

P01-401 - **CANCER IN THE MIND - CHEMOBRAIN IN THE CLINICAL PRACTICE**

**M. Roque**<sup>1</sup>, E. Albuquerque<sup>2</sup>

<sup>1</sup>Department of Psychiatry, Coimbra University Hospitals, <sup>2</sup>Department of Psychiatry, IPOFG-Coimbra Cancer Center, Coimbra, Portugal

**Objectives:** An approach to *chemobrain* as a neuropsychiatric entity.

**Methods:** Literature review on *chemobrain* (OVID, 1998-2009) and revision of the patient's clinical records, neuropsychological evaluation and imagiological studies.

**Results:** A 44 year old female without previous psychiatric history has presented anxious and depressive complaints on the diagnosis of invasive breast cancer (stage T2 N1 Mx). By then she was subjected to surgery (modified radical mastectomy), FAC chemotherapy (fluorouracil, doxorubicin, cyclophosphamide) and radiotherapy. For two years since the treatment, the patient has been presenting a mood-independent syndrome, characterized by concentration and memory impairment, fatigue and anergic symptoms, not being able to accomplish her work-related intellectual functions, and refractory to psychopharmacotherapy. Brain scan pattern is not abnormal. These symptoms are described informally since the early 80's as a syndrome named *chemobrain*.

**Conclusions:** As intensive therapeutic schemes and long time survival become reality, attention must be drawn to possible obstacles in post-cancer quality of life. Lack of consensus on the diagnosis of *chemobrain* and the absence of pre-illness neuropsychological evaluations are thoroughly mentioned in the literature as obstacles to implement this diagnosis. However severe professional and social changes on the patient's abilities are surely noteworthy of further investments.