

O0028

The manifestation of anxiety in patients undergoing elective coronary angiography

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Introduction: Prevalence of anxiety disorders in coronary artery disease reaches up to 15% and about half of patients with coronary artery disease have anxiety or depression comorbidity. Prevalence of anxiety in patients undergoing percutaneous coronary intervention ranges from 24% to 72%. Anxiety can be the source of distress and is associated with poor prognosis, impaired health-related quality of life and can cause cardiac dysfunction.

Objectives: We aimed to determine the prevalence of anxiety and its association to coping strategies and personality traits in non-depressed patients undergoing elective coronary angiography, a diagnostic procedure for coronary artery disease. We also aimed to determine the correlation of state anxiety to elective coronary angiography finding and its expression over time.

Methods: This was a single-center, cross-sectional, prospective study. Anxiety was evaluated at four-time points using self-rating questionnaires: 14 days prior to and 2–4h before procedure; 24h after procedure and 6 weeks after discharge. The association between anxiety and psychological variables was assessed by multiple linear regression and by linear mixed effect model.

Results: A total of 259 non-depressed patients were included in the final analysis (median age 65, 32% were female). Prevalence of anxiety was 35% and was higher in patients with avoidance-oriented coping style ($p < 0.001$), meanwhile low neuroticism ($p < 0.001$) and extrovertive personality trait ($p = 0.032$) were protective factors. Patients that had no intervention ($p = 0.022$) or had percutaneous coronary intervention ($p = 0.010$) during elective coronary angiography, had lower anxiety than patients in need for coronary artery bypass graft surgery.

Conclusions: Personality traits emotional stability and extroversion are protective factors against anxiety. More than one third of patients experienced clinically significant anxiety before procedure. Our results suggest that recognising anxiety in patients undergoing elective coronary angiography is important. Further on, application of effective interventions for reducing/treating anxiety before or after procedure is needed.

Disclosure of Interest: None Declared

O0027

Suicide in cancer patients: incidence and risk factors (literature review)

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Introduction: Suicide is considered an important public health problem in contemporary society. Over 800,000 deaths by suicide are estimated each year and the mortality rate is 11.4 per 100,000 people. In people with cancer, depression is a high-prevalence disorder that affects patients' ability to cope with illness, decreases treatment acceptance, prolongs hospitalization, reduces quality of life, and increases the risk of suicide. In turn, the diagnosis of cancer is a serious stressor, with many physical and psychological consequences, and is thought to be a risk factor for suicide.

Objectives: This study aimed to perform a literature review on the incidence and risk factors of suicide in cancer patients

Methods: the search for articles was carried out in the electronic scientific databases PubMed, ScienceDirect and Scopus. Variables studied included suicide rate, type of cancer, demographic characteristics, and signs and symptoms associated with suicide using the descriptors "suicide" and "cancer".

Results: 42 articles were selected. As in the general population, the risk of suicide was higher in men with cancer than in women with cancer. Cancer patients aged 65 or older have a higher suicide rate than those under 65. Prostate, lung, pancreatic, bladder and colorectal cancers are the types most at risk for suicide. The first year after diagnosis carries a higher risk of completed suicide. Multiple risk assessment tools have been developed and are effective in identifying patients with depression or hopelessness, factors associated with a higher risk of suicide. However, there are no tools that can sensitively and specifically predict suicide.

Conclusions: The incidence of suicide in a person diagnosed with cancer is approximately double the incidence of suicide in the general population. Early detection of depression in particular cancer populations, such as older male patients, can help identify those most at risk for suicide.

Disclosure of Interest: None Declared

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Physical and psychoeducation combined group intervention: a quasi-experimental study with Portuguese cancer survivors

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Introduction: Cancer is a major public health problem worldwide and the risk of death from cancer has decreased continuously since

1991, therefore, This translates into an increasing number of cancer survivors (CS) worldwide.

During the survivorship seasons, CS face several short-term, long-term, persistent, and late-emerging health and psychosocial problems, including cancer-related pain, fatigue, menopausal symptoms, anxiety, depression, distress associated with the risk of cancer recurrence, chronic uncertainty, social disruption, alterations of sleep, sexual and cognitive dysfunctions.

Since 2002 that some researchers and clinicians argued that it is important to de-velop and implement rehabilitation programs for cancer patients that integrate both psychosocial and physical rehabilitation.

Objectives: With the scarcity of studies on the effectiveness of combined interventions in this population, despite the strong recommendation to perform and study it, and aiming to contribute to a greater knowledge on the theme, the present work aims to build, implement, and evaluate a combined intervention program, which integrates psychoeducational intervention with physical exercise to cancer survivors and relatives, through the following indicators: psychopathological symptoms (anxiety and depression), self-concept, coping strategies, personal growth and QoL.

Methods: A non-probabilistic convenience sample of 70 cancer survivors was assigned to: control (without intervention: n=32), combined intervention (n=21) and psychoedu-cation intervention (n=17) groups. Both intervention groups were 9 consecutive weeks duration. The combined intervention group benefited from 2 weekly exercise sessions additionally. It was administered before and after intervention the following questionnaires: demographic; Hospital Anxiety and Depression Scale (HADS); Clinical Self-concept Inventory (ICAC); Cancer Coping Questionnaire (CCQ); sub-scale of Personal Growth of the Psychological Well-being Scale (EBEP) and the World Health Organization Quality of Life Questionnaire (WHOQOL-Bref).

Results: It was observed a statistically significant reduction of anxiety and depression symptoms from the beginning to the end of the intervention, as well as a significant improvement of overall and all do-mains of self-concept and personal growth. It was not observed a significant difference on quality of life.

Conclusions: The findings of this study contribute to support of the beneficial effect of combined intervention on psychological functioning of cancer survivors. Positive effects of the psychological program were observed but not into the same extent as in the combined intervention.

Disclosure of Interest: None Declared

O0029

Do psychiatric decision units make a difference? An analysis from a liaison psychiatry service in Greater London

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Introduction: CAU (Clinical assessment unit) was developed at Croydon University Hospital (CUH) in conjunction with the South

London and Maudsley (SLaM) mental health trust in response to the Covid19 pandemic to relieve pressure on services in A&E (Accident and Emergency) and to support the already existing need to provide a more clinically appropriate space for patients presenting to A&E with acute mental health concerns. The clinical model for the unit was developed with input from service users, SLaM, CUH and CCG (Clinical Commissioning Group); and was fully established in October 2021 within a month of conception. CAU is located within close proximity to A&E which is convenient and incurs no transfer cost. Similar units have been developed internationally to address similar concerns (*Goldsmith et al 2021, Wiley online library 2021 12849*)

Objectives: To evaluate the financial and clinical impact of the clinical assessment unit after one year in operation

Methods: This is a cross sectional study, data was collected from EPJs Reports (SLaM's patient data reporting system), excel spread sheet collecting data based on referrals to the service over the one-year period from 8/9/2021 – 5/10/2022. This included a trial period from September 2021 – October 2021 where the service was running at half capacity.

CAU is open to capacitous adults aged 18-65 presenting to A&E. Exclusion criteria: individuals conveyed by the police, those under MHA, on-going physical health concerns, diagnosis of learning disability with no primary mental health need, diagnosis of dementia and homelessness

Results: 3,322 patients were referred to the Liaison service and of those 402 or 12% of those patients to A&E were transferred to CAU The 402 service users over the period of one year spent a total of 11, 351 hours in CAU

The main diagnosis of patient admitted to CAU fell into the diagnostic categories F30-39 43.5 %, and F60-69 27%.

The majority of patients were admitted awaiting informal admission and 1/3 of plans for discharge destination were made on CAU. 10 % of patient were discharged on a least restrictive outcome, which has cost benefits for acute mental health trust. This one-year period showed cost saving of £462,112 for 24 hours stay in ED with support staff.

Image:

