

completed. Monthly net family income distribution was: ≤ 150 euro 58 patients (27.1%); income between 150–500 euro 116 patients (54.2%); ≥ 500 euro 40 patients (18.7%).

Results Patients with income ≤ 150 euro, compared to patients with income ≥ 500 euro, had statistically significant worse global health status (60.2 ± 27.9 vs. 80.2 ± 19.2 ; $P=0.0007$); worse physical functioning (80.3 vs. 69.1 ; $P<0.001$); worse role functioning (92.9 vs. 78.7 ; $P=0.009$); worse sexual functioning ($P=0.019$); more severe fatigue (38 vs. 23 ; $P=0.01$), nausea/vomitus ($P=0.041$), appetite loss (18.4 ± 7.5). Major depression was diagnosed in 35 patients. Depressed patients have less income than not depressed patients (23.3% vs. 14.41%), but the difference did not reach statistical significance.

Conclusions Lower income negatively affects many aspects of quality of life. Specific interventions are needed for cancer survivors with lower socio-economic status to preserve and improve the quality of life.

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EV0818

Mental disorders in patients breast cancer: Differentiated approach to the study Nozogeny

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Objective The problem of mental disorders in patients with breast cancer is relevant due to the high prevalence of pathological changes in the mental health patients, insufficient development of clinical typology of psychosomatic correlations of the contribution of constitutional features.

Methods Nozogeny disorders are clinically heterogeneous and are represented by two nosologic categories: reaction and nosogenic patho-characterological personal development. The basic method of work was a clinical follow-up and statistical research methods (method using contingency tables and Fechner coefficient method using the χ^2 – test).

Results The manifestation of a nozogeny reaction is closely correlated with his premorbid personality characteristics. Anxious-depressive nozogeny reaction was recorded in 17 patients of the first sample with high direct correlation (coefficient Fechner $F=0.76$, $P<0.01$) with respect to accentuation of personality in the alarm type, and the weak direct link to the personal characteristics of the affective (bipolar) range ($F=0.22$, $P<0.01$). Anxious-nozogeny dissociative response was detected in 9 patients with hysterical (55.5%) and expansive schizotypal (vershrobene) (44.4%) lung cancer with a significant ($F=0.65$, $P<0.01$) a direct correlation with constitutional hyperthymia, anxiety-hypomaniac nozogeny response was observed in patients c schizotypal RL ($n=4$) paired with symptoms of persistent hyperthymia ($F=0.39$, $P=0.012$).

Conclusion Patho-characterological development of personality are formed on the remote catamnestic stage breast cancer and show the clinical heterogeneity of differentiation into 4 types: (1) the type of hypochondriacal dysthymia, (2) the type of “paranoia struggle”, (3) in an “aberrant hypochondria” and (4) the type of “new life”.

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EV0819

Chemobrain and anxiety in a patient with Hodgkin's Lymphoma: Case report and literature discussion

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Impaired cognitive function is a common complaint among oncologic patients. Chemotherapy-induced cognitive impairment (CICI), also called “chemobrain” or “chemofog” is currently recognized as a relatively common adverse effect of chemotherapeutic agents and is defined as the impairment of patients' memory, learning, concentration, reasoning, executive function, attention, and visuospatial skills during and after discontinuation of chemotherapy. In particular, it is apparent that a subset of chemotherapy-treated haematological malignancy survivors experience cognitive impairment. On the other hand, the emotional distress associated with the disclosure of cancer diagnosis and/or the administration of chemotherapy represents a strong reason for psychosomatic manifestations in patients with cancer. The authors report a case of a patient with Hodgkin's lymphoma, cognitive impairment and symptoms of anxiety and they propose to discuss the controversies around the factors implicated on cognitive impairment in oncological patients.

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EV0820

Carry on: Study of psychosocial needs of oncological patients of the Azores—Proposal for a support model

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The number of new cases of cancer in Azores and the transfer of oncological patients to mainland Portugal for specialized treatment raise concerns about psychological adaptation and suitable support care. Further studies regarding the lack of support interventions available to meet the needs of Azorean oncological patients and survivors are required. The main objectives of this study are: (1) to evaluate psychosocial needs and other psychological adaptation variables among adult oncological survivors from the Azores; and (2), ensuing from objective (1), to develop a pilot study to test a model of support with a group of oncological patients from the Azores. Two studies will be performed. The first deals with objective (1) as described. Based on results obtained, a randomized control trial assessment will be run to test a support model based on the patient advocacy movement with oncological patients. The assessment protocol will be administrated three times: before and after the model's implementation and, again, as a follow-up. Results should enhance knowledge of assessing psychological adaptation variables involved in disease trajectory while testing a support model addressing this study major concerns. These, as suggested, relate to lack of support interventions to meet the psychosocial needs of oncological patients and survivors from the Azores. Given the peculiar experience of Azorean oncological patients', while away from their homes, there is a need to ensure adequate health care services on their behalf. Hence, the importance of devising

ways to monitor their psychosocial needs in order to overcome some of these constraints.

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Clinical-qualitative study on emotional aspects of practices and learning, interviewing Brazilian nurses from a hemato-oncological unit who work with patients in risk or death process

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Introduction There is no clear limit between the personal and professional dimension, when the health worker cares for patients who have no prospect of cure. This shadowing of the personal dimension causes high emotional demands of the professional in the face of the experiences with the death.

Objectives In face of troubles which surround the nurse in the context of death, this article aimed to identify the learning and self-care practices experienced by nurses who work with patients in risk or in death process, in a haematology-oncology unit.

Method This is a clinical-qualitative study, conducted through individual interviews. The participants were 6 nurses from haematology-oncology unit of a university hospital, covering the sectors of chemotherapy clinic and children's unit.

Results The results highlight two phenomena built by the experiences of nurses: long learning experiences with the team work through the maturity arising over time or even with constant monitoring of the death situations; and self-care practices as self-preservation phenomenon through the development of pain by speaking and listening in groups, the motivation through professional achievement and the well-being caused by the charity care each other.

Conclusions Work towards the personal development of nurses as professional who deals with ethical conflicts should be focused on promoting opening spaces for speaking and listening of these nurses. This allows them to create ways of dealing with situations of death, which are professionally responsible.

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EV0822

Relations of post-traumatic growth and resilience in cancer experience

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Introduction Each individual experience cancer in a different way. While some perceive cancer as a complex and traumatic experience by developing some psychosocial and additional physical problems, others overcome cancer-related difficulties by gaining benefits such as post-traumatic growth (PTG) owing to their resilience. Resilience and PTG that are very valuable concepts in human life to adapt positively to cancer process have relations which need to be better understood.

Objectives We aimed to provide a better understanding of relations between resilience and PTG and relations of these two concepts with cancer experience.

Methods Literature review.

Results Successful adjustment to life-threatening illnesses such as cancer, require resilience. On the other hand, resilience provides a barrier toward stressors by helping improvement of PTG and so, is an antecedent factor of PTG. PTG ensures a deeper perspective and strength to people after traumatic events. Hence, individuals having higher levels of PTG feel powerful enough to handle the problems in their life and can easily adapt to cancer process by focusing on the positive outcomes of trauma, having improved coping mechanisms and an improved psychological well-being.

Conclusions Resilience and PTG have strong mutual relations and this phenomenon should be considered for a qualified cancer care.

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Sources of meaning in family caregivers of terminally ill patients supported by a palliative nursing care team – A naturalistic three-month cohort study

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Objectives To identify possible change patterns or robustness in sources of meaning in family caregivers of pre-terminal patients after onset of support at home by an outreach palliative nursing team during a survey period of three months.

Methods One hundred caregivers of terminally ill patients were included in a prospective observational trial. The Sources of Meaning and Meaning in Life Questionnaire (SoMe) was administered at four points of measurement: T₀ (immediately before onset of palliative care); T₁ (one week after T₀); T₂ (one month after T₀); T₃ (three months after T₀). Descriptive statistics, random effects regression analyses; multivariate linear and quadratic regression models were performed for the full ($n = 100$) as well as for the reduced sample ($n = 24$).

Results Growth curve analyses reveal significant parabolic changes for the dimension "order" and for the subscales "social commitment", "tradition", "morality", and "fun". All other dimensions or subscales remained stable during the time of the study. Cross-sectional multivariate regression models (T₀) showed negative associations of some dimensions with patients' age and psychological burden of the family caregiver while psychological burden of patients was found to be positively associated with some dimensions. No significant effects of interaction variables with time (linear and quadratic).

Conclusions With few exceptions, family carers seem to keep a stable sense of meaning in life during the final stage of their relatives' terminal illness. Particular associations between sources of meaning and age of patients as well as psychological burden both of patients and carers have to be taken into consideration in support planning.

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