

Being able to live an active and meaningful life is important for mental health of every individual. In this case report we examine the life of an oncology patient who developed depression six years ago. The patient is a fifty seven year old woman who has been suffering from Von Hippel-Lindau syndrome for the last forty years. Her father and two uncles died from the same disease. She had her first operation when she was seventeen years old and has had numerous operations since then. During this time she has undergone four neurosurgical operations, nephrectomy, spine and pancreas operation and eye enucleation. Despite the fact that by being a chronic oncology patient she was prone to depression, she did not develop depressive symptoms. It did not happen even as her husband went to war and left her to take care of their child. It did not come afterwards as they struggled financially. Only after they moved to a new apartment and as she finished decorating it, did depression finally occur. During entire life she was an active, outgoing person, who took pleasure in socialising and various hobbies. She only developed depression after she was pensioned, left with the responsibility to care for her old mother. Following the psychiatric treatment she regained interest in people and become active in different cancer support groups. This example accentuates the importance of every-day pleasurable activities as a defence mechanism against depression.

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EV847

Caregiving experience of multiple myeloma patients

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Introduction Multiple Myeloma (MM) is a cancer formed by malignant plasma cells. On a worldwide scale, it is estimated that about 86,000 incident cases occur annually. The aim of this report is to investigate the experience among multiple myeloma caregivers, assessing the mental adjustment to cancer diagnosis and the most prevalent psychopathology in the caregivers. This paper also attempts to establish the influence of the symptoms has in the caregiving experience.

Methods All eligible caregivers will be approached during a regularly scheduled patient clinic visit and informed consent will be obtained prior to study participation. Data will be collected using the Mental Adjustment Scale to the Cancer Scale Partner (EAMC-F), Memorial Symptom Assessment Scale – Short Form, and Depression, Anxiety and Stress Scale (DASS-21).

Results According to the literature caring for patients with MM can be different comparing with another form of cancer. It is an incurable form of cancer, although treatments improve life expectancy and quality of life. The authors are expecting to find high rates of depression, anxiety, unmet needs, and burden of care. The symptoms of the patients will probably influence the caregiving experience.

Conclusion MM accounts for about 14% of all newly diagnosed hematological cancer, and it is estimated that its incidence will rise. The importance of psychiatric intervention in the multidimensional approach is becoming a recognized reality. This is essential in the treatment of psychiatric disorders, to improve prognosis and quality of life but also to reduce side effects of treatments and symptoms related to cancer.

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Portugal's history of psycho-oncology

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The psycho-oncology represents an interface between psychology and oncology. In Portugal, the creation of Psycho-oncology was due to the collaboration between oncologists with psychiatrists and psychologists. This partnership led to the creation of first Portuguese research works in Psycho-oncology, contributing to the enrichment of this discipline.

Objective Describe the history of psycho-oncology in Portugal. Research articles and theses related to Psycho-oncology in Portugal and do his description statistics.

Material and methods Literature review of articles and theses on Psycho-oncology made in Portugal, using the following search engines: "Pubmed", "Medline", "SciELOPortugal" and scientific repositories of Portuguese universities.

Results Until 1997, psycho-oncology did not arouse the interest of researchers; however, since then, the Psycho-oncology has grown exponentially, with regard to the investigation. There was a period of increase in publications between 2005 and 2012 as well as, increase in the number of undergraduate theses, master's and doctorate. Disclosure of publications within the Psycho-oncology lies spread by various magazines in different specialties, demonstrating that this area arouses the interest not only of psychiatrists and psychologists, but also of other health professionals.

Conclusion Despite growing research in Psycho-oncology and growing interest among clinicians and researchers, there is still some shortcomings, warning that the psychological support is also scarce in some Portuguese institutions.

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A brief exploration of the psychological support available for cancer victims/survivors and relatives in health system in Riga, Latvia

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Introduction In Riga, Latvia, people who have been diagnosed with cancer at various stages, are not offered any group or individual psychological intervention. This applies for the immediate relatives as well.

Aim The aim of the study was to collate a homogenous understanding of the resources and standards of extant practice in psychological needs of patients and their family diagnosed with cancer. Further aims include to identify any deficiencies in the service delivery and make appropriate recommendations.

Method The collective survey tool is devised to reflect the psychological needs of the aforementioned patients were devised by the authors, one a practicing psychiatrist in UK and the other with background in group work and support in Riga. The tool extended to ask coping skills, understanding, impact on relationship, work and general well-being of patients and carers and their family members alike. The collated survey was distributed and results collated.

Discussion The results of the survey indicate number of deficiencies in the organization and service delivery. There is also a huge lack of psychological support to family members who have been affected by a diagnosis of cancer or loss to cancer in the family. We

also discuss means of improving service delivery in groups for this sample.

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Influence of family dynamics in the development and recovery of patients with cancer diagnosis. Report of two cases

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Introduction Nowadays, it is well known that a cancer diagnosis has an important impact on the patient and his family. Given a stressful life event, such as cancer, the family is in crisis, so it is crucial how they facing the process. Two families with different adaptation process at the time of diagnosis are presented and the differences are analyzed.

Cases Family 1: Woman, diagnosis of breast cancer. She lives with her husband and she has two children. Troubled family relationships before the diagnosis. Following the cancer diagnosis, family conflicts increase, both with their children and with her husband. The family is not able to adapt to the new situation and the patient perception is that her family do not care what is happening to her.

Family 2: Woman, diagnosis of breast cancer. She lives with her boyfriend, she has no children. She has a good relationship with her family before the diagnosis, without unresolved conflicts in the past. Since cancer diagnosis the whole family has turned to the patient, being more available for her needs, physically and emotionally. She is feeling supported by them and this is making the adaptation process and family adjustment easier, feeling the patient stronger to cope with illness.

Conclusions In families with unresolved crisis before the disease, the psychological stress increases after diagnosis. The family finds it difficult to react and adapt to the changes caused by the disease and the relationships between its members deteriorate. Conversely, if the family dynamic is good, it is a positive factor in the recovery.

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Psychiatric presentations of central nervous system tumors

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Introduction For the most part, central nervous system (CNS) tumors present themselves with focal neurologic signs or manifestations resulting from increased intracranial pressure. However, in particular cases, these tumors may present exclusively psychiatric symptoms.

Objective This communication explores importance of CNS tumors as differential diagnosis of various psychiatric disorders.

Aims Highlight the need of acknowledging this important differential diagnosis (CNS tumors) in current psychiatry practice, while presenting a clinical case as an example of the subject.

Methods It is exposed a bibliographic review of the topic, followed by the description of a clinical case regarding a patient

with pituitary adenoma and simultaneous installation of psychotic symptoms namely delusional paranoid ideation.

Results The authors present a case report of a 66-year-old patient admitted compulsively in a Psychiatric ward in the context of behavioral changes associated with delusional ideation of paranoid content. Multidisciplinary assessed by specialties of Psychiatry, Neurology, Neurosurgery, Endocrinology and Psychology, concluded by the presence of nonfunctioning pituitary adenoma associated with cognitive major disturbance.

Conclusions The tumors of the CNS can be associated with a whole variety of psychiatric symptoms such as psychosis, anxiety, depression or cognitive impairment, even in the absence of organic/neurological symptoms. Its role in the genesis of psychiatric symptomatology makes these neoplasias an important differential diagnosis, whose clinical approach should include different medical specialties integrated as a multidisciplinary team.

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EV853

Pancreatic cancer associated with psychotic depression – A case report

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Pancreatic cancer is an aggressive form of cancer with increasing incidence and a 5-year survival rate of 4% for all stages. Depression and anxiety have a higher prevalence than the general population in all cancer types. Also, rates of depression in patients with pancreatic cancer are higher than in patients with other types of gastrointestinal neoplasms. Depression in pancreatic cancer has also been shown to impair quality of life, so early and adequate antidepressant treatment is an essential component of comprehensive supportive care.

We would like to report the case of a 67-year-old female patient, with no previous psychiatric history, brought to the psychiatry emergency unit by her husband for psycho-motor agitation, persecutory delusions, delusional jealousy and bizarre behavior. According to her husband, the symptoms started insidiously over the last few weeks and that she attempted suicide by drug overdose three days before admission to our clinic, which she denies. Three years prior to her hospitalization the patient received surgical, radiotherapy and chemotherapy treatment for a base of tongue tumor and 6 months prior to her psychiatric admission, the was diagnosed with cephalic pancreatic neoplasm for which she received seven cycles of chemotherapy. Treatment with mirtazapine, risperidone, and lorazepam was initiated. The evolution was favorable and the patient was discharged one week later.

Early recognition and treatment of mood disorders associated with cancer are important because, left untreated, they may lead to difficulty in managing symptoms, increased demand for health services and low adherence to treatment.

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Characterization of a referral to psycho-oncology liaison consults in a general hospital

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