

EW0424

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

E. Sönmez^{1,*}, J. Jesuthasan², I. Abels³, R. Nassar², C. Kurmeyer⁴, M. Schouler-Ocak²

¹ Marmara University Pendik Training and Research Hospital, Psychiatry, Istanbul, Turkey

² Psychiatrische Universitätsklinik der Charité Campus Mitte im St. Hedwig Krankenhaus, Psychiatry, Berlin, Germany

³ Charité Universitätsmedizin Berlin, Mentoring Competence Centers, Berlin, Germany

⁴ Charité Universitätsmedizin Berlin, Zentrale Frauen- und Gleichstellungsbeauftragte, Berlin, Germany

* Corresponding author.

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.

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

EW0425

Pharmacological issues in cancer patients

M. Alves^{1,*}, A. Tavares²

¹ Hospital de Magalhães Lemos, Serviço C, Porto, Portugal

² Instituto Português de Oncologia do Porto, Serviço de

Psico-Oncologia, Porto, Portugal

* Corresponding author.

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.

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EW0426

Cancer survivor – What comes next?

M. Alves^{1,*}, A. Tavares²

¹ Hospital de Magalhães Lemos, Serviço C, Porto, Portugal

² Instituto Português de Oncologia do Porto, Serviço de Psico-Oncologia, Porto, Portugal

* Corresponding author.

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

of survivorship care. Screening for mental health morbidity should be better integrated into active cancer treatment and survivorship and it should be provided mental health later interventions.

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EW0427

The impact of the type of surgical treatment on the quality of life of Portuguese women with breast cancer

H. Pereira*, R. Castelo

University of Beira Interior, Psychology and Education, Covilhã, Portugal

* Corresponding author.

Introduction Breast cancer significantly impacts dimensions of quality of life such as mental health, one's level of activity, family well-being, physical concerns (symptoms and pain), treatment satisfaction, emotional well-being, sexual intimacy, and social functioning.

Aim The aim of this study is to evaluate the impact of the type of surgery on the quality of life of women being treated for breast cancer, based on the comparison of samples of women who have undergone different types of surgery.

Method Our sample consists of 90 Portuguese women divided into three groups of 30 participants each. The first group underwent radical surgery in order to treat their breast cancer. The second group of women had conservative surgery as a breast cancer treatment. Finally, the last group of women did not have any type of surgical intervention. We use a socio-demographic questionnaire and the Portuguese version of the EORTC QLQ-30 as measurement instruments. The sample consists of patients from a central hospital in Lisbon, Portugal, and the data were collected anonymously.

Results We find that in all dimensions of quality of life measured, including general health, physical functioning, social roles, and all emotional, cognitive, and social dimensions, the group of women who underwent radical surgery shows lower scores when compared to the other two groups. This indicates that this group has lower levels of quality of life.

Conclusion The use of surgery for the treatment of breast cancer leads to a diminished quality of life following surgical intervention.

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EW0428

Quality of life and anxious-depressive symptoms in cancer patients undergoing mindfulness-based interventions: Feasibility and preliminary outcomes on prospective single-centre case-control study (MIND4ME St.)

G. Pontoni^{1,*}, M. Maur², R. Ferrari³, A. Guida², S. Poletti⁴, F. Caggia², A. Fontana², F. Gavioli⁵, V. Tarantino², S. Cascinu², S. Ferrari¹

¹ University of Modena and Reggio Emilia, Department of Diagnostic Medicine- Clinic and Public Health, Section of Psychiatry, Modena, Italy

² University of Modena and Reggio Emilia, Department of Hematology and Oncology, Modena, Italy

³ Centro Studi ASIA Bologna, Associazione ASIA, Modena, Italy

⁴ University of Padua, FISPPA Department, Section of Applied Psychology, Padua, Italy

⁵ University of Modena and Reggio Emilia, Department of Medical and Surgical Sciences Maternal-Infantile and Adult, Modena, Italy

* Corresponding author.

Background Mindfulness based interventions (MBIs) have shown efficacy in improving psychological symptoms including depression and anxiety in cancer patients (pts). The study aimed to explore feasibility and reproducibility of MBIs in an Italian Cancer Centre measuring biochemical and psychological parameters.

Methods In this pilot prospective case-control study, we recruited newly diagnosed pts receiving adjuvant chemotherapy (CT). A MBIs program was designed consisting of 2.5 hours weekly for 8 weeks and, including meditation, yoga and body scan. Material for 45 minutes (mn) home daily practice was provided. Primary endpoint was to evaluate feasibility. Secondary endpoints were assessment of quality of life (QoL), psychological and biochemical outcomes of stress, tested at baseline (W0), W4, W8, W24, W48. PSS (Perceived Stress Reduction), POMS (profile of mood states scores), EuroQoL (EQ-5D-3L) were administered.

Results Ten pts underwent MBIs program arm. We present preliminary results, while data of control arm are being collected. All pts were female, two pts (20%) dropped out. Median age was 56 years. All received adjuvant CT, 5/8 received radiotherapy and hormone therapy. Mean of sessions attending was 6.8 (76%). Median daily practice was 30 mn. EQ-5D item for depression and anxiety showed decreasing trend in mean score from moderate to light ($P=0.15$) and significant improvement of auto-perceived QoL was observed comparing W0 and W8 ($P=0.02$)

Conclusions In a sensitive setting such as start CT, we found high pts compliance to MBIs. Improvement in self-perceived QoL after starting program was found and comparing anxious-depressive symptoms outcomes with control arm is still needed.

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

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EW0429

Psychosocial interventions to improve the quality of life for men with prostate cancer: A network meta-analysis of 31 randomized controlled trials

S. Qiu^{1,*}, D. Linghui²

¹ West China Hospital Sichuan University, Urology, Chengdu, China

² Stroke Clinical Research Unit, Department of Neurology, West China Hospital, Sichuan University, Chengdu–Sichuan, China, Department of Neurology, Chengdu, China

* Corresponding author.

Background The treatment of prostate cancer (PCa) can trigger a sequence of life-altering decisions that can induce depression and effects on health-related quality of life. We aimed to simultaneously compare all available psychosocial interventions using both direct and indirect data.

Methods In this systematic review and network meta-analysis, we searched the Embase, Medline, PsycINFO, and the Cochrane central register of controlled trials for randomized controlled trials (RCT) published before Oct, 2016, that compared active treatments dealing with psychosocial problems in PCa patients after treatment. The primary outcome was health-related quality of life improvement as measured by the 36-Item Short-Form Health Survey (SF-36). Psychological morbidity was assessed with the Hospital Anxiety and Depression Scale (HADS). This study is registered with PROSPERO, number CRD42016049621.

Results We screened 113 potentially eligible studies and identified 31 RCTs, that examined 7 psychosocial interventions in 3643 PCa participants. In terms of SF-36, cognitive behavioral therapy [standard mean difference (SMD) 2.48, credible interval [CrI] 0.23