65 or older (58.9%), had some college or more education (63.7%), and with an income of \$50,000 or more (51.1%). Arthritis (46.3%), diabetes (21.5%), depression (18.7%), asthma (14.1%), chronic obstructive pulmonary disease (13.7%) angina (11.9%) and heart attack (11.6%) were the most prevalent comorbid conditions. Prevalence of certain chronic conditions was 2-3 times higher among cancer survivors. Nearly 23% reported not receiving instructions regarding cancer follow-up-care.

Conclusions: Cancer survivors have unique concerns. Results aim to facilitate targeted interventions aimed at coordinated managed care among cancer survivors in Delaware. This study bolsters the ongoing public health effort towards the Healthy People 2030 goal of increasing the proportion of cancer survivors.

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Consultation Liaison Psychiatry and Psychosomatics

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Alexithymia, emotion regulation and autistic traits in Familial adenomatous polyposis

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Introduction: Familial adenomatous polyposis (FAP) is a condition characterised by multiple polyps inside the colon or rectum, leading to colorectal cancer in all patients who do not perform prophylactic colectomy and a higher risk of cancer in other organs. Nevertheless, it has been reported that 14-48% of patients do not comply with regular endoscopic surveillance, which seems to be related to the lower levels of emotional distress observed in these patients. Also, APC gene polymorphisms have been described as being related to neurodevelopmental disorders, such as autism.

Objectives: To study the prevalence of alexithymia, autistic traits and emotion regulation strategies in patients with FAP.

Methods: We conducted a cross-sectional study of patients with a genetic or clinical FAP diagnosis and assessed for alexithymia, autistic traits and emotion regulation using psychometric tests - Toronto Alexithymia Scale - 20 items (TAS-20), Autism-Spectrum Quotient Test (AQ) and Emotion Regulation Questionnaire (ERQ), respectively. The control group were patients with Lynch Syndrome. Statistical analysis was performed using SPSS vs.26.

Results: We recruited a total of 20 patients (10 with FAP vs 10 with Lynch Syndrome). Nine patients were male (45%) versus 11 female (55%). The mean age was 53,35 years (SD 18,4). Half the sample presented a low educational level (equal or inferior to 4th grade).