

Introduction: Humanistic studies applied to the health-illness clinic go beyond explaining cause-effect relationships among disease phenomena, treatments, and preventions. Qualitative research aims to understand symbolic relationships built in life experiences among the manifestations and the people. How to act in front of a person whose physical appearance and odour can be unpleasant, such as in the HNC - Head Neck Cancer? Or whose life history may have been marked by deviant behaviours and negligence in self-care?

Objectives: To interpret emotional meanings attributed through open interviews conducted with relatives about the domestic care of patients with HNC under clinical treatment.

Methods: Sample composed of family caregivers of patients with HNC, sent sequentially by colleagues from the clinical service who were informed of the research. The study used the Clinical-Qualitative Method (Turato. Portuguese Psychos. J, 2000 2(1): 93-108). Semi-Directed Interview with Open-ended Questions In-Depth and Field Notes was used for data collection. The employ of the Seven Steps of the Clinical-Qualitative Content Analysis (Faria-Schützer et al. Cien Saude Colet. 2021; 26(1): 265-274) has permitted the understanding of the topics. Sample closed with 12 persons according to the information saturation strategy (Fontanella et al. Cad Saude Publica. 2008; 24(1): 17-27), conducted by the first author, a female psychologist. To interpret the empirical material, we use Medical/Health Psychology, the psychodynamics of relationships of the Balintian framework, disease and illness while modes of un-health, psychic defence mechanisms against anguish. Validation by peers from the Lab of Clinical-Qualitative Research Laboratory, at the State University of Campinas.

Results: For this presentation, we listed three categories from the free-floating re-readings: (1) Certain need to recognize the care provided as a handling strategy with effort, putting in this 'validation' their relief regarding natural suffering of the care process; (2) Caregiver's psychological fantasies of omnipotence in the care process, frequently perceiving the reality a phenomenologically and necessarily distorted by the caregiver. (3) Moments of impotence feeling in front of the finitude reality that it knows will arrive.

Conclusions: The family caregivers can present certain emotional defences, such as subtle magical thinking, in which they distort the reality experienced as a management strategy and validation of their care. They act so to alleviate their psychological and existential suffering. Group meetings with family members to talk openly about the difficulties on the psychological management of patients with HNC, coordinated by a psychotherapist, are effective as a space for creativity in daily management at home and a space for catharsis.

Disclosure of Interest: None Declared

Others

EPP0539

Severe Hyperhidrosis Secondary to Bupropion Use and Treatment. A case report.

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Introduction: Hyperhidrosis, the excessive and uncontrollable sweating, is a well-documented side effect of various medications. Among these, bupropion, a commonly prescribed antidepressant and smoking cessation aid, has been associated with the development of severe hyperhidrosis in a subset of patients. This clinical report aims to shed light on a compelling case of severe hyperhidrosis induced by bupropion use and the subsequent treatment strategies employed.

The patient under discussion is a 42-year-old female with a history of recurrent major depressive disorder and a previous favorable response to selective serotonin reuptake inhibitors (SSRIs). Due to side effect concerns and a desire to quit smoking, she was transitioned to bupropion, a norepinephrine-dopamine reuptake inhibitor (NDRI), at a standard therapeutic dose of 150 mg daily.

Approximately four weeks after initiating bupropion therapy, the patient began experiencing debilitating symptoms of excessive sweating, particularly affecting her palms, soles, and axillae. The profuse sweating episodes occurred throughout the day and night, significantly impairing her quality of life, social interactions, and occupational functioning. No previous history of hyperhidrosis was reported, and physical examinations revealed no underlying medical conditions or dermatological issues.

Objectives: To acknowledge the importance of recognizing and addressing medication-induced side effects within the realm of psychiatry and an early implementation of patient-centered treatment.

Methods: Clinical case report and a brief literature review.

Results: The treatment of hyperhidrosis secondary to bupropion use presents a challenging clinical scenario that requires a delicate balance between managing the distressing side effect and ensuring the continued efficacy of psychiatric therapy. Given the rarity of severe hyperhidrosis as a side effect of bupropion, there is a limited body of evidence guiding treatment strategies. Gradual withdrawal in the dose of bupropion was initiated, with careful monitoring of depressive symptoms to prevent relapse, switching to Duloxetine 90mg daily, with adequate effectiveness. In this particular case, the combination of medication adjustment and psychological support led to a significant reduction in hyperhidrosis symptoms. The patient reported improved social interactions, enhanced self-esteem, and restored occupational functioning. Importantly, her depressive symptoms remained well-managed, underscoring the success of the treatment strategy.

Conclusions: This clinical report highlights the importance of a patient-centered approach when addressing rare medication-induced side effects within the field of psychiatry. Bupropion withdrawal and regular follow-up showed effective in the treatment of the symptoms. Future research may provide additional insights and treatment options for cases like this, further enhancing patient care and outcomes.

Disclosure of Interest: None Declared

EPP0540

Fecal Microbiota Transplantation in the treatment of mood disorders : A literature review

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